

“The Wolf of Wall Street” Protagonist’s Addiction Diagnosis and Treatment Plan

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Received: 9 July 2025; Accepted: 12 August 2025; Published: 29 October 2025

Abstract:

This paper examines the case of Jordan Belfort, a high-functioning individual with severe poly-substance use disorder, as depicted in *The Wolf of Wall Street*. Using a multidimensional evaluation framework, the study assesses Jordan’s addiction severity, readiness for change, personal strengths, and contextual triggers. A Comprehensive Addiction Severity Index (ASI) and motivational interviewing were applied to guide diagnosis and treatment planning. The primary diagnoses include severe Stimulant Use Disorder (Cocaine), Sedative/Hypnotic Use Disorder (Quaaludes, Xanax), and Opioid Use Disorder (Morphine). A combined Cognitive-Behavioral Therapy (CBT) and Solution-Focused Brief Therapy (SFBT) approach is proposed, alongside a structured relapse prevention plan. The treatment rationale emphasizes residential care (ASAM Level 3.5) due to Jordan’s high relapse risk, low motivation, and unsafe living environment.

Keywords:

Substance Use Disorder, Cognitive-Behavioral Therapy, Solution-Focused Brief Therapy, ASAM Criteria, Relapse Prevention

1. Introduction

Jordan Belfort’s case exemplifies the intersection of addiction, occupational stress, and maladaptive coping mechanisms. His poly-substance dependence, fueled by workplace culture and financial success, led to severe interpersonal, legal, and health consequences. This paper evaluates his condition using DSM-5 criteria and proposes evidence-based interventions.

2. Materials and Methods

To evaluate Jordan’s substance use, the TAPS tool would screen for tobacco, alcohol, and prescription misuse, while the Comprehensive Addiction Severity Index (ASI) would assess severity across medical, employment, legal, family/social, and psychiatric domains. Motivational Interviewing would determine his readiness for change (currently in pre-contemplation). Given the high comorbidity of substance use with mood disorders, the Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) would rule out depression and anxiety. Due to his risky sexual

behaviors, the Sexual Addiction Screening Test would assess potential sex addiction, and the Personality Assessment Inventory would identify traits of Narcissistic Personality Disorder (e.g., grandiosity, lack of empathy). These tools collectively guide a tailored treatment plan.

2.1. Assessment Tools

For assessment, the first assessment would be targeted at Jordan's substance usage. Since Jordan used a wide range of substances in the film, Tobacco, Alcohol, Prescription medication, and other Substance use Tool (TAPS) would be used to assess Jordan's use of a variety of substances. For further deeper assessment that could evaluate the specific severity of addiction, the Comprehensive Addiction Severity Index (ASI) would be used. ASI is a structured interview that assesses the severity and related problems of substance use. It covers medical, employment, legal, family/social, and psychiatric dimensions. This assessment tool would help us build a profile for Jordan to guide further treatment. Motivational Interview assessment would also be used to evaluate Jordan's readiness for change. Therapists would be able to tailor specific treatment techniques depending on Jordan's readiness for change.

2.2. Other Assessment Tools for Co-occurring Disorders

To see if co-occurring disorders exist, several other assessment tools would also be used. Given the fact that there is a high comorbidity between Substance use disorders and depression, the Beck Depression Inventory (BDI) would be used to assess depressive symptoms in Jordan. It is also crucial to see whether Jordan has anxiety symptoms since it would impact our treatment. The Beck Anxiety Inventory (BAI) will be used. It has also caught my attention that Jordan had lots of sexual behaviors with prostitutes since he became a stockbroker, which could lead to possible sex addiction. Jordan also had unethical impulsive sexual behaviors under the influence of drugs multiple times. Sex and drugs always showed up simultaneously during celebrations, and led to destructive results. His excessive sexual behaviors also damage his marriage. The Sexual Addiction Screening Test from The Recovery Zone would be used to assess his potential sex addiction. The last but not least assessment I would have Jordan do is the Personality Assessment Inventory. In the film, Jordan shows personality traits of Narcissistic Personality Disorder such as a lack of empathy, a pattern of grandiosity, and obsesses with his own superiority. TAPS Tool: Screened for tobacco, alcohol, and prescription misuse. ASI: Evaluated medical, employment, and psychiatric dimensions. Beck Inventories (BDI/BAI): Ruled out co-morbid depression/anxiety. Motivational Interviewing: Assessed readiness for change (pre-contemplation stage).

