The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 10, Issue 1, January- March, 2022
DIP: 18.01.060.20221001, DOI: 10.25215/1001.060
https://www.ijip.in

Case Study

Efficacy of Motivation Enhancement Therapy and Relapse Prevention in Therapy in Substance Addiction (A Case Study)

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ABSTRACT

A substance use issue exists when a person encounters any trouble in areas such as medical or physical, psychological, family, interpersonal, social, academic, occupational, legal, financial, or spiritual associated with utilizing substances. These issues can range from non-threatening to very severe. Before developing an addiction to substance, individuals may engage in casual use, but these habits have the potential to become a dependency. Substance dependency holds the potential to not only serve as a remarkably harmful lifestyle but is also detrimental to general health, compromising both individual and social development. Motivational Enhancement Therapy (MET) and Relapse Prevention Therapy (RPT) are the most commonly used therapeutic modalities aimed at enhancement of motivation and prevention of relapse. The present case study demonstrates the conceptualization and therapeutic intervention using the techniques of MET and RPT in a patient with multiple substances dependence at precontemplation stage of motivation.

Keywords: *Efficacy of Motivation Enhancement Therapy, Relapse Prevention, Substance Addiction*

The index patient, a 33 years old male from lower socio-economic strata, was maintaining well 15 years back when he used to study in school. It was around this time that he started taking alcohol along with his friends out of curiosity. He would take it occasionally along with the friends. Sometimes he would drink whisky and sometimes he would drink beer. He would take around 250-300 ml in one sitting. Over the next few years his pattern of drinking increased both in terms of frequency and amount, as he would take around 400-500 ml of alcohol 3-4 times in a day. Eventually he was taken to a private clinic in where he received treatment and since then he remained abstinent from alcohol for around 2 years. Eventually he again started taking alcohol, however he would take in limited amounts around one-two glasses occasionally. He also started taking brown sugar and cannabis along with his friends 10 years ago. Initially he would only take it with friends, but eventually he would take with friends and on his own as well. He would take around 2.5 gms brown sugar per day almost every day of the week. He would take around 1-2 joints of ganja and would smoke it 1-2 times in a week. Due to his continuous dependence on substance, he started having frequent problems in multiple areas of his life. He would

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Received: December 22, 2021; Revision Received: February 07, 2022; Accepted: February 28, 2022

suffer huge monetary loss to procure the substance and sometimes he would borrow money from friends to procure the substance. Due to his chronic dependence on the substance, he could not go to work and eventually lost his job. This further put a major strain in his marital relationship and he would have frequent arguments with his wife. The patient reported that whenever he would not take the brown sugar for 1-2 days, he would experience strong craving for it and would become restless. As a result, he would take the substance as soon as he get it. Besides, whenever, he would feel, bored and alone he would again crave for brown sugar very strongly and would take it. The patient had taken treatment for his addiction in November 2020 and was abstinent from all the substances. Besides, he reported that he could not procure the substance during the lockdown, when he was at home for 6-7 months without taking any substance. However, one day he was seen by one of his old friends after the lockdown was over. Both of them took a short tour of the town in a car. On their way, the patient's friend started taking brown sugar. The patient was very tempted after seeing this and had a strong craving. It was here, that his friend also persuaded the patient to try a small amount of it. Consequently, the patient could not resist and again took around 2 gms of brown sugar along with his friend. Following this he would take it almost 3-4 times in a day. Whenever he would not take it for a day, he would again start having symptoms such as restlessness, irritability and watery eyes. Eventually the patient was convinced by his mother to get himself treated and was brought to CIP, Ranchi for treatment. His persistent and pervasive mood remains euthymic. His personal care is intact but role functioning is impaired.

