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Management of substance abuse disorders using motivational enhancement therapy and self-efficacy: A brief review

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Abstract

Nowadays the issue of substance has turned into one of the most important social problems with worrying dimensions during the recent years. Substance use refers to when someone consumes substances or alcohol occasionally. Meanwhile, Substance Abuse referred to as when a person consumes alcohol or substances regularly, although it causes issues in life and creates work life, family life impairments. On the other hand, Substance Dependence is a full-blown addiction to alcohol or different substances, unable to stop drinking or using substances, and has both physical and psychological withdrawal symptoms when trying to quit. Research has shown that substance abusers are having low level of Self-efficacy which can be increased through different kinds of psychological approaches. Motivational Enhancement Therapy is one of the most prominent psychological approaches for managing the substance use disorders. This review article focuses on how Motivational Enhancement Therapy is very effective in increasing the level of Self-efficacy and adversely decrease the level of substance use among the multiple substance abusers by citing some relevant literatures.

Keywords: Substance, motivational enhancement therapy, self-efficacy, management, addiction

Introduction

According to the American Society of Addiction Medicine (1019), 'addiction is a treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual's life experiences. Substance use is an established determinant of disability and death all over the world nowadays. Some literature suggests that people initiate to consume different types of substances just to cope with their mental health issues like stress, anxiety and, depression on a regular manner because they lack more adaptive types of coping strategies (Dombeck, 2006) [6]. At the same point in time, substance abuse is believed to be taxing the physical and mental health of the abuser in addition to creating a variety of financial, physical, psychological, and social problems in the current trends.

In the recent scenario it has been found out that individuals who are persuaded have a serious problem will still not move toward change unless there is hope for success. In this regard a prominent psychologist Albert Bandura (1982) [1] has described 'self-efficacy' as a critical determinant of behavior change. On the other hand, the term self-efficacy is, in turn, the belief that one can perform a particular behavior or accomplish a particular task. In such cases, clients must be persuaded that it is possible to change the consumption of different substances and thereby reduce related problems. So far as some sources of self-efficacious belief is concerned it constitutes mastery experiences, vicarious experiences, verbal persuasion, and emotional & physical states respectively. Research has reflected that the substance users can manage and control their behaviors / urges by proper channelization of the above self-efficacious beliefs followed by the motivational intervention to a large extent. Psychotherapeutic interventions are effective in managing substance use disorders and help the clients to return back to their premorbid level of functioning and leading a healthy and drug free life style. Motivational Enhancement Therapy is one of the prominent psychotherapies widely used by the psychologists, mental health professionals & de-addiction specialists in the management of substance use disorders (Miller, Yahne, and Tonigan, 2003) [9].

The aim of this treatment strategy does not attempt to guide and train the client, step by step, through the process of recovery, rather employs motivational strategies in order to mobilize the client's change resources. Before initiation of the therapeutic session; it's the role of the researcher to find out in which stage of behavior the client is belonging. This is sometimes called as transtheoretical model of behavior change, which comprises of certain stages.

The transtheoretical model of behavior change

The Transtheoretical Model proposes that the process of recovery from an addictive behavior involves transition through stages from 'precontemplation' in which no change is contemplated, through 'contemplation' in which it is contemplated in the foreseeable future, to 'preparation' in which plans are made for a definite attempt, to 'action' in which the attempt is made and then 'maintenance' in which the new pattern is established. Different processes are involved in the transition between different stages, and individuals can move backwards as well as forwards.

Precontemplation stage

This stage represents clients who are not interested in changing their behavior and have no desire to do so in the immediately foreseeable future. Prochaska *et al.* (1985) define the foreseeable future as a 6-month time period, as this is the most far into the future that most people plan a specific health behavior change. It is thought that the clients who fall within this stage have a lack of awareness or appreciation of the specific behavior. However, these clients are aware of the effects of this behavior upon their health, but involve rationalization of their behavior. Clients may be at this stage as a result of failure at the desired behavior change and resent their past efforts. Potential for progression from the precontemplation to the contemplation stage may be mediated through increasing awareness, which may be achieved through the mass media. Goals that are easily obtainable can increase the level of self-efficacy or confidence that may also help progression to the contemplation stage.

