



A case study of Person with Alcohol dependence Syndrome with Poor motivation

Suman Borah and Arif Ali

Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, Assam, India
arifafi@gmail.com

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Abstract

This article presents a case study of client with alcohol dependence syndrome with poor motivation. Psychiatric social work assessment and intervention was provided to the person with alcohol dependence syndrome, focusing on building motivation for change and strengthening commitment to change. The psycho social intervention was provided to the patients and his family members. Sessions on Admission counseling, Family intervention, Supportive therapy, Psycho education, Motivation enhancement therapy, Brief intervention, Relapse Prevention therapy, Pre discharge counseling, Discharge Counseling and Social Group Work was conducted. At the end of the therapy, the client improves knowledge regarding the illness and motivation level was enhanced to action phase and achieved the coping skills to recover from relapse.

Keywords: Alcohol Dependence Syndrome, Motivation Enhancement Therapy, Relapse Prevention Therapy, Psychiatric Social Work, Psycho Social Intervention.

Introduction

Theoretical and Research Basis: The National Institute on Drug Abuse has identified “principles of effective drug addiction treatment” that overlap with social work principles, like individualizing treatment to clients’ needs and addressing multiple problems¹. Social workers are using, applying and utilizing the method, technique and principle social work in Motivational intervening (MI) for person with substance related disorder. Case work approach in dealing with person with alcohol dependence. According to Miller et al. Motivational intervening (MI) researchers and practitioners a like claim that the therapeutic relationship is a key component to its efficacy². Empathy, one of the four basic Motivational intervening principles, appears to have particular significance for behavior outcome measures²⁻⁶, like social worker also uses the following principles with clients to deal with their problem. As Motivational intervening emphasis on and valuing of, the therapeutic relationship is consistent with the value social work places on human relationships as reported by various social work association. The four basic motivational interviewing principles emphasize and support the value social work places on the dignity and worth of the person⁷ also supported by the Australian Association of Social Workers, L’ Association Nationale des Assistants de Service Social, the British Association of Social Workers, and the International Federation of Social Workers.

Hohman suggests Motivational interviewing (MI) for person with substance abuse disorder, as a useful intervention technique, by applying it to a case study⁸. A meta-analysis by

Hettema et al. published in 2005 studied 72 clinical trials spanning a range of target problems, 31 of which focused on alcohol. The results of this meta-analysis indicate that there is a high variability in effectiveness of 116 motivational interviewing across providers, settings and target groups. Overall it shows small to medium effectiveness in improving health outcomes⁹. Carey and colleagues state individual, face-to-face interventions using motivational interviewing and personalized normative feedback predict greatest reductions in alcohol-related problems¹⁰. A study conducted by Angani et al. in LGB Regional Institute of Mental Health, Tezpur, Assam. The study findings concluded the efficacy of the motivational intervention module developed for patients with alcohol dependence syndrome¹¹. Motivational enhancement therapy is usually short term and can be applied to a variety of problem behaviors^{3,12,13}. Research indicates that brief interventions are often, but not always, effective in reducing risk drinking¹⁴. Psychiatric social workers play essential roles in helping the individuals with alcohol dependence syndrome, their families and communities.

Brief clinical history and diagnosis: The index patient 44 years old male, from a Hindu family belonging to middle socio-economic status presented in Out-patient Department (OPD) by family members with complaints of 19 years history of alcohol intake. He was reported of drinking alcohol continuously for the past 19 years. He has been admitted to LGBRIMH twice. Mental status revealing patient was cooperative, touch with surrounding was present, normal psychomotor activity, in speech, it was relevant coherent and goal directed. There was no perceptual disturbance, with grade 3 insight. He was diagnosed

with F10 (Alcohol related disorders) according to International Classification of disease (ICD)-10 classification.

Social milieu: Patient hails from a middle socio-economic family, he comes from a Hindu nuclear family of non-consanguineous marriage, wherein he stays with his wife and his children.

Family constellation

Father: Patient's father died at the age of 73 years. Patient's age at father's death was 43 years. Cause of death was natural. Patients' father was a graduate and a teacher by profession. He was a social and responsible person.

Mother: Patient's mother died at the age of 62 years. Patient's age at the time of mother's death was 41 years. Patient's mother was educated till higher secondary. She was a teacher by profession and extrovert by nature.

Wife: Patient's wife is 40 years old, a master degree holder in Assamese, is a home maker, and takes responsibility of taking care of their children. Patient's relationship with his wife is not cordial.