Mental Status Examination

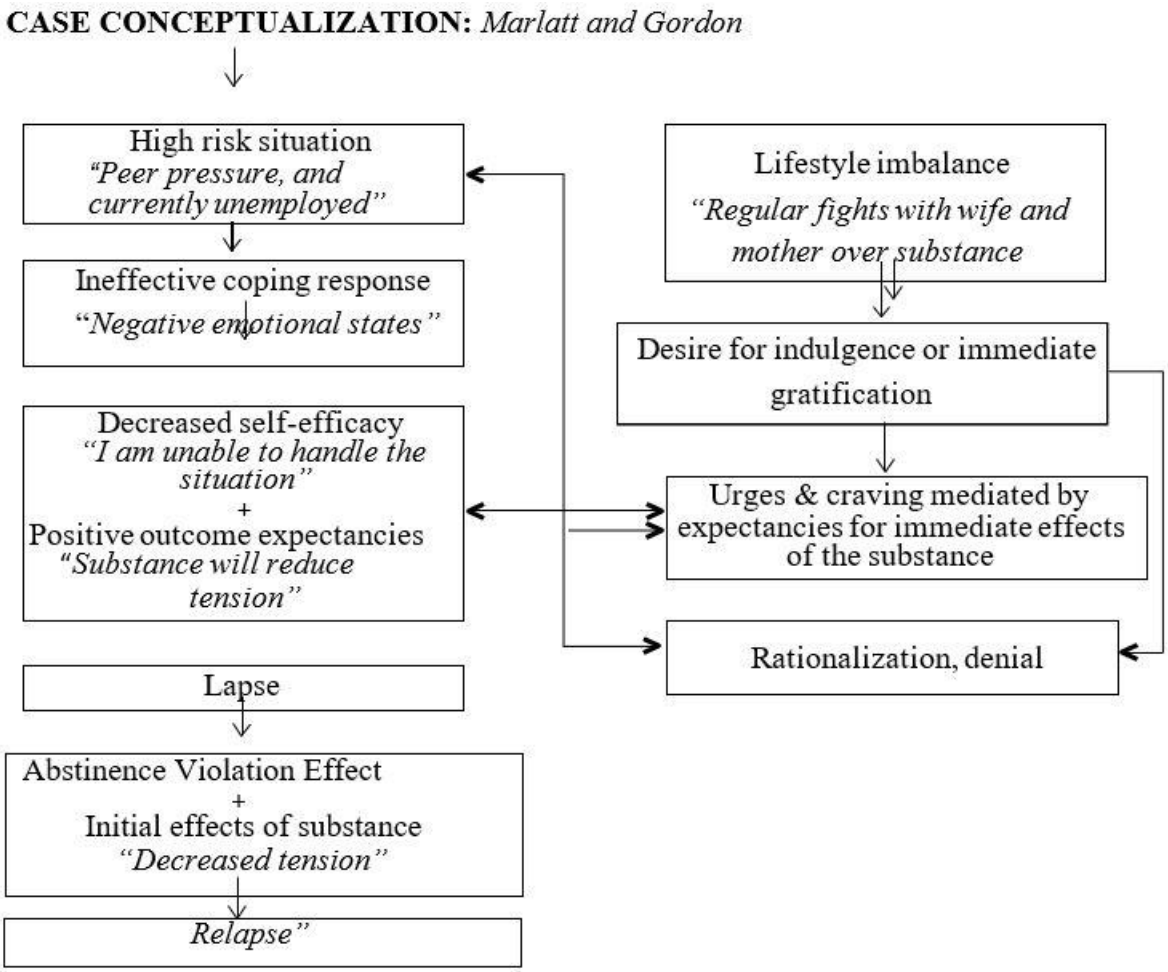
Kempt and tidy, in touch with surroundings, eye contact maintained; rapport established, co-operative attitude; normal motor behavior; soft-coherent-relevant-goal directed speech with normal productivity and normal reaction time. Cognitive functions are intact. Affect was irritable, communicable, and appropriate. Thought – Ideas of guilt, Perception: No abnormality detected. Judgement intact. Grade 2 insight. Precontemplation stage of motivation. External locus of control.

Psychosocial Formulation

Index patient Mr. X, 33 years old Sikh male studied up to class 10th, hailed from LSES of urban Jharkhand and lives in a family set up with his, wife and mother. He has nil contributory past history and has a family history of occasional alcohol use in father. Patient's family members are caring towards him and there initially existed direct and good communication between the patient and his wife and mother, but his family disapproves of his current company and substance use resulting in strained familial relation. Consequently, there is a strained relationship between the patient and his wife and mothers. The mother was the nominal and functional head of the family. Decision making was democratic. Communication pattern was direct in the family. Internal and external boundary of family is semi-open. Patient had an external locus of control and was in the precontemplation stage of motivation.

Diagnosis

- Mental and behavioral disorders due to use of alcohol, dependence syndrome continuous use.
- Mental and behavioral disorders due to use of cannabinoids, harmful use syndrome.
- Mental and behavioral disorders due to use of opioids, dependence syndrome.



Baseline Psychological Tests/ Rating Scale Findings

Scale	Interpretation
Readiness to change questionnaire	Precontemplation= 8 Contemplation= 2 Action= 0

Target Areas for Therapy

1. To provide detailed information regarding the nature, course & outcome of drug use.
2. Build and enhance motivation to change substance taking behavior.
3. Enhance coping skills to prevent relapse.

Mode of Therapy

Motivational Enhancement Therapy & Relapse Prevention Therapy

Rationale For Therapy

The patient had no motivation and had one account of relapse and failure to maintain abstinence in the past. Thus, in the acute phase, it is important to enhance motivation and identify the high-risk situations which cause relapse in the patient. In the long-term management plan, coping strategies are important in order to assist the patient in maintaining abstinence.

