



ISSN Print: 2394-7500
ISSN Online: 2394-5869
Impact Factor: 8.4
IJAR 2023; 9(3): 13-16
www.allresearchjournal.com
Received: 11-12-2022
Accepted: 20-01-2023

Sampad Mohapatra
Ph.D. Research Scholar,
Department of Psychology,
Utkal University, Odisha,
India

Dr. Subhasmita Panda
Assistant Professor (OES-A),
Department of Psychology,
BJB Autonomous College,
Odisha, India

Corresponding Author:
Sampad Mohapatra
Ph.D. Research Scholar,
Department of Psychology,
Utkal University, Odisha,
India

Role of motivational enhancement therapy, relapse prevention therapy and self-efficacy treating substance addiction: A case study

Sampad Mohapatra and Dr. Subhasmita Panda

DOI: <https://doi.org/10.22271/allresearch.2023.v9.i3a.10647>

Abstract

Generally, a substance use issue arises when an individual suffers from any difficulty in the areas like physical, psychological, occupational, familial, financial, intellectual, interpersonal, or even spiritual affiliated with consuming different substances. The issues can be resulted from very low to severe form. Before developing drug dependency, persons might intake casually, but those patterns of use have the potentiality to develop a full-blown dependency to substances to a large extent. Drug dependency keeps the potentiality not to only serve as a remarkable harmful lifestyle but also injurious to general health, mental health, determining both personal and social development. A large number of research has shown that self-efficacy also plays a significant role in reducing the level of addiction which lacks among the abusers. Research evidenced that both motivational enhancement therapy and relapse prevention therapy are most commonly used psychological therapies that focused in increasing the level of self-efficacy, motivation, and relapse prevention. The current study examined increasing the level of Self-efficacy and to maintain a sobriety using the techniques of motivational enhancement therapy and relapse prevention therapy in a patient with multiple substances dependency.

Keywords: Motivational enhancement therapy, self-efficacy, relapse prevention, substances

Introduction

A Client who is thirty-one years old early adult male belong to middle socio-economic status, was living well before eight years when he was studying in higher secondary level. An unmarried guy. Around that particular time where the client initiated consuming alcohol with his peers out of curiosity. The precipitating factor for the consumption of alcohol was peer pressure and relationship issue with a girl. The client was consuming it occasionally around 150-200 ml in a single sitting. In the last three years, his pattern of consuming substantially increased both in terms of substances like alcohol along with Ganja at the same time and regarded as a multiple substance user as the girl got married to an another fellow and that disturbed his mental condition to large extent. Gradually, the frequency and amount had also been increased day by day around 450-550 ml (for Alcohol), and 6-7 joints per day (for Ganja) as well. Due to his continuous dependence on multiple substance, he started having frequent problems in many areas of his life. He has suffered huge monetary loss in buying substances and sometimes he borrowed money from his friends. Due to the chronic dependency on the substance, he could not be able to go to his work and that lead to loss of his job. He was in a state where unable to control his craving for the substances and in nutshell controlled by the substances. By looking into those undesirable behaviours, the family members admitted him into a drug-treatment centre at Bhubaneswar in the year February' 2022 and by following the treatment facilities was abstinent from all the substances. Before the initiation of treatment, the patient was pretested with the level of self-efficacy and addiction, which was also measured after the end of the treatment in order to find out the effectiveness of the Motivational Enhancement Therapy and Relapse Prevention Therapy. Then after, receiving treatment for three months now he got discharged from the centre and maintaining a sobriety life. The symptoms like restlessness, irritability, and red eyes were completely vanished. The detail about the client along with the sessions of treatment has explained in the following very deeply.

Socio-demographic detail and Mental Status Examination

Age- 31 years, Gender- Male, Caste-SC, Religion- Hindu, Education- Higher Secondary, Occupation- Self-employed, Domicile- Urban, Marital status- Unmarried, Family type- Joint family.

Kempt and tidy, well maintained eye contact, consent and rapport properly established, cooperative in nature, goal directed behaviour and speech, normal reaction time, Cognitive functions were intact. Thought- Guilt ideation, Perception- No abnormality found, Intact judgment, Grade II insight.

