

## Group Therapy in Alcohol Dependence: A Hospital-Based Study

Abhijeet Singh<sup>1\*</sup>, Arif Ali<sup>2</sup>

### ABSTRACT

**Background:** An individual in a social animal. He/she is always influenced by family, friends, community, religion, culture, and social groups. Group therapy is found to be an effective mode of non-pharmacological treatment in people with alcohol dependence. **Objectives of the study:** The study aimed to develop insight regarding the emotional and behavioral problems associated with alcohol use, benefits of a drug-free life, barriers to recovery, and benefits of relaxation using the psychoeducational group model of substance use. **Methodology:** A homogeneous and closed group of 8 persons with alcohol dependence (according to ICD-10) was taken for the study. The study was conducted at the in-patient department of LGBRIMH, Tezpur. Tools used for pre and post-assessment were Clinical and Social Skill Performa, Socio-Adaptive Functioning Evaluation Scale (SAFE), Work Behavior Inventory. **Results:** Significant positive changes were observed in pre and post-assessment scores. **Conclusion:** The psychoeducational group model is effective in alcohol dependence groups.

**Keywords:** Alcohol groups, psychoeducational model.

Group therapy can be considered as a mainstay approach in the non-pharmacological treatment of alcohol use disorder (Szabó, Tóth & Karamánné Pakai, 2014). Group therapy provides a platform for members to share their lived experiences with other members. It helps in providing peer support, stabilization in thought process, learning from others' experiences, and enabling them to witness the recovery of others (Brown and Yalom, 1977). Group therapy is found to be effective in discarding thoughts of feeling isolated, shame, depression and strengthening interpersonal relationships through peer-to-peer group interaction (Kaskutas et al., 2009).

### The objectives of the study

- To develop insight regarding the emotional and behavioral problems associated with alcohol use.
- To understand the participants about the benefits of a drug-free life, barriers to recovery, and benefits of relaxation using the psychoeducational group model of substance use.

<sup>1</sup>Ph.D. Scholar, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, Assam, India

<sup>2</sup>Associate Professor, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, Assam, India

\*Corresponding Author

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## METHODOLOGY

A homogeneous and closed group of 8 members were formed who were diagnosed with mental and behavioral disorders due to the use of alcohol currently abstinent but in the protected environment, according to ICD-10. Their age group was between 30 to 42 years, married, unemployed, taking in-patient treatment from LGBRIMH, Tezpur. The assessment was done using Clinical and Social History Performa, Work Behavior Inventory, and Socio-adaptive Functioning Evaluation Scale.

### *Inclusion Criteria*

- A minimum level of interpersonal skill.
- Motivated to participate in group therapy and ready to follow the instructions.
- Mental and behavioral disorder due to use of alcohol, currently abstinent but in the protected environment, according to ICD-10.
- Symptom-free (no active psychopathology).
- Disturbed socio-occupational functioning due to substance abuse.

### *Exclusion Criteria*

- History of any significant physical or neurological illness.
- Patients below 20 years and above 45 years.
- Uncooperative patients.

### *Description of the Assessment Tools*

- **Clinical and Social Skill Performa:** It was self-developed by the researcher. Information was gathered through case record files and interaction with the caregivers.
- **Social Adaptive Functioning Evaluation Scale (SAFE) (Harvey et al., 1997):** SAFE is a 17-item assessment tool used to quantify the social functioning of an individual. The basic area of assessment included in the SAFE Scale are bathing and grooming, clothing and dressing, eating feeding and diet, money management, neatness and maintenance activities, orientation/ mobility, impulse control, respect for property, communication skills, conversational skills, instrumental social skills, social engagement friendship, recreation and leisure, participation in a hospital program, cooperation with treatment.
- **Work Behaviour Inventory (Bryson, Bell, and Zito, 1997):** It was used to assess the work behavior of the members. It consists of 5 areas which include social skills, cooperation, work habits, quality of work, personal presentation, each comprising 7 items, plus a global item reflecting the overall assessment.

## RESULTS

*Table 1 Pre and Post scores of Socio- Adaptive Functioning Evaluation Scale.*

Social Adaptive Functioning Evaluation	Pre Scores	Findings	Post score	Findings
Bathing and grooming	1	Mild impairment	1	Mild impairment
Clothing and dressing	1	Mild impairment	1	Mild impairment
Eating feeding and diet	1	Mild impairment	0	No impairment
Neatness and maintenance activities	2	Moderate impairment	1	Mild impairment
Orientation /mobility	1	Mild impairment	1	Mild impairment
Impulse control	1	Mild impairment	0	No impairment

