



ORIGINAL RESEARCH PAPER

Clinical Psychology

EFFICACY OF PSYCHOTHERAPEUTIC MODULE ON LOCUS OF CONTROL FOR MANAGEMENT OF ALCOHOL DEPENDENCE SYNDROME AMONG TRIBAL INDIVIDUALS

KEY WORDS: Alcohol dependence, Tribal, Psychotherapeutic module, Locus of control.

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ABSTRACT

Present study was conducted with the tribal patients who were diagnosed case of alcohol dependence syndrome. Aim of the study was to check the efficacy and applicability on locus of control of the individuals with developed psychotherapeutic intervention module. Module was developed at Ranchi Institute of Neuro Psychiatry and Allied Sciences by researcher and expert faculty members. 30 male individuals with tribal community were participated in this study. 15 participants were in experimental (received psychotherapy with developed module) group and 15 participants are in control (received treatment as usual) group. Pre and post intervention assessment results are comparing and significant difference was found in experimental group in internal locus of control. Which suggests that psychotherapeutic module was helpful to reduce craving and improved internal locus of control as well as psychological well being of the tribal individuals.

INTRODUCTION

Since the beginning of human history, people have enjoyed drinking alcoholic beverages. In addition to the numerous biblical examples and ancient myths that make reference to alcohol, local oral history and archaeological findings suggest that consumption has been a part of tribal culture, rituals, tradition, and custom. This is the case even though there are a great number of biblical examples and ancient myths that make reference to alcohol. But the fact that people have been drinking alcohol for a very long time and that this behaviour has been handed down from generation to generation does not adequately explain why people drink alcohol. Since the beginning of human history, people have enjoyed drinking alcoholic beverages. Additionally, over the course of history, drinking habits have undergone significant shifts, and there is evidence to suggest that significantly more alcohol is consumed today compared to earlier eras. The world health organization estimates that around 2 billion people worldwide consume alcohol and there is clearly no single reason why they do or why different people drink to different extents¹.

In many different indigenous communities, drinking alcohol is an integral component of the social rituals. The term "drinking culture" alludes to the various methods of social control that are utilised to ensure that norms and practices are adhered to. Drinking culture may refer to the aspects concerned with drinking of a cultural entity primarily defined in terms of other aspects, or may refer to a cultural entity primarily defined around drinking. Drinking cultures are not homogenous or static but are multiple and moving². In order to assist with the management of alcohol-related issues and to assist in the planning of psychosocial interventions, in-depth research on psychological and cognitive factors, such as a person's locus of control and readiness to change, that are associated with alcohol dependence or alcohol use disorder is required. Locus of control is the framework of Rotter's (1954) social-learning theory of personality which considers the tendency of people to believe that control resides internally within them or with others or the situation³. The present study was aims to check the efficacy of psychotherapeutic intervention on locus of control among alcohol dependence individuals belonging to tribal community of India and preferably Jharkhand.

METHODOLOGY

The study was conducted at Ranchi Institute of Neuro-Psychiatry and Allied Sciences (RINPAS) Ranchi, Jharkhand. with the aim of "To assess the applicability of module on locus of control" and hypothesized that "There will

be no significant difference between experimental group (participants receiving management through developed module) and control group (receiving treatment as usual) on Locus of control in post treatment assessment."

Design of the Study

A hospital based study was conducted for check the efficacy of the module for psychotherapeutic management of alcohol dependence syndrome among Tribal individual using Pre Test and Post Test with experimental and Control Group Design.

Inclusion Criteria

1. Tribal individual who will be diagnosed alcohol dependence syndrome according to ICD-10 DCR criteria.
2. Male patient.
3. Duration of illness more than 01 year.
4. Individual having ability to read and write.
5. Individual who will be able to understand Hindi / English.
6. Individual who fall within the age range of 20 to 40 years
7. Individual who will give informed consent and cooperative.

Exclusion Criteria

1. Individual having history of other substance dependence (except nicotine users).
2. Individual having major physical illness.
3. Individual having history of any co- morbid severe psychiatric illness (e.g. Schizophrenia, Affective disorder, OCD etc.).
4. Any evidence of neurological disease.
5. Individual with mental retardation.
6. Individual have earlier participated in psychotherapeutic intervention.

Tools Used

- Socio-demographic and Personal Data sheet: It is a semi-structured Performa especially design for the study. Socio-demographic and clinical data sheet contain information about the socio-demographic variables like age, gender, education, religion, domicile, occupation, marital status, economic status.
- Locus of Control Scale: Present scale is developed by Hasnain and Joshi in 1992 which is based on Rotter's original scale. This scale measures generalized beliefs in internal verses external control of events. The internal – external locus of control dimension is an offshoot of Rotter's theory of social learning (1954). This scale contains 36 items, based on internal and external locus of control. 16 positive and 20 negative items appeared in a

randomized order. The items that reveal internal locus of control were treated as positive and items that reveal external locus of control were taken as negative. The subjects responded to the items in terms of three categories - 'Always', 'Sometimes', and 'Never'. Reliability coefficient of the scale was 0.76 and validity coefficient was also 0.76⁴.

Intervention Module

The intervention module was developed or conceptualised by based on existing related psychotherapeutic treatment strategies, modules, review of literature and discussion with mental health professionals working in the respective area. Psychotherapeutic module was complete package for management of alcohol dependence syndrome among tribal individuals. It was combination of Psychoeducation, Motivational Enhancement Therapy and Coping skill training, which are delivered to experimental group participant in 10-12 sessions. Therapy sessions are delivered biweekly and per session was 45 minute to one hour of duration.

