Counselling to enhance resilience among alcohol dependence – pilot analysis

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Abstract

India's reputation as a country with strong abstinence culture, particularly when it comes to alcohol, is under appreciated. In recent years, the country has experienced a tremendous development of metropolitan pubs and nightclubs, and it is quickly losing its inhibitions about drinking as a lifestyle choice. This circumstance has sparked fears of an unreported surge in alcohol misuse, not only among the poorer classes, but even among hitherto dry portions of society. Drink-related disorders have already emerged as a serious public health concern in India due to increased production, distribution, and promotion of alcohol, and there has been a rapid change in patterns of alcohol consumption in India. Counseling focuses on helping people stop drinking alcohol and is followed up with life skills and social support to assist them avoid relapsing. The chance of developing an alcohol consumption disorder was considerably lowered when people were resilient. The link between resilience and alcohol use disorder was shown to be mostly due to shared genetic and environmental variables. Counseling assists persons who are addicted in setting short-term goals that are attainable and empowering, as well as long-term goals that may include repairing damaged relationships, accepting responsibility for acts, and letting go of guilt.

Keywords

Imprint

INTRODUCTION

Every year, 3 million people die as a result of problematic alcohol use around the world, accounting for 5.3 percent of all deaths. More than 200 diseases and injuries have been linked to the inappropriate use of alcohol. Alcohol is responsible for 5.1 percent of the worldwide burden of disease, assessed by disability-adjusted life years (DALYs) [1]. Alcoholism, often known as alcohol use disorder (AUD), is a medical illness marked by a diminished ability to cease or regulate harmful alcohol consumption despite negative consequences. This illness can lead to mental and physical health concerns, as well as social challenges and everyday problems.

When an individual engages in drinking pattern that pulls him at risk of developing adverse health outcomes, alcohol intake becomes a problem. [3] There are a variety of effective evidence-based therapy techniques to assist a person recover from alcoholism, including a mix of rehabilitation treatment, counselling, behavioural treatments, and medications to lessen or eliminate the impulse to drink. [4]

Resilience has also been defined as a measure of stress coping abilities and long-term competency in the face of adversity. [5] Resilience is defined as not just the ability to recover from hardship, but also the ability to grow and strengthen as a result of it.It is people's mental reserve of strength that allows them to get through difficult situations without breaking down [6]. Resilient people, according to psychologists, are better equipped to deal with adversity and rebuild their life after a setback. [7]

Although formal psychological treatments for problematic drinking are suggested as first-line remedies, counselling provides the necessary support and advice to address the emotional origins of alcoholism [8]. and to assist people in learning how to minimise their drinking, develop a solid support system, and set attainable goals in order to gain resilience. They may be driven to unhealthy, destructive, or even dangerous activities as a result of disappointment or failure.These people recover more slowly from setbacks and are more likely to experience psychological anguish.Resilience is a complex combination of internal and environmental factors, including genetics, physical fitness, mental health, and environment [9].

REVIEW OF LITERATURE

Kim Foster [2019] - Mental health nurses work in demanding and potentially stressful environments. Consumer, family, including work environment and organisation, can all be sources of stress. Burnout and poor physical and mental health can result from the cumulative effects of stress and professional obstacles for mental health nurses. The goal of this integrative review was to look at different viewpoints on resilience, as well as analyse and synthesise the current state of knowledge in mental health nursing. Twelve papers were chosen after a thorough search, screening, and data extraction process. The coping and capacity to manage thoughts and emotions with self-efficacy are increased in Mental health nurses' as a result of a resilience programme, which also helped them establish resilient practise. Future research on resilience-building approaches for mental health nurses in the individual, work space, and organisational levels are needed. [10]

