

A CASE STUDY ON PSYCHOSOCIAL MANAGEMENT OF ADDICTION

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ABSTRACT

Patient Mr. P is 38 years old married, Christian, studied up to class 10th, hailing from urban middle socio-economic status, came with the chief complaints of Excessive alcohol intake, Increased anger, Physically and Verbally abusive, Irrelevant talk, Decreased work functions, Crying and Smiling to self from the time duration of 18 years, where from last 6 months the symptoms have been increasing, with an insidious onset, continuous course and deteriorating progress in nature, with a significant personal history of marital conflicts, adjustment problems after that pre morbidly well adjusted with significant mental status examination finding revealing not maintained eye to eye contact properly, decreased tone of speech, depressive affect, Ideas of helplessness, poor judgment with grade 2 insight, can be provisionally diagnosed as, *Mental and behavioral disorders due to use of alcohol, withdrawal state (F10.3)* according to ICD 10, was referred for psychological intervention. Total of 09 sessions were taken spanned over the duration of 1 month. Motivational emotive, Behavioral and supportive psychotherapeutic principles were applied to the patient as well as his wife with individual therapeutic approach. Initially Patient was not very receptive during the sessions but later he got an understanding of the illness and how it has developed and how it has been maintaining till now. He also started working at home properly as mentioned by his wife in follow ups. Along with that Patient started having confidence on him, started positively involving with his family, interacting with others without hesitation. As it was a very difficult case to me to handle with, but also a positive experience for me as a therapist as well as giving intervention to improve the conditions of the patient. There was a little self-discouragement from going ahead with the case when I got to know about the domestic

violence and especially marital rape with the wife. But I successfully overcome from it and again started seeing the patient with non-judgmental attitude. In spite of having all the difficulties the therapy process was satisfying for me also as it was progressed. I was successfully came out of it and terminated the sessions with intervention.

Key Words: Psychosocial management, alcohol addiction, psychotherapy

INTRODUCTION

Alcohol dependence has become a major common problem in today's world. As the generations are changing, dependency on alcohol is also been increasing due to the availability. Alcohol addiction, also known as' alcohol use disorder (AUD), is a chronic relapsing brain disease characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences (National Institute on Alcohol Abuse and Alcoholism [NIAAA], 2021). It involves different types of drinking behaviours which put impacts in person's physical, emotional, social and financial life. Interestingly it develops from occasional excessive use to alcohol withdrawal through severely dependence. From first phase to reach last phase, an addicted person crosses several phases in his substance abuse life.

Gradually , alcohol addiction has become a global public health concern. According to the World Health Organization (WHO), alcohol is responsible for approximately 3 million deaths annually, accounting for 5.3% of all deaths worldwide (WHO, 2018). This disorder not only affects the individuals but also increases significant psychosocial and socio economical burdens on families as well as societies, it also influence increasing accidents and health costs.

The development of alcohol addiction is influenced by a complex interplay of genetic, psychological, environmental, and social factors (Koob & Volkow, 2016). As per neuropsychology, alcohol abuse directly affects in brain circuits for which alcohol abusers cannot stop themselves from taking alcohol, even if they want so.

Most of the time, eclectic approach of psychotherapy helps in alcohol abuse and other substance use disorders. Motivational emotive therapy , some principles of cognitive behavioural therapy , behavioural therapy and supportive psychotherapy works for them.

The present case illustrates a severe condition of with alcohol withdrawal characterized by excessive alcohol intake, increased anger, physically and verbally abusive, irrelevant talk, decreased work functions, smiling and talking to self. The present case highlights the intervention of alcohol withdrawal with co morbid problems by psychotherapist .

CASE DESCRIPTIONS

According to the informants, patient was apparently well till 18 years back. As reported, the patient has been taking alcohol from last 18 years. Patient took alcohol for the first time in the service training academy Salonibari, Tezpur with his peer group out of curiosity. As reported by the patient, he continued using it 1 peg of whisky once in 2-3 months during his training period. He only used to take alcohol with his peer group. He was maintaining with this pattern of taking alcohol from 1997 to 2006 and from 2006 patient's alcohol intake was gradually increased till 750-800 ml in a day. During the period of 2006, he was posted out of Assam and maintaining well in his professional as well as personal life.

