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Case Report

Need for Individual and Family Level Intervention in Alcohol Dependence- A Case Study

Sukanya Rajan, Reni Thomas, Dhanasekarapandian R

Department of Psychiatric Social Work, National Institute of Mental Health and Neuro Sciences (NIMHANS), Hosur Road, Bangalore- 560029. Karnataka

Corresponding Author: Reni Thomas

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ABSTRACT

Substance use disorder is a chronic and relapsing disorder which not only affects the individual but also the family and the society. Evidences suggest that treatments which involve family members of the person with substance use disorders are found to be more effective. It is noted that families with addicted person have maladaptive pattern of communication interaction patterns and family dynamics due to substance abuse. This paper illustrates a case of alcohol dependence syndrome and discusses how substance use disorder will affect the family dynamics and also the role of family in the recovery process. Using a case study approach, this paper provides insight into the importance of the evidence based clinical social work practice in the management of substance use disorders. The clinical social work interventions with individual as well as family is found to be effective in improving the motivation level of patient to quit the substance , knowledge and understanding of the family about substance use disorders.

Key words: Substance use disorder, Family, Intervention.

INTRODUCTION

Family is considered as the primary source of attachment, nurturing, and socialization for humans in our society. Therefore, impact of substance use disorders on family is an important concern. Because substance use disorder influences family's unmet developmental needs, impaired attachment, economic hardship, legal problems, emotional distress, and domestic violence. Thus treating only the person with substance use disorders will not be effective. [1] Factors which influence the treatment are attitude and beliefs that family members have about substance use disorders which will have an influence on recovery process. Reports from the western studies has shown that Psycho education with family about substance use disorders which includes development, progression, prognosis and treatment options by using different models such as medical model of addiction or bio-psycho-social model of disease will help to impart appropriate information to the family which can play a significant role in recovery process. [2]

The social work profession more than any other health care profession has historically recognized the importance of assessing the individual in the context of his or her family environment. Social work education and training emphasizes the significant impact the environment has on the individual and vice versa. Evidences suggest that the psychosocial interventions with families of persons with mental illness will help them to reduce the stress

and depression and to improve the quality of life. [3] Psychosocial interventions also help the person with chronic mental illness like substance use disorders in terms of help in improving clinical outcomes such as decrease the number of lapse and relapse rate and better treatment outcome. [4] Evidences also suggest that treating the individual without family's involvement may limit the effectiveness of treatment for two main reasons: it ignores the overwhelming impact of SUDs on the family system leaving family members untreated, and it does not recognize the family as a potential system of support for change. [1] On the basis of these empirical supports, this paper illustrates a case example to understand how substance use disorder has an adverse impact on family dynamics and interaction pattern and also highlight the importance of involving the family in the treatment of SUD. Informed consent has obtained from the patient as well as from the family to publish this case.

Brief Clinical History: Mr. R is a 58 year old, Hindu unemployed male from middle socio economic status, urban background. Personal history of nicotine use since the age of 14yeras and alcohol use since the age of 40years with impaired socio-occupational functioning since 12years. Pre-morbid personality reveals that patient had low frustration tolerance. Family history of alcohol dependence and nicotine dependence in two first degree relatives and with past history of two admissions in the de-addiction centers with multiple failed attempts of abstinence. The patient was brought to hospital by his wife and daughter with complaints of alcohol dependence since 10 years and nicotine dependence since 44 years and he fulfills the criteria for dependence such as craving, tolerance, salience, loss of control and withdrawal for both substances.

Psycho-social assessment: Mr. R was the sixth out of eight children born out of a consanguineous marriage, 58 year old unemployed male from middle socio economic status, urban background. Patient was married and he was living with his wife and three children. Figure one shows the family tree and living arrangement. Family history revealed significant genetic predisposition to substance dependence. Patient's brother and father were addicted to alcohol and nicotine. Further patient's pre-morbid personality revealed that he had low frustration tolerance which even put him more susceptible for substance abuse and his early exposure to gate way substance like nicotine further made him more vulnerable for other substance dependence.

Family assessment showed that family dynamics was severely affected due to patient's alcohol dependence and couple sub system and parent subsystem were well formed but was not functioning properly due to patient's severe alcohol consumption. Patient's younger daughter was the functional leader and there were multiplicity of roles and role conflicts were present in younger daughter after the onset her father's illness. There were significant problems in family interaction pattern and communication in the family after the onset of patient's illness. Patient was abusive and assaultive towards family members which led to high noise level in the family. There was an alliance between younger daughter and patient's wife against patient which in turn added to increase in noise level in the family. Switch board communication was present between patient and his children after the onset of illness.

