CHAPTER 6

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SUMMARY AND CONCLUSIONS

The present study was undertaken with the aim of assessing the impact of family intervention therapy in alcoholism- both six months and one year follow-ups. Thirty alcoholics satisfying the inclusion and exclusion criteria were given right package of family intervention therapy (study group) and 30 alcoholics satisfying the inclusion and exclusion criteria were given only supportive psychotherapy at the time of assessment (control group). Both the groups also received detoxification (pharmacological treatment). The tools used for comprehensive assessment were motivation scale, Family Interaction Pattern Scale (FIPS), Michigan Alcoholism Screening Test (MAST), locus of control and Presumptive Stressful Life Events Scale (PSLES). Nearest and dearest family members were also included. The same tools were used during six-months and one-year follow-up periods. Both the groups were compared during six-months and one-year follow-up basis.

The data collected were analysed by using the appropriate statistical techniques.

6.1 Socio- demographic Profile

The demographic profile of the respondents indicated that maximum alcoholics in both groups were between the age group of 35-44 (53.33% and 60%). Mean age of the alcoholics who received family intervention therapy was
found to be approximately 40 and mean age of the alcoholics who received only supportive psychotherapy was found to be approximately 41. Majority of alcoholics in both groups were educated up to high school (46.67% and 40%) Occupational status of the respondents revealed that most of them in both groups were involved in business. 53.33% of the alcoholics who received family intervention therapy were Hindus where as 60% of the alcoholics who received only supportive psychotherapy were Christians. Very few of the alcoholics in both groups were Muslims (6.67% and 3.33%). Most of the alcoholics in both groups were hailing from rural background.

Marital status of the alcoholics showed that majority of them in both groups were married (90% and 93.33%). Mean monthly income (both individual and family) of the alcoholics who received family intervention therapy was found to be approximately 4866/- (in Rupees) and mean monthly income in the other group was found to be approximately 4800/- (in Rupees). Most of the alcoholics in both groups were guardian in the family. Marital adjustment of the alcoholics in both groups showed that majority of them expressed unsatisfactory marital adjustment. Few of the alcoholics in both groups expressed unsatisfactory sexual adjustment (23.33% and 36.67%). It was observed that 33.33% of alcoholics who received family intervention therapy had previous treatment whereas 63.33% of the alcoholics in other group had previous treatment.
It was noticed that 43.33% of the alcoholics who received family intervention therapy expressed family history of alcoholism/psychopathology whereas 50% of the alcoholics in other group expressed family history of alcoholism/psychopathology. Behaviour under the effect of alcohol indicated that majority of the alcoholics were unmanageable at home. The social relationship of the alcoholics showed that majority in both groups expressed frustrations in family relationship than frustration in job situations and interpersonal relationships.

Most of the alcoholics in both groups showed a balanced pre-morbid personality (80% and 86.67%) It was observed that majority of the alcoholics in both groups had peer pressure as initiating factor (83.33% and 80%). Also majority of the alcoholics in both groups expressed craving as maintaining factor.

6.2 Review of Objectives and Hypotheses

The first objective was to assess the severity of alcoholism. The results of the present study showed that all the respondents were alcohol dependants. This conclusion was made based upon Michigan Alcoholism Screening Test (MAST) and DSM-IV criteria for substance dependence. The results revealed that majority of the alcoholics who received family intervention therapy showed abstinence from alcohol during six-months and one-year follow ups. Whereas majority of the alcoholics who received only supportive psychotherapy showed
considerable relapse during six-months and one-year follow ups. In short, the severity of alcohol did not change when alcoholics received only supportive psychotherapy.

The second objective was to examine the motivation for change of the alcoholics. Hence, the motivational status of the alcoholics in both groups was studied during the initial period, six-months follow up and one-year follow up. It was observed that alcoholics in both groups showed considerable motivation for change during the initial period. However, the results showed that alcoholics who received family intervention therapy showed better motivation for change than alcoholics who received only supportive psychotherapy during six-months and one-year follow ups. It could be concluded that alcoholics who received family intervention therapy could enhance their motivation for change, more than alcoholics who received only supportive psychotherapy.

