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Effectiveness of tailored motivational interviewing on abstain of alcohol among alcoholic clients

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Abstract

A quasi – experimental study conducted to assess the level of motivation of the alcoholic clients before and after motivational interviewing & determine the association of motivation among alcoholic clients with selected variables in de-addiction center, Ambala city, Haryana. One group pretest posttest design was used and 18 alcoholic clients were selected by purposive sampling technique. The level of motivation was assessed by using URICA according to their phases i.e. Pre contemplation, Contemplation, Action, Maintenance. The mean score of level of motivation among alcoholic clients before administration of motivational interviewing was 7.52 & after motivational interviewing was 15.00. The results showed that Motivational interviewing was effective in alcoholic client for increase their level of motivation for abstained the alcohol.

Keywords: Tailored motivational Interviewing, Abstain, Alcoholic clients.

1. Introduction

Alcohol has been discovered and used by practically every culture in the world. This practice has invariably produced problems of alcohol misuse. In India, the available data for the year 2000-2001 indicated that there were 62.5 million alcohol users (62.5/1000 population) in the country, of which 17% were dependent users. Motivation plays an important role in the treatment of alcohol dependent individuals. So the level of motivation is an important factor to be found out before treatment among alcohol dependent individuals to make a better outcome. Motivational interviewing principles are used to strengthen motivation and build a plan for change. This approach has been used successfully with people addicted to alcohol to both improve their engagement in treatment and reduce their problem drinking.

2. Material and Methods

Quantitative research approach with Quasi experimental one group pre – test and post – test design was used and 18 alcoholic clients were selected by non – probability purposive sampling techniques from De-addiction centre. In order to check the reliability, the University of Rhode Island Change Assessment were administered to 5 alcoholic clients. The reliability co-efficient of URICA, calculated by using Cronbach alpha was found to be 0.9 acceptable range is 0.7 – 1. URICA (University of Rhode Island Change Assessment) consists of 32 items. It has four sub scales to measures the stage of change: Pre contemplation, contemplation, action and maintenance. In each stage 8 items were included. Respondents rate items on a five point Likert scale from 1 (strong disagreement) to 5 (strong agreement).

2.1 Data collection procedure

Data was collected using sample characteristics Performa, URICA tool used to check the level of motivation of alcoholic clients to abstain the alcohol on first day. On the same day for 45-60 minutes motivational interviewing was given according to the client level of motivation. And plan the next meeting. Meetings depend upon the level of motivation of the client. Motivational interviewing is given on each client. Both IPD & OPD clients are taken. Motivational interviewing is given according to the Pre-contemplation, contemplation, action and maintenance stage. The minimum meeting were 4 and maximum were 9. Motivational Interviewing were varies in each client depend upon their level of motivation. Then in last again check the level of motivation with the help of URICA.

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3. Result and Discussion

The present study findings indicate that the mean level of motivation score before administration of motivational Interviewing was lower 7.52 ± 4.16 than 15.00 ± 0.83 after administration of Motivational Interviewing which indicates increase in level of motivation in alcoholic clients to abstain the alcohol. This finding is consistent with the findings of the study conducted by Mugboob pasha., (2011) in which they found higher mean scores in after motivational interviewing (30) as compare to the before motivational interviewing (27.20).

3.1 Table and Figures

Majority of the alcoholic clients 07(38.9%) were in the age group of 27-35 and 36-44. Majority of the patients are non-literate 08(44.4%). Majority of the client's 14(77.8%) belongs to Hindu religion. Majority of the clients were married 08(44.4%). the data shows that majority of the client start taking alcohol through friends 06(33.3%) as well as alone 06(33.3%). Majority of the clients place of drinking

friend's home 05(27.8%), retail shop 05(27.8%) & others 05 (27.8%). The data shows that majority of the client take alcohol any time of the day 07(38.9%). Majority of the client's reason of drinking is habit 06(33.3%).

Table 1: Range, Mean, Median, Standard deviation of motivational level of alcoholic clients to abstain alcohol before and after administration of Motivational Interviewing N=18

Level of Motivation	Range	Mean	Median	S.D
Before MI	1-11	7.52	9.38	4.16
After MI	12-16	15.00	15.35	0.83

Minimum score -1 Maximum score- 16

The data presented in the table 1 indicates that range of score before administration of Motivational Interviewing was 1-11 and after administration of Motivational Interviewing was 12-16. The median before administration of Motivational Interviewing were 9.38 than 15.35 after administration of Motivational interviewing.

Table 2: Area wise mean, Mean Percentage, Mean difference, Standard deviation of difference, Standard Error of Mean difference of pretest and posttest level of motivation of alcoholic clients. N =18

S. No.	Area	Pre-test mean	Post-test mean	Meand	SD _D	SE _{MD}	t value
1.	Pre contemplation	24.67	11.94	0.17	0.17	0.04	5.902*
2.	Contemplation	26.06	38.83	12.77	8.074	1.903	5.727*
3.	Action	24.39	39.22	14.83	9.371	2.209	6.227*
4.	Maintenance	27.22	38.17	10.95	5.596	1.319	6.215*

Minimum score -1 Maximum score- 16

The data presented in this table 2 indicates that the obtained 't' values in each areas were significant at 0.05 level. Because the calculated value for each area is more than their table value it indicates that the difference between the mean score before Motivational interviewing and after motivational interviewing was the true difference and not by chance. Hence, it showed that the Tailored Motivational Interviewing useful for the alcoholic clients to increase their level of motivation for quit the drinking.

4. Conclusion

Tailored motivational interviewing was effective to increase the level of motivation of alcoholic client to quit their drinking.

5. Recommendation

Study should be replicated on large sample to validate and generalize its findings. A longitudinal study can be conducted by administering motivational interviewing over a period of six months and there after result can be noted. An experimental study can be conducted with control group and experiment group. A comparative study to assess the motivation enhancement between different motivation enhancement techniques can be considered. A study to assess the effectiveness of motivational interviewing on the motivation for treatment adherence among the hospitalized alcoholic patients.

6. References

1. Global status report on alcohol and health, World Health Organization, 2014.
2. Global status report on alcohol and health. Geneva: World Health Organization, 2011.

3. Global status report on alcohol. Geneva: World Health Organization, 2004.
4. Saxena Geneva S. Memorandum to World Health Organization; 1997 as cited in WHO global status report on alcohol, 2004.
5. Sri EV, Raguram R, Srivastava M. Alcohol problems in a general hospital: A prevalence study. J Indian Med Asso. 1997; 95:505-6.
6. Miller WR, Rollnick S. Motivational interviewing: preparing people for change. 2nd edition. New York: Guilford Press, 2002.
7. Alcohol related deaths on the rise, Available from zee research group, New Delhi. National institute on drug abuse, principle of drug addiction treatment, 3rd edition
8. Motivational interviewing for alcohol misuse in young adults (Review) Copyright © 2014 The Cochrane Collaboration, Published by John Wiley & Sons, Ltd.
9. Rollnick S, Miller WR. What is motivational interviewing? Behavioural and Cognitive Psychotherapy, 1995; 23:325-335.
10. Rollnick S, Mason P, Butler C. Health Behaviour Change. Edinburgh: Churchill Livingstone, 1999.
11. Janet Treasure. Motivational interviewing, Advances in Psychiatric Treatment 2004; 10:331-337.
12. Project MATCH Research staff. Matching alcoholism treatments to client heterogeneity. Journal of studies on alcohol. 1997; 58(1):728-729.