Procedure of the Study

This study was conducted at RINPAS with the aim to assessing of the applicability of the intervention module for management of alcohol dependence syndrome among tribal individual. At first, the psychotherapeutic module was prepared based on existing related psychotherapeutic treatment strategies, modules, review of literature and discussion with mental health professionals working in the respective area. At second step tribal individuals who are diagnosed with alcohol dependence syndrome were selected from RINPAS inpatient department. Detailed information about the research was provided. Individual were recruited on the basis of inclusion and exclusion criteria. Thereafter, informed consent was taken and a total of 30 individuals were finally selected for purposed study. 15 participants were assigned as an 'experimental group' and 15 participants were assigned in the 'control group'. The 'experimental group' was provided psychotherapeutic management through developed module or intervention package for alcohol dependence syndrome whereas 'control group' was received treatment as usual. Thereafter, applicability and sustainability of the gain was assessed through developed module for psychotherapeutic management of alcohol dependence syndrome using mentioned tools in pre (baseline) and post (after intervention) assessment, after that Appropriate statistical analysis was done by using SPSS 21 software for obtained research data.

RESULT AND DISCUSSION

Table: 1 shows Comparison between Experimental and Control Group for Locus of Control (LOC) in Pre (Baseline) and Post assessment

Var.	Exp. Group Diff. (pre-post) (Mean±S D)	Cont. Group Diff. (pre-post) (Mean±S D)	Mean Rank		Mann Whitney	
			Exp.	Con.	U	Z
LOC Total	0.60 ±5.80	2.13 ±6.10	14.47	16.53	97.00	0.64NS
Internal LOC	1.40 ±3.24	4.66 ±5.02	12.27	18.73	64.00	2.02*
External LOC	0.80 ±3.64	3.06 ±2.96	18.30	12.70	70.50	1.75NS

Level of Significance; *=0.05 level, **= 0.01 level, NS=Not Significant

The socio-demographic data of the present study was obtained in the category of age, education, occupation,

marital status, domicile and religion. Both the groups, experimental and control groups were statistically not significant at baseline assessment which shows the both] the group were matched.

Table shows comparison between experimental and control Group for Locus of control (LOC) in Pre (baseline) and post intervention assessment. Total locus of control scores, Mean and SD difference for experimental group was 0.60±5.80 and 2.13±6.10 for control group. Mean rank of experimental group was 14.47 and control group was 16.53, Mann Whitney U value was 97.00 and Z value was 0.64 which was not significant statistically. However, result of internal locus of control domain of the scale significant difference was found at 0.05 level. Mean and SD difference of internal LOC in experimental group was 1.40±3.24 and 4.66±5.02 for control group, Mean rank was 12.27 and 18.73 on experimental and control group respectively, Mann Whitney U value was 64 and Z value was 2.02. Comparison between experimental and control group for external LOC domain's obtained Mean and SD of pre (baseline) and post intervention scores, Mean and SD difference was 0.80±3.64 for experimental group and 3.06±2.96 for control group, Mean Rank was 18.30 for experimental group and 12.70 for control group. Mann Whitney U value was 70.50 and Z scores was 1.75, it shows no significant difference among both groups. The concept of "locus of control" describes the notion that an individual's behaviors are either entirely under their own control or are influenced by forces from the outside. A person who has an internal locus of control believes that each and every one of his behaviors is the result of his own deliberate decisions. A person who has an external locus of control believes that all outcomes are the product of the outside world and are not his fault. This person believes that he does not have any influence over these outcomes⁵. In this present study results that the experimental group patients have shown significant changes after psychotherapeutic intervention with developed module. The results showed that after the intervention, the experimental group's post-assessment data significantly differed from the control group in terms of the internal locus of control, whereas the external and global locus of controls were statically not significant but only showed minor changes in Mean and SD difference of pre and post assessment. The vast bulk of 12 step program participants have an externality bias. This runs counter to the body of research, which indicates that people in recovery with de-addiction treatment and therapeutic intervention have a higher sense of internal locus of control than people who have not yet subjected to rehabilitation or therapy⁶.

There are many physical, psychosocial, and physiological indicators that predict relapse in alcoholism. Craving and locus of control can both be significant relapse risk factors in individuals with alcohol dependence. This hospital-based prospective intervention research had a pre-post design. Motivational Enhancement Therapy (MET) was control the cravings, patients displayed less craving and began to internalize the causes of their drinking. Thus, it can be inferred that Motivational Enhancement Therapy is useful with combination of other techniques had significant role to keeping abstinence in patients with alcohol dependence⁷. Present study clearly indicates that psychoeducation, motivational enhancement therapy and coping skill therapy techniques are included in psychotherapeutic module is helpful for managing alcohol dependence syndrome among tribal individuals and improves internal locus of control to reduce their craving.

CONCLUSION

The findings of the current study lead the researchers to the conclusion that individuals who suffer from alcohol dependence syndrome demonstrate improvements in their internal locus of control, and strategies of coping when they abstain from alcohol dependence. The psychotherapy

component helps patients avoid early relapse and improves their ability to portray themselves in social settings as mentally and physically healthy. Developed psycho-therapeutic module was useful in management of tribal patient with alcohol dependence syndrome.

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Conflict of Interest: There is No conflict of interest.

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