

Case Study: Molly Wheeler in *Four Good Days*

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Four Good Days is a poignant film featuring Glenn Close as Deb Wheeler and Mila Kunis as her daughter Molly Wheeler. The narrative follows Molly, who, after suffering an injury in her teenage years, becomes addicted to narcotics prescribed to her in the form of opioids. Over the course of 15 years, she has endured more than a dozen stints in rehab, a struggle that has severed her relationships with her mother and ultimately led to her husband and children leaving. In a moment of desperation, Molly appears at her mother's doorstep, empty-handed and pleading for help once more. Initially, Deb refuses to let her in, but after Molly spends the night outside, Deb relents and invites her in for a conversation. Molly reveals that she has found a doctor willing to administer a weekly shot designed to block the effects of opioids, which could help her maintain her sobriety. By the time she arrives at Deb's home, she has managed to stay clean for four days, but she must reach a total of eight consecutive days of sobriety to qualify for the shot. In the film, a "good day" is defined as even a single day of successful abstinence from drugs, emphasizing the daunting journey toward recovery (Garcia, Close, Kunis, & Root, 2021).

Opioid addiction

Molly's struggle with opioid addiction began when she was prescribed narcotics for knee pain following a teenage injury. Her drug use exemplifies addiction, characterized by several defining traits: an inability to consistently abstain from substance use; impaired behavioral regulation; intense cravings; a diminished awareness of the significant consequences of her actions on relationships; and a dysfunctional emotional response. These elements collectively impede her ability to manage her addiction effectively (Faulkner & Faulkner, 2019). Throughout the film, Molly embodies each of these characteristics. Despite multiple attempts to achieve sobriety, over a dozen rehabilitation stints, she consistently relapses. Even when she claims to be

abstaining, she deceives those around her, continuing to use heroin. In a moment of desperation, she asks her mother, Deb, to provide a sample of clean urine to facilitate her access to the shot, directly contravening the doctor's orders. This manipulation underscores the depth of her addiction and the lengths to which she will go to maintain her drug use (Garcia, Close, Kunis, & Root, 2021).

Background and Risk Factors to Consider

Several factors increase the likelihood of developing a substance use disorder, including mental health conditions, accessibility to drugs, early initiation of use, and favorable attitudes toward substance use. In Molly's case, these variables are particularly evident. She began using substances as a teenager, taking advantage of the prescription painkillers available to her (Garcia, Close, Kunis, & Root, 2021). Additionally, her situation was compounded by a lack of supervision during a critical period; when her mother, Deb, experienced a mental breakdown and left for over two years when Molly was just sixteen, she was left without the necessary guidance and support. This combination of early exposure, access to drugs, and unstable family dynamics created a perfect storm for the development of her addiction (N.I.D.A., 2018).

Potential etiology relevant for the counselor to consider

Addiction etiology is shaped by a complex interplay of factors, including personal background, family history, medical conditions, cultural attitudes, and socioeconomic challenges. Experiences such as trauma and early substance exposure, particularly through adverse childhood experiences (ACEs) and peer influences, significantly increase vulnerability. A family history of substance abuse raises risk through genetic predispositions and learned behaviors, often intensified by dysfunctional family dynamics. Cultural attitudes and the availability of

substances in communities further contribute to addiction, especially among individuals in lower socioeconomic situations. Genetic factors influence pleasure response and stress management, while psychological issues, such as emotional regulation difficulties and unresolved grief, can drive substance use. Lastly, neurobiological changes from prolonged substance use alter brain pathways related to reward and impulse control, reinforcing addictive behaviors. Awareness of these connected factors is essential for developing effective prevention and treatment strategies for addiction (Institute of Medicine, 1996).

Impact of Opioid Addiction

Molly's life is profoundly affected by her drug addiction, which steadily erodes the foundations of her existence. For years, she fought to maintain some semblance of stability while grappling with her addiction, but eventually, it overwhelmed her. As her substance use escalated, she became unable to hold down a job, leading to a cascade of consequences that fractured her family. Her husband and children moved away, leaving her increasingly isolated. With each lie and theft committed to sustain her habit, she shattered the trust of her remaining family and friends, leaving her with nowhere to turn. Ultimately, Molly found herself alone, trapped in a cycle of despair, devoid of support and struggling to confront the reality of her situation (Garcia, Close, Kunis, & Root, 2021).

