ORIGINAL RESEARCH PAPER

Psychology

MOTIVATIONAL INTERVIEWING AND PEER PRESSURE COUNSELLING IN ALCOHOL REHABILITATION

KEY WORDS: Alcohol Use Disorder, Motivational Interviewing, Peer Pressure Counselling

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ABSTRACT

Alcohol use is characterized by the depression of various centres of the brain, leading to impaired motor coordination, slowed reaction time, disturbed sleep, inability to make judgements, weakened vision and hearing. Chronic use of alcohol and dependence on the same has severe effects including debilitating withdrawal symptoms upon cessation. The present case study is of a client aged 18 diagnosed with Alcohol Use Disorder. A Mental Status Examination was conducted and a comprehensive report is presented. The presenting complaints of the client include increased alcohol consumption, smoking, violent behaviour, poor appetite and disturbed sleep. Problem areas were identified and treatment plans are recommended. Interventions were designed to target the specific issues of a lack of motivation and unfavourable compliance to peer pressure. The interventions were shown to be effective as the client exhibited enhanced motivation for treatment as well as an increased repertoire of skills to resist peer pressure. The implications of such effectiveness are important in clinical settings.

INTRODUCTION

Alcohol causes the inhibitory centres in the brain to be initially depressed—or slowed. With continued drinking, however, alcohol depresses more areas of the brain, which impedes the ability to function properly. Blackouts, the loss of memory for what happens during intoxication, may result from the interaction of alcohol with the glutamate system. Withdrawal from chronic alcohol use typically includes hand tremors and, within several hours, nausea or vomiting, anxiety, transient hallucinations, agitation, insomnia, and, at its most extreme, withdrawal delirium (or delirium tremens—the DTs), a condition that can produce frightening hallucinations and body tremors. Consequences of long-term excessive drinking include liver disease, pancreatitis, cardiovascular disorders, and brain damage (Brick, 2008).

Treatment Of Alcohol Use Disorder

Treatment involves biological treatments such as medications like benzodiazepine and psychosocial treatments including cognitive treatments, motivational interviewing, relapse prevention and alcoholics anonymous (AA) (Nolen-Hoeksema, 2013).

Demographic Details

INITIALS	SP
AGE	18
SEX	MALE
EDUCATION	XIIth STANDARD
SOCIOECONOMIC STATUS	MIDDLE CLASS
EMPLOYMENT	UNEMPLOYED
MARITAL STATUS	UNMARRIED
DIAGNOSIS	ALCOHOL USE DISORDER
SOURCE OF INFORMATION	CASE FILE

Presenting Complaint

The presenting complaints of the client include increased alcohol consumption, smoking, violent behaviour, poor appetite and disturbed sleep.

Duration Of The Complaint

The above mentioned complaints have been prevailing since June, 2023.

History Of The Complaint

The client began consuming coolips a year ago during his XIIth standard. During this period, he was also engaged in a romantic relationship. Due to a misunderstanding in the relationship, he began consuming alcohol with his friends.

The client started consuming alcohol due to peer pressure and consumption of alcohol and smoking increased significantly since June, 2023.

The client would also return home uncharacteristically late at night and was not as connected or attached to his family as before. He had also been warned by the police several times for riding a bike without a licence and was fined Rs. 2500 for drinking and driving.

The client also exhibited violent behaviour such as hitting his father and breaking his mobile phone. He also experienced disturbed sleep and poor appetite, and these complaints increased greatly.

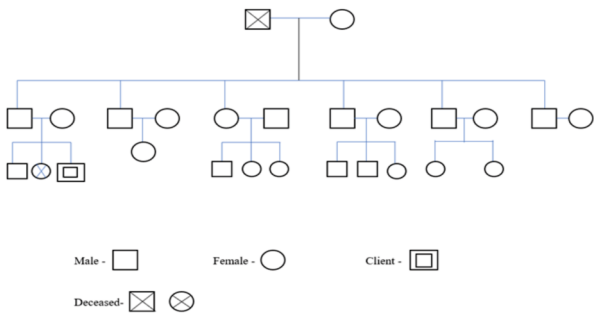
The client did not attend school regularly and one of his female friends would provide him with money to purchase alcohol. The patient began consuming drugs after he was shifted to a government school.

Prenatal And Early Years

The client was born out of non-consanguineous union and no complications were present during pregnancy. The client's milestone developments were normal.

