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Aryani, L. N. A., Harianja, S. H., & Prasetio, A. (2024). Poor parenting patterns in patients with mental behavioral disorders due to stimulant use: A case report. *International Journal of Health & Medical Sciences*, 7(3), 75-80. <https://doi.org/10.21744/ijhms.v7n3.2319>

Poor Parenting Patterns in Patients with Mental Behavioral Disorders Due to Stimulant Use: A Case Report

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Abstract--- A 23-year-old male was admitted to Ngoerah Hospital with a chief complaint is not being able to sleep began 3 days ago. Sometimes laughs and is expressive during history taking. His complaints of not being able to sleep started 3 days ago when he stopped using methamphetamine because he felt he was getting methamphetamine of low quality. He is nauseous, vomiting has body aches, has no appetite, and is drowsy but has difficulty sleeping. Physical examination is within normal limits. The patient wants to stop using methamphetamine. He has been using methamphetamine since junior high school in 2018, he got to know methamphetamine from junior high school friends. The patient wanted to stop because he felt traumatized by the negative effects of his latest use of methamphetamine. The patient's father is a civil servant and his mother is a midwife at Wangaya Regional Hospital. The patient experiences mental disorders in the form of mental and behavioral disorders due to the use of other stimulants including caffeine. This disorder is caused by the interaction of various factors, resulting in psychiatric symptoms—psychological factors from parenting factors. Father is said to be a strict person. The patient is often compared with the patient's older brother who is intelligent and accomplished. The relationship between the patient and the father became increasingly strained. His parents are busy taking care of sick family members so they don't have much time for the patient. Authoritarian and neglected parenting is associated with a high risk of substance use in this patient. Hence, the patient needs to be given holistic therapy including psychopharmaceuticals, addiction counseling, motivational interviewing, psychodynamic psychotherapy, and family therapy.

Keywords--- holistic therapy, mental behavioral disorders, poor parenting, psychodynamic psychotherapy, stimulant use.

Introduction

The ephedrine alkaloid obtained from the plant *Ephedra vulgaris* is the precursor to psychostimulant drugs such as amphetamines. Drugs of this type have principally been used for medical treatment in the past, while their use has largely decreased since the 1970s when the high risk of addiction and abuse was recognized (Pistela et al., 2022). Amphetamine itself is a psychoactive substance that stimulates the central nervous system by increasing certain neurotransmitters in the brain.

The effects of amphetamines are also called neuroenhancers, performance-enhancing effects, or smart drugs. This substance can be used by professional athletes to improve their appearance and to increase the self-confidence of artists, and students so they can stay alert when doing assignments (Faraone, 2018). If the use of amphetamine is correct and carried out under medical supervision, it will have a potential therapeutic effect. However, consumption outside of medical and/or research purposes can be referred to as substance abuse (drug/substance abuse), namely

persistent or sporadic use that is excessive and inconsistent with or unrelated to accepted medical use. This leads to the definition of addictive substances developed by the WHO (World Health Organization, 2021), namely as psychoactive substances that are used and cause damage to health, both mental and physical (harmful use). In DSM-5 (Statistical Diagnostic on Mental Disorders-5) what is meant by abuse is if an individual uses psychoactive substances for at least one month in a persistent pattern (APA, 2013; Sadock et al., 2017).

Parenting has been identified as one of the most important risk and protective factors for adolescent drug use. Several studies document that parenting styles are related to substance use in their children. Strong correlations were found indicating that dysfunctional parenting was associated with greater distress and problematic substance use. Children with parents who have positive psychopathology show behavioral disorders, poor cognitive function, irritability, insecure attachment, and experience depression which can continue into adulthood (Ariani et al., 2014).

Case Report

Clinical History and Examination

A male, 23 years old, Address: Dalung, Balinese, Indonesian, not married, vocational school, not yet working. The patient was interviewed in a sitting position in front of the examiner, wearing a mask, and looking into the examiner's eyes during the interview, facial expressions appeared uncomfortable. Sometimes laughs and is expressive during history taking. Wear a black T-shirt and trousers and sandals as footwear. Hair neatly combed, skin brown, fingernails and toenails clean. The body looks full of tattoos. The patient is calm and cooperative with the examiner during the interview. The answer according to questions asked by the examiner spontaneously using Indonesian, speaking at a moderate speed and volume. The patient can correctly state his name, age, where he is currently and the time of the examination. The patient can repeat the examiner's name correctly, remember what he had for breakfast this morning, remember the activities he has done in the last month, and remember where he went to school and complained of not being able to sleep. His complaints of not being able to sleep began 3 days ago when he stopped using methamphetamine because he felt he was getting methamphetamine of low quality. The patient is nauseous, vomiting body aches, has no appetite, and is drowsy but has difficulty sleeping. Complaining that it is difficult to start sleeping and if you only sleep for a short time, you cannot sleep again if you wake up. His body was weak. He had no strength to carry out activities but could still carry out daily activities, meeting friends or managing koi fish.

