Case report

Effectiveness of Psychosocial Intervention in Management of Alcohol Dependence Syndrome with Poor Marital Adjustment: A Case Report

ABSTRACT

AIM:

We had selected a case of alcohol dependence syndrome to explore the effect of prolonged alcohol use on family dynamics, marital adjustment, interpersonal relationship; motivational level of the individual with alcohol dependence syndrome and to examine the effectiveness of pre- & post- brief psychosocial intervention in the treatment outcome of the individual with ADS by involving his family and strengthening his interpersonal relationships.

PRESENTATION OF THE CASE:

The Client had a history of alcohol use for 7 years. He was admitted to IOP in 2016 and diagnosed with alcohol dependence syndrome. Though he was sober for the next 5–6 months after discharge but had poor treatment compliance. For the past 2.5 years (2016–2019), the client again started drinking and the symptoms recurred. He was admitted there again on May 30, 2019. It was found that the prolonged alcohol use of the client had an adverse impact on his spouse's wellbeing, and also on his interpersonal relationship with his parents and siblings too. Further, it was found that the client had lower level of motivation, poor adaptive pattern, inadequate social support, with poor marital adjustment.

DISCUSSION:

This study discovered a significant difference between pre- and post-psychosocial interventions in management of alcohol dependence syndrome. After our intervention, the client was maintaining well. His marital adjustment had increased with improvement in quality of life, family dynamics, and adaptive patterns.

CONCLUSION:

It was found that psychosocial intervention with the person with alcohol dependence as well as his family is effective.

Keywords: *Alcohol dependence syndrome, Psychosocial Intervention, Psychiatric Social Work, Marital Adjustment, Marital or Couple Therapy, Motivational Enhancement Therapy, Family Intervention, Social Group Work*

1. INTRODUCTION:

Dependence on alcohol or other substances, and thus difficulty controlling alcohol-taking behaviour in terms of its onset, termination, or level of use, despite clear understanding of overtly harmful consequences of consuming it, is a chronic mental and behavioural disorder with relapse episodes.[17] Research shows that alcohol dependence is not only affecting the individual but simultaneously making his family members miserable, invites economic hurdles, burden, poor marital satisfaction, guilt, codependence, poor coping skills, lack of motivation, legal problems, damage of social reputation, major physical and emotional health problems, domestic violence, and divorce.[11,15] Studies have also shown the key role of family members', their attitudes and belief in the treatment, compliance, maintaining abstinence, and recovery of the individual.[9,15] Leaving the family members untreated will limit the effectiveness of the treatment by not accepting family system as support for change for the individual.[12] Psychiatric social worker intervention has an effective role to play in the treatment and recovery process of the individual and family by focusing on building motivation for change and strengthening commitment to change.[2,4,12]

This study aimed at finding out the effectiveness of psychosocial intervention in the treatment outcome of a person with alcohol dependence by involving the family and strengthening his interpersonal relationships.

2. PRESENTATION OF THE CASE:

The index client, 42 years old, married, businessman, educated up to class VI, from a nuclear Bengali-speaking Hindu family of lower socioeconomic status hailing from rural area, without any significant past psychiatric or medical history and a well-adjusted premorbid personality, presented with complaints of regular alcohol intake, feeling sad, loss of interest in work for the last 7 years, anger outbursts for the last 4 to 5 years, low self-confidence, restlessness, and becoming anxious for the last 3 years, which were insidious in onset, course being continuous and progressively deteriorating. The client first took alcohol (100 ml) at the age of 20 with his friends. Gradually, his alcohol intake increased (200 ml / day) due to family, financial and occupational stressors (his business shop built on government property was demolished and was cheated of Rs. 4.00 lakh, in a financial scheme). For the past 9-10 years he has been consuming about 2-5 litres / day country liquor nearly regularly. Gradually he became an easily irritable person with episodes frequent anger outbursts. In 2016, his spouse took him to the Institute of