The third objective was to assess the locus of control of the alcoholics. Rotter’s Locus of Control Scale was used to examine the locus of control of the alcoholics in both groups during initial period, six-months follow up and one-year follow up. The results indicated that alcoholics in both groups showed more external locus of control during the initial period of assessment. However, alcoholics who received family intervention therapy showed more internal locus of control during six-months and one-year follow ups whereas alcoholics who received only supportive psychotherapy showed external locus of control during
six-months and one-year follow ups. Hence, the present study concluded that external locus of control predicts relapse and better outcome is associated with the internal locus of control.

The fourth objective was to assess the family interaction patterns of the alcoholic families. Family Interaction Patterns Scale (FIPS) was administered in both groups during initial period, six months and one year follow ups. The results revealed that families of the alcoholics expressed pathological family interaction pattern during the initial period of assessment. However, families of the alcoholics who received family intervention therapy showed satisfactory family functioning, free from psychological/emotional problems and better coping abilities when assessed during six-months and one-year follow ups whereas families of the alcoholics who received only supportive psychotherapy showed pathological family functioning, negative attitude towards treatment, strained communication, poor social support, lack of cohesiveness, poor leadership qualities and unsatisfactory role functioning when assessed during six-months and one-year follow ups. Families of the alcoholics who received only supportive psychotherapy also showed various psychological/emotional problems and unsatisfactory performances when assessed during six-months and one-year follow ups.

Alcoholics who received family intervention therapy showed increased interest in motivating their friends/relatives, spending more time with family
members, religious aspects, household responsibilities, recreational activities with family members and their quality of life markedly improved. Also their social and occupational functioning improved more than the pre-treatment period.

The fifth objective was to examine the life events predicting relapse. Presumptive Stressful Life Events Scale (PSLES) was administered in both groups during initial period of assessment, six-months and one year follow up periods. The results revealed that alcoholics experienced life threatening stressful life events predicting the consumption of alcohol during the initial period of assessment. However, alcoholics who received family intervention therapy showed less life events predicting relapse rate when compared with the other group during six-months and one-year follow ups.

The sixth objective was to provide right package of treatment to the study group. The following treatment packages were mainly used.

**Psycho-education**

Alcoholics lack insight into their alcohol related problem. Hence, it is important to educate the alcoholics and their families. Alcoholics and their families have to recognise and accept the problems. Psycho education consists of the following things:

- Concepts, signs and symptoms of alcohol dependence
- Effects of alcohol dependence on the family, health and work.
• Importance of medication, follow ups and prognosis.

Counselling

During initial stages of counselling the counsellor obtains factual information demonstrating that drinking is harmful. Later the alcoholics are made to recognise and accept the problem they are undergoing. One of the important and difficult task of the counsellor is to handle the denial and rationalisation. The final stages of counselling involves the issue of sobriety, immediate as well as long term and any other problem seen by the client as related to alcohol. Spouse or significant person in the patient’s family is included in the counselling sessions.

Group therapy

Group therapy has long been an essential component of alcoholism treatment programme. The comradeship of others who have similar problem greatly enhances the self esteem of alcoholics. Group therapy offers alcoholics a unique opportunity to share and to identify with others who are going through similar problem, to understand their own attitude about alcoholism and their defence against giving up alcohol by confronting similar attitude and defence in others.

Marital therapy and Family therapy

The role played by marital and family factors in the development and maintenance of alcohol problems is considerable. Marital and family problems
stimulate excessive drinking and family interactions often help to maintain alcohol problems once they have developed. Marital and family therapy offer positive marital and family adjustment.

**Cognitive behavioural therapy**

Cognitive behavioural strategies such as self-monitoring of drinking, restructuring irrational thoughts and modelling are used in the treatment of alcoholism. This approach offers a positive thinking among alcoholics.

**Behavioural counselling**

Behavioural counselling for spouses highlights coping skills, precautions role of spouses and how to react at various situations. This approach facilitates a favourable home atmosphere and better outcome.

The seventh objective was to assess the impact of family intervention therapy. The impact of family intervention therapy was assessed during six-months and one-year follow ups by using the same tools. It could be concluded that better outcome was noted when alcoholics received both detoxification and family intervention therapy, than alcoholics who received only detoxification and supportive psychotherapy at the time of initial assessment. Hence, the present study concluded that combination of pharmacological treatment and psycho social treatment showed more effective than any of this single modality of treatment.
In summarising the trends emerging from the study, it may be stated that alcohol dependence is a complex disorder with far reaching harmful effects on family, work, society as well as on physical and mental health of the alcoholic himself. Excessive drinking is liable to cause profound social disruption, particularly in the family. Martial and family tension is virtually inevitable. The wives of heavy drinkers are likely to become anxious, depressed and socially isolated. The home atmosphere is often detrimental to children because of quarrelling and violence, and drunken parent provides a poor role model. Children of alcoholics are at risk of developing neurotic or behaviour disorders, and of performing badly at school.