Diagnosis

Mental and Behavioural disorders due to the use of multiple substances such as Alcohol and Ganja repeatedly and the client suffered from dependence syndrome.

Psychological Tests administered at Baseline

Written informed consent was collected from the only participant of the research as the part of the study and ensured whatever information was collected kept in a confidential manner. Other two measures used for the purpose of measuring the level of self-efficacy and addiction before the initiation of therapy were as following.

General Self-efficacy Scale (Sahoo, F.M., 2006)

In order to measure the level of self-efficacy the Odia adopted version of General Self-efficacy scale by Sahoo, F.M. (2006) was used and that was originally developed. The scale comprised of 10 items on a 4-point rating scale. There were no items to be reversed. The internal reliability of the scale varied between 0.76 to 0.90 respectively.

WHO- Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST V3.0)

In order to measure the level of severity of addiction, a screening test i.e., ASSIST developed by WHO was used. The test consisted of 8 items having a 5-point rating. The client asked the items on the basis of their use of substances. After the end of the test, scoring was done followed by the manual. The severity level of addiction was lower risk, moderate risk, and high risk respectively. The reliability and feasibility of the test items were assessed in a test-retest reliability study which was carried out in India, Australia, Brazil, Ireland, Israel, and Zimbabwe etc.

Table 1: Findings at the baseline (before intervention)

Scale	Score	Interpretation
General Self-efficacy Scale	16	Low level
Assist		
Alcohol	28	High level
Ganja	21	Moderate level

Result table 1 simply indicated that before the administration of intervention the client had a lower level of self-efficacy, higher level of Alcohol addiction followed by moderate level of addiction to Ganja (cannabis). The interpretation had been derived followed by the manual given by respective tests.

Target areas for administration of therapy

- To contribute in-detailed information about the nature, course, and outcome of use of different substances.

- To internally motivated the client in order to live a sobriety and healthier lifestyle by avoiding substances.
- Skills to prevent relapse using different coping strategies and techniques.

Mode of Therapy

Basically, two separate therapies had been administered on the client namely, Motivational Enhancement Therapy and Relapse Prevention Therapy respectively.

Techniques used during Motivational Enhancement Therapy (Miller and Stephen Rollnick, 1995) [6]

- The concept of motivation and two types (Intrinsic and Extrinsic motivation using examples)
- Craving Management (4D technique, FRAMES, OARS)
- Decisional balance (Benefits and costs of taking substances)
- Change plan worksheet.

Techniques used in Relapse Prevention Therapy

- Changing the life (without taking any type of substances)
- Completely be honest.
- Asking for support in high-risk situations
- Practicing care to own self.
- Obedying the rules properly without bending

Intervention sessions: 10 Sessions duration: 30-45 Minutes

Initial Phase: 3 Sessions

In the initial 3 phases of the session, the client and the therapist introduced with each other first, and the client was asked about few common topics like his hobbies, likes and dislikes. A relationship with the patient had established. After that, the therapist explained the purpose of the intervention to the patient and clarified the patient's questions and doubts about the planned intervention. Once the relationship was sufficiently established, a detailed history was taken about the client's current problems, focusing primarily on substance abuse, pattern of consumption, the precipitating, perpetuating, and predisposing factors for continuation of addiction. When the history taking was complete, the therapist summarized it and all the doubts and questions about the history was clarified. After that, the client's level of general self-efficacy and the level of addiction were assessed with a baseline assessment. In the baseline study, it revealed that the client had a lower level of self-efficacy, higher level of alcohol addiction, and moderate level of addiction to Ganja (Cannabis category). Research evidenced that generally the client is in the pre-motivational contemplation phase. After the completion of history taking stage, personalized interpretation was yielded to the client. Following which the worse effects of the drug on the client's physical & mental health, work activities along with interpersonal relations were addressed both by the therapist and the client. In the first session itself the concept of motivation and the types i.e., intrinsic and extrinsic motivation were also discussed in a proper manner. The patient himself could consider the worse effects of the drug in several areas across his life. The client could still imagine that his goals in life and drug use behaviour were in conflict, and it was in his better interest to stop using

substances completely and maintaining a drug free life as well.