Psychiatry (IOP). He was admitted and treated there for 12 days. A diagnosis of Alcohol Dependence Syndrome (F10.2) [ADS][17] was made. Though he was sober for next 5–6 months after discharge but had poor treatment compliance. For the past 2.5 years (2016–2019), the client again started drinking and the symptoms recurred. For the last 8–9 months, he only did some work to secure money to have alcohol. Due to his further worsening condition, his spouse took him to IOP, and he was admitted there again on May 30, 2019. Personal history revealed that the client was a planned baby and was shy as a child and was an average student. His attitude towards siblings, relatives, and friends were favorable and had a few friends in his later childhood but had many friends and used to participate in all social and religious gatherings during his adulthood. The client was married 16 years ago. Things started getting affected gradually after his alcohol intake increased. They have been unable to become parents due to the spouse's medical complications. Client had a good sexual life initially but with time he lacked interest. Mental Status Examination revealed that the client had a depressed mood, death wishes, increased reaction time, depressed cognition (ideas of helplessness, hopelessness, and worthlessness), reduced contraction and attention, with poor judgment.

2.1 Family Genogram: (Figure 1)

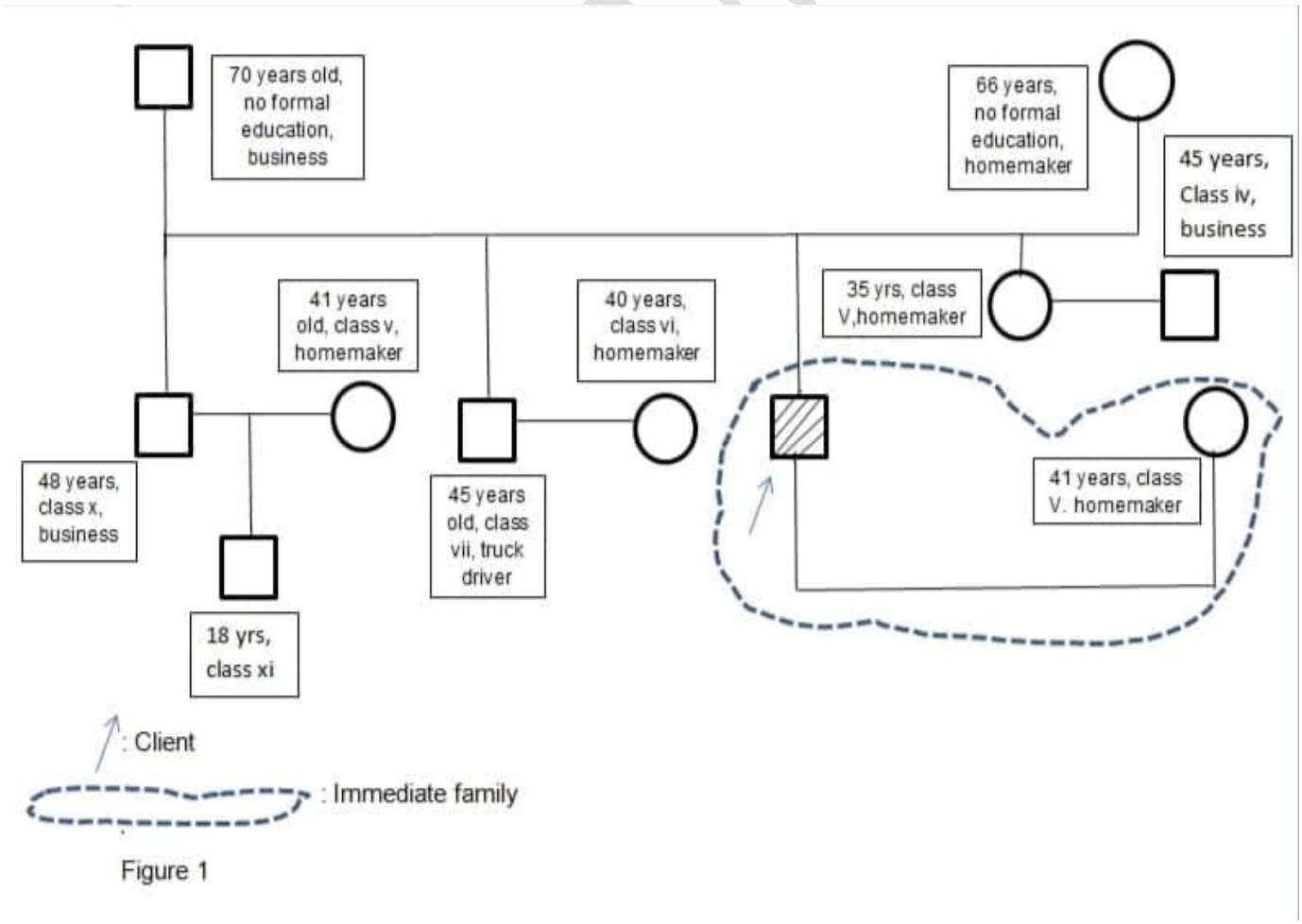

Figure 1

2.2 Family Interaction Pattern: The client was abusive towards her wife both physically and verbally. His parents, and siblings have strained relationships with one another since client's love marriage and afterwards. He was staying with his spouse in the same residential compound with other family members but were not in the same house. Their relationship with other family members deteriorated with the increase of alcohol consumption by the client. He also used to misbehave with his parents and siblings. His family disliked his spouse working outside.

2.3 Family Dynamics: Leadership was found to be democratic along with the absent spouse subsystem. The boundary was found to be diffused as the client's alcohol dependence made the family dysfunctional. Client was the nominal leader and his spouse was the functional leader. Role multiplicity and role burden were present as the client's spouse used to do most of the household works by herself. Direct communication was present between the client and his spouse. The noise level was high, positive reinforcement was rarely present in the family and there were absence of "We" feeling, poor stress management patterns, poor problem-solving ability and coping skills along with prevalent negatively expressed emotions.

2.4 Psychosocial Diagnosis: [17]

Z56 Problem related to employment and unemployment
Z63 Problem in relationship with spouse or partner
Z71 Alcohol use
Z72.3 Lack of physical exercise
Z72.4 Inappropriate diet and eating habits
Z73.3 Stress, not elsewhere classified

2.5 Evidence-based brief psychiatric social work intervention

Psychosocial intervention in this case includes the following brief interventions towards the client and family over 18 sessions.

2.5.1 Admission Counseling & Psychoeducation: Psychoeducation was given to the client and his spouse about the illness and comorbidities for better understanding of the illness and his spouse was imparted admission counseling, was informed about the rules and regulations of the hospital and the mode of visit. The treatment plan & procedure for the client, hospital facilities and client's rights as a person with mental illness were informed.