The patient wants to stop using methamphetamine. The patient feels that he is getting bad stuff and usually, this is not the effect of consuming methamphetamine. The patient then said that if he got bad stuff, he would stop consuming it and didn't want his body to ache, so this was the reason for stopping. After using methamphetamine, patients usually feel happy and full of energy in doing things, patients deny ever losing consciousness or buying things they don't need. The patient uses methamphetamine to make himself more productive and enthusiastic. Denies ever hearing voices in the ear or seeing shadows. The patient denies any history of being happy for no reason for a long time, being easily distracted, talking more or talking continuously, and increasing activity such as at work or in social relationships before he used methamphetamine. When confirming the patient's motivation for quitting, the patient said that in early October the patient would be leaving for Switzerland to intern at a hotel for 2 years so he needed to be "clean" from drugs.

The patient has been using methamphetamine since junior high school in 2018, he got to know methamphetamine from junior high school friends. The patient said that almost all young people in Dalung use substances, including crystal methamphetamine, heroin, sinte, cigarettes, or alcohol. The patient was introduced by several friends at school. Initially only tried a little, and felt happy and excited when using methamphetamine, finally, the patient routinely used methamphetamine 1-2 times per week because he wanted to feel happy and enthusiastic when using methamphetamine. He regularly gathers with 9-10 friends who use the same substance. For methamphetamine, he usually buys 1 gram and divides it according to the number of people gathered. The patient currently has a side business of cultivating koi at home and has become more frequent in using methamphetamine after having his income, buying 0.1 gram of methamphetamine every 3-4 days to use, sometimes alone, sometimes with friends. The use of methamphetamine has increased to 0.2 grams per day over the last 4 months. The patient feels that substance use is problematic but the patient has difficulty stopping the substance. The patient continues to buy crystal methamphetamine even though the patient feels he has to save money because there are economic problems in the family. He also felt that he often forgot since using crystal methamphetamine, but then denied that there was no problem in using drugs. The patient said he could control his use of methamphetamine and for the past 1 month he has wanted to reduce his use of methamphetamine. However, use remains routine. When the patient does not use methamphetamine, he feels uncomfortable, has mixed feelings, sometimes sad, sometimes annoyed, and has

difficulty sleeping even though he feels sleepy. This happens for several days and then gradually disappears without consuming other substances, but it will disappear more quickly when using methamphetamine. The patient has known cigarettes since middle school, introduced to him by the patient's grandfather who was a heavy smoker (1-2 packs per day). At that time, the patient lived with his grandfather who was a balian and also a kretek cigarette seller. Patients are asked to help sell the cigarettes around the village and part of the profits become the patient's pocket money. The patient started trying cigarettes by taking 1-2 of the cigarettes he was selling. Initially, the cough was unpleasant and the throat felt uncomfortable, but gradually it felt good and after that, the patient started smoking regularly. Initially smoking 1-2 cigarettes for 5 years then gradually increased to 4-6 cigarettes per day until 1 year ago when the patient started to become familiar with vaping. Currently, patients smoke vapes, especially when with friends. The patient stated that he could stop using vape, but when he was with friends the patient would feel left behind when he didn't use vape because all of the patient's friends smoked vape. In the past, he rarely consumed alcohol unless there was an event with his friends, consuming Balinese wine at events. The patient drank until he got drunk at the end of junior high school (3 years ago) but after that, he never got drunk again because he felt the experience of being drunk was unpleasant. The patient vomited and rolled around in front of the event stand then slept and had nightmares for 12 hours. The patient drinks coffee but not regularly every day, only when he wants it. The patient denies using other substances or needles. The patient wanted to stop because he felt traumatized by the negative effects of his latest use of methamphetamine. Patients also want to spend money because they feel responsible for their families (Long et al., 2000; Willison, 2006).