Middle Phase: 6 Sessions

The purpose of the middle phase was to embrace a healthier and flexible mechanisms to cope that ultimately assist the client in order to maintain a healthy and substance free lifestyle. The concept of 4D techniques (Delay, Deep breathing, Drink plenty of water, and Distraction) were elaborated in a well-organized manner. These steps helped a lot to the client in managing the urges after habituated with the previous peer groups, situations, places, wine / substance shop again. On the other hand, another technique namely FRAMES (Feedback, Responsibility, Advice, Menu of options, Empathy, and Self-efficacy) has also a significant role. The importance of the said technique was to control

and self-care by taking his own responsibility, following a role model, to know the amount of money spent for the substances, and to take appropriate decisions for the life, feeling client’s feelings empathetically etc. As another technique i.e., OARS (Open-ended questions to be asked, Affirmation, Reflective listening, Summarizing) has a tremendous effect for the abusers in maintaining a recovery life. It focused on giving a chance to the client to explain his thoughts and feelings very deeply, listening the client’s words very actively and showing a genuine interest for the client followed by a total summary of the technique. However, decisional balance as a technique had also a significant impact where the client was supposed to explain his profits and losses aspects of taking substance. The client’s decisional balance is mentioned below.

Table 2: Showing Benefits and Costs of taking substance by the Client

Sr. No	Benefits of consuming substance	Costs of consuming substance
1	Got pleasure after taking alcohol and ganja.	Family disturbance
2	Find the way for treatment.	Loss of self-efficacy
3	Giving a big thanks to my family members for admitted me in the Rehabilitation centre.	Breakup in relationship. Unable to find out what is right and wrong. Mentally and physically weak. Unable to manage interpersonal relationship etc.

After the end of Decisional Balance Technique, at first, the short-term pessimistic outcomes of consuming the drugs elaborated in detail. The client had reflected much more costs compared to the benefits. Thus, it was clearly evidenced that “nothing is possible if someone continues to take substances”, rather it has a lot of negative impacts on the physical and mental health as well as destroys economically as well. The client got to know all those aspects by the administration of the therapy. Then after the future goals and plans which were much needed for the client were discussed together. The therapist encouraged the client to keep himself healthy, keeping a good relationship with the family members, using the hobbies as priorities in the free time such as, listening music, reading story books, playing outdoor and indoor games, watching television and movies, not to be involved with the old friends again, “saying no” to those peers, making commitment not to take alcohol and ganja under any circumstances (Assertiveness training), establishing relationship with non-substance category peers etc. I found those aspects would definitely be helpful for the client to maintain a recovery life.

The therapist also discussed regarding how to prevent and manage relapse by ensuring him about the steps of relapse prevention and management. The steps were already explained the relapse prevention therapy section. The client able to learn a lot about the therapy as well.

The moment it was confirmed that the client was motivated to change their substance use behaviour, both therapist and the client worked in order to strengthen the client's commitment by discussing a plan for change. The client supposed to explain the worksheet of change plan and its necessity for living a long-term sobriety without having any substances. The client's change plan was explained below.

The changes the client want to make are:

- a. Quitting substance completely and maintaining recovery life
- b. Adopting a healthy and relaxed mechanisms

- c. Establishing a good relationship with family members

The steps client had planned to change were:

- a. To use the learned skills and techniques from each session very strictly
- b. “Saying no” to consume substance again.

The paths through which other individuals provide support to the client were:

- a. Parents and siblings can support emotionally and keeping motivated.
- b. Regular follow-ups by the therapist and keep in-touch with the centre as well.

To find out whether the plan is working properly:

- a. Not taking any substance at all
- b. Able to manage and achieve the desired goals.
- c. Level of self-efficacy has increased consistently.
- d. Acceptance by the family members and involved in the household activities.