2.3. Diagnostic Framework

DSM-5 criteria for Substance Use Disorders (severe) and differential diagnoses (e.g., Bipolar Disorder) were applied.

3. Results and Discussion

Following a thorough evaluation using assessment tools and an in-depth analysis of Jordan's symptoms, the primary diagnoses for Jordan Belfort are severe Stimulant Use Disorder (Cocaine), Sedative/Hypnotic Use Disorder (Quaaludes, Xanax), and Opioid Use Disorder (Morphine). The recommended treatment approach integrates

Cognitive-Behavioral Therapy (CBT) with Solution-Focused Brief Therapy (SFBT), supplemented by a structured relapse prevention plan. Given Jordan's elevated relapse risk, lack of motivation, and unsafe home environment, the treatment plan strongly advises residential care at ASAM Level 3.5.

3.1. Diagnosis

The primary diagnosis for Jordan would be Substance Use Disorder. To be more specific, Stimulant Use Disorder (Cocaine), Sedative, Hypnotic, or Anxiolytic Use Disorder (for Quaaludes and Xanax), and Opioid Use Disorder (for Morphine). For Sedative, Hypnotic, or Anxiolytic Use Disorder, Jordan would be diagnosed as severe since he meets six or more criteria. The code is 304.10 (FI 3.20). Jordan meets these criteria: (1). Sedatives, hypnotics, or anxiolytics are often taken in larger amounts or over a longer period than was intended. (2). A great deal of time is spent in activities necessary to obtain the sedative, hypnotic, or anxiolytic; use the sedative, hypnotic, or anxiolytic; or recover from its effects. (3). Craving, or a strong desire or urge to use the sedative, hypnotic, or anxiolytic. (4). Recurrent sedative, hypnotic, or anxiolytic use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., neglect of children or household). (5). Continued sedative, hypnotic, or anxiolytic use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of sedatives, hypnotics, or anxiolytics (e.g., arguments with a spouse about consequences of intoxication; physical fights). (6). Recurrent sedative, hypnotic, or anxiolytic use in situations in which it is physically hazardous. For comorbidity, the non-medical use of sedative, hypnotic, or anxiolytic agents is associated with alcohol use disorder, tobacco use disorder, and, generally, illicit drug use. There may also be an overlap between sedative, hypnotic, or anxiolytic use disorder and antisocial personality disorder; depressive, bipolar, and anxiety disorders; and other substance use disorders, such as alcohol use disorder and illicit drug use disorders. (American Psychiatric Association, 2013) For Opioid Use Disorder, Jordan would be diagnosed as severe since he meets six or more criteria. The code for severe Opioid Use Disorder is 304.00 (F11.20.) Jordan meets these criteria: (1). Opioids are often taken in larger amounts or over a longer period than was intended. (2). Craving, or a strong desire or urge to use opioids. (3). Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids. (4). Recurrent opioid use in situations in which it is physically hazardous. (5). A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects. (6). Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance. For comorbidity, Individuals with opioid use disorder are at risk for the development of mild to moderate depression that meets symptomatic and duration criteria for persistent depressive disorder. (American Psychiatric Association, 2013) For Stimulant Use Disorder, Jordan would be diagnosed as severe since he meets six or more criteria. The code is 304.20 (FI4.20). Jordan meets the following criteria: (1). The stimulant is often taken in larger amounts or over a longer period than was intended. (2). Craving, or a strong desire or urge to use the stimulant. (3). Continued stimulant use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the stimulant. (4). Recurrent stimulant use in situations in which it is physically hazardous. (5). Stimulant use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the stimulant. (6). Tolerance, as

defined by either of the following: A need for markedly increased amounts of the stimulant to achieve intoxication or desired effect.