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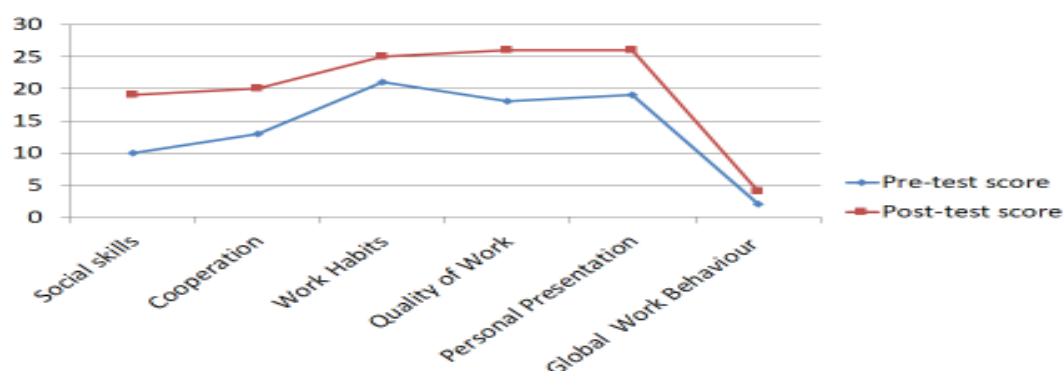
Respect for property	2	Moderate impairment	1	Mild impairment
Communication skills	3	Severe impairment	2	Moderate impairment
Conversational skills	4	Extreme impairment	2	Moderate impairment
Instrumental social skills	4	Extreme impairment	2	Moderate impairment
Social appropriateness/politeness	2	Moderate impairment	1	Mild impairment
Social engagement	3	Severe impairment	2	Moderate impairment
Friendship	3	Severe impairment	1	Mild impairment
Recreation / leisure	4	Extreme impairment	1	Mild impairment
Participation in a hospital program	3	Severe impairment	1	Mild impairment
Cooperation with treatment	2	Moderate impairment	0	No impairment

As shown in table 1, pre and post scores of social Adaptive functioning of the client based on the Social Adaptive Functioning Evaluation (SAFE) scale it was found that there were no changes in the pre and post scores in the domain of bathing and grooming, clothing and dressing, orientation/mobility. The pre scores in the domain of eating feeding and diet have a mild impairment but the post score shows no impairment. In the domain of impulse control, there was mild impairment in pre score and post scores show there was no impairment. In the domain of Neatness and maintenance activities pre score shows moderate impairment and the post score shows mild impairment. In the domain of Respect for property, there was a moderate level of impairment in the pre score, and the post score showed mild impairment. The pre score showed severe level impairment in the domain of communication skills but the post score is moderate level impairment. The patient has an extreme level of impairment in the pre score of conversational skills, instrumental social skills, and the post score shows a moderate level of impairment. In the domain of social adaptiveness/politeness, the pre score was moderate impairment and the post score showed mild impairment. In the domain of social engagement, it shows severe impairment in the pre score, and the post score shows moderate impairment. In the friendship domain, the pre score shows severe impairment, and the post score shows mild impairment. In the recreational and / leisure domain pre score shows extreme impairment and the post score showed mild impairment. In the domain of participation in a hospital program, the pre score shows severe impairment, and the post score shows mild impairment. In the domain of cooperation with treatment, the pre score shows moderate impairment post score shows no impairment.

### **Figure 1 Findings of Work Behaviour Inventory**

As shown in figure 1, the pre and post-score of Work Behaviour of the client based on the Work Behavior Inventory it was found that there was an improvement in the client's behavior. In the domain of social skill, the pre score was 10, and the post score is 19. In the

### **Pre and Post Score of Work Behaviours Inventory**



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domain of work habit, the pre score was 21, and the post score is 25. The pre score of quality of work was 18 and the post score was 26. In the domain of personal presentation, the pre score was 19, and the post score was 26. In the domain of global assessment of behavior, it was 2 in pre score and 4 in post score. Thus, the score indicates that there was an improvement in the work behavior of the client.

### ***Psychiatric Social Work Intervention***

Group therapy was conducted using the psychoeducational group model, to develop insight regarding the emotional and behavioral problems associated with alcohol use, benefits of a drug-free life, barriers to recovery, and benefits of relaxation and meditation using the psychoeducational group model of substance use.

### ***Details about the sessions***

#### **Session 1**

**Duration: 40 minutes**

*Target: To establish rapport and therapeutic alliance*

In this session, the therapist interacted with the group members. He introduced himself and participants were also asked to introduce themselves. The therapist encouraged them to discuss their daily activities and their work. They were asked about their likes and dislikes so to decide about the reinforcement. The first session ended with a subjective assessment of comprehension and motivation level as well as the interaction pattern. The therapeutic alliance was developed between therapist and group member.

#### **Session 2-3**

**Duration: 45 minutes each**

*Target: Introduction and psycho-education for the group members*

The first session started with the introduction from the therapist to the group members. After this, each member was asked for their introduction to one another. After the introductory part, the therapist was encouraged the members to actively participate. All members were present and seated in a semi-circle so that every group member interacts face to face.

Two sessions were spent for giving complete psycho-education after assessment and general information.

