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Behavioural Interventions in Alcoholism: A Social Skills Training Perspective

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Abstract

Amongst the various therapeutic procedures used in the area of alcoholism, the behavioural procedures have shown very good and encouraging results. The outcome research is now trying to develop the best effective treatment method. Keeping in the rationale that alcohol dependent individuals maintain their drinking behaviour because of social and interpersonal inadequacy, this study was taken up. A sample of 20 alcohol dependent individuals (ICD-9) were taken up on a single group outcome design. Social skills training with the individuals and behaviour counselling for the significant others were the therapeutic procedures used. There was a pre-, mid and post treatment assessment. Motivation for change, assertiveness, and the alcohol related disabilities were measured. A 16 month follow-up was done. Results showed a significant rate of abstinence in the parameters assessed. This evinces the effectiveness of Social Skills Training (SST) and Behaviour Counselling as an effective mode of treatment for alcoholism.

Key words -

Alcohol dependence syndrome,
Social skills training,
Behavioural councelling

In our society and in the world at large, alcohol has become a menace. This chemical with its strong addictive properties not only disrupts the life of the individual but also the lives of people around him. The accessibility to alcohol has become quite easy and so the magnitude of the problem. These problem have been variously referred to as 'alcoholism', 'alcohol abuse', 'alcohol dependency'. 'alcohol related problems', 'problem drinking' etc.

Scientific enquiry into the casual factors and the management of alcoholism factors and the management of alcoholism has been going on and even now we are yet to find the answer to the numerous questions. This is mainly due to the heterogeneity and complexity in its etiology and its manifestations. Research shows the problem to be individualistic as well as a social one. These problems pervades into the physical, psychological, social, familial, financial and occupational spheres of functioning.

Taking these factors into consideration, a variety of treatment programs have been developed. The broad categories have been the pharmacological, psychological and the social therapies. Recent advances in alcoholism treatment programs has shown a consistent finding that a substantial number of alcoholics do recover and on a long term follow up show the maintenance of abstinent behaviour.

Among the treatment programs, behavioural methods has shown very encouraging results [2].

Tharp and Wetzel [3] have outlined five essential steps in the assessment from the behavioural perspective. They are:

a. The Target behaviours
b. Antecedent events
c. Maintaining stimuli
d. Reinforcement hierarchy
e. Potentials for remediation in the environment

Considering these factors and the basic rationale for social skills training procedure, this study was taken up. SST takes into account the principles of positive reinforcement in inter personal relationship, information gathering and dissemination and also to make requests and how to say 'NO'. SST procedure becomes quite important as it addresses the issues influencing abstinence i.e.

a) frustration and inability to express anger
b) inability to cope with social pressures to drink
c) inability to resist the strong urge to drink [4].

The present study

Statement of the problem

In this study, the efficacy of SST on a group of alcohol dependent individuals were studied. Behavioural counselling was constituted for the significant others to strengthen the social support to help in abstinence. Variables like assertiveness, motivation for change and the level of dependency were studied in order to find out their relationship with the treatment outcome. The outcome goal was total abstinence.

Aim

To determine the efficacy of SST and Behavioural Counselling in the treatment of alcohol dependence syndrome

The sample consisted of clients from the in-patients and outpatient population of NIMHANS. The study was conducted at the Behaviour Therapy and Bio-Feed-back-Unit, Department of Clinical Psychology of NIMHANS. Diagnosis was according to the ICD-9 criteria.

Inclusion criteria were:

1. Males.
2. Literate (able to read and write either English, Tamil or Malayalam.
3. Age between 20-50 years.

The exclusion criteria were:

1. Clients with organic brain syndrome.
2. Clients with other psychiatric or neurological diagnosis
3. Clients with other major systematic disorders
4. Clients with previous exposure to any type of therapeutic intervention for alcohol dependence.
5. Clients who are put in any therapeutic regime like psychological or pharmacological like disulfiram.

Informed consent

With all the clients referred, the therapeutic procedure were explained and a written informed consent

was taken. This consent was taken from both the client and from the significant others. If the client refused to attend the intervention procedure, then they were referred to other therapists. There was complete freedom for the clients to discontinue the program as and when they wished to.