Contemplation stage

Clients at this stage are described as having the desire to change their behavior within the next 6 months. Prochaska *et al.* (1985) claims that this intension arises despite the client having knowledge of potential barriers or constraints. A plan for behavior change is then drawn up with these barriers in mind. The benefits of the desired behavior change may be obvious to the client, although the types of barrier that they encounter may be specific to each client. Having inadequate finances to fund the behavior change may be relevant for one client, whereas others may be concerned about the impact of the behavior change in question on their social activities. Clients in this stage require extra attention, intervention, or strategies. The client's progression towards the desired behavior at a pace at which they feel most comfortable is emphasized and encouragement is required for motivation. Tailor-made messages are more preferable than general messages from the mass media at this stage as well.

Preparation stage

Clients at this stage intend to make the behavior change in the near future i.e. to say, within the next month and have

usually made one previous attempt at the behavior. The model has recently been changed so that a prior attempt to make the change is not necessary.

Action stage

The action stage may last from less than a month to as long as 6 months and is identifiable by some change of behavior. This stage of change is usually the most identifiable as it involves a visible change in behavior and usually receives the greatest external recognition. A client in this stage will perceive the cons associated with the behavior as greater than the plus points if they are to abstain from certain behavior such as substance abuse or smoking. In the case of behaviors such as adherence to an exercise regimen, the pros of the behavior should exceed the cons. If the client continues the pattern of behavior, he or she will proceed to the maintenance stage.

Maintenance stage

This stage starts after the action stage and can last for several years. The client's level of self-efficacy is at its highest at this stage. In application of this model, it is important to bear in mind the need for relapse prevention in the form of a self-control programme designed to teach clients who are trying to change their behavior how to cope with the situation of relapse. Since this model is cyclical in nature, it is possible for the clients to relapse back several stages rather than just the one stage.

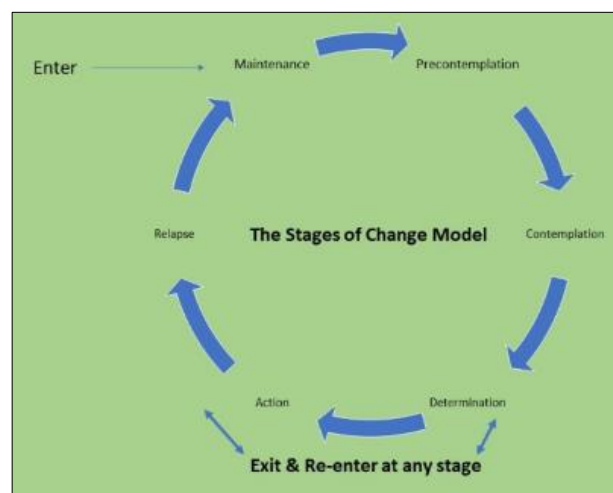


Fig 1: A Stage Model of the Process of Change (Prochaska and DiClemente)

Processes of change

The model proposes that clients progress through stages sequentially but usually revert to prior stages before achieving maintenance and then termination (Prochaska and Velicer, 1997) [13]. The model also states that different processes are involved in moving between different stages (Prochaska and Velicer, 1997) [13]. It argues that interventions to promote change should be designed so that they are appropriate to a client's current stage (Prochaska and Goldstein, 1991) [12]. Moving a client from one stage to another is purported to be a worthwhile goal because it will increase the likelihood that this person will subsequently achieve the termination stage (Prochaska and Goldstein, 1991) [12]. Proponents of the model have argued that the model has revolutionized health promotion, claiming that interventions that are tailored to the particular stage of the

client improve their effectiveness (Prochaska and Velicer, 1997) ^[13].