Family History

The client's father and parental uncle were alcoholics and his father attempted suicide several times due to issues in the family.



Educational History

The client completed XIIth standard. However, he was not regular to school and he exhibited low academic performance and failed two papers. He would also be involved in quarrels with other students at school.

Occupational History

The client was not previously involved in any employment and currently remains unemployed and is presently seeking in-patient care at a psychiatric facility since October 2023.

Marital And Sexual History

The client is unmarried.

Medical History

There is no history of any physical illnesses for the patient.

Premorbid Personality

The client exhibited sleep disturbances, poor appetite, showed poor attachment to his family and would return home late at night.

Mental Status Examination

Appearance And Behaviour:

The client was appropriately dressed for the setting although the clothes looked old and faded and the client seemed to be repeating the same clothes over the course of several days. The client seldom made eye contact and was frequently lost in thought. The client exhibited good posture and showed normal gait. His facial expressions were neutral, devoid of any emotions.

Thought Process And Thought Content:

The client was shy to speak and he spoke very softly. The client seemed to be uninterested in the conversation and took some time to think before responding. He spoke in very short sentences but was able to present the same in a coherent manner. The client's content of speech showed no evidence of hallucinations or delusions.

Mood And Affect

The client's predominant mood was uninterest. Flat affect was observed in the client. The client's affect was appropriate to his mood and speech.

Intellectual Functioning

The client can read and write in Tamil at an age appropriate level. He however showed below average performance in immediate memory during forward and backward digit span tests, with a digit span of 4 for the former and that of 3 for the latter. The client was also not able to count backwards from a particular number.

Sensorium

The client showed appropriate awareness of the self, surroundings and of time as he was able to provide information on his name and age; was aware of the reasons of why he was at the psychiatric facility and showed recognition of the year.

Summary

The client SP is an 18-year-old male diagnosed with Alcohol Use Disorder. The presenting complaints of the client include increased alcohol consumption, smoking, violent behaviour, poor appetite and disturbed sleep which have been prevailing since June, 2023. There is a family history of alcoholism and self-harm and the client began consuming alcohol mainly due to peer pressure. The client is educated until XIIth standard but however showed poor academic performance. He has been under care at a psychiatric facility since October 2023. The client predominantly showed uninterest in conversation. He has an appropriate awareness of self, surroundings and time.

Treatment Recommendations

The following are some treatment recommendations for the client:

- The client exhibited a lack of motivation for treatment at the psychiatric facility he is currently being treated at. An appropriate level of motivation plays a critical role in the improvement of any client's condition and a lack of the same could result in a lack of compliance with treatment perhaps leading to greater relapse later. Thus, focus must be given on enhancing the client's motivation for treatment.
- The major reason why the client began to engage in alcohol consumption was peer pressure. Once the client is discharged from care, he would be exposed to the same people or situations which could act as triggers thus leading to further consumption. If, however, the client is taught ways to resist peer pressure perhaps through assertiveness training, he would better be able to fight against it.
- It could also help to make the client's education a priority. The client currently has minimal education but if at the centre he is given the opportunity to learn by providing him with books and guidance, it would not only enhance his knowledge but maintain the client's focus towards an appropriate direction, perhaps create a realisation of the more important things in life and motivate him to continue his education after his care.
- Psychotherapy for the client could help him express his thoughts and feelings related to alcohol use and share his experiences while learning more adaptive coping skills. It could address the greater distance from his family and probe further to discover any underlying issues. Family therapy that could involve the client's family could also be beneficial as it could shed light on more adaptive communication patterns in the family or how members can be more supportive of the client.

Treatment Plan

An in-depth analysis of SP's case has led to the identification of the following problem areas:

1. Lack of motivation for treatment
2. Unfavourable compliance to peer pressure

In line with the above problem areas, the following treatment plans were proposed:

1. Motivational Interviewing
2. Peer Pressure Counselling

Goals:

1. To enhance the client's motivation for treatment
2. To enhance skills to make the client more resistant to peer pressure

Treatment Plan

1. Motivational Interviewing

Motivation in treatment, particularly for substance use disorder can be extremely important and can be a driving force for improvement. It could make clients more eager to engage in treatment, maintain consistent engagement, foster a sense of personal responsibility, maintain longer term recovery which could all improve the efficacy of the treatment. In light of the crucial importance of motivation, the first intervention undertaken was motivational interviewing.

