CHAPTER 3

METHODOLOGY

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METHODOLOGY

Today, alcoholism is seen as the major public health problem, and therefore, alcoholism is a matter of serious concern, not confined to any group, culture or country. The disruptive influences of the problem, and its epidemic nature, cause alarm and anxiety in developed and developing countries like India. The voluminous literature on the subject recognises the fact that each country, and community will be confronted by a unique set of alcohol related problems, and may therefore, require information to develop adequate strategies to cope with it. The increasing rate of alcohol consumption is alarming and the physical and psychological and social complexities hardly appreciated. Alcoholism hits both the user, who continues it, and those within the sphere of his influence.

For this reason, it would seen that a research of this kind should be aimed at examining all possible aspects of Alcoholism which, indeed is, a combination of psychological and sociological approaches and therefore, the present study was undertaken to assess the impact of family intervention therapy in alcoholism-one year follow up. For assessing the efficacy of treatment, an optimum period of one-year has been advocated. It was considered that patients’ outcome at the end of one year predicts later functioning and helps in assessing the efficacy of
treatment. Keeping these issues in mind, the present study was designed to evaluate the outcome after one year in patients treated for alcohol dependence:

3.1 Objectives

The following specific objectives were formulated.

1. To assess the severity of alcoholism.
2. To examine the motivation for change of the alcoholics.
3. To study the locus of control of the alcoholics.
4. To assess the family interaction patterns in alcoholic families.
5. To examine the life events predicting relapse.
6. To provide right package of treatment to the study group.
7. To assess the impact of family intervention therapy during six months and one year follow-up.
8. To compare the results of both study group and control group.

3.2 Hypotheses

1. Poor motivation, external locus of control, adverse life experience and pathological family interaction predict relapse in alcoholism.
2. Family intervention therapy exerts positive influence in preventing or reducing in alcoholism.

3.3 Selection and Description of the Tools

The following tools were used to assess the both study group control group.
i. A specially designed Socio-demographic and clinical proforma.

ii. Michigan Alcoholism Screening Test (MAST); Selzer, 1971.


i. Socio Demographic and Clinical Proforma

The socio demographic information and detailed drinking history were collected using a semi-structured proforma. Socio demographic details included marital status, education, occupation, and employment and socio-economic status. Details were obtained regarding the use of alcohol, including abstinence and treatment in the past. Family history of alcoholism, suicide and any other mental illness were recorded.

ii. Michigan Alcoholism Screening Test (Selzer, 1971)

The Michigan Alcoholism Screening Test (MAST) was devised by Selzer (1971) and served as a consistent, quantifiable structured instrument for the diagnosis of alcoholism. It is one of the widely used screening tests both in epidemiological as well as in clinical studies. The MAST consist of twenty-five items regarding the effects of alcohol upon the respondent’s interpersonal relationships, work performances, health and so on. The test takes approximately ten to fifteen minutes to answer/administer and the subject is asked to respond by
“Yes” or “No” to each item. Scoring is done according to the weightage given for each item. The item weightage ranges from 0-53, with a sure of three or less indicating the suspicion or suggesting of alcoholism and score of five or higher representing presumptive evidence of alcoholism.

iii. Motivation Scale (Teresa Neeliyara and S.V. Nagalakshmi 1994)

Forty-three positively worded items and 37 negatively worded items together formed the 80 items scale. The 80 items divided into Six Factors i.e.,

Factor I - Self Esteem

Factor II - Locus of Control Internal

Factor III - Drinking related Locus of Control (Internal)

Factor IV - Growth motivation

Factor V - Religious attitude

Factor VI - Self criticality

It is a five point like rating type scale ranging from Strongly Agree (4) to Strongly Disagree (0) for the positively recorded items and the reverse is for the negatively worded items.

Higher the score, higher the motivation to change where as lower motivation is indicated by lower scores.
iv. Family Interaction Pattern Scale (Bhatti, 1986)

This is a 106 item scale consists of 6 areas such as communication, role, social support, leadership, cohesiveness and reinforcement. It is four point like rating type scale ranging from always to never.

