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Research Paper

Application of Quality of life, Problem Solving Skills and Treatment Motivation through Motivational Enhancement Therapy among Individuals with Alcohol Dependence

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ABSTRACT

Background: The word "Alcohol" is an Arabic origin word adopted from the word "Alcohol" which means in Arabic "a fine impalpable powder with which Eastern ladies paint their eyebrow, and used lately to refer to anything of highest perfection" (Skinner, 1970). **Aim:** The present study aims to assess and compare the coping skill and problem solving in the alcohol dependence patients pre and post intervention on the application of motivational enhancement therapy. **Methods:** This was a quasi-experimental study with pretest-posttest design with control group. The sample consists of a total of 10 patients were diagnosed with alcohol dependence using a purposive sampling selected from the outpatient department of the CIIMHANS, Dewada, Rajnandgoan, India. Further these patients divided into two groups as experimental group (5) and control group (5). Tools used Brief coping and Problem-Solving questionnaire. **Results:** Result of the current study revealed that the experiment group of alcohol dependence patients improved in different domains of problem solving and coping after the application of motivational enhancement therapy treatment and exhibited enhanced problem solving and coping skills as compared to control group. **Conclusion:** Motivational Enhancement Therapy allows patients to have an optimistic attitude on life, accepts difficult events, deal with the present, and adopt suitable behaviors to cope with negative thoughts and feelings by enhancing psychological flexibility.

Keywords: *Motivational Enhancement Therapy, Alcohol Dependence Patients, Quality of Life Coping Skill, Problem Solving*

The word "Alcohol" is an Arabic origin word adopted from the word "AlKohol". People used to be drunk as a part of a game just to enjoy time regardless to their linkage acknowledgement between excessive drinking and aggression. Since time antiquity, alcoholic beverages have been of use in human civilization. Indian people have also not been devoid of the use of alcoholic beverages since time immemorial. Since the primitive era, people have been using alcohol for various reasons, such 'as a medium of enjoyment and recreation', 'a symbol associated with ethnic, racial sub-cultural practices',

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'spiritual reasons', 'mode of gratification and toxic emotions (-anxiety, worry and tension) buster', 'social gathering', and possible thousands of other individualized or non-individualized reasons. Historically, ardent supporters or consumers of alcoholic beverages have cited many benefits of alcohol for making it as a part of their lives. People vigorously talked about its nutritional, medicinal, and antiseptic properties and how it can fetch boons for them. It plays an important role in enhancing the enjoyment and quality of life. Alcohol could facilitate relaxation, could provide pharmacological pleasure, and could increase the pleasure of eating. Thus, while alcohol has always been misused by a large section of people and many people have ultimately fallen apart because of regular intake of this substance.

Problem-solving skills are the capacity to recognize problems, generate and evaluate solutions, and implement the best solutions (Jonassen, 1997). It is the associations with depressive disorders and symptoms. Depressed individuals often exhibit a negative orientation toward problems in living and deficits in specific problem-solving skills on self-report inventories and performance-based measures (Dixon et al., 1993; Reinecke et al 2001).

Coping is defined as the mobilization of thoughts and behaviors to control stressful situations both internally and externally (Folkman & Moskowitz, 2004) defined the term coping as 'the action-oriented and intrapsychic efforts to manage environments and internal demands and conflicts among them, which tax or exceed a person's resources.' Lazarus and Folkman in l984 again revised the definition and said "constantly changing cognitive and behavioural effort to manage specific external and/or internal demands that are appraisal as taxing or exceeding the resources of the person." Various authors classified the coping strategies in various ways. The majority of studies on problem solving and coping strategy were carried out abroad. However, there are relatively few studies conducted in India and even fewer that compare these disorders while they are in clinical remission. Therefore, this study was conducted to close this knowledge gap in order to better understand the problem solving and coping strategy in patients with alcohol dependence.

The majority of studies on MET were carried out abroad. However, there are relatively few studies conducted in India and even fewer. Therefore, this study was conducted to close this knowledge gap in order to better understand coping skill, and problem solving in the patients of alcohol dependence with help of motivational enhancement therapy.

Objective of Study

- To study the application of motivational enhancement therapy in improving quality of life between experimental and control group of patients with alcohol dependence syndrome.
- To study the application of motivational enhancement therapy in improving Problem solving skills between experimental and control group of patients with alcohol dependence syndrome.
- To study the application of motivational enhancement therapy in improving treatment motivation between experimental and control group of patients with alcohol dependence syndrome.