Aline Alves Dos Santos Dullius [2018] aims to investigate alcohol consumption/dependence and resilience in older persons with high blood pressure, as well as the factors that influence these variables.a descriptive, cross-sectional, quantitative research involving 300 older adult patients with high blood pressure from Family Health Strategy units in Minas Gerais, Brazil The Alcohol Use Disorder Identification Test and the Resilience Scale were utilised as part of a semi-structured questionnaire. Pearson's chi-square test, Fisher's exact test, Cronbach's alpha, odds ratio, and logistic regression were used to examine the data. The consumption of alcoholic drinks was low-risk for 89.3 percent of the respondents. Gender, age, smoking, and illness duration were all found to be significant predictors of alcohol consumption/dependence. Alcohol intake and resilience can impact with the physical and emotional health of older persons with high blood pressure, according to 36.7 percent of those surveyed. [11]

The empirical research have generally focused on quantitative data to identify the individual and environmental aspects related with the lifestyles, developmental trajectories, and growth of children of alcoholics and other drug users, according to **Jerry Moe and Jeannette (2007).** Many of these studies concentrate on their drawbacks, while only a few focus on their advantages. Furthermore, just a few research have collected data using qualitative methods. While quantitative studies have provided us with a wealth of information, we might be able to learn a lot more if we used data collection methods that actually provided us with the child's perception of their strengths, or resilience, and what they believe it takes to grow into happy, healthy adults. [12]

Brid Corrigan [2016] - For the close relatives of problem drinkers, alcoholism can have serious and long-term consequences. The role of Al-Anon (a 12-step mutual-help organisation for family) in building resilience among its members was investigated in this study. Interpretative phenomenological analysis is used to examine the data from two focus groups (n = 5 and n = 3), as well as two individual interviews. In terms of personal growth and improved functioning, participants reported increased positive adaption. According to the findings, Al-Anon helps members to become more resilient by providing protective elements. The consequences were examined in the context of improving clinical interventions [13].

STATEMENT OF THE PROBLEM

An experimental study was conducted to determine the impact of coping strategy counselling in promoting resilience among alcohol addicts admitted to a specific hospital in Chennai.

OBJECTIVES OF THE STUDY

1. To determine the level of resilience in the research and control groups prior to the pre-assessment.

2. To differentiate the level of resilience in the study and control groups before and after pre- and post-assessment.

3. To compare the effectiveness of coping strategy counselling in promoting resilience for alcoholism in the study and control groups.

4. To link the level of resilience after the exam with a demographic component.

MATERIALS AND METHODS

The usefulness of counselling regarding Coping methods to increase self-esteem among alcohol-dependent people was studied using a quantitative evaluative research approach [14].

The study was conducted using an experimental research design [14]. The participants ranged in age group from 18 - 60 years old who met the inclusion criteria. This tool comprising three elements, demographic variables, [14], Connor Davidson resilience scale [15], and counselling interventions, were used

with the probability simple random sample technique [14].

RESULTS AND DISCUSSION

The pretest level of resilience score in the Experiment and control groups [16] of alcohol dependence is compared in Table 1.

Table 1

PRETEST [16] LEVEL RESILIENCE SCORE

Level of resilience	Experiment		Control		Chi-square test
	n	%	n	%	
Poor	8	66.67%	6	50.00%	χ2=0.69P = = 0.41 (NS)
Mild	4	33.33%	6	50.00%	
Moderate	0	0.00%	0	0.00%	
Good	0	0.00%	0	0.00%	
Total	12	100.00%	12	100.00%	

Before counselling, 66.67 percent of those with alcoholism in the Experiment group had a bad level of score, 33.33 percent had a mild level of score, none of them had a moderate level of score, and none of them had a good level of score. In the control group, 50.00 percent of those suffering from alcoholism have a bad level of score, 50.00 percent have a mild level of score, none have a moderate level of score, and none have a good level of score. There is no statistically significant difference between the Experiment and the Control groups. The chi-square test was used to analyse the levels of resilence in the Experiment and control groups.
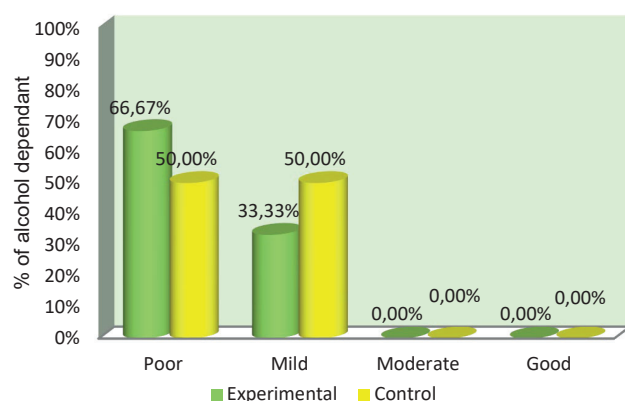