At work, the heavy drinker often progresses through declining efficiency, lower grade jobs and repeated dismissals. There is a strong association between road accidents and alcohol abuse. Excessive drinking is also associated with crime, fraud, sexual offences and violence including murder.

However, no professional intervention will be meaningful in dealing with the phenomenon, unless the family, the basic unit of socialisation of individual is properly understood. In the case of alcoholics, gaining in depth insight into the way of functioning and social support system of the family can go a long way in the treatment and rehabilitation of the alcoholics. With the above background in mind, the researcher examined the above mentioned objectives and following hypotheses have been reviewed.
• Poor motivation, external locus of control, adverse life experience and pathological family interaction predict relapse in alcoholism

• Family intervention therapy exerts positive influence in preventing or reducing in alcoholism

6.3 Towards a Comprehensive Approach for Diagnosis and Treatment of Alcoholism

It has been observed from the present study that family intervention therapy is as significant as pharmacological treatment. However, family intervention therapy is not considered as an important package of treatment even after detoxification. In fact, Indian population pay attention towards the immediate effect from treatment. Hence, alcoholics show interest in pharmacological treatment because of its immediate effect whereas family intervention therapy fails to achieve such an immediate effect in most of the cases. Moreover, majority of the alcoholics are concerned over their physiological changes more than psychological factors. Also majority of them have difficulty to attend long term family intervention programme because of various reasons like social, personal and family affairs.

It has been consistently found that everybody expects an immediate recovery during the short span of hospitalisation. The most difficulty task for the discharged patients is to complete the family intervention programme through regular follow ups. In fact, majority of the treatment centres very often, fail to
make adequate steps in order to tackle the problem. Hence, an effort is not taken by professionals who are working in this field. This affects the treatment outcome of the treated alcoholics. However, the present study could overcome such problem.

Reviews of the study conducted earlier documented that combination of pharmacological and psycho social approaches have better or favourable outcome than any of the single modality of treatment. In fact, the era is paucity of research work in our country. In short, the present study proved that better outcome is found when patients received both pharmacological interventions and psycho social interventions. This results may evoke as a guideline for the treatment centres and future research. The present study also may facilitate a better treatment outcome in the coming future.

Alcoholics and their families did not show adequate concern over family intervention programme during the initial stage of treatment. Therefore, it was difficult for the researcher to bring the patients for family intervention programmes during the initial period of treatment. Subsequently majority of them could change their attitude when they recognised that alcohol causes serious problems at home, work, and society. It has been noticed that majority of the patients who received previous treatment showed greater disinterest in family intervention packages than patients who did not receive any past treatment.
Alcoholics who received family intervention therapy showed more interest in meeting the professionals and seeking advice during the follow ups. They showed serious concern over regular follow ups more than the alcoholics who did not receive family intervention therapy. They also put great effort in bringing other alcoholics and their families. Families of the alcoholics who received family intervention therapy expressed enormous satisfaction in the social, occupational and family functioning. They also showed interest in educating other alcoholic families especially the coping skills.

There is paucity of knowledge regarding the impact of family intervention therapy among alcoholics and their families. Hence, the researcher has contributed a constant effort in order to complete the package, assess the impact of family intervention therapy through six months and one year follow ups and prove the efficacy.

In short, the results of the present study have major implication in bringing the alcoholics and their families from all the problems, which need to be given special attention in the coming future. The present study emphasised the importance of combination of detoxification and family intervention therapy. The significance of more regular follow ups and relevant studies are recommended.
6.4 Suggestions

1. Lessons on alcohol and drug abuse related disorders and health hazards should form an important component of formal education from the elementary school to the university level.

2. Counselling services at the University level and short-term training for college and school teachers are steps that can be taken.

3. The role of media needs specific mention.

4. More years of follow-ups to be assessed.

5. Negative attitude and stigma towards the treatment to be eliminated through community based approaches.

6. Combination of pharmacotherapy and psychotherapy to be given special attention.