Impact of Molly's addiction on others'

From the outset of the movie, the emotional turmoil surrounding Molly's relationship with her mother, Deb, is palpable. Deb's frustration and fear are evident as she grapples with the decision to let Molly back into her home, a place that has been marred by years of lies and theft

driven by Molly's heroin addiction. The uncertainty looms large, Deb wonders if it is even possible to rebuild their relationship after so much damage has been done.

Molly's ex-husband, Frank, faces his own struggles as he can no longer tolerate Molly's neglect of their children and herself. Ultimately, he takes decisive action: he files for divorce, takes the children, and moves on with his life. Years later, he finds love again with a sober and caring new partner, who embodies the stability and nurturing presence that Molly was unable to provide. Frank is now living the life Molly once dreamed of amplifying her sense of loss and isolation (Garcia, Close, Kunis, & Root, 2021).

Considerations

It is crucial for any clinician to consider the potential etiological factors when formulating a treatment plan tailored to each client. In Molly's case, several key elements must be examined. First, her personal history of physical injury that led to her initial prescription of opioids sets the stage for her subsequent addiction. Additionally, the emotional scars left by her mother's abandonment at the age of sixteen significantly contribute to her struggles with trust and attachment (Institute of Medicine, 1996).

Moreover, the long-term use of heroin likely has altered the neurobiology of her brain, affecting her impulse control and emotional regulation. Lastly, the psychological and emotional toll of enduring over a decade of severe opioid addiction cannot be overlooked; it has profoundly impacted her self-worth and ability to form healthy relationships. By addressing these multifaceted factors, clinicians can develop a more effective and compassionate treatment plan that acknowledges the complexities of Molly's situation (Institute of Medicine, 1996).

Possible Goals for Molly through the counseling process

While many goals would be fitting and appropriate when working with Molly, the primary goals in the beginning of treatment could include achieving abstinence, working to understanding triggers, enhancing coping skills and building a support network. Once mastered additional goals could include improving life skills, fostering self-efficacy, and promoting overall well-being (Rollnick, Miller, Butler, & Aloia, 2008).

Treatment plan

Cognitive behavioral therapy would be a well-suited approach to working with Molly to overcome her addiction. Molly has been unable to change her behavior patterns throughout the dozen attempts at staying clean from narcotics over the previous 15 years. Providing Molly with actionable steps and behaviors to move forward and through her addiction.

Outline for Molly's treatment plan

In developing a treatment plan for Molly, I would initiate the process with a comprehensive clinical interview, a critical tool for gathering vital information about her history, substance use patterns, and the addiction's impact on her life. During this interview, we would explore key areas, including the specific substances used, the duration and frequency of use, the quantity most commonly consumed, triggers or situations that lead to substance use and relapsing back to use, previous treatment attempts and their outcomes, co-occurring mental health conditions (such as depression, anxiety, or PTSD), and relevant social and environmental factors like peer pressure and family dynamics (Weiner et al., 2019).

Given Molly's current desperation to abstain from drugs and the reoccurring cycle of use, a multifaceted treatment approach is essential. This would encompass Cognitive Behavioral Therapy (CBT), family therapy, and participation in a 12-step program. CBT is particularly

effective in helping clients identify and alter negative thought patterns that contribute to substance use, while also developing coping mechanisms and relapse prevention strategies. The goals of CBT would include identifying triggers and automatic negative thoughts, cultivating healthier coping skills, and creating a personalized relapse prevention plan.

Incorporating systemic family therapy is crucial to address dysfunctional family dynamics that may perpetuate Molly's substance use. Family education would provide her loved ones with vital knowledge about addiction, enabling them to support her recovery effectively and provide important insight into understanding addiction. Additionally, integrating a CBT-based approach will help tackle the underlying cognitive distortions fueling her addiction. Participation in a 12-step program would provide Molly with essential social support and a structured framework for her recovery journey.

To ensure comprehensive care, wrap-around services should be included, allowing licensed professional counselors to collaborate with a range of neighboring professionals, such as Licensed Chemical Dependency Counselors (LCDC), psychologists, psychiatrists, rehabilitation programs (both inpatient and outpatient), and social workers. This holistic and collaborative approach is essential for meeting Molly's diverse needs and promoting long-term success (Mulhern, 2022).

Regularly assessing progress is vital to determine whether the treatment plan is facilitating recovery. Standardized methods, such as the Treatment Effectiveness Assessment (TEA), would be employed to evaluate treatment progress from the client's perspective. This involves documenting patient progress, recognizing effective treatment, and being transparent about any limitations. Providing feedback on Molly's progress, needs, and treatment effectiveness will ensure a responsive and adaptive treatment plan (Magill et al., 2021).

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