As mentioned by the patient his marital life was never cordial with his first wife. He got married in 1997 and right after the marriage he hot job in SSB and he had to go for his training. Patient had to work in different states of India because of his job profile. According to him, since after the marriage his wife is having extra marital affair with one of her boyfriend from the same village but he was unaware of the fact. But in the year 2005, he got to know about the extra marital affair of his wife from his younger brother over phone. That time he was posted in West Bengal. After that he came down from his working place (west Bengal) to his home to clarify the actual matter. Then patient got aware of whole situation. He could not able to speak with his wife about all these matter due to his poor assertiveness. After the incident he went back to his working place impulsively and out of impulsivity and suppressed anger he gradually increased his alcohol intake throughout all day and night.

PSYCHOTHERAPEUTIC FORMULATION

Case was trying to formulated using behavioral and cognitive principles.

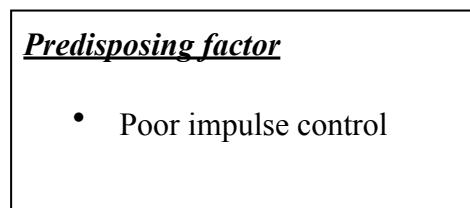
Index patient, 38 years old, male, married, Christian, studied up to class 10th, working in SSB, belonging to middle socio economic status, hailing from Wukung, urban area of Nagaland was referred for psychotherapy. There were multiple predisposing factors in the patient's early life. From childhood onwards patient was very impulsive, he does not have any control over his impulses, also he is having poor assertiveness skills. Patient always finds it difficult to share his emotional rights.

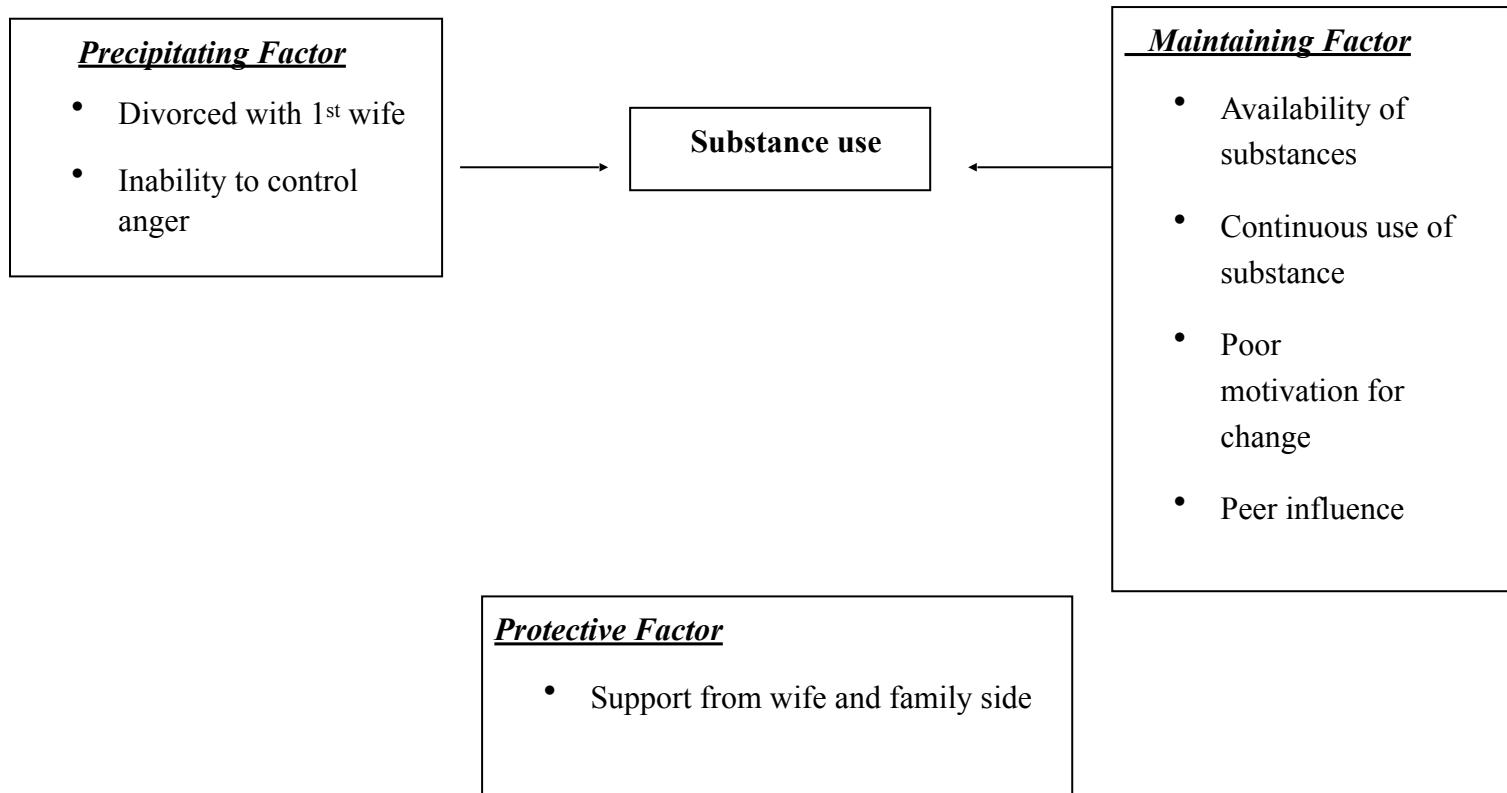
According to the patient, he was emotionally very much closer to his ex-wife. He was very happy with her. When his wife ditched him, he became insecure. He could not show his anger to his wife. The incident led to the patient to become dependent on substance to reduce his loneliness and anger. As the amount of substance increased gradually the problem behavior of the patient also increased. By the time patient remarried to one another lady but he did not get that same support like he was getting from his ex-wife. As result, under the influence of substance he started abusing his wife and children physically and mentally.