Stimulant-related disorders often co-occur with other substance use disorders, especially those involving substances with sedative properties, which are often taken to reduce insomnia, nervousness, and other unpleasant side effects. After consideration, Jordan doesn't present major symptoms of General Anxiety Disorder or Depressive Disorder. Another differential diagnosis for Jordan's symptoms would be Bipolar personality disorder. (F31.81). Jordan exhibits symptoms that are similar to these criteria: (1). The mood disturbance is sufficiently severe to cause marked impairment in social or occupational functioning or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features. (2). A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased goal-directed activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary). (American Psychiatric Association, 2013) However, it is also stated in the criteria that the episodes are not attributed to substance use. As a result, there is still not sufficient evidence for the diagnosis.

3.2. Treatment Rationale

CBT and its various interventions such as functional analysis, behavioral strategies to avoid triggers, and building problem-solving would be helpful with Jordan's recovery. Some skills that might benefit Jordan would be coping skills, social skills, relapse prevention skills, and stress reduction techniques. Jordan could strengthen the client's abilities to learn to form and maintain drug-free social relationships since his past relationships are all drug-related. Jordan also has maladaptive thoughts such as using drugs is essential for his work, CBT can explore the past experiences and feelings that led to that thought and then change the maladaptive thought.

Motivational interview is necessary because Jordan is still ambivalent. He has low readiness for change, and MI can prepare him for change. MI would be used to move Jordan away from the state of indecision and uncertainty. We can explore discrepancies such as Jordan's conflicting idea of being successful and behaving in destructive ways.

Contingency management is a CBT intervention that could be effective for Jordan. Offering incentives for positive reinforcement would be a powerful tool for supporting Jordan's recovery. Jordan has always been a motivated person who focuses on his personal achievements and successes, and offering rewards could potentially be an effective way to encourage him. By tying tangible rewards to his positive behaviors and treatment objectives, contingency management provides immediate positive reinforcement, motivating him to stay in the recovery process as pointed by McHugh [1]. The incentives could be material or behavioral depending on the treatment plan, thus fostering an interesting diverse recovery environment for Jordan.

Solution-Focused Brief Therapy (SFBT) can benefit Jordan's addiction recovery by focusing on his strengths, and successes, and building a positive vision for the future. SFBT is significantly future-oriented and emphasizes actions rather than dwelling on past failures as pointed out by Brook [2]. For Jordan, who has had lots of successes and failures in the past, SFBT helps to locate and amplify experiences of success and resilience in the past, fostering self-efficacy and empowering Jordan. Moreover,

SFBT develops specific, achievable SMART goals, creating a clear step-by-step path for Jordan to follow.

3.3. Treatment Plan

Treatment goal: Jordan would maintain abstinence and quit using drugs. Through treatment, Jordan would gain a comprehensive understanding of the root of his drug use problem and the destructive impact of his drug use, this would be prioritized. Jordan would also establish meaningful drug-free social relationships. After the treatment ends, Jordan should be able to avoid relapses and have a prevention plan. Jordan should also be able to continue to work in areas that he is interested in, but without the dependence on drugs.

SMART treatment objectives are designed. By the end of the third month, Jordan would maintain abstinence from any substance use. Weekly drug tests and self-reports would be used. Jordan would have individual therapy sessions weekly. Jordan would be able to verbalize an understanding of how his work-related stress led to his substance use, how his substance use led to his impulsive behaviors, and how his impulsive behaviors led to negative impacts on his family and work. The process would be assessed by the therapist at each session. Jordan should be able to identify high-risk situations that would trigger his drug use in the past, and list at least three ways that he could avoid high-risk situations in the future. By the end of the third month, Jordan would at least learn three new healthy coping mechanisms and be able to use them to reduce stress. Jordan should finish a journal of his experience in using these new coping skills. A therapist would check Jordan's emotional regulation and resilience every week. Jordan should have a list of social relationships that don't include any drug use, and using newly learned social skills to connect with these people. Jordan should also have a list of social activities that are drug-free, and attend those activities after the treatment is done.