Hypothesis of Study

- There will be no significant deference at pre and post intervention between experimental and control group of patients with alcohol dependence syndrome after application of motivational enhancement therapy in improving the quality of life.
- There will be no significant deference at pre and post intervention between experimental and control group of patients with alcohol dependence syndrome after application of motivational enhancement therapy in improving the problem-solving skills.
- There will be no significant deference at pre and post intervention between experimental and control group of patients with alcohol dependence syndrome after application of motivational enhancement therapy in improving the motivation of treatment.

METHODS AND MATERIALS

The study was cross-sectional hospital-based study. A total of 10 individuals diagnosed with alcohol dependence syndrome patients selected for the study were conducted at the outpatient department of Central India Institute of Mental Health and Neuro Sciences (CIIMHANS), Dewada, Rajnandgoan, Chhattisgarh, India. Purposive sampling technique was used. Participants divided into experimental and control group equally. Five alcohol dependence syndrome cases assigned as experimental group who given motivational enhancement therapy with treatment as usual and five alcohol dependence syndrome patients assigned as control group who given treatment as usual.

Inclusion and Exclusion Criteria

Inclusion criteria: Patients diagnosed with typical alcohol dependence of all varieties described below F 10, the individual usually suffers from dependency of alcohol per ICD-10, age range minimum 18-45 years, gender (both male and female)**,** duration of illness at least one year. Educated at least primary level and are able to comprehend the instruction, Patient who will give consent for study, Patient who are cooperative and patient who are in remission.

Exclusion criteria: Uncooperative or unwilling to give consent, history of severe medical problem, patient age below 18 years or above 45 years and co morbid substance dependence (except nicotine & caffeine).

Brief Information about the Tools

Treatment Motivation Questionnaire (TMQ; Ryan, Plant, & O'Malley, 1995): The 26-item Treatment Motivation Questionnaire (TMQ; Ryan, Plant, & O'Malley, 1995) was developed for a study that examined the relations among patient characteristics, severity, alcohol expectancies, motivation and treatment retention in outpatients entering an alcoholism clinic. The TMQ assesses both internalized and external motivations for treatment, as well as confidence in the treatment and orientation towards interpersonal help seeking. Its construction was based on Deci and Ryan's (1985) work on the role of self-determination and internalization in motivation for psychotherapy. For the purposes of the study, items for three types of motivation presumed to vary in terms of perceived locus of causality (PLOC) were conceptualized and developed along with a number of additional items were included to examine confidence in treatment and interpersonal help seeking. Factor analysis resulted in a 4-factor solution: Internal motivation (11 items), Interpersonal help-seeking (6 items), Confidence-in-treatment (3 items), and External motivation (4

items). Two additional items were added to the Confidence-in-treatment factor. The factors were internally consistent with alphas ranging from .70 to .90. (APA PsycTests Database Record (c) 2019 APA, all rights reserved)

The World Health Organisation Quality of Life -BREF (WHOQOL –BREF, 1996): Hindi version of the WHOQOL-BREF has been derived from the original World Health Organization Quality of life scale. The Hindi version WHOQOL-BREF scale is adopted by Saxena et al. (1998). WHOQOL-BREF is a short version of WHOQOL-100 questionnaires. WHOQOL-BREF has been tested in 15 centers including New Delhi and Chennai from India. WHOQOL-BREF contains 26 questions in 4 major domains (i.e. physical health, psychological health, social relationships and environment) to measure the quality of life. This scale emphasizes subjective experiences of the respondents rather than their objective life conditions. The alpha score of all domain ranges from 0.59 to 0.87, coronach alpha of the all domains are 0.87, the factor loading of the item ranges 0.52 to 0.84 WHOQOL-BREF is highly valid version across cultures.

Problem Solving Inventory (PSI): Problem Solving Inventory developed by Heppner and Petersen (1982) to measure people's perceptions of their personal problem-solving behaviours and attitudes will be used in the present study. The PSI is composed of thirty-two 6- point Likert-type items, ranging from 1= Strongly Agree, 2= Agree, 3= Partially Agree, 4= Partially Disagree, 5= Disagree, 6= Strongly Disagree. Lower scores indicate assessment of oneself as a relatively effective problem solver, whereas higher scores indicate assessment of oneself as a relatively ineffective problem solver.

Statistical Analysis

The statistical analysis was done using IBM Statistical Packages for the Social Science (SPSS) software package for windows, Version 25.0. Armonk, New York, United States: IBM Corp. Descriptive statistics such as frequency, percentage, mean, and standard deviation were employed for socio-demographic data (SD). At the start of the investigation, the significance levels of $p < 0.05$, $p < 0.01$ and $p < 0.001$were determined.