Motivational Enhancement Therapy (MET) is a counselling approach that helps the clients resolve their ambivalence about engaging in treatment and stopping their substance use. This approach particularly aims to evoke rapid and internally motivated change, rather than guide the patient stepwise through the process of recovery. This therapy consists of an initial assessment battery session, followed by two to four individual treatment sessions with a therapist. In the first treatment session, the therapist provides feedback to the initial assessment, stimulating discussion about personal substance use and eliciting self-motivational statements. Motivational interviewing principles are used to strengthen motivation and build a plan for change. Coping strategies for high-risk situations are suggested and discussed with the patient. In subsequent sessions, the therapist monitors change, reviews cessation strategies being used, and continues to encourage commitment to change or sustained abstinence. Patients sometimes are encouraged to bring a significant other to sessions.

Researches on Motivational Interviewing suggests that its effects depend on the type of drug used by participants and on the goal of the intervention. This approach has been used successfully with people addicted to alcohol to both improve their engagement in treatment and reduce their problem drinking. Motivational Enhancement Therapy has also been used successfully with marijuana-dependent adults when combined with cognitive-behavioural therapy, constituting a more comprehensive treatment approach. The results of the particular therapy are mixed for people abusing other types of substances such as, heroin, cocaine, nicotine, pentazocine, sedatives, cough syrup, injective drug, and cannabis etc. and for adolescents who tend to use multiple drugs. In general, Motivational Enhancement Therapy seems to be more effective for engaging drug abusers in treatment than for producing changes in drug use. Many studies show the effectiveness of Motivational Enhancement Therapy in the treatment of multiple substance use disorder where level of self-efficacy was also increased at a large extent. Few of them are analyzed.

Findings with respect to motivational interviewing and self-efficacy

With regard to substance use disorders, a large number of studies have shown a strong relationship between self-efficacy beliefs and substance use outcomes, following a variety of treatments. In a study Miller and Brown (1993) ^[9] conducted a study on alcohol and multiple substance abuse treatment using a two-session motivational enhancement therapy at the beginning of residential alcohol user treatment and found that patients in the motivational enhancement therapy condition were ready to participate more in the residential program and reported a lower substance and alcohol consumption at a follow-up of three months.

In another study Coon, David, and Illich (1998) ^[3] reported that 186 multiple substance abuse patients interviewed following Motivational Interviewing treatment and self-efficacy increased during treatment and was very high for the patients reporting abstinence one month after treatment. These findings suggested that self-efficacy was related to the maintenance of abstinence from cocaine and other substances of use, and self-efficacy was measured through a phone interview.

Dench and Bennelt (2000) ^[5] in a research examined Motivational Enhancement Therapy as strategy to increase motivation for change, tested as an addition to treatment at the start of an outpatient program for alcohol dependence. Results revealed the efficacy of Motivational Intervention for decreasing self-reported levels of ambivalence about change and increasing problematic recognition and taking steps towards change.

Another study reviewed by Bandura and Locke (2003) ^[1] provided nine meta-analyses that examined self-efficacy beliefs across diverse spheres of behavioral functioning. The result showed self-efficacy was found to be a strong predictor of the occurrence of coping behaviors level of performance and perseverance in the face of difficult problems.

However, some researches also reported the effectiveness of motivational enhancement therapy where the level of self-efficacy was increased among the multiple substance abusers. Demmel, Beck, Richter, and Reker (2004) ^[4] focused on expanding the trans-theoretical model by establishing the factor structure of readiness and eagerness scale among alcohol dependent inpatients. The result showed that the readiness to change accounted for 9.4% of the variance in treatment outcome and was positively correlated to pretreatment with self-efficacy.

Leary, Tevyaw, and Monti (2004) ^[10] aimed to present a comprehensive review of the use of Motivational Enhancement for substance use among adolescents. Intervention, assessment of treatment fidelity, evaluation and interpretation on findings was also done exporting effective research. Result indicated that the approaches result in decrease in substance-related negative consequences and problems, decrements in substance use, and increased treatment engagement for those with heavier substance use patterns and less motivation to change.