Intervention plan would start with MI. Motivational Interviewing would be used during the beginning of the treatment. Counselors guide clients through a five-step process. They begin by expressing empathy, acknowledging the client's ambivalence, and practicing active listening. Next, counselors help clients identify discrepancies between their behaviors and goals. When resistance arises, counselors avoid confrontation and instead explore different viewpoints collaboratively. During the process of individual therapy, unconditional support should always be provided. Contingency maintenance is another intervention technique the therapist could use. CBT would show Jordan new skills and goals, SFBT would help Jordan design a plan to achieve step by step, and contingency maintenance would provide positive reinforcements. The clinician could provide rewards or incentives when Jordan meets certain milestones or successfully applies new coping skills. Possible rewards include chips, money, or other objects depending on Jordan's needs. A therapist could also guide Jordan through Role plays, where Jordan is able to play the role of people who impacted him or people who are hurt by him. In the role plays, the therapist should guide Jordan to reflect on his past behaviors and feelings, which led Jordan to self-awareness. Jordan should also be able to make connections between his behaviors and the people who are influential to him. The therapist should guide Jordan to navigate past high-risk situations and identify triggers. Always keep in mind that a person-centered humanistic approach is ideal, and therapists should always be supportive and show empathy.

A prevention plan would include possible triggers, coping techniques, and risky environmental factors. Triggers (People, places, things): Old business partners whom Jordan used to do drugs together such as Donny and Brad. Other people related to his past experience might be triggering. All the places he used to do drugs could be triggering, including his old office, his old house, his cars, clubs, etc. For Jordan, working in the financial business might be triggering because of the stress it brings. Social events, celebration events, or events that would expose him to substances would all be triggering. Isolation, boredom, or situations when Jordan is emotionally charged would also be high-risk situations.

Coping techniques includes mindfulness and meditation to increase self-awareness and manage stress. Breathing exercises such as CLCBE can help Jordan manage cravings and reduce anxiety. Finding healthier things to replace the former substance, such as tea. Keep exercising and have a balanced diet to maintain good physical health, and distract cravings. Jordan could attend support anonymous groups regularly, and find accountability partners.

Preventive tools includes a list of emergency contacts. Have access to national and local helplines. Having weekly personal therapy. As a wealthy man even after the investigation, Jordan is able to hire people to help monitor his recovery after he leaves the residential. Since he had a history of hiding drugs, he could hire people to regularly search his home to prevent that situation.

Relapse is a common phenomenon. If Jordan relapsed, immediate support such as family, friends, and counselors should reach him. The relapse should be analyzed, and triggers should be identified. A new treatment plan should be developed.

4. Conclusions

Jordan's case underscores the need for intensive, structured intervention. Residential treatment (ASAM Level 3.5) is critical to mitigate relapse risks. Future research should explore long-term outcomes of combined CBT/SFBT in high-functioning individuals.

Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

Author Contributions

Conceptualization: Wei Guo.; Methodology: Wei Guo.; Validation: Wei Guo.; Formal analysis: Wei Guo.; Investigation: Wei Guo.; Resources: Wei Guo.; Writing – original draft preparation: Wei Guo.; Writing – review and editing: Wei Guo.; Visualization: Wei Guo.; Project administration: Wei Guo.

Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Acknowledgments

The author would like to acknowledge that this study is supervised by Dr. Nicole Warren, who is a great professor at the mental health program at UPenn. Thanks to Dr. Warren's Addiction and Treatment class I was able to help more clients with addiction problems.

References

- [1] McHugh, R.K.; Hearon, B.A. Cognitive behavioral therapy for substance use disorders. *The Psychiatric clinics of North America*, 2010, 3, 154-196.
- [2] Kim, J.S.; Brook, J.; Akin, B.A. Solution-Focused Brief Therapy With Substance-Using Individuals: A Randomized Controlled Trial Study. *Research on Social Work Practice*, 2018, 28(4), 452-462. DOI: <https://doi.org/10.1177/1049731516650517>.



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