Firstly, the facilitator drew two lines on a whiteboard– one on top, suggesting a high level of motivation and one at the bottom, suggesting a lack of motivation. The client was asked to draw a line between the 2 lines based on his perceived level of motivation and as expected, he drew a line close to the bottom line. Then, a ruler of change was used wherein the client was asked, on a scale of 1-10, how much he wanted to make a change, 1 being the lowest and 10 being the highest, and his answer was around 2 or 3. These served as a baseline for comparison post the intervention.

Next, the client was asked to list the pros and cons of substance use. The pros according to the client included a state of relaxation and elimination of any stresses. The cons included the damage it did to the client's body and how it affected his relationship with his family. The client was asked whether the pros outweigh the cons and his answer was that they did not. This was perhaps the first step to understand that the pros are not better than the cons which could help him realise the need for change thereby increasing motivation.

The health belief model was then applied and the client was asked to think about the perceived severity of the consequences of substance use and the client believed it to be moderately severe. He was then asked to state the perceived benefits of substance use which again included an escape from tensions and a good time with peers. Then, the

client was asked to think of the benefits of bringing about changes in the substance use behaviour and he mentioned that he would be healthy, his family would be happy as well and he would be able to get ahead in life. This decisional balance exercise aimed at helping the client be aware of all the good things that would be a result of changing substance use behaviour which certainly outweigh the benefits of consumption.

The client was then encouraged to think about his core values, which included becoming educated, taking care of his family and becoming successful in life. He was then asked whether substance use facilitated such values or whether they conflicted with them. The client pondered and answered that if he continues with substance use, he would not be able to be true to his values. This exercise aimed to develop another perspective where the client introspects and develops finds reasons as to why it is imperative to make a change if he wants to be aligned with his values.

Considering the young age of the client, he was asked about his dreams and aspirations and to set short-term goals and long-term goals for himself. He responded by saying that firstly, he wanted to get out of the treatment facility and then he wanted to do marine related studies and support his family financially. The next point raised was whether engaging in substance use would support these goals or obstruct them. This aided in helping the client develop a newer point of view to make a change.

The client was then prompted to elicit the different reasons and desires to make a change, by asking questions such as why he would want to make a change if he wanted to and what would come out of it. The theme of family recurred and one of his reasons was to make his family happy in addition to being healthy, while a reason cited for why he engaged in substance use behaviour in the first place was that it was because of his peers and romantic partner. This exercise aimed at getting a clarity of why it started and why he would like to change the behaviour and how important that is to him.

The imagined self technique was the next exercise that was used wherein the client was asked to imagine a life where he would have completed his treatment and be free of substance use and he and his family were happy, and he was asked how imagining such a situation felt like. He responded that it felt nice to think about a better future and that he wanted his life to be like that. He was then asked what would first be required to bring that life about and he responded that first he would have to make a change at the psychiatric facility and become completely better. This exercise was included to help the client internalise the reasons and the motivation and say it out loud, on his own.

The client was asked to reflect back on everything that was discussed during the intervention– about his values, goals and they would be hindered by substance use and about the benefits of substance use versus the benefits of making a change and of his imagined ideal life.

Towards the end of the intervention, the whiteboard with the two lines and the ruler of change was used again. The client was again asked to identify where his motivation was and whether it was the same as before. He erased the earlier line that he drew at the bottom and raised it a little higher, indicating an increase in motivation. Even on the change ruler, his answer increased from 2 or 3 to 5 or 6. Although there was not a drastic increase in the perceived motivation, this smaller step could certainly contribute to further increase in motivation.

Upon asking the client what changed, he responded that thinking about reasons to change, his values, goals and everything that was done gave him a new perspective and made him realise he wants to change to lead a better life especially with his family.

The client was asked to think of all the exercises above and his responses to it if at any point he found himself low on motivation.

2. Peer Pressure Counselling

The client reported that one of the reasons why he began using substances was because of his friends. At the client's age, individuals spend most of their time with peers and are influenced by them, for good and for bad. Individuals often look to peers for validation which is one of the reasons why they succumb to peer pressure. However, in some cases such as this, it is important to resist such pressure, or learn how to do so especially when the consequences are detrimental.