Walker, Roffman, and Stephens (2006) ^[15] investigated the feasibility of a school-based Motivational Enhancement Therapy intervention in voluntarily attracting adolescents who smoke marijuana regularly; but were not seeking formal treatment and to evaluate the efficacy of the intervention in reducing marijuana use. Adolescents who had used marijuana at least nine times in the past month were randomly assigned to either an immediate two-session Motivational Enhancement Therapy intervention on a three-month delay condition. The result revealed that both groups significantly reduced marijuana use at the three-month follow-up and no between-group differences were observed. Hellsstrom, Hutchison, and Bryan (2007) ^[8] described the effectiveness of motivational enhancement therapy in order to reduce smoking among substance abuser adolescents. smoking abstinence, quantity, and frequency were assessed at one- and six-months post-treatment. The result suggested that Motivational Enhancement Therapy was an effective intervention for some adolescent smokers but may be contra indicated for adolescents who have concomitant problems with alcohol use or impulsivity.

Rani, Maheswari, and Arora (2014) ^[14] conducted a research in order to assess the effectiveness of motivational enhancement on desire to quit substance among multiple drug users. The results examined that Motivational Enhancement Therapy significantly increased the desire to quit drug use. Combating pharmacological treatment with appropriate psychosocial therapies focusing on specific

problems of patients provide better treatment outcome as well.

Another study conducted by Giri, Tripathy, Sahoo, and Bhatia (2019) [7] surveyed a community-based study on the prevalence and correlates of substance use where a cross-sectional study was undertaken in Rural Bhubaneswar in two phases. The prevalence, pattern, and habit of the use of different psychoactive substances were accessed using a pretested questionnaire among the participants of greater than 10 years of age. The result revealed that the prevalence of use of at least one substance was 44.1%. Smokeless tobacco was the most commonly used substance followed by alcohol and smoked tobacco. Illiterate male greater than the age of 40 years belong to joint family were the importance predictors of substance use found in the study.

In India, the overall weighted prevalence for any substance use disorder is 22.4% with Tobacco use disorders contributing to the maximum (20.9%). The prevalence of alcohol use disorders was 4.6% & for other drugs is 0.6%. The prevalence of substance use is found to be higher in males (35.7%), in rural areas (24.1%) compared to their counterparts respectively. Among the States, the prevalence was the highest in Rajasthan (38.9%) followed by Madhya Pradesh (36.6%). On the other hand, so far as the prevalence of alcohol and drug user and dependency in Odisha is concerned data as per National Survey on Extent and Pattern of Substance Use in India, 2019 (Ministry of Social Justice & Empowerment), between the age group of 10-75 years are listed below.

Table 1: Showing the percentages of User and Dependency with regard to different types of substances

Alcohol User and Dependency	16.4% and 2.1%
Cannabis User and Dependency	5.24% and 0.52%
Opioid User and Dependency	2.85% and 0.37%
Sedatives User and Dependency	1.66% and 0.17%
Amphetamine Type Stimulants User and Dependency	0.09% and 0.01%
Inhalants User and Dependency	0.03% and nil
Number of Injective Drug User	8184

Implication

From the above findings it is reasonable to say that while treating substance use disorders, there is a significant role of Motivational Enhancement Therapy with increasing the level of self-efficacy. However, the present research has emphasized upon the proper utilization of Motivational Intervention and positive self-talks by ensuring unconditional positive regard; as a result of which the clients will become internally motivated for change and their level of self-efficacy will increase; addiction level will decrease after which they can come back to the mainstream; the right to love, respect and accept to their own self will also develop.

Conclusion

To sum up, it is reasonable to conclude that, substance abusers are like normal individuals and they have their right to love, respect, and accept to his own self. The family members after recovery of the clients should accept them as they are rather than criticizing. The so-called societal stigma on the abusers should be ignored and there is a crucial role of Self-efficacy for recovery; which can be increased if the abusers will become internally motivated, where Motivational Enhancement Therapy plays a crucial role. Besides these, the clients should be encouraged and engaged in some kind of activities according to their choice and also have to attend the Narcotic Anonymous (NA) and Alcoholic Anonymous (AA) meetings regularly for maintaining the recovery life. Apart from that, the clients should have to attend the various workshop and relapse prevention and management programs followed by skill development training organized by the Central and State government which will strongly help them to maintain the recovery life for a longer period and to become a successful individual in the mainstream and society at a large with their self-respect like normal individuals.

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