Analysis of support system reveals that there was an inadequacy in primary and secondary social support though, the family members were ready to support patient in terms of availing treatment. Family members understanding about his illness was poor which led to high criticality towards patient. Due to patient's excessive alcohol consumption and associated socio-occupational impairment

led to financial difficulties in the family. As a result of his severe alcohol consumption and abusive behavior, family members reduce their interaction with neighborhood which in turn led to poor secondary social support. Patient and family were seeking and receiving support from the tertiary social support system such as de-addiction centers and hospitals.

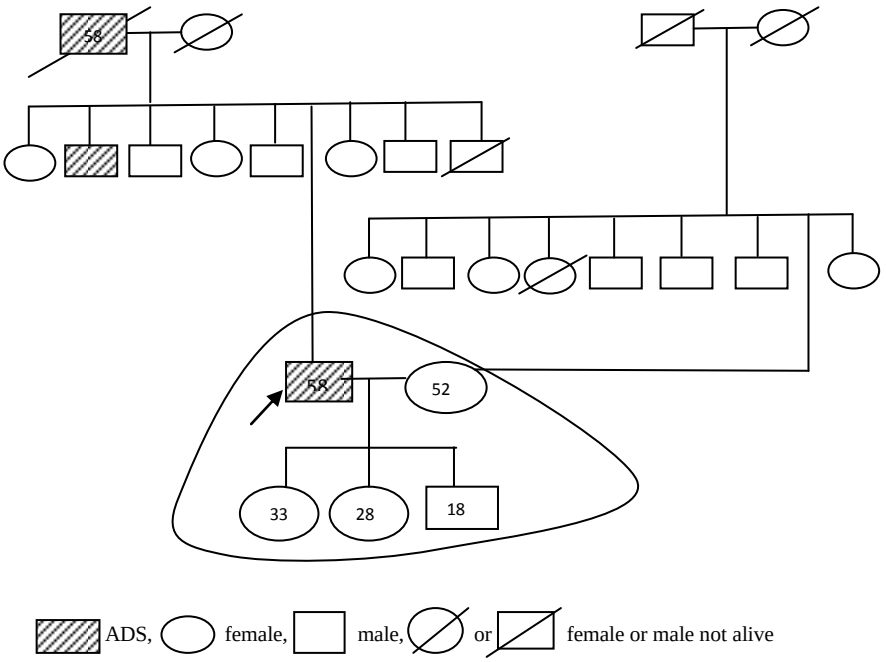

Fig 1 shows family tree and living arrangement.

CASE ANALYSIS AND DISCUSSION

Patient was 58year old married unemployed man from middle socio economic status presented with alcohol dependence since 12years and early onset of nicotine dependence with impaired socio-occupational functioning since 12yeras. Case history illustrates that genetic predisposition (family history of substance use), externalizing personality trait and early exposure and dependence to nicotine made him more vulnerable for alcohol dependence.

Family functioning and dynamics were severely affected due to his alcohol dependence. Family assessment showed that couple subsystem and parental subsystem were not functioning properly. There were no direct communication between father and children, multiplicity of roles and role conflict in all other family member expect patient as a result of his impairment in all aspects including family functioning. Assessment also revealed that children and mother were formed alliance against patient which led to high noise level in the family. Due to his severe alcohol consumption patient was not able to contribute and not able to meet the financial needs of the family which led to financial burden in the family. Patient's inappropriate behavior under intoxication and multiple treatment failures disturbed family's interaction with neighborhood and other secondary social support systems. Due to family's poor knowledge about his illness cause poor motivation, poor self-esteem which in turn resulted in multiple failed attempts of abstinence from alcohol.

It was clear from the analysis that chronic substance use and related impairment in socio-occupational functioning and poor knowledge about substance use disorders were the major reason for the maladaptive family

functioning and multiple treatment failures in patient. There are evidences also support that there is a strong connection between disturbed family relationships and alcohol dependence and the same time family relationships and interaction patterns is critical in terms of maintenance and relapse of alcohol dependence syndrome. [5,6]

Evidence based clinical social work Intervention: The focus of the psycho-social intervention in this case was mainly on motivational enhancement therapy, relapse prevention strategy and psycho-education of the family about nature and management of substance use disorders and role of family in recovery process. Evidenced based psychosocial intervention shows that following therapeutic interventions are useful in addressing the needs and concerns of persons and families with substance use disorders.

Motivational Enhancement Therapy: Motivation has been described as a prerequisite for treatment, without which the clinician can do little. [7] Motivational Enhancement Therapy (MET) is a systematic intervention approach for evoking change in problem drinkers. It is based on principles of motivational psychology and is designed to produce rapid, internally motivated change. This treatment strategy does not attempt to guide and train the client, step by step, through recovery, but instead employs motivational strategies to mobilize the client's own change resources.