2.5.2 Family assessment & intervention: Family assessment was done with client's spouse to intervene on psychosocial issues of the family. It was found that client's prolonged use of alcohol had an adverse impact on his spouse and she had developed symptoms of anxiety, depression, codependency, marital dissatisfaction, and low self-esteem. Supportive intervention, stress management techniques and coping skills were taught to her. MAT was administered.[7] The importance of treatment adherence and the role of

the caregiver or family member in the treatment process, abstinence, early warning signs, prevention, and recovery were discussed. Further sessions were kept focusing on the wellbeing of the client's spouse.

2.5.3 Motivational Enhancement Therapy (MET): MET, also referred to as motivational interviewing, is a time-bound, systematic therapeutic approach of motivational psychology that aims to bring about rapid change by utilizing one's own internal resources. [10] The index client was introduced to it. His perception on alcohol use was discussed. A baseline assessment has been done to understand the drinking pattern, abstinence period, relapse triggering factors, locus of control, interpersonal relationship problems, coping pattern, and client's attitude towards drinking. Following, RCQ (Readiness to Change Questionnaire) was administered and it was found that the client was in contemplation stage.[14] Interventions were made according to his needs by following MET principles.[14] The cost and benefit analyses of taking and quitting alcohol were discussed with worksheets. Therapist boosted the self-esteem of the client, discussed the expectations and reality of client's life, harmful impact of substance abuse on family, social, professional and personal life were also discussed. Therapist also appreciated client's strengths and efforts, empowered him to minimize his weaknesses, and gave him feedback.

2.5.4 Relapse Prevention Strategies: The relapse prevention model of Marlatt and Gordon (1985) suggests that high-risk situations, poor coping skills, outcome expectancies, effort of abstinence violation, lifestyle factors, and urges and cravings, can contribute to relapse.[8] The therapist helped the client identify the high-risk situations and taught him the skills to manage them, along with making him learn anger management, coping skills, handling stressors and peer influences, recognizing triggers, and craving management skills. Relapse prevention worksheets were given. Warmth and repeated reassurance were provided.

2.5.5 Social Group Work: A group is a gathering of people who have similar problems and are encouraged to share their experiences. [1,6] It emphasizes on behavioural change communication (BCC) and ensure compassionate support and encouragement towards individuals. The index client had face-to-face interaction with all the members of the group and engaged in group activities. He understood that substance abuse is a mental illness and is treatable. The group helped him to strengthen his coping skills by learning decision-making and problem-solving skills and learning new ways to deal with the problem. He felt connected to others there. His level of awareness about problems had increased.