Firstly, the client was educated about what peer pressure is and what can be its unfavourable consequences. Then, the client was asked to identify triggers such as situations wherein the client is more likely to give into peer pressure. The client identified that it would occur when he would go out with them or when he would be stressed. The client reported that he would not know how to refuse in these situations and he would go along with what his friends would ask him to do. He felt that he would not be accepted if he didn't drink with them. The facilitator then used cognitive restructuring to combat this negative thought by first thinking of evidence of such a thought by answering questions such as "Tell me about a time when you did not drink and how your peers reacted" and "When was it that your peers did not accept you?" The client was unable to answer these questions and said that it has not happened but "i think" it might happen. Thus, the client was harbouring such a thought without any evidence to it and the facilitator highlighted the same and perhaps the client gained this realisation as well. Thus, the irrational belief was challenged and attempts were made to replace such a thought with a more positive one such as "I don't need to drink alcohol in order to be accepted by my peers and if they are my true friends, they will accept me for who I am." After this exercise, the client reported that he felt better about it and that he has gained a new perspective.

The next exercise was role-playing, as the client mentioned before that he did not know how to refuse his peers' request to drink. The facilitator played the role of his peer and she asked him to have a drink and the client did not know what to say. Before continuing with role-play again, the client was first taught how to refuse by being assertive, such as by just saying "No" or by including facts such as "No, I do not want to drink because it is really injurious to health" or "No, I shall not drink because I know how much it hurts my family", all while being polite but assertive. These responses aimed to increase the client's knowledge about how exactly to refuse the substance as earlier, the client seemed to lack such knowledge but this added to the client's repertoire of responses.

The client was thus taught how to communicate his feelings effectively while also establishing boundaries by making it clear that he does not want to engage in alcohol consumption. He was also enlightened about conflict resolution strategies in case a disagreement were to arise as a result of the client's refusal, such as by saying "It makes me uncomfortable when you force me to drink" or "I respect your decision to drink and I hope you can respect mine too" or "I do not want to fight and let's move on from this topic". The role-playing exercise was attempted again and this time, the client hesitated at first but then was able to refuse using the responses discussed before and stayed firm with his decision even as the facilitator, in her role, emphasised on drinking. The client was then asked to practise these responses at the facility with other members in order to get better at it. When asked, the client felt more confident that he now knew how to say no to pressures to drink, unlike before.

The client mentioned that one of the situations where he would succumb to peer pressure was when he would be stressed. In order to combat this, some stress management techniques were practised such as deep breathing exercises and other methods discussed included sharing one's stresses with a family member or another trusted friend who would support the client in adaptive ways; colouring or painting in order to reduce stress; physical exercise or journaling. The client reported that he had never learnt how to reduce his stress before which is why it would be easier to drink when his peers asked him to and so, the client was encouraged to engage in these exercises. Another trigger reported was social situations, that is, when he would go out with his friends and to combat this, the client was asked to refrain from such social situations for a while after his discharge and when he did go out, he was encouraged to have a friend with him who was knew about his struggle and would support him when he tried to refuse his peers' requests. The client was also educated about alternatives such as activities he could participate in with his friends that did not include drinking such as playing sports, studying together at each other's homes, playing board games or engaging in artistic activities. Towards the end of the intervention, when the client was asked if he felt better with regards to resisting peer pressure, he responded that he felt confident that now he could try to refuse his peers' requests to drink and that he would be firm in his decision. He then accepted that he does not need to drink in order to fit in or be accepted by his peers and decided to seek out social company that would be a good influence on him. While it is acknowledged that it not possible to see actual change in the client's behaviour in a real peer group setting, the goal of the intervention was to inculcate the necessary skills for change and the client reported that he felt more confident than earlier and would attempt to make a change which was not as it was before.

Thus, the first goal of enhancing the client's motivation for treatment was successful as demonstrated by the client's reported increase in motivation as he realised his values, goals and reasons to stay in treatment and get better.

The second goal of inculcating skills to resist peer pressure was also successful as it resulted in an increase the client's repertoire of responses to resist peer pressure in addition to development of conflict resolution skills and stress management techniques.

Implications

The effectiveness of the interventions implemented provides implications for clinical settings wherein the applications of such treatment can facilitate an increase in motivation which is extremely crucial on the road to recovery from alcohol use disorder as well as improved skills to resist peer pressure as such pressure could be one the significant factors contributing to continued alcohol use as in the case of this client.

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