ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 05 | May - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

MANAGEMENT OF ALCOHOL DEPENDENCE SYNDROME – A SINGLE CASE STUDY

Clinical Psychology

Ms. Shefeena Jacob Clinical Psychologist & Assistant Professor, P P Savani University, Surat, Gujarat

ABSTRACT

Background: Alcohol addiction is a complex and dynamic process. Prolonged excessive alcohol consumption causes neuroadaptive changes in the brain's reward and stress systems. It has been directly linked to various social, economic, and health problems. **Aims & Objectives**: The case study aims to reduce the symptoms of person diagnosed with alcohol dependence syndrome. The attempt has been to bring out changes in motivation level and to enhance coping skills. **Methodology:** The client was assessed, diagnosed, and a treatment plan was developed. Implemented treatment consisted of motivational enhancement therapy, components of cognitive behavioural therapy, refusal skills, relaxation therapy, anger management and sleep hygiene. The Mini Mental Status Examination, Alcohol Use Disorders Identification Test, Alcohol Craving Questionnaire, SACK's sentence completion test & Beck Depression Inventory were used to access the severity of the symptoms. **Result & Conclusion:** Results indicated a significant decline in the alcohol dependence symptoms over the course of the treatment.

KEYWORDS

Alcohol dependence, Motivation Enhancement Therapy, relapse prevention

INTRODUCTION

According to World Health Organization, the estimated alcohol using population is nearly 2.3 billion in the world. In the world's population, above 15-year alcohol per capita consumption rose from 5.5l of alcohol recorded in 2005 to 6.41 in 2016. About 30 lakh deaths, in which about 5.3% of all deaths occurred worldwide due to the hazardous use of alcohol in the year 2016. The death that occurred as a consequence of alcohol consumption is more than the death that resulted from HIV/ AIDS, tuberculosis and diabetes. Harmful use and abuse of alcohol can contribute to the causation and magnification of new psychopathology. It leads to an increase in economic burden in terms of medical care and work absenteeism, impaired occupational, and academic performance (Peterson et al., 2002)

Motivational Enhancement Therapy

It is a systematic intervention for evoking change in problem drinkers or drug users, using a motivational interviewing style. Motivation is a major factor contributing to fruitful positive abstinence results in the alcohol related treatment. It has been seen in most of the cases that lack of motivation leads to the failure of an individual to begin to continue, comply, and succeed in the treatment. By applying motivational enhancement approaches, more involvement in the treatment process can be achieved followed by positive treatment outcomes (Miller, 2000). Insight and motivation play an important role in the treatment of alcohol. A major distinction between patients with other clinical ailments and alcohol-dependent individuals is the presence and absence of insight and motivation.

The MET approach begins with the assumption that the responsibility and capability of change lie within the client. The Therapist's task is to create a set of conditions that will enhance the client own motivation for the commitment to change. MET seeks to support intrinsic motivation for change, which will lead the client to initiate, persist in, and comply with behaviour change effort.

Phases of MET

1. Phase 1: Building Motivation for Change
2. Phase 2: Strengthening Commitment to Change
3. Phase 3: Follow-up (Maintenance and Relapse prevention)

Case Report

Mr. R, A 49-year-old, married male working as an engineer hailing from high SES was admitted to the de – addiction department of the hospital as his family brought him in after the diagnosis of level 3 stage of Liver Cirrhosis from where medical reports revealed damage to the liver as a result of chronic alcohol use. He was presented with chief complaints of persistent consumption of alcohol, sleep disturbances, headache and aggression. There was insidious onset, precipitating factor present was covid lockdown and the course was continuous.

The client was apparently well before 10 years ago. Ten years ago, patient started taking alcohol just for experiment. At starting the amount was 1 peg, then it increases to half bottle, then half bottle to 2 bottle per day. Currently the amount reached to 4 bottle per day. Five years ago, patient has gone to Malaysia for deputation from his firm where he used to take alcohol regularly, because nobody was there to control him.

During covid lockdown, he came back to India and started working from home increases his drinking habit. Due to continuous drinking throughout the day worsened his health and admitted to hospital for 5 – 6 days. He was diagnosed with level 3 stage of liver cirrhosis. He stopped drinking for 2, 3 days with other's advice causes withdrawal symptoms like shivering, body pain, headache. Then he again started drinking. Four months ago, he was admitted to a de addiction centre. Besides, patient has joined the online AA group, where he has got an insight to stop his drinking habits and admitted in the hospital.

Negative history suggestive of no dementia, delirium, hearing of voices, low mood, increased palpitations, elevated mood, increased energy, nervousness and repeated checking. No past medical history was reported by the patient.

During the session, it was observed that patient was well groomed and dressed according to his age. Patient was conscious, alert and aware of his surroundings, and cooperative attitude towards examiner, rapport was established. His speech was relevant and coherent and goal directed with normal rate and quantity of production, his pitch, tone, reaction time and volume were normal. And mood was reported as subjectively ok and affect was congruent with mood. Since patient met criteria of Mental and behavioural disorders due to use of alcohol, dependence syndrome, currently abstinent, so the diagnosis was Mental and behavioural disorders due to use of alcohol, dependence syndrome, currently abstinent (F10.20)

Assessment Tools

MMSE:

- The **mini–mental state examination** (**MMSE**) is a 30-point questionnaire developed by Folstein *et al.* in 1975.
- The index patient's score on MMSE was 28. It shows no cognitive impairment.