During the initial session of MET, the motivation level was assessed to make a change in the alcohol dependence pattern of the patient. He was in the contemplation stage of motivation. Patient was ambivalent about the change. Motivational Grid was used in this stage to make changes in patient's motivational level. Therapist facilitated the discussion with patient about the pros and cons of alcohol use. This helped the patient to take a stable decision about his alcohol use which helped him to move forward to the next stage of motivation. Avoid argumentation, roll with resistance, develop discrepancy and enhancement of self-efficacy were the major principles of MET were used during this stage.

When he moved from contemplation to preparation stage, patient determined to give up alcohol, during the process of MET therapist applied the principles of MET such as develop discrepancy, express empathy, and self-efficacy to help the patient to understand the discrepancy, that where he was earlier and now in which stage he is, and where he aspires to be. During each session therapist boosted his self-esteem by giving positive reinforcement. Reaching to the ultimate goal actually induced motivation in the client. In this stage therapist helped the patient to identify the high risk situations (HRS) which may lead to a lapse or relapse and also helped him to identify his strengths. In this stage the main focus was on learning strategies to prevent future relapses.

Relapse prevention strategies. The relapse prevention (RP) model proposed by Marlatt and Gordon suggests that both immediate determinants (e.g., high-risk situations, coping skills, outcome expectancies, and the abstinence violation effect) and covert antecedents (e.g., lifestyle factors and urges and cravings) can contribute to relapse. [8] The RP model allows therapist and client to address each step of the relapse process. Specific interventions include identifying specific high-risk situations for each client and enhancing the client's skills for coping with those situations, increasing the client's self-efficacy, eliminating myths regarding alcohol's effects, managing lapses, and restructuring the client's perceptions of the relapse process.

In this case therapist helped the patient to identify the high risk situations (HRS). According to patient the major high risk situations were carving for

alcohol, coping with stress, manage his anger and being assertive with friends who use alcohol. Therapist helped the patient to acquire skills and also taught different techniques to manage with HRS. The major focus of this sessions were craving management, drink refusal skills, anger management, and also discussed about relaxation techniques and adaptive coping strategies by adopting various methods such as individual therapy, group discussion, role play, and homework assignments which are found to be effective in managing HRS. [9]

Family level:

Psycho education: Psycho-educational interventions aimed to provide information about substance use disorders specifically about alcohol dependence syndrome to the family members, and teach them strategies and skills to help patients to cope with the challenges more effectively. Evidences have proved that psycho educational interventions reduce feelings of anxiety, burden and stress, along with improved coping abilities, family relations and family functioning. [10,11]

The rationale for providing psycho education in this case were, firstly family members had poor understanding about the nature of illness, as a result of this they considered patient's severe substance use and associated problems as a deviant behavior. This poor understanding was the major cause for the criticality and other problems in family. Secondly, due to family's lack of knowledge they were using critical comments to manage patient instead of positive reinforcement and other behavioral techniques. This maladaptive way of management resulted in multiple lapses with alcohol in patient. Finally family members' inadequate knowledge about the management of lapse with alcohol further lead to relapse as well as multiple treatment failures in patient.

Initial sessions were focused assessment and later sessions were emphasized on educating family about the chronic relapsing nature in substance use disorder, causes and symptoms of addiction. Later session highlighted on the need for supervised medication, identification of early warning signs of lapse or relapse and also about the prognostic factors. Further, the targets of sessions were helping the family to adopt healthy reinforcement and behavioral management techniques to improve his motivation and functionality. Last sessions were majorly concentrated on educating and empowering family to deal with crisis situations for example how to deal with lapse or relapse.

The major aims of the sessions were to impart knowledge thus help the family to reduce their stress in managing patient. The application of techniques like empathetic listening, positive regard, acceptance and active listening resulted in successful completion of psycho educational sessions with family. [12,13]

Other supportive interventions: Patient as well as family attended group therapy sessions which helped the patient as well as family to strengthen their strengths and identifying their weakness. Evidences support that group therapy as a powerful therapeutic tool for treating substance abuse, one that is as helpful as individual therapy, and sometimes more successful than individual therapy. [14,15] One reason for this efficacy is that groups intrinsically have many rewarding benefits-such as reducing isolation and enabling members to witness the recovery of others-and these qualities draw clients into a culture of recovery. [16] Patient's family participated in family support group that was another mode of providing help and support to the families of patients with substance use disorders. This group provided the family a platform to share their feelings and experiences and same time learn from others experiences who are from the same situations. Pre-discharge counselling and crisis management sessions were also provided to patient as well as his family in

order to avoid further treatment failures and to ensure regular follow ups.

CONCLUSION

The patient was discharged after two weeks of inpatient care as he had shown improvement with the treatment. During the follow-up consultation, the social worker reviewed the effectiveness of psychosocial intervention; patient was abstinent from alcohol and family's interaction pattern, communication style and adaptive pattern has improved. Family members acknowledged that psychosocial interventions helped them to accept patient alcohol dependence as a disorder which helps them to improve their relationship with patient and reduce their stress level.

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