Family interaction pattern

Interaction between parents: Patient mother and father shared a cordial relationship when they were alive. They used to

discuss most of the issues regarding family affairs and decisions were taken with mutual consent. Conflicts are rare, and mother used to obey the father in most of the matters, mother is very submissive person and hence will always go by the fathers words.

Interaction between patient and parents: There was cordial and loving relationship between the patient and parents until the patient started drinking and causing troubles at home. Since the time patient started drinking heavily and comes home late the relations and interaction between them became strained.

Interaction between patient and wife: Interaction with the wife was adequate; they do interact well and have a healthy relationship until the patient develops his symptoms. As patients was taking alcohol regularly and that has affected their relationship and due to his alcoholic behavior interaction pattern changed. He becomes aggressive and violent towards his wife. Since then there is conflict and frequent arguments which leads to marital problem.

Interaction between patient and children: The interaction between patient and children was cordial and each member was supportive to each other. However, after the illness of the patient the interaction of the children was strained with the patient. They are not very closed towards their father. They are scared, having minimal interaction with their father because of his alcohol intake behavior.

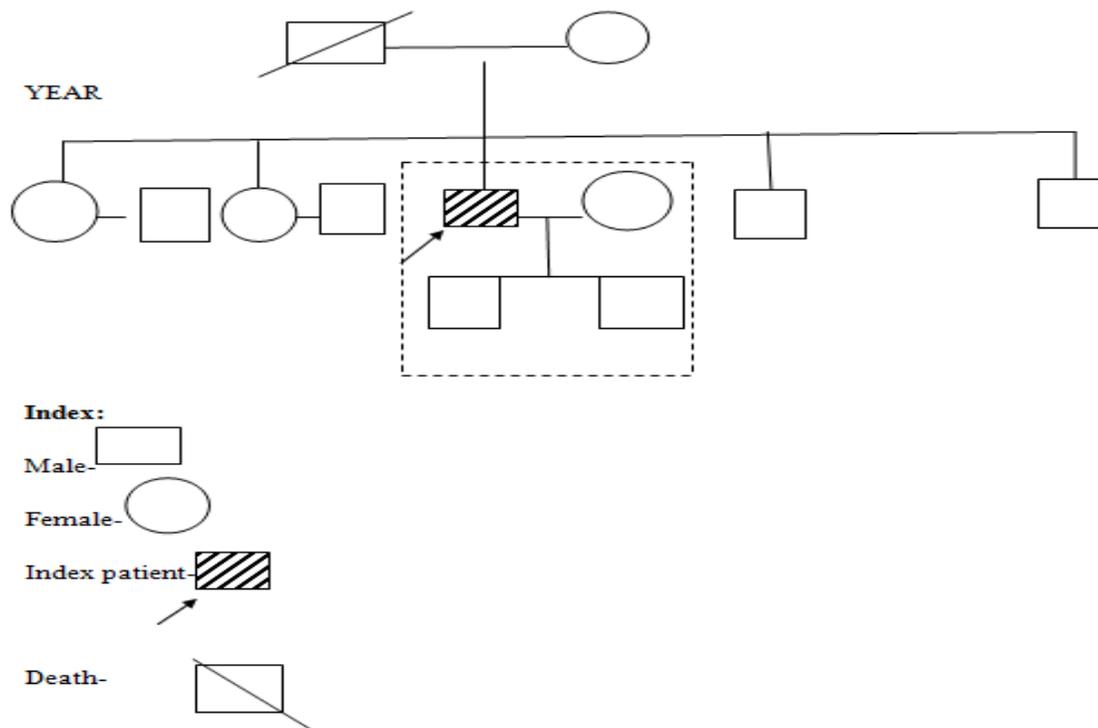


Figure-1
Family Genogram

Interaction between siblings: Patient siblings are all married and settle down with their own family and hence they do not get chance to interact much with each other. They shared cordial relationship when they were young and when the parents are still alive. But at present there is very minimal communication between the patient and his siblings, and they are not supportive towards patient.

Family dynamics

Boundary: The patient's family has diffused boundary. Living with a non-recovering alcoholic in the family has contributed stress for all members of the family. Each member has been affected differently. Alcohol abuse had interfered with parenting skills and marital relations, thereby affecting patient's development and adjustment. Interactions among family members tend to be characterized by extremes of either higher levels of arguing and irritability or silence.