Tools

1.**Alcoholism History Proforma results** [5]

This consists of the following sections:

a. Personal information
b. Family history
c. Drinking history
d. History of withdrawal symptoms
e. Problems related to drinking
f. History of health related problems
g. Treatment history
h. History of other substance abuse
i. Present adjustment

2.**Scale to assess Motivation** [6]

This scale measures the individual's motivation for change. It has 80 items and has 5 sub scales. These are:

Factor I : Self Esteem
Factor II: Locus of control (Internal Intrinsic)
Factor III: Drinking related locus of control (Intrinsic)
Factor IV: Growth Motivation
Factor V: Self-criticality

Other than a score for each of the sub scale, there is a total scale score. The scores are interpreted as higher the score, the higher the motivation is for a change. If the scores increase from the pre to the post, it shows that the motivation for a change has increased from the first assessment to the end point.

3.**Rathus Assertiveness Schedule** [7]

This is 30 items self-report for assertiveness. This scale is used to assess whether or not assertiveness program has lead to a gain in the individuals assertive behaviour. The degree of reaction of the individual is marked on a six point scale. A gain of 20 points or so can be taken as the gain of assertiveness from the pre to the post of the training program.

4.**Short Form of Alcohol Dependence: Data Questionnaire (SADD)** [8]

This is a 15 items, forced choice self report scale designed to measure the range of alcohol dependence as distinct from alcohol related disability. This scale is found to be free from socio-cultural influences.

The three ranges in scores are:

1 - 9 = low dependence

10 - 19 = medium dependence

20 and above = high dependence

5.

A visual analogue scale was used to assess the psychological craving of the individuals. This was a 10 point scale from 01 to 10. It was explained to the individuals that 1 meant the least of craving and 10 and for the maximum craving felt. This was given to the clients in the first three days and they would rate the scale themselves. The rationale for this scale was to see whether the clients were experiencing the psychological craving and to see if it was coming down after detoxification.

Procedure

The clients were selected with the inclusion, exclusion criteria fixed for the study. All the clients were de-toxified. The design of the study was one of single group outcome design with pre, mid and post assessment.

Therapeutic program

Social skills training (SST) is a group of procedures used to enhance the skills in an individual who is inadequate in some of the inter personal interactional situations. This is based on the program developed by Foy et al and Gambrill [10]. The duration of therapy was for thirty days, one session lasting for 1 - 1½ hours. The period of treatment was spread out taking into consideration the individual's need for the program.

The different aspects considered in the treatment were:

a. Identification and modification of the antecedents

b. Environmental manipulation

c. Drink refusal skills training

d. Development of alternative behaviours.

Behaviour counselling (BC)

The behavioural excess of alcohol consumption is mainly maintained by its reinforcing consequences. BC is programmed to structure the alcoholic's social and environmental consequences in his family.

The various components in behavioural counselling were:

1. Removal of reinforcers for abusive drinking

2. Reinforcement of behaviours incompatible with excessive drinking and

3.Rearrangement of environmental cues which set the occasion for drinking results [15].

In total, the client had 30 therapeutic sessions. After the first 15 sessions, behavioural counselling was initiated with the significant family members. In the SST program, the behavioural excesses, deficits, assets, environmental influences were all considered. Behavioural rehearsals, role plays, role reversals,

assertive training program and emphasis on non verbal communication were the therapeutic components.

Results

The analysis of the data can be divided into 3 sets of values. The pre-treatment scores, mid point scores and the post treatment scores. And finally a comparison between the pre, mid and post treatment scores.

Using a visual Analogue Scale, the psychological craving was measured. This was done for three consecutive days during the pre treatment phase.

SST (N = 20)

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The values clearly shows that the craving was coming down as the days progressed. This may be due to the detoxification all the clients had been through. This aspect of craving becomes important to be kept in mind as it can be an obstacle in the receptiveness of the client for therapy.

Table I - Socio-demographic variables of the group

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Table II - Drinking variables in the group

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Table III shows the comparison of Mean (SD) scores of all the scale values in SST group at the pre-treatment (Baseline) vs mind treatment, mid treatment- vs end point and baseline vs end point (post treatment).

Table III - Comparison of scale values

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All 't' values were significant at 0.001 level;

The 't' values computed were for the independent means.