A higher score indicates poor the family interaction where as healthy interaction is indicated by lower score.

v. Presumptive Stressful Life Events Scale (Gurmeet Singh, 1983)

The Presumptive Stressful Life Events Scale consists of 51 items. Individuals very widely in their subjective response to a similar stressful event depending on number of factors including the individuals personality, social support-system and importance of relation with person or institution. For this authors have assigned weights to each individual item varying from 0 to 100 and then ranked them according to the perceived stress of each even. The scale as given is rated according to decrease in severity of perceived stress, however, in practice the author recommend that scale be administered in reverse order, i.e. starting from the lowest stressful event to the most stressful event-death of spouse coming last, as author has found this to be more acceptable and easy in administration and is less threatening to subjects.
<table>
<thead>
<tr>
<th>Life Events</th>
<th>Mean Stress Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Death of Spouse</td>
<td>95</td>
</tr>
<tr>
<td>2. Extra-marital relation of spouse</td>
<td>80</td>
</tr>
<tr>
<td>3 Marital Separation/ divorce</td>
<td>77</td>
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<tr>
<td>4. Suspension or dismissal from job</td>
<td>76</td>
</tr>
<tr>
<td>5. Detention in jail of self or close family member</td>
<td>72</td>
</tr>
<tr>
<td>6. Lack of child</td>
<td>67</td>
</tr>
<tr>
<td>7. Death of close family member</td>
<td>66</td>
</tr>
<tr>
<td>8. Marital conflict</td>
<td>64</td>
</tr>
<tr>
<td>9. Property or crops damaged</td>
<td>61</td>
</tr>
<tr>
<td>10. Death of friend</td>
<td>60</td>
</tr>
<tr>
<td>11. Robbery or theft</td>
<td>59</td>
</tr>
<tr>
<td>12. Excessive alcohol or drug use by family member</td>
<td>58</td>
</tr>
<tr>
<td>13. Conflict with in laws other than dowry</td>
<td>57</td>
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<tr>
<td>14. Broken engagement or love affair</td>
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<td>15. Major personal illness or injury</td>
<td>56</td>
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<td>16. Son or daughter leaving home</td>
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</tr>
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<td>17. Financial loss or problems</td>
<td>54</td>
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<tr>
<td>18. Illness of family member</td>
<td>52</td>
</tr>
<tr>
<td></td>
<td>Event Description</td>
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<td>---</td>
<td>------------------------------------------------------------</td>
</tr>
<tr>
<td>19</td>
<td>Trouble at work with colleagues, superiors or subordinates</td>
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<tr>
<td>20</td>
<td>Prophecy of astrologer or palmist</td>
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<tr>
<td>21</td>
<td>Pregnancy of wife (wanted or unwanted)</td>
</tr>
<tr>
<td>22</td>
<td>Conflict over dowry (self or spouse)</td>
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<tr>
<td>23</td>
<td>Sexual Problems</td>
</tr>
<tr>
<td>24</td>
<td>Self or family member unemployed</td>
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<tr>
<td>25</td>
<td>Lack of Son</td>
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<tr>
<td>26</td>
<td>Large Loan</td>
</tr>
<tr>
<td>27</td>
<td>Marriage of daughter or dependent sister</td>
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<tr>
<td>28</td>
<td>Minor violation of law</td>
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<tr>
<td>29</td>
<td>Family conflict</td>
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<tr>
<td>30</td>
<td>Break-up with friend</td>
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<tr>
<td>31</td>
<td>Major purchase or construction of house</td>
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<td>32</td>
<td>Death of pet</td>
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<tr>
<td>33</td>
<td>Failure in examination</td>
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<tr>
<td>34</td>
<td>Appearing for an examination or interview</td>
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<tr>
<td>35</td>
<td>Getting married or engaged</td>
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<tr>
<td>36</td>
<td>Trouble with neighbour</td>
</tr>
<tr>
<td>37</td>
<td>Unfulfilled commitments</td>
</tr>
<tr>
<td>38</td>
<td>Change in residence</td>
</tr>
</tbody>
</table>
39. Change or expansion of business 37
40. Outstanding personal schooling 37
41. Begin or end schooling 36
42. Retirement 35
43. Change in working conditions or transfer 33
44. Change in sleeping habits 33
45. Birth of daughter 30
46. Gain of new family member 30
47. Reduction in number of family functions 29
48. Change in social activities 28
49. Change in eating habit 27
50. Wife begins or stops works 25
51. Going on pleasure trip or pilgrimage 20

vi. Rotter's Locus of Control (Anand Kumar and Srivastava S.N., 1985)

It consists of 23 items and 6 filler items that samples widely from different life situations, were locus of control attitudes might be relevant to behaviour. Each item has equal weight and it was hoped that the content of the various items would provide an adequate sampling of situations in which internal external attitudes might be expected to affect behaviour. This is a forced-choice instrument which consists of 29 pairs of statements. 23 of which are scored, each
alternative keyed as to a belief in either internal or external control of reinforcing event.

Written or oral administration of the Rotter’s Locus of Control scale generally takes from 20 to 30 minutes. In serving only external alternatives are endorsed. The maximum possible score on Rotter’s Locus of Control Scale is 23 and minimum being 0. High score indicates external locus of control on internal-external dimension of the scale. For each item, external alternatives to be endorsed as score 1.