Apart from all these poor coping with the situation, poor assertiveness and inability to control anger could have been the maintaining reasons for the patient to continue use of substance. Less motivation from own side to change his substance taking behavior, easy access of substance and presence of substance taking peer group played an importance role in continuous use of substance. However, the family members of the patient and people from his department have played an important role in providing him support and bringing him for treatment.

The diagrammatic representation of the conceptualization is represented below:

Psychotherapeutic formulation-





PSYCHOTHERAPY PROCESS:

A total of 09 sessions were taken spanned over the duration of 1 month. Focusing on eclectic approach therapist used ,Motivational emotive therapy, individual therapy, Cognitive Behavioral and supportive therapy principles were applied to the patient as well as his wife. Patient was receptive during the sessions.

Short term goals:

- To assess the level of motivation of the patient
- To motivate him to quite the substance
- To develop some assertive skills in the patient to deals with day to day problems

Long term goals:

- To initiate anger management techniques with the patient
- To initiate supportive psychotherapy with the wife of the patient to strengthen the relationship between couple

Initial phase: (session 1, 2 ,3)

The goals for the initial therapy session were:

- *Elicit detail clinical history*
 - *Establishing therapeutic relationship*
 - *Educating the patient about illness*
 - *Providing hope and assurance*
 - *The conceptualization and formulation of the case*
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Middle phase (Session 4, 5, 6, 7)

In the middle phase, therapist basically tried to emphasize on the therapeutic techniques as per set up goals depending upon the conceptualization and continuous discussions with the supervisor. The goals for the sessions were:

- *Explain the case conceptualization to the patient*
- *Assess the level of motivation to change*
- *Elicit the risk factors*
- *Advantages and disadvantages of taking substance and being abstinence*
- *Assertiveness skills*
- *Anger management*

Later phase (session 8, 9)

During this phase, therapist focused on the following goals:

- *Revision of the previous sessions*
- *Termination*
- *Psycho education to the wife*

- *To start Supportive Psychotherapy with the wife*

OUTCOME

Patient got an understanding of the illness and how it has developed and how it is maintaining till now. Patient was well motivated to get back to the normal life. He started working at home properly as mentioned by his wife in follow ups. He started positively involving with his family. Along with that Patient started having confidence on herself. He started interacting with others without hesitation.

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