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RESULTS

Table 1 illustrates the baseline assessment and post intervention assessment score and comparison between experimental and control group among ADS patients of pre and post assessment TMQ in the experimental group and Control was found to 167.200+_7.155, whereas control group it was 112.200+_37.245, however, there was significant difference between experimental group and control group patients with ADS at .05 level.

In the comparison of pre and post assessment of TMQ in the experimental group and control group. The mean and SD of experimental group scores was found to be 81.200+-10.473 and 66.600+-15.059, whereas for control group scores was found to be 66.600+-15.059

and112.200+-37.245. However, there was significant difference between experimental group and control group at .05 levels.

Table 1 Showing the effect of Motivational Enhancement Therapy on treatment motivation questionnaire (TMQ) of experimental group and control group after Intervention.

Variables	**Experimental Group**		**Control Group**		**Mann Whitney Test**		**Sig/P**
	(Mean +-SD)		**(Mean +-SD)**		**U**	**Z**	
	Pre Test	**Post Test**	**Pre Test**	**Post Test**			
Treatment Motivation Questionnaire (TMQ)	81.200+-10.473	167.200+-7.155	66.600+-15.059	112.200+-37.245	2.000	-2.193	.028

**Significant at .05 level*

Table No.2 Showing the effect Motivational Enhancement therapy on quality of life scales of experimental group and control group after intervention

Subject	**Pre-Test**					**Post Test**					**Mann Whitney Test**		**Sig/P**
	MEAN+-SD					**MEAN+-SD**							
Quality of Life Scale	Pre-Test Total Score	Pre-Test Physical Health	Pre-Test Psychological Health	Pre-Test Social Relationships	Pre-Test Environment	Post Test Total Score	Post Test Physical Health	Post Test Psychological Health	Post Test Social Relationship	Post Test Environment	U	Z	
Experimental Group	48.400+-7.924	11.800+-3.271	15.000+-4.062	13.400+-6.024	15.600+-6.066	97.400+-9.476	24.200+-2.387	25.200+-1.923	24.600+-3.130	23.400+-4.037	.000	-2.611	.009
Control Group	51.000+-12.510	12.400+-5.412	16.400+-6.024	16.000+-5.612	14.800+-5.357	58.800+-11.606	16.400+-5.727	17.200+-5.495	18.000+-5.049	17.200+-5.069			

****Significant at .01 level**

Table 2 Shows the status of clinical variables of the experimental and control group after pre and post assessment. In the present table base line scores of experimental group domains of Pre test scores of Physical Health (11.800+-3.271), Pre test Psychological Health (15.000+-4.062), Pre test of Social Relationships (13.400+-6.024), Pre Test score of Environment (15.600+-6.066), Pre test of Quality Of Life scale total score (48.400+-7.924) and Post test scores of Physical Health (24.200+-2.387), Post test Psychological Health (25.200+-1.923), post test of Social Relationships (24.600+-3.130), Post test of the environment (23.400+-4.037) post test of quality of life Scale total score (97.400+-9.476). whereas scores of control group domains of Pre test scores of Physical Health (12.400+-5.412), Pre test Psychological Health (16.400+-6.024), Pre test of Social Relationships (16.000+-5.612), Pre Test score of Environment (14.800+-5.357) Pre test of Quality Of Life scale total score (51.000+-12.510) and Post test scores of Physical Health (16.400+-5.727), Post test Psychological Health (17.200+-5.495), post test of Social Relationships (18.000+-5.049), Post test of the environment (17.200+-5.069) post test of quality of life Scale total score (58.800+-11.606). However there was high significant difference between experimental and control group (U=.000 & Z=-2.611, P value=.009).

Table No 3 showing the effect of Motivational Enhancement Therapy on Problem Solving Inventory of experimental group and control group after Intervention.