FIGURE - 1: PRE TEST LEVEL OF RESILIENCE

Table 2 compares the post-test [17] level of resilience score between the Experiment and control groups of those who had alcoholism.

After counselling, none of the alcohol dependents in the Experiment group had a poor level of score, with 16.67 percent having a mild level of score, 50.00 percent having a moderate level of score, and 33.33

Table 2

POSTTEST LEVEL [17] RESILIENCE SCORE

Level of resilience	Experiment		Control		Chi-square test
	n	%	n	%	
Poor	0	0.00%	4	33.33%	χ2=17.60P = = 0.001** (S)
Mild	2	16.67%	8	66.67%	
Moderate	6	50.00%	0	0.00%	
Good	4	33.33%	0	0.00%	
Total	12	100.00%	12	100.00%	

percent having a good level of score. In the control group, 33.33 percent of those suffering from alcoholism have a bad level of score, 66.67 percent have a mild level of score, none have a moderate level of score, and none have an excellent level of score. There is a statistically significant difference between the Experiment and the Control groups. The chi-square test was used to analyse the resilience scores of the Experiment and control groups.
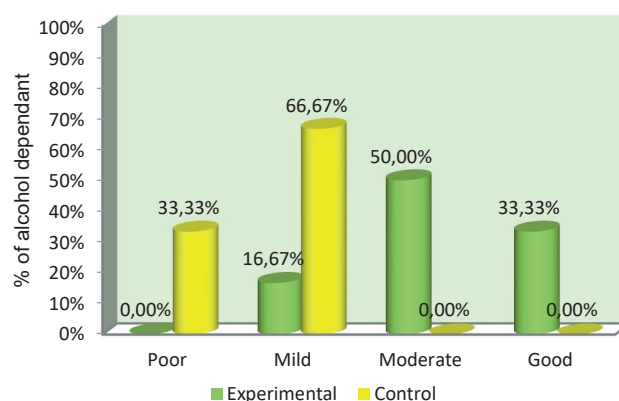

FIGURE 2. POST TEST LEVEL OF RESILIENCE SCORE

Table 3

COMPARISON OF MEAN RESILIENCE SCORE BETWEEN EXPERIMENT AND CONTROL GROUP

Group		N	Mean	SD	Mean gain score	Student independent t-test
Pre-test	Experiment	12	40.08	9.88	0.75	t=0.23 p=0.81(NS)
	Control	12	39.33	5.21		
Post-test	Experiment	12	64.00	5.98	22.50	t=10.05 p=0.001*** (S)
	Control	12	40.25	5.21		

Experiment al group alcohol dependence has a pre-test score of 40.08 and a post-test score of 39.33, therefore the difference is 0.75, which is modest and statistically insignificant. Experiment al group alcohol

dependence has a score of 64.00 on the pre-test and a score of 40.25 on the post-test, a difference of 22.50. This difference is big and statistically significant.