Termination Phase: 1 Sessions

Last but not the least, termination phase is very crucial for the client because it summarizes all the discussed topics in the initial and middle phase of the therapy within a very short period of time. The negative effects of substance on the health must be taken care of and the essentiality of living a sobriety life also discussed. The client was asked to meet the therapist in a regular interval. The client was encouraged to contact the therapist in any moment and any time where he found the situation is high-risk for me. The therapist encouraged the client to obey all the skills and techniques he learned during the entire session which ultimately helped him for maintaining a alcohol and substance free life style.

After the end of the therapy, the client had measured 2 times with a regular interval of 3 months in order to check whether actually the therapy has its effectiveness or not. The post therapy assessment results are as follow.

Outcome

a. Client's level of General self-efficacy increased comparatively.

b. The client able to maintain a sobriety life without consuming any substances.

Table 3: Findings after the Intervention (Post-therapy Assessment)

Scale	Follow-up (First 3 months)	Follow-up (Second 3 months)	Interpretation
General Self-efficacy Scale	24	32	High level
Assist			
Alcohol	Not consumed	Not consumed	Maintain Sobriety
Ganja	Not taken	Not taken	Maintain Sobriety

From the result table-3 it was clearly evidenced that combinedly Motivational Enhancement Therapy and Relapse Prevention Therapy had a significant effect in maintaining a drug free life and enhancing the level of self-efficacy. The client has changed drastically.

Discussion and Conclusion

From the above analysis it is concluded that, the substance abusers are like normal individuals alike us. But as they become controlled by different substances in earlier stage they targeted as bad and useless for the family as well as for the society at a large. If one aspect i.e., substance is removed from their life again they will be accepted by everyone. However, there is a tremendous role of motivational enhancement and relapse prevention therapy in treating substance use disorder and this particular case study analysis is the evidence. The client's right to life with dignity must be given importance; as a result, he could be the role model for all other patients those are suffering from the curse of substance use disorder.

Acknowledgement

The only participant is appreciated by the author for taking part in the study and cooperating for the entire research.

Conflict of interest

No conflict of interest has been declared by the author.

References

1. Abdollahi Z, Taghizadeh F, Hamzehgardeshi Z, Bahramzad O. Relationship between Addiction Relapse and Self-Efficacy Rates in Injection Drug Users Referred to Maintenance Therapy Center of Sari, 1391. *Global Journal of Health Science*. 2014;6(3). <https://doi.org/10.5539/gjhs.v6n3p138>
2. Bandura A. Self-Efficacy: Toward a Unifying Theory of Behavioural Change. *Psychological Review*. 1977;84(2):191-215. <https://doi.org/10.1037/0033-295X.84.2.191>
3. Gossop M, Stewart D, Marsden J. Readiness for change and drug use outcomes after treatment. *Addiction*. 2007;102(2):301-308. <https://doi.org/10.1111/j.1360-0443.2006.01681.x>
4. Ibrahim F, Kumar N, Abu Samah B. Self-Efficacy and Relapsed Addiction Tendency: An Empirical Study. *The Social Sciences*. 2011;6(4):277-282. <https://doi.org/10.3923/sscience.2011.277.282>
5. Marlatt GA, Blume AW, Parks GA. Integrating Harm Reduction Therapy and Traditional Substance Abuse Treatment. *Journal of Psychoactive Drugs*. 2001;33(1):13-21. <https://doi.org/10.1080/02791072.2001.10400463>

6. Montgomery HA, Miller WR, Scott Tonigan J. Does alcoholics anonymous involvement predict treatment outcome? *Journal of Substance Abuse Treatment*. 1995;12(4):241-246. [https://doi.org/10.1016/0740-5472\(95\)00018-z](https://doi.org/10.1016/0740-5472(95)00018-z)
7. Smyth NJ, Wiechelt SA. Drug Use, Self-Efficacy, and Coping Skills Among People with Concurrent Substance Abuse and Personality Disorders: Implications for Relapse Prevention. *Journal of Social Work Practice in the Addictions*. 2005;5(4):63-79. https://doi.org/10.1300/j160v05n04_05
8. Zimet GD, Dahlem NW, Zimet SG, Farley GK. The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*. 1988;52(1):30-41. https://doi.org/10.1207/s15327752jpa5201_2