Discussion

Considering the objectives of the study, the analysis of the data can be categorised into :

a) Comparison of the scores from the RAS

b) comparison of the scores from the SADD and

c) comparison of scores of the sub scales in the Motivation Scale.

These analyses are shown in Table III.

Considering the RAS scores, we see (Table III) that the mean scores are varying and the differences

are quite pronounced. The mean scores range from 38.70 to 68.25. From the scale norms, we see that this tool is to assess the assertiveness training. Usually a gain in scores is seen if he/she is undergoing an assertiveness training. Usually a gain of 21 points or so is seen from the pre to the post and if the gain is so, it indicates the degree of improvement in assertiveness through the training program.

The baseline to midphase shows a significant increase at the .001 level, where t = 13.34. From the midphase to the end point also, a significant change was seen at the 0.001 level, t = 11.07, the comparison from the pre to post also showed a significant increase at the .001 level t = 23.45.

This result is quite significant because it has been postulated that because of low self esteem and not being able to assert themselves, individuals consume alcohol. In SST, assertiveness learning is one of the important components. This is so to give the individual a strength to withstand peer pressure and to enhance drink refusal skills.

This finding goes in agreement with other studies done in this area like Foy et al [9] and Jackson and Oei [12].

The data from the SADD, (Table III) shows a significant change in scores. In all levels of analysis there was a significant decrease of scores at the 0.001 level, indicating a marked lessening of dependence related disorders. For the pre to post comparison, the significance was at 0.001 level, t = 24.75. When we consider the group, they had a very high degree of reduction in the dependence related disorders, placing them in the "low dependency" category from the 'high dependency' status during the pre treatment phase. The lessening of scores indicates

a) The efficacy of SST on alcohols and

b) the wide range of areas tackled by this therapeutic procedure in alcoholism.

This is important because research has shown that the alcohol dependent individual has impairments in many of the inter, intra and social spheres of functioning.

The third scale used was the Motivations scale. This assess the individual's motivation to change. The analysis shows the following results.

In all the sub scales (Table III) the scores shows a significant increase from the pre to mid, mid to post and pre to post at the 0.001 level. The total motivation score also shows a significant increase in values 126.85 to 238.60, t = 38.40.

The important findings in this are that of the internal intrinsic locus of control. This is because alcoholics have been found to have low internal LOC i.e, as externally oriented. The significant increases in scores shows that through SST the individuals gain significantly (t = 11.77) the internal LOC. The previous studies also shows the same trend results [13], [14]. Likewise in all the sub scales, the increase of scores reflects the efficacy of SST on bringing a grater degree of motivation to change here being, the goal of therapy i.e., total abstinence.

Along with the quantitative scores, a qualitative analysis was done. This was mainly through clinical interviews and reports collected from the family members and clients themselves. The follow-up was conducted for 16 months and the data showed that 6 had relapsed (31.6%) and 14 were abstinent (68.4%). Also the reports showed an increase in the motivation to remain abstinent and also an enhancement in the quality of life in the family. Many of the family members reported that the clients showed.

a) A tendency to take up house hold responsibilities which he had not been taking

b) spending more and qualitative rich time with the spouses and children and

c) an overall enhancement in the emotional climate in the family.

These positive trends shows the effectiveness of SST at an individual level and behaviour counselling for the significant others. In total, strengthening the individual resolve to remain abstinent and create a positive emotional climate in his family environment.

Limitations of the study:

1. For generalization of the result a bigger sample has to be considered.
2. A proper manual to conduct SST has to be prepared, elaborating the different components.
3. A long term follow-up is necessary to establish the efficacy of the treatment program.
4. Follow-up data has to be quantified, so that, details from it can enrich the treatment procedure.

Conclusions

To summarize the findings :

1. In all the scale measurements there was significance found in the required parameter in a positive way.
2. Comparison of scores at the pre, mind and post phases showed a clear and significant difference in the expected direction, evincing the efficacy of this treatment modality.
3. Because the gain in the scores were seen in all the stages of comparison, the duration of the therapy seems to be adequate.
4. The increase in scores from the mid to post shows the effectiveness of Behaviour Counselling in strengthening the social support from the significant other.

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