Leadership and decision making: Patient is the nominal head of the family as he would take decision however his wife is the functional leader as she is the one who would executes most of the household responsibilities. After the patient gets the illness, his wife plays the roles as a leadership which is mainly done through participation from her relatives. Decision making process is done in a democratic way.

Role structure and functioning: Each one has their specific role in the family which serves the purpose of the family function. Patient himself have the responsibility of raising money and support family economy but after he developed his illness his work function have deteriorated. Patient's wife take up the responsibility of looking after their children and take care of the household work.

Communication: There is clear and direct communications in the family. Family affairs are communicated well between the family members. Communication between family members was healthy before the onset of patient's illness. After the onset of the illness the communication got disturbed, it was chaotic, silence, blame, complaints, and guilt.

Stress managing patterns: The problem solving ability has been good in the family initially. Family members resolve their conflict by mutual understanding and discussions. Patient mental illness is a stress factor in the family in terms of financial problem and care burden. Patient wife unable to manage the stress goes away to her home very often.

Cohesiveness: We-feeling is not so strong in the family. Mutual support is not present when required. Patient siblings never come to help his family whenever the need arises. Patient wife all alone had to manage all the household activities in the absence of the patient.

Adaptive Pattern: Problem solving ability and coping strategy found to be poor in the family. Maladaptive coping pattern had been adapted by the wife. Wife goes to her home whenever the patients use to create problem because of his alcohol intake behavior, leaving the patient all alone.

Support system

Primary support system: Primary support system is not adequate. Unable to withstand the alcohol intake behavior of the patient his wife often goes off to her house together with their son living alone the patient.

Secondary support system: Secondary social support from close relatives is not adequate in terms of emotional support.

Tertiary support system: Patient tertiary support is adequate. The family used to seek support from different health institutions in and around the district.

Social Status of the Family: Patient belongs to a middle socio-economic family. The main source of the family's income is from the service of the patient. The present living condition is in Assam type, concrete house of their own. All the basic facilities are available in the house.

Personal information

Birth order: Patient is the 3rd among 5 siblings

Early development: The development milestones were age appropriate and achieved normally

Education history: Patient started going to school at the age of 3 years. The highest educational qualification the patient completed is his Masters in Computer Application. He used to participate in the co-curricular activities in school and had no disciplinary complains in school

Occupation: Patient started working at the age of 25 years as a computer technician. There is no history of work change. His work position is static with a satisfactory work record. Although he took leave of absence from his work many times while he have to be in de-addiction centre.

Social status of the family: Patient belongs to a middle socio-economic family. The main source of income is the patients earning as a service holder.

Marital history: Marital adjustment of the patient is not satisfactory. Intake of alcohol was present in the patient before his marriage. He was on abstinence for 2 years. But it was not disclosed to the spouse family. Marriage took place within 15 days after both the family came to know each other. One year of the marriage life went on smoothly. Marital adjustment was cordial at the initial years. But the patients relapse on the day of

his son hair cutting ceremony. He had consumed alcohol on that occasion. After that he started showing abusive and assaultive behavior towards his family members and his alcohol intake behavior was increased. This incident has affected their marital life. Knowing that wife went back to home. She was at home for 45 days. Family members from the patient's home went to bring her back from home for 17 times. At last when the patient promise to quit alcohol she came back. But the patient could not maintain it and relapse. Wife went to home again. And after giving many chances to the patient to quit alcohol and maintain a stable life she has lost all her hope. And currently she want to get divorced and more concern towards both of her children.

Pre-morbid personality: Patient was having well adjusted pre morbid personality.

Social Diagnosis

The index patient was 44 years old Hindu, male, literate and married, hailing from a middle socio-economic background of urban area of Tezpur, Assam .Predominantly patient was well adjusted and very responsible person, was brought to LGB Regional Institute of Mental Health, Tezpur, Assam (LGBRIMH) with the chief complaints of complaints of 19 years history of alcohol intake. As alcohol abuse and family functioning are linked; there are several family problems that are likely to co-occur with an individual's alcohol abuse and often required psycho social care and intervention. Family dysfunctions (conflict, poor interpersonal relationship, communication problems, unpredictability, breakdown in rituals and traditional family rules, emotional and physical abuse, stress, care burden, stigma etc) is very common problem associated with alcohol dependence, further, alcoholic behavior in the family can lead to various communication problems may be characterized as highly critical, involving considerable amounts of nagging, judgments, blame, complaints, and guilt. There may be family burden (care burden and financial burden), associated with alcoholic behavior.

The patient in the present case has been denied supportive, intimate and long lasting relationships. Patient's wife left the patient several times not able to withstand his alcohol intake behavior, which affected his major source of support and social acceptance. He has been neglected by his sibling; there was lack of support from their side. In the present case alcohol abuse has affected the couples' relationships in a variety of negative ways, including communication problems, increased conflict, nagging, poor sexual relations, and domestic violence. Patients was not able to perform a role as a father because of his drinking behavior, he was inconsistent, unpredictable, and lacking in clear rules and limits. As it has found in the research that children of alcoholic parents commonly experience poor parenting and poor home environments, conflict, interpersonal problems during significant developmental periods and its effect their physical mental and cognitive health^{15,16}. In the case study the wife of the patients, is especially affected in this way, often

becoming emotionally inaccessible not only to the husband alcoholic behaviour but to her children as well, due to the need to try to block out the overwhelming emotional climate. Children notice this when they see behavioural changes, crying, and physical or affective distancing by mother. while emotional distancing is evidenced by such things as mothers talking to their children less, answering only basic questions and being more inclined to silence .In the case we found that staying alone and working out of his home town without any supervision of medication as the patient's own lack of insight into his symptoms and contributes into the treatment non-compliance as the patient does not feel the need to take any medications and refuses to do so.

Z 60.8-Other specified problems related to social environment.

Z 63.0-Problems in relationship with spouse or partner.

Psychosocial factors: i. Lack of knowledge regarding illness and treatment, ii. Alcohol dependence, iii. Poor coping skills, iv. Marital conflict, v. Poor support system, vi. Poor motivation.

Objective interventions: i. To enhance the motivation of the patients, ii. To reduce the distress in patient and family members, iii. To strengthen the support system, iv. To psycho-educate the patient and family members, v. To reduce the expectations in family members and enhance support.

Course of intervention (No. of sessions –Individual / Family / Group): i. Total number of sessions: 11, ii. Session with patient: 9, iii. Session with family members: 2.

Therapy intervention package: i. Admission counseling , ii. Family intervention, iii. Psycho-education, iv. Supportive therapy, v. Motivational Enhancement Therapy, vi. Brief intervention, vii. Family intervention, viii. Pre-discharge counseling.

Progress of Therapy / Intervention

Admission counseling: The patients were admitted to for the hospital for his alcohol problems. The family member was provided admission counseling. Brief psycho social assessment was done. Brief education regarding the patient illness to the family members was provided. They were explained the nature of the illness and its causes. In this session the caregivers was provided information regarding the rules and regulations of the hospital ,duration of stay of the patient, mode of family visit after admission and regarding the deposit of money and its utilization. Apart from these address verification was done.

Rapport establishment: Rapport establishment aims to maintain a good relationship with the patient and to assess the level of co-operation and participation of the patient. During the discussion the patient were informed about the importance of therapy and benefit he would gain .Repeated reassurance and positive attitude towards the patient made the session

successful. The patient was able to open up in the initial session itself that he express and share about his drinking problem.

Psycho education: Psycho education is a process which the therapist imparts knowledge of illness and its related aspect to the family and which continual assistance help the family to implement better coping skills and other preferred interaction with the affected member. Initial session was focused on assessing the knowledge of patient regarding the illness. Later the trainee explained the symptom associated with the illness. The harmful effects of substance use and its implications on patient's physical, emotional, familial, and social life were also discussed.

Motivational Enhancement Therapy (MET): Motivational interviewing is a systematic intervention approach based on principles of motivational psychology, designed to produce rapid, internally motivated change³. The Index Patient was exposed to motivation enhancement and relapse prevention therapy. A baseline assessment on understanding the drinking pattern, abstinence period, locus of control, coping pattern, internal relationship problems and patient's attitude towards drinking were assessed. Then RCQ-TV (Readiness to Change Questionnaire-Treatment version - Heather, Rollnick, Bell and Richmond, was administered to assess the motivational level of the patient¹⁷. Patient was in contemplation phase phase and depending on the need the patient, interventions were made. Patient perception on substance use and its harmful effects on family, social and personal life were discussed. Therapist recognized the patient efforts, appreciated his strengths and gives feedbacks. Simultaneously psycho education and supportive therapy helped him realized the negative effects of alcohol. This increases his readiness to change. Change plan worksheet was discussed. Patient was also asked to identify and discuss the strategies to prevent relapse. The categories of relapse cause have explained to the patient like peers influence, external situations and emotional cause. Importance of identifying relapse triggers was discussed so that the triggers can be identified and prevented.

Brief intervention: The patient got motivated and got better understanding about the problem, the therapist acknowledge the patient with craving management techniques. Emphasis was given on the 5 'D's that is delay, deep breathing, distraction, drink water and discussion. It was explained to the patient that craving occurs for a particular time and it reaches its peak, if that particular time could be targeted and engage in some other pleasurable work. Refusal skills and Assertiveness skill training was provided to the patient in order to prevent relapses in the future and to cope with day to day to situation.

Supportive case work: Supportive case work was done on building self-esteem, reducing anxiety and enhancing coping, reeducation and reassurance with the patient. The patient was highly distress about his drinking habit, that he has caused a lot of problems to his family. He also expresses his readiness to

change his drinking habit for his better future and for his child and family. Repeated reassurance to the patient was emphasizes.

Family intervention: Family assessment was done with the patient wife and uncle to come through the psychosocial issues of the family and also to investigate the level of knowledge regarding mental illness due to prolong period of alcohol abuse of the patient. During the session different issues on the marital conflict also arises. The support system and expressed emotion were found not adequate between the family members. The therapist imparts knowledge regarding the illness to the family members, so that a better understanding is present in knowing and maintaining the illness. The family members were educated about the illness, importance of drug compliance and early warning signs were discussed. In the further sessions patient wife was provided supportive therapy.

Social group work: A group is a collection of individuals with similar problems. Group work helps them to discuss share their experiences with one another, and through this process, learns skills of coping, decision making and problem solving. The goal of the group therapy was to make the patient: accepting the fact that chemical dependency is a problem, Recognizing the existence of other problems related to alcohol dependency, Becoming aware of and identifying feelings,-Enhancing motivation, Accepting personality defects and making attempts to change, Helping him changing his lifestyle,-Improving interpersonal relationship,-Learning new ways to respond to problems, Assisting him maintain abstinence. The number of member in the group was 8 members with two psychiatric social work trainees. Each session was for 45 minutes twice in a week. In each session members are seated in a circle and this has a significance which clients should understand and was explained. Sitting in a circle symbolizes that all clients in the group are equal. It also facilitates 'face to face' interaction. The session began with the trainee explaining the group rules and purpose in brief and enabling group members to get acquainted with each other. It helped the client to verbalize their alcohol taking episodes and their consequential adverse behavioral experiences. The patient level of awareness was increased and he got insight regarding his problem of drinking.

Pre-discharge counseling: A brief psycho education was given to the patient prior to the discharge. It was to strengthen the patient to resume his activities with appropriate medication and compliance, the following areas was covered for pre-discharge counseling. i. The signs and symptoms of illness, ii. Cause of mental disorder, iii. Treatment process, medication compliance and follow up, iv. Addiction, v. Early warning signs of relapse, vi. Engaging work activities.

Discharge counseling: Discharge counseling was provided to patient and family members. Emphasis was laid on drug compliance, supervision of medication, abstaining from alcohol, engaging the patient in work activities and coming for regular follow up on monthly OPD basis.

Follow up: After the discharge of the patient they came for follow up. A brief investigation about maintaining the medicines and other related problems has been inquired and assured that the patient is maintaining well. Suggestions had been provided to the family member to continue the follow up.

Follow-up plan: i. Follow up to ensure medication compliance and maintaining abstinence, ii. To motivate the patient to engage in productive work without getting relapse.

Conclusion

Patient had gained insight regarding his illness. Patient's motivation has been enhanced. Family members have better understanding about patient's illness. Thus it can be said that Psycho-social interventions play an important role in determination of treatment outcomes. It has been shown to improve patient compliance to medication and the retention of patients in treatment. It has also been shown to increase alcohol abstinence rates and quality of life in persons with alcohol dependence. Psychiatric social work can play a key role in working with person with alcohol dependence syndrome, educating, enhancing motivation and teaching skill for recovery and also working with the family. So we can conclude that treatment and rehabilitation of patients with alcohol dependence has been an important area of psychiatric social work. Psychosocial intervention can enhance pharmacological treatment efficacy by increasing medication compliance, maintenance in treatment, and attainment of skills.

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