The patient's older brother died when the patient was 14 years old and then the patient's father died when the patient was 18 years old. The patient is currently the oldest son and hopes to be able to help his mother and younger siblings go to school until they graduate from college. The patient's father is a civil servant and his mother is a midwife at Wangaya Regional Hospital. Father is said to be a strict person, often directs patients, and wants patients to go to high school. The patient is often compared with the patient's older brother who is intelligent and accomplished, while the patient prefers extracurricular activities at school and does not enjoy exact lessons. The father did not know that the patient was using methamphetamine, but because the patient often left the house and stayed overnight at a friend's house, the patient's father often got angry with the patient because he thought the patient was playing all the time. In the last 2 years of the father's life, the relationship between the patient and the father became increasingly strained, when the patient came home the patient's father did not greet him and only said, "Mother, this is your son coming home." There are not many stories and there is no feeling of warmth with the father figure. Meanwhile, the patient's mother has been taking care of the patient's father and older brother more. The patient was entrusted when he was 8 years old with his grandfather because the patient's older brother was starting to get sick with lymphoma, so the mother and father paid more attention to the health of the patient's fragile older brother. Mother only sees patients once every 1-2 weeks and when they meet, they don't say much between them. After the patient's older brother died, the patient's father started to get sick which caused the patient's mother's attention to be diverted again. The patient's economic condition, which was initially good, has decreased in terms of medical costs. Because at home the patient feels unnoticed, the patient plays more with friends and tries substances. The patient has been closer to his older brother who is good and tends to be nurturing. Brother knows the patient uses substances, and sometimes asks the patient to stop. If you ask, the patient will stop using the substance temporarily. The patient's older sibling also sometimes buys the patient snacks or toys without telling him first, and this makes the patient close. When his older brother died, the patient felt devastated and felt that he no longer had his family at home. The patient said that he often broke the rules since school and was not close to his parents because he was busy taking care of his older brother and father. He easily blamed other people or circumstances when he was upset. He is a person who rarely gets angry, but since stopping using methamphetamine for the past 3 days, he has become more sensitive, restraining himself if something does not go according to the patient's wishes. To buy methamphetamine, the patient said he often took money from his mother and father's work drawer when they were not around. Patients also sometimes lie when they want to gather together and say they are studying together.

Psychodynamic formulation

This patient experiences mental disorders in the form of mental and behavioral disorders due to the use of other stimulants including caffeine. This disorder is caused by the interaction of various factors, resulting in psychiatric symptoms. Judging from biological factors, there were no genetic factors found in the family. The patient is the second child of three siblings. The patient said his parents tend to be busy taking care of sick family members so they don't have much time for the patient. Their parents rarely invite them to discuss or chat. The patient is more comfortable doing outdoor activities with friends, the patient's mother is someone who is quick to get tough and often scolds the patient. The patient began to become familiar with alcohol, cigarettes and crystal methamphetamine

during high school because of the influence of his friends. If seen from Erik Erikson's theory, patients experience fixation in the identity versus role confusion phase. In this phase, a child who is transitioning into adolescence will begin to look for an identity outside the home. Patients gain identity through relationships. In this phase, peers are an important part of a person's life. Where the patient looks for the identity of his friends in the same group.

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Diagnostic formulation

The patient experiences behavioral and psychological symptoms which are clinically significant and cause distress and disability in daily life which indicates that the patient is experiencing a mental disorder. From the history and physical examination, no general medical disorders were found that could physiologically cause brain dysfunction and result in the mental disorders currently being suffered, so organic mental disorders can be ruled out (Chen et al., 2015). The patient has been using methamphetamine since he was 12 years old, last using it 1 week ago. The patient has a history of consuming alcohol and cigarettes, the patient last drank alcohol 1 month ago and drank situationally when there were friends. History of drinking 1-2 glasses of coffee every day. The patient uses vape cigarettes not regularly, when with friends. Currently, psychiatric symptoms appear in patients in the form of feelings of discomfort, body discomfort, nausea, and mixed-type insomnia after stopping using methamphetamine, resulting in mental and behavioral disorders due to the use of other stimulant substances including caffeine, withdrawal symptoms without convulsions (F15.30) can be enforced as Axial I (Hofmann, 2014; Jonsson et al., 2014). The patient often breaks the rules since school, he easily blames other people or circumstances when he is upset. So, Axial II is an antisocial personality trait with ego defense mechanisms of acting out and projection. On physical and neurological examination, no problems were found so that Axial III was no diagnosis. The stressor that triggered it was problems with the family. Axial IV was a problem with the primary support group. In Axial V, the GAF (Global Assessment of Functioning) Scale at the time of examination was 60-51, namely moderate symptoms, moderate disability, while the best GAF in the last year was 80-71, temporary and manageable symptoms, mild social disabilities, work, school and so on.