- They were explained about the pros and cons of substance abuse.
- They were also helped in understanding the reasons for relapse.
- They were explained about the various causes such as biological and psycho-social and social factors.
- They were also explained about the need for pharmacotherapy.

#### **Session 4**

**Duration: around 35 minutes**

*Target: Activity Scheduling of Group Members*

The session was started with a brief overview of the last session by the therapist. The therapist and group members together decided to make engage in some productive work by scheduling their day-to-day activities up to discharge. The members were discussed among themselves their daily activities. After that, the therapist, with the help of sisters and ward attendants, scheduled activities to be engaged with some productive works up to their discharge. To get more fruitful results all the members were asked to monitor each other and to develop a sense of competition of doing maximum activities in the ward. The person with the best performance was reinforced with thanks or handclaps by the therapist. They were motivated to participate in ward activities and other pleasurable activities like reading books, watching TV, and gardening.

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### Session 5-6

**Duration: around 40 minutes each**

*Target: Developing insight about their illness*

The session was started with a brief overview of the last session by the therapist. Since they all were having poor insight into their illness, they blamed their family members and other people for their substance-taking behavior. This session was spent making them realize that substance taking is part of their behavior. The therapist explained to the group members about the triggering factors that lead someone to substance abuse, its self-management. The members were educated about the risk associated with this substance-taking behavior such as accidents, sexual assault, leaving from home, verbal and physical fights, marital discord, loud noises, etc.

### Session 7-9

**Duration: 45 minutes each**

*Target: Relapse Prevention based on Marlatt Model (Bowen et al., 2021)*

The session was started with a brief overview of the last session by the therapist. In this session, patients were helped in identifying the precipitants of relapse and prevention proceeded under the following heads.

- **MOOD STATES:** positive mood (excessive happiness) and negative mood (sadness, frustration).
- **BEHAVIORAL:** Impulsivity, poor coping skills.
- **COGNITIVE:** Overconfidence (self-perception of ability to cope with high-risk situations).
- **ENVIRONMENTAL:** Peer pressure, loneliness/no engagement, lack of social support/constant criticism by family.
- **PHYSIOLOGY:** Craving

Preventive Steps-

- **Group members were told about handling craving:** 4 D's were discussed i.e Delay, Distract, Drink water, Deep breathing with the members.
- **To avoid the triggering situation:** HALT was explained i.e, Hunger, Anger, Loneliness, Tiredness.
- **Sleep-hygiene:** In the next session members were told about the importance of proper sleep. They were told that they do not need either excessive sleep or deprivation of sleep. They were also told about how they can maintain sleep hygiene to delay the relapse.
- **Importance of getting involved in some activities:** Members were helped in identifying their strengths and the importance of getting involved in some activities in their home to help themselves and their caregivers.

All the members were actively participated in this session accept and the therapist discussed with the members of key points of discussion and the session was concluded with the appointment of the next session for therapy.

Members could be instilled the hope that they can prevent future relapses if the things taught in the therapy are exercised properly.

### Session 10

**Duration: 45 minutes**

*Target: To motivate the group for learning occupational skills*

The session was started with a brief overview of the last session by the therapist. They were told about various options available in the rehabilitation center which they can learn without

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any expense and can utilize for earning money. They were motivated to attend the department regularly for the purpose. The therapist described the benefits of the O.T Unit. The therapist also explained to them about different types of occupational skills that they can learn like tailoring, stitching, carpeting, etc, depending on the interest of the participants.

### Session 11

Duration: 30 minutes

#### Target: Termination

The last session was started with a brief overview of all sessions by the therapist. All the members were evaluated how much the intervention had helped them to gain insight, knowledge, awareness about the illness, motivation to continue the treatment, and lastly how they will prevent the relapse. All the members of therapy (patients and therapist) were satisfied with the achievement of group therapy and they were ready for the termination after giving some basic information related to their problem and the therapy was terminated. Group intervention helped in developing support for each other and they could understand that they were not the only ones suffering from substance abuse.

## CONCLUSION

The group therapy was designed, comprising with eleven sessions for the group members for achieving the following targets; establishment of rapport, the establishment of the therapeutic alliance between group members and therapist, psycho-education, development of insight, motivation to learn how effective social interaction is important, social skill training, by role-plays, to motivate the patient to actively participate in the occupational therapy classes and evaluation and Termination of the session. The duration of each session was around 40-45 minutes. It was conducted in the in-patient department of LGBRIMH, Tezpur. The therapy had shown a significant effect among group members based on the pre and post findings. Group intervention helped in developing support for each other and they could understand that they were not the only ones suffering from substance abuse. They were able to gain insight into the behavior. They helped each other in lowering the distress associated with their illness. They attended the occupational department for learning specific skills as per their need and background. The session helped in making a good rapport with the patients. The Patients started greeting and expressing happiness when got reinforcement. Increased physical proximity was also noted. They were participating in the session enthusiastically when they became familiar with the nature of the tasks. The therapy also helped in ventilating their feelings.

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### **Conflict of Interest**

The author(s) declared no conflict of interest.

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