Subject	**Pre-Test**				**Post-Test**				**Mann Whitney Test**		**Sig/P**
	MEAN+-SD				**MEAN+-SD**						
Problem Solving Inventory	Pre-Test Total Score	Pre-Test Problem Solving Copying	Pre-Test Approach Avoidance Style	Pre-Test Personal Control	Post Test Total Score	Post Test Problem Solving Copying	Post Test Avoidance Approach style	Post Test Personal Control	U	Z	
Experimental Group	171.000+-18.574	65.200+-6.340	33.000+-3.807	28.000+-3.464	76.400+-16.211	33.800+-11.322	15.200+-5.118	12.000+-5.338	1.000	-2.402	
Control Group	175.600+-12.381	71.800+-4.816	37.000+-2.345	29.400+-2.073	151.400+-32.860	57.600+-11.238	30.400+-8.234	22.600+-5.639			.016

**Significant at .05 level*

Table 3. The mean of pre and post assessment on the Problem Solving Inventory between experimental and control group after intervention. In the present table base line scores of experimental group domains of Pre test scores of Problem Solving Copying (65.200+-6.340), Pre test Approach Avoidance Style (33.000+-3.464), Pre test Personal Control (28.000+-3.464) Pre test of Problem Solving Inventory total score (171.000+-18.574) while Post test scores of Problem Solving Copying (33.800+-11.322), Post test Approach Avoidance Style (15.200+-5.118), Pre test Personal Control (12.000+-5.338) Post test of Problem Solving Inventory total score (76.400+-16.211). whereas scores of control group domains of Pre test scores of Problem Solving Copying (71.800+-4.816), Pre test Approach Avoidance Style (37.000+-2.345), Pre test Personal Control (29.400+-2.073), Pre test of Problem Solving Inventory total score (175.600+-12.381) and Post test scores of Problem Solving Copying (57.600+-11.238), Post test Approach Avoidance Style (30.400+-8.234), Pre test Personal Control (22.600+-5.338), and Post test scores of Problem Solving Copying (151.400+-32.860). However there was high significant difference between experimental and control group (U=1.000 & Z=-2.402, P value=.016).

DISCUSSION

The present study attempted to evaluate the effectiveness of MET on coping strategies in patients with alcohol dependence syndrome. The experiment group of depression patients improved in different domains of brief coping scale such as problem focus coping, emotional focus coping and avoid coping after the application of motivational enhancement therapy treatment and exhibited enhanced coping skill as compared to control group of alcohol dependence syndrome patients. These results are consistent with earlier studies that found MET strategy is reflected by psychological coping skills, which is the increase coping capacity to maintain or modify behavior when it is used to further worthwhile goals in a particular situation (Hayes et al., 2011; Dindo et al., 2017; Lu and Fan, 2017). The goal of MET intervention is to help the alcohol dependence syndrome patients in developing flexible coping mechanisms that don't intensify problems or prevent them from engaging in fulfilling activities (Østergaard et al., 2019; Bai et al., 2020). Patients with comorbid alcohol dependence syndrome and migraines can improve better emotionally and physically functioning through MET intervention (Dindo et al., 2012; Twohig et al., 2017; Dindo et., 2014).

The present study also attempted to evaluate the effectiveness of MET on problem solving skills in ADS patients. The experiment group of ADS patients improved in different domains of problem solving such as problem solving confidence, approach Avoidance style and personal Control after the application of motivational enhancement therapy treatment

and exhibited enhanced problem solving skill as compared to control group These results are consistent with earlier studies, Dindo et al., (2017) revealed the MET model also helps the growth of increased awareness of one's actions and if those actions are working in terms of effectively solving the problem and advancing one towards desired goals (Gloster et al., 2020; Isarizadeh et al., 2022). Twohig et al. (2017) found the person with a depressive disorder tries to manage or avoid their unpleasant emotions through the MET intervention. Similar results were reported by A-tjak et al., (2020) MET encourages patients to have a positive outlook toward their lives, to accept negative experiences, to deal with the present, and to adopt appropriate behaviors to cope with negative thoughts and feelings.

Limitation

Limitation of this study it is time bond study sample size was small which limits the generalization of findings. Thus, a large sample can be used in the future study to obtain the result which can be generalized to schizophrenia population. The index study was conducted only outdoor institutionalized depressive patients. The in patients can also be included in the future study. Durability of Motivational Enhancement Therapy could not study as no follow up was done. Limited socio demographic and clinical variable were included in the study.

CONCLUSION

The MET-based treatment protocols used in this study and empirical evidence show the MET is very usefulness intervention of the depression disorder. The present study attempted to evaluate the effectiveness of MET on problem solving and coping skills in depression patients. The experiment group of alcohol dependence syndrome patients improved in different domains of problem solving and coping after the application of motivational enhancement therapy treatment and exhibited enhanced problem solving and coping skills as compared to control group. MET allows patients to have an optimistic attitude on life, accept difficult events, deal with the present, and adopt suitable behaviors to cope with negative thoughts and feelings by enhancing psychological flexibility.

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Conflict of Interest

The author(s) declared no conflict of interest.

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