Discussion

Children of authoritarian parents appear to be very rule-following, very obedient but have no happiness in their lives. The more strict, controlling, and punitive parents are, the more likely their children are to engage in drug use. Responses to interview questions indicated that their parents were very strict in enforcing the rules. The parents' words are final and the child has no role in arguing so there is no negotiation. The majority of respondents attributed their drug use habits to their parents' strict guidance, criticism, control, and rigidity (Gatune, 2020). Parental parenting patterns that are too intrusive can be a risk factor for maladaptive behavior in youth, such as the use of amphetamines and drug consumption. However, such risky behavior is also associated with lower levels of parental involvement and warmth. The results showed a quadratic correlation between maternal intrusive parenting and substance use, where higher and lower levels of maternal helicopter parenting were associated with adolescent alcohol use (Pistella et al., 2022).

The therapy plan that will be given to patients according to the results of mandatory reporting & medical rehabilitation assessments is to carry out psychological evaluations, motivational interviewing, psychotherapy in the form of CBT, family therapy, sleep hygiene, and psychopharmaceutical therapy to overcome preoccupation with substance use and sleep disorders. Stimulants in this case are amphetamine which have a profound effect on the reward system in the mesolimbic area (VTA and nucleus accumbens). Dopaminergic projections from the VTA to the nucleus accumbens were most strongly identified with substance-related reinforcement. Amphetamine not only inhibits dopamine reuptake but also reverses DAT function. By this mechanism and through increasing the release of

dopamine stored in vesicles, amphetamines have the potential to increase the amount of dopamine in synapses. So, when patients stop using amphetamines, symptoms such as dysphoria, difficulty sleeping, feelings of fatigue and lack of enthusiasm, and a desire to use substances will appear. Therefore, several interventions are needed regarding the use of amphetamine. Supportive psychotherapy aims to help patients develop ego strength through several techniques, namely ventilation, persuasion, suggestion, reassurance, and guidance. In this psychotherapy, patients are helped to increase self-esteem, strengthen coping mechanisms, and reduce anxiety (Driessen et al., 2015; Leichsenring, 2001). Supportive psychotherapy is assisted by CBT to identify and change the patient's patterns. By identifying these patterns, the patient and therapist will work together to create other patterns that are more helpful and effective. The motivational interviewing approach is a counseling method to help someone find motivation to change behavior to be more positive. This approach requires collaboration between the therapist and client, especially in determining the client's view based on the experiences they have faced (Driessen et al., 2010). Clients are expected to be able to describe ideas for creating positive behavior as well as the freedom to determine the extent of the desired action. Relationship problems with mother and father can be intervened through family therapy. Specifically, the patient experienced bitterness as a child when faced with the death of his father and older brother, as well as a less close relationship with his mother due to her being busy taking care of sick relatives. In family therapy, clients and mothers can learn to interact and communicate effectively to find ways to express feelings and problems well and empathetically. And positively solve problems without damaging relationships. Patients experience sleep disturbances and discomfort in the body. The patient's sleep disturbance makes the patient find it difficult to carry out activities in the morning, namely, the patient tends to be sleepy and has difficulty concentrating (Wardani & Lesmana, 2024). The intervention in this problem is providing education regarding sleep hygiene and the psychopharmaceutical clobazam 10 milligrams every 24 hours intraorally (night).

Summary

Substance abuse is a worldwide problem that places a significant burden on healthcare resources. Methamphetamine increases the concentration of various neurotransmitters especially dopamine in the synaptic cleft causing euphoria, alertness, and suppression of hunger as well as psychiatric complications. This substance works to stimulate the central nervous system, causing the release of catecholamines in massive amounts and causing stimulation of the reward system. With chronic use, the effects of amphetamine on the body begin to shift from the dorsal striatum to the ventral striatum, where addiction turns into compulsions and automaticity. Treatment for methamphetamine use is supportive. Until now there is no effective pharmacological therapy to replace the role of amphetamine in the body. The family is considered the main environmental factor in changes in human development, especially in affective, emotional, and social development. Psychological theory assumes that there is a reciprocal relationship between children and their surrounding environment. Not only does parental behavior influence children, but the child's temperament and mood also influence the parents' quality of life. Many studies show that 90% of substance abusers have been using substances since before the age of 18. Research shows that authoritarian parenting is associated with a lower risk of substance use in adulthood, better resilience, adaptive coping strategies, and less severe behavioral problems than other parenting styles. Meanwhile, other parenting patterns, including indulgent parenting, are associated with a higher risk of substance abuse problems. Likewise, with the patients, authoritarian and neglected parenting is associated with a high risk of substance use (Wolf et al., 2021; Smyth & Newland, 2019).

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