Techniques Used

MET techniques

- Personal Feedback
- Decision Matrix
- Change Plan Worksheet

RPT techniques

- Craving Management using 4D technique and HALT
- Relapse Fantasy
- Lapse Coping
- Assertiveness Training
- Role Playing

SESSIONS: 8 sessions DURATION: 60-90 minutes per session

INITIAL PHASE: 2 SESSIONS

In this phase, initially the patient and the therapist introduced each other and patient was asked some questions on neutral topics such as his hobbies, likes and dislikes. Rapport was established with the patient. Following this the patient was explained about the purpose of intervention and queries and doubts of the patient regarding the planned intervention was clarified by therapist. Once the rapport was established adequately, a detail history of the patient's current problems was taken mainly focusing on his substance abuse, pattern of use, past incident of abstinence, reasons for quitting the substance and the reasons behind relapse was assessed in details by the therapist. Once the history taking was completed, the therapist summarized the history back to the patient and the doubts and queries of the therapist was cleared by the patient regarding the history. Following this, the baseline assessment, Readiness to Change Questionnaire was used to assess the level of motivation of the patient. It was found that the patient was currently in the precontemplation stage of motivation. Once the history taking part of the session was completed, the personal feedback was provided to the patient. For this purpose, the significant events from the patient's history and the rating scale RCQ was used. The therapist and the patient discussed about various negative impacts of the substance on the patient's physical, mental health, occupational functioning and interpersonal relationship. The therapist used various microprocess skills, such as amplified reflection, double sided reflection, validation in order to create discrepancy in the patient. The patient could himself reflect about the negative consequences of substance in multiple areas of his life. He could further visualize that his goals in life and substance taking behavior are contradictory to each other and it was in his best interest to completely quit the substance and maintain abstinence.

Following this, the patient was explained about the decision balance and given the task in the session to write down the benefits and costs of taking substance. His decisional balance is shown as under:

S.No	Benefits of taking substance	Cost of taking Substance
1	Feeling relaxed and free after taking substance	Interferes with work efficiency
2	Enhances confidence level	Causes physical problems, loss of stamina
3	Lessens worry and enhances fun	Created problems in interpersonal relationships (friends & family)

4	Acceptance from friends	Created financial problems
5		Problems in remembering
6		Bad image/disrespect in society
7		Loss of control over mind

After completion for decisional balance, firstly the short terms negative consequences of taking the substance were discussed in details. The patient could reflect that the list of benefits was much lesser than the list of costs. Further the patient could also reflect that the benefits such as (lessening of worry and fun) was not completely accurate as taking substance in the long term caused more distress and worry to him and his family. The short and long-term adverse consequences were discussed in details, focusing physical aspects, mental aspects, occupational impairments, financial loss due to substance taking. Once this was completed, the therapist discussed about the future goals and plans of the patient and the patient realized that his future goals such as establishing a business, keeping himself healthy, having good relations with family members (wife and mother) were actually inconsistent with his substance taking behavior. Therefore, he realized that in order to achieve his future goals successfully, he must quit brown sugar and other substances completely. The patient's responses were validated by the therapist using reflection of emotions and ability potential responses.

MIDDLE PHASE: 5 SESSIONS

The main goal of this phase was to adopt healthy and adaptive coping responses that would help the patient manage his urges to take substance. Initially the outcomes and learnings from the decisional balance and personal feedback was summarized to the patient by the therapist. Then the patient was explained about the need to adopt healthy coping strategies and alternatives to his substance taking behavior. The therapist and the patient then collaboratively generated a menu of alternatives. These alternatives to substance taking included the following,

- Assertively refusing the requests made by his friends or others to take substance. By, making statements such as "No thanks'', "I have made the commitment to not take it' in different settings.
- Whenever he has an urge to take the substance at home, eating or drinking something healthy to manage the craving.
- Adopting a safe path to his home where the substance in not easily available.
- Going for regular walks with his non substance taking friends and family members.
- Waking up early to engage in physical activities that he enjoys like going for walks.

Once the menu of alternatives was completed by the patient. The therapist and the patient discussed about it in details and all the doubts and queries of the patient were addressed accordingly by the therapist. Once it was ensured that the patient was motivated to change his substance behavior, the therapist and the patient worked on strengthening the commitment of the patient by discussing the change plan worksheet with him. The patient was explained the change plan worksheet and its importance in maintaining the long-term abstinence from the substance. His change plan is under,

The changes I want to make are:

- Completely quit substance and maintain abstinence
- Adopt healthy behaviors
- Maintain healthy relations with family members

The most important reasons why I want to make these changes are:

- To remain healthy.
- To achieve my goals.
- To support my family financially and emotionally.