2.5.6 Marital or Couple Therapy: Marital or Couple Therapy is a form of psychotherapeutic treatment modification that focuses on pattern of interaction and communication between two people in order to achieve a higher level of relationship satisfaction.[13] The index client and his spouse were engaged briefly in Behavioural Couple Therapy (BCT) (evidence based successful treatment method in alcohol use disorder) which tries to build support for sobriety for the person with substance use with the help of his spouse through daily 'contract' and shared rewarding activities with acceptance and change.[5] Therapists emphasized on emotional-focused therapeutic approach which helped them in improving their bonding and to understand and change patterns that lead to disconnection. Further, therapist focused on Gottman's principles for making relationship work and explained the same to rebuild trust and

commitment. [3] A few BCT worksheets and relationship enhancement worksheets were also given to the client and his spouse, along with making the client realize his spouse's need for a child (adopted).

2.5.7 Pre-discharge Counseling: To strengthen the client's post-hospital life and wellbeing, the therapist focused on the following areas in the session: signs and symptoms of the illness, etiology, prevalence rate, prognostic factors of the illness, medication compliance, early warning signs of relapse, and relapse prevention.

2.5.8 Home Visit: The Index client had problematic relationships with his parents and siblings who had no clear understanding of the nature of his chronic illness. To address this, therapists visited the client's home and imparted psychoeducation to the client's family, emphasized their key role in treatment, maintaining abstinence, the importance of cohesiveness and support from family towards him. Therapists requested them to accompany the client in follow-up sessions.

2.5.9 Discharge Counseling: The session was attended by the client and his spouse. Therapists focus on treatment adherence, provide a medicine log-sheet, supervise medication, maintain abstinence, productive activity scheduling, externalization of interest, deal with stigma, encouraged clients to join ***Alcoholics Anonymous***, which helps to maintain sobriety, and come in for regular follow-up on a monthly OPD basis.

2.5.10 Follow-up sessions: After discharge, client along with his spouse and older nephew went for follow-up in the next 11 months. Feedback was taken. It was reported that client was maintaining well, following advices and instruction. AUDIT and MAT were administered, family dynamics were assessed. [7,16] The spouse of the client was doing better. Interpersonal relationships with parents and siblings have been improving.

Table 1: Pre-, Mid-, & Post- intervention Assessment to measure level of Alcohol Dependence

Scale	Maximum Score	Pre- intervention assessment		Mid- intervention assessment		Post- intervention assessment	
		Score	Impression	Score	Impression	Score	Impression
The Alcohol Use Disorder Identification Test (AUDIT)	40	38	Severe level of alcohol dependence	23	Moderate-Severe level of alcohol dependence	07	Lower level risk of alcohol dependence

Table 2: Pre- & Post- Intervention Assessment to determine level of Marital Satisfaction / adjustment of Spouse of the person with ADS

Scale	Maximu	Pre- intervention assessment	Post- intervention assessment

	m Score	Score	Impression	Score	Impression
Marital Adjustment Test (MAT)	158	52	Lower level of marital adjustment	121	High level of marital adjustment

3. DISCUSSION:

This study discovered a significant difference between pre- and post-psychosocial interventions in the life and wellbeing of a person with ADS and his family. After our intervention, the client gained insight regarding his illness. His level of motivation was enhanced. His treatment compliance was better, and he is maintaining abstinence. His marital adjustment had increased. His family had a better understanding of his illness and their role in his treatment and recovery. Further, significant improvement has been found in the quality of life, family dynamics, and coping skills of the client. The similar findings of this study have been supported by the studies of Borah and Ali (2016), Harikrishnan and Ali (2016), and Rajan, Thomas, and Dhanasekarapandian (2016). [2,4,12]

4. CONCLUSION:

It can be concluded that treatment and rehabilitation of persons with ADS and their families has been a key area of the psychiatric social work profession, and medication combined with psychosocial intervention are essential in the management of ADS to bring the person back into mainstream life and society.

CONSENT: As per international standard or university standard written informed consent of the client and family has been collected and preserved by the author(s).

ETHICAL APPROVAL: As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

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