3.4 Sample Selection

The study was conducted at K.V.M. De-addiction Centre, Cherthala, Alleppy District, Kerala (India) and Medical Mission Hospital, Kolenchery, Ernakulam District, Kerala (India). Consecutive patients attending the treatment centre satisfying the D, Kerala SM-IV (American Psychiatric Association, 1994) criteria for alcohol dependence were selected for the study.

3.5 Study Sample

A minimum of 30 alcoholics satisfying the inclusion and exclusion criteria were given an appropriate package of family intervention therapy which consisted of psycho education, counselling, group therapy, marital therapy, family therapy, cognitive behavioural therapy, behavioural counselling for spouses.
3.6 Control Group

A minimum of 30 alcoholics satisfying the inclusion and exclusion criteria were given only brief supportive psycho-therapy at the time of initial assessment.

3.7 Inclusion Criteria

1. Patients who had been diagnosed as per DSM-IV criteria for alcohol dependence.

2. Only male inpatients.

3. Age group between 15 and 55.

3.8 Exclusion Criteria

1. Evidence of associated chronic physical, mental and CNS disorders.

2. Female patients.

3. Patients who were below 15 years and above 55.

4. Patients who had diagnosed for dependence of any other drug other than alcohol on axis-1.

3.9 Procedure

Alcoholics who met the inclusion and exclusion criteria were screened by administering Michigan Alcoholism Screening Test and other tools [motivation scale, locus of control, Family Interaction Pattern Scale (FIPS), Presumptive Stressful Life Events Scale(PSLES)] were also administered. Detailed information was given to patients and their families. Supportive psychotherapy
had given to control group at the time of initial administration of tools. A right package of family intervention therapy had selected and given to the study sample. Patients (Study Sample) and their close family members were included and appropriate family intervention therapy facilitated in every week. An average of 10 to 20 sessions were conducted with the duration of 45 minutes for family intervention therapy.

Each six and twelve months follow-up were done by using the same tools and relapse assessed in both groups. Results of the control group and study groups were compared.

3.10 Analysis of Data

The data collected were analysed by using the appropriate statistical techniques—Mean, Standard error and ‘t’ test as explained by George W. Snedecor and William G. Cochran.

3.11 Limitations

1. Majority of the alcoholics who received only supportive psychotherapy had previous psychiatric treatment when compared with alcoholics who received family intervention therapy.

2. The present study was assessed based upon one-year follow-up.
3.12 Definitions of the Terms

Alcoholism

According to American National Council on Alcoholism (1992), alcoholism is a chronic and progressive disease characterised by a loss of control over the use of alcohol, with subsequent social, legal, psychological and physical consequences.

Locus of Control

Locus of control has been defined as the extent to which individuals believe in their capacity to control the reinforcing contingencies of their environment.

External control has been defined as a perception of powerlessness, an inability to control events that occur by luck, chance, fate or the actions of powerful others.

Internal control in contrast, has been defined as the perception that events are contingent on an individual’s behaviour or on her or his relatively permanent characteristics.

Motivation

Motivation was defined as the individual’s “willingness to change for the better” “to improve his way of living, there by increasing his self esteem, feelings of security, sense of belonging and attaining self actualisation.
Self-esteem

Refers to the perception the individual possess of his own worth. It refers to the individual’s sense of personal worth, his feeling of adequacy, worth and value as a family member. In addition, it reflects the person’s sense of adequacy and worth in social interaction with other people in general.

Extrinsic-Intrinsic Motivation or External-Internal Locus of Control

Refers to the extent to which an individual is self motivated, directed or controlled. The extent to which the environment, luck, chance, influences his behaviour is external or extrinsic locus of control.

Drinking Related Locus of Control - Internal

Represents the aspects of attribution which are intrinsic in nature but predominately drinking related. The external orientation is associated with higher anxiety and distress which may in turn influences motivation for change in a negative manner.

Growth Motivation

Reflects positive mental health aspects like trusting one’s ability to size up in any situation and being certain of one’s relationship with others. It also refers to being content with life and being assertive.
Religious Attitude

Reflects contents such as attributing success and failure to God and feeling deeply about religious fulfilment in one’s life. It also indicates that faith in God helps one obtain peace of mind.

Self Criticality

Means the person is aware of one’s own assets and shortcomings. This self criticality is viewed as a positive aspect of oneself.

Stress

It is internal state which can be caused by physical demands on the body (disease conditions, exercise, extremes of temperature, and the hike) or by environmental and social situations which are evaluated as potentially harmful, uncontrollable, or exceeding out resources for coping.