The steps I plan to take in changing are:

- Strictly follow the learnings and strategies from the sessions.
- Engage in healthy interactions with family.
- Assertive refusal of requests to take substance by others.

The ways other people can help me are:

- The family members and friends can emotionally support and keep me motivated.
- The therapist can be contacted immediately in a situation of lapse.

I will know that my plan is working if:

- I don't take substance
- I'm able to achieve the stated goals
- My family members are happy with me

Some things that could interfere with my plan are:

- Persistent unemployment
- Close contact with substance taking friends

Further, patient was also explained about the abstinence violation effect in details, wherein he may feel guilty and doubt his ability to maintain abstinence in a situation of lapse. He was therefore suggested that possible incident of a lapse does not questions his ability. He was explained about the various strategies to be employed immediately in a lapse situation. These strategies including stopping and immediately withdrawing from the situation, acting on the action place swiftly, calling the therapist and recalling the techniques from the sessions and implementing it. He was also advised about the idea that a single mistake does not make it a relapse. Rather should be seen as a learning opportunity where he could identify the mistakes that led to the initial lapse and chart out a plan to avoid the repetition of another lapse. Once this was done the High risk situations (HRS) were identified form the past incidents of relapse, patient's self-report and from the significant events of the detailed history. The patient admitted peer pressure, stress, loneliness and boredom as the main high-risk situations that eventually leads to the substance intake. Following the craving management techniques were explained to the patient. This included avoiding the high-risk situations hunger anger, loneliness and tiredness, He was told about the concept of 'urge surfing' with the help of 'craving graph' and asked to think about ways through which he could deal with the urges. Distraction techniques were considered like drinking more water so that he won't feel the desire to have anything else, deep breathing techniques to calm himself and relax during craving, delay his urge or craving and distract himself from substance related thought by engaging himself in activities. As the patient had already decided to avoid the routes where the drugs were sold, he was encouraged to avoid all such cues and at home and spend more quality time with his family members.

Once the patient was adequately informed explained about the craving management, he was given the assertiveness training to stand for his own wants and needs (mainly to reject

refusals of requests to take substance). He was given instructions to practice assertive responses by telling him to use "I" statements as a way to express his feelings and reactions to others.

Following this, he was then explained about the relapse fantasy with the help of imagery, wherein he was asked to vividly imagine a situation, wherein in became lonely and bored and resorted to substance brown sugar. The patient was asked follow-up questions on this situation including his underlying thoughts behind this situation and faulty expectations from substance. The maladaptive thoughts related to taking brown sugar was identified and restructured to alternative adaptive thoughts wherein he would not resort to substance and adopt healthy coping alternatives.

TERMINAL PHASE: 1 SESSION

In the terminal phase the therapist summarized everything that was discussed in the initial and middle phase. The negative consequences of substance intake on different aspects of life were reiterated and the importance of maintaining abstinence was strongly emphasized. He was also made aware about seeking timely medical help on identifying sign of relapse. The doubts and queries of the patient was addressed by the therapist. The patient was informed about the termination of the session

Outcome

- The patient was at the action stage of motivation.
- Awareness and responsibility regarding substance taking behavior increased.

Post therapy assessment was done using the Readiness to Change Questionnaire (RCQ)

Scale	Interpretation
Readiness to Change Questionnaire	Precontemplation = -8 Contemplation = 6 Action = 8

DISCUSSION

Studies have shown that motivation enhancing therapeutic approaches lead to a greater participation from the patients leading to better treatment outcomes. These approaches have been found to be more effective in reductions in consumption, social adjustment and increased abstinence rates (Landry, 1996; Miller et al., 1995a). Whereas, the primary focus of Motivational Enhancement Therapy is to enhance the motivation of the patient, the Relapse Prevention Therapy (RPT) further identifies the high-risk situations and helps the patient develop various coping strategies to deal with it (Marlatt and Gordon, 1985; Parks, Marlatt and Anderson, 2001). In addition to teaching more effective coping responses, RPT further emphasizes on enhancement of the patient's self -efficacy i.e., the capability of the individual to perform a particular task (Bandura, 1977). In summary it can be concluded that combination of Motivational Enhancement and Relapse Prevention Therapy yielded a better overall treatment outcome in the patient with a history of relapse.

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Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Hussain E. (2022). Efficacy of Motivation Enhancement Therapy and Relapse Prevention in Therapy in Substance Addiction (A Case Study). *International Journal of Indian Psychology*, *10*(1), 602-609. DIP:18.01.060.20221001, DOI:10.25215/1001.060