Student independent t-test [17] was used to calculate the statistical significant difference between pre-test and post-test.
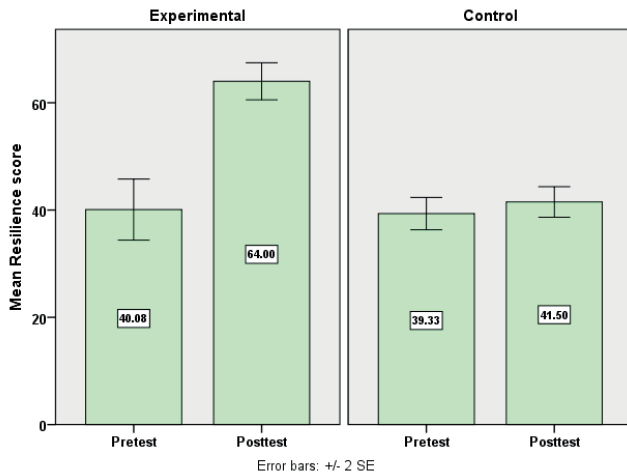

FIGURE 3 COMPARISION LOF MEAN RESILIENCE SCORE

The impact of counselling on the Resilience Gain Score is seen in Table 11.

EFFECTIVENESS OF COUNSELING AND GENRALIZATION OF RESILIENCE GAIN SCORE

Group	Test	Maximum score	Mean score	With a 95% confidence interval, the mean difference in resilience gain score	With a 95% confidence interval, the difference in resilience gain score is shown as a percentage.
Experiment	Pretest	100	40.08	23.92 (16.74 – 31.10)	23.92% (16.74%–31.10%)
	post-test	100	64.00		
Control	Pretest	100	39.33	2.16 (-0.61 – 1.72)	2.16% (-0.61 –1.72%)
	post-test	100	41.50		

The experimental group received a score of 23.92 percent, whereas the control group received just 2.16 percent.

Table 5 illustrates the relationship [19] between the post-test level of Resilience score and alcohol dependency demographic characteristics. 40-60 years old and businessmen/others who are alcoholics have

Table 5

ASSOCIATION BETWEEN POSTTEST LEVEL OF RESILIENCE SCORE AND ALCOHOL DEPENDENCE DEMOGRAPHIC VARIBLES (Experiment group)

Demographic variables [17]		Post-test level resilience score				n	Chi square test/Yates corrected chi square test {18}
		Upto/Moderate		Good			
		n	%	n	%		
AGE IN YEARS	18 -40 years	6	100.00%	0	0.00%	6	χ2=8.00 p=0.01**(S)
	41 -60 years	2	33.33%	4	66.67%	6	
RELIGION	Hindu	6	85.71%	1	14.29%	7	χ2=2.74p=0.10(NS)
	Muslim/christian	2	40.00%	3	60.00%	5	
TYPE OF FAMILY	Nuclear family	6	66.67%	3	33.33%	9	χ2=0.00 p=1.00(NS)
	Joint family	2	66.67%	1	33.33%	3	
MARITAL STATUS	Married	6	66.67%	3	33.33%	9	χ2=0.00 p=1.00(NS)
	Unmarried	2	66.67%	1	33.33%	3	
OCCUPATION	Cooley/Driver	6	100.00%	0	0.0%	6	χ2=8.00p=0.01**(S)
	Business men/ others	2	33.33%	4	66.67%	6	
MONTHLY INCOME	Rs 5000 – 15000	3	75.00%	1	25.00%	4	χ2=0.18p=0.66(NS)
	Rs 15000 and above	5	62.50%	3	37.50%	8	
PRESENCE OF FAMILY MEMBERS WITH THE HABIT OF SUBSTANCE ABUSE	Yes	6	66.67%	3	33.33%	9	χ2=0.00 p=1.00(NS)
	No	2	66.67%	1	33.33%	3	
DURATION OF TAKING ALCOHOL	<4 years	3	75.00%	1	25.00%	4	χ2=0.19 p=0.67(NS)
	>4 years	5	62.50%	3	37.50%	8	

Demographic variables [17]		Post-test level resilience score				n	Chi square test/Yates corrected chi square test {18}
		Upto/Moderate		Good			
		n	%	n	%		
WHICH OF THE FOLLOWING IS A PRECIPITATING FACTOR TO CONSUME ALCOHOL?	Experimental/peer pressure	3	