CAGE Questionnaire:

- The CAGE questionnaire is a 4-question screening tool that clinicians may use to help in the diagnosis of alcoholism.
- The index patient scored 4 positive responses. It shows substance abuse.

AUDIT:

- The AUDIT is a 10 – item screening tool developed by WHO, to assess alcohol consumption, drinking behaviours and alcohol related problems.

Alcohol Craving Questionnaire (ACQ):

- It is a 47 - item self - administered, multidimensional state measure of acute alcohol craving.

- The index patient shows high scores on compulsivity and expectancy

Sack's Sentence Completion Test:

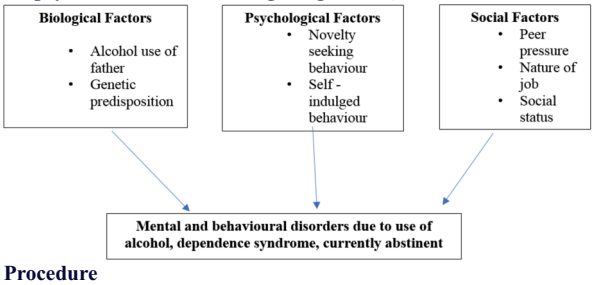
- It is a semi projective test developed by Joseph M. Sacks & Sydney Levy.
- The major domains identified are **self- concept, interpersonal relationships in family**.
- The index patient shows negative attitudes emerged in areas such as fear and worry towards future, doubts on own abilities. He reported fears and anxiety in losing relationships with others.

Beck Depression Inventory (BDI):

- It is the widely used instrument developed by Beck, Steer & Gregory in 1996.
- The index patient scored 9 and it shows minimal depression

Psychotherapy Formulation

Biopsychosocial Model (George Engel, 1977)



Procedure

Psychotherapeutic Interventions

The therapeutic program consisted of 23 sessions, including three rapport establishment, psychoeducation and assessments. The sessions were conducted individually and duration of each session was of approximately 45 minutes. The sessions were carried out over a period of 6-8 weeks. The specific components of the therapeutic program included

1. Psycho-education
2. Goal formulation (Goals were to reduce the addiction behaviour, to improve sleep, to reduce aggression, to improve problem solving skills and coping skills)
3. Exploration of strengths of the patient,
4. Self-monitoring of alcohol intake and other symptoms,
5. Pros and cons of the addiction behaviour
6. Use of 'FRAMES Model' (Feedback, Responsibility, Advice, Menu of options, Empathy, Self – efficacy) to move from pre-contemplation to contemplation stage,
7. Use of change plan worksheet
8. Use of thought record sheet to recognizing automatic negative thoughts
9. Verbal Challenging
10. Cognitive restructuring for modifying negative thoughts,
11. Mindfulness meditation
12. Sleep hygiene
13. Anger Management through strategies like manage your life style and change the way you think about your life

In Addition, Other Techniques Like

1. Money management skills,
2. Refusal skills for relapse prevention
3. Assertive skills,
4. Distraction techniques,
5. Problem solving skills, and
6. Family interventions were applied.

Before the commencement of each session feedback was taken from the client. The contents of the sessions in therapy were kept flexible taking into consideration of the specific needs of the patient. The client was ensured to come for brief session with prior information. The follow-up was done for six months.

Analysis

Analysis was carried out by comparing the pre- and post-assessments to assess the effectiveness of therapeutic intervention.

Table 1 Pre-and post-therapy scores for client on Alcohol Use disorder identification Test (AUDIT)

Client	AUDIT (Pre score)	AUDIT (Post score)
1	24	9

DISCUSSION

The aim of the present study was to examine the effectiveness of Motivational Enhancement Therapy in the management of alcohol dependence syndrome currently abstinent. The objective of the study was to evaluate the effectiveness of MET in reducing the alcohol use. For the present study a 49-year-old married, B Tech, high socio-economic status, hailing from Udaipur having severe level of alcohol use. After preliminary assessment client was treated for 23 sessions of MET spreading across 8 – 12 weeks.

Table 1 showed improvement scores and therapeutic changes on AUDIT. On AUDIT, therapeutic change at post assessment was 9, earlier at pre assessment it was 24. Similarly, DiClemente et al., 2017 postulated that MET have been shown to be as effective in the recovery of substance use disorders.

Results indicated a significant decline in the alcohol dependence symptoms over the course of the treatment. At the onset of treatment, the client's AUDIT score was moderate – severe alcohol use and on Alcohol Craving Questionnaire, high scores on compulsivity and expectancy, while at the conclusion of the treatment the AUDIT score was decreased to low-risk consumption and low scores of compulsivity and expectancy on Alcohol Craving Questionnaire. The client self - reported an improvement in aggressive symptoms, motivation level, sleep and enriched coping skills. Treatment also includes a particular emphasis on concerns regarding relapse prevention.

Limitations

The first limitation was the generalizability of the results as sample size was small. Second limitation that the control measures could not be used and personality characteristics was not taken into consideration. This restricted confidence in results and findings larger sample should be included so as to enhance the reliability and confidence in these findings.

CONCLUSION

Motivational Enhancement Therapy is considered as one of the well - established therapy that draws on motivational principles and helps in understanding of the stages and processes that underlie change in addictive behaviours and developing insight about alcohol-related harm and equip them with a strategy to overcome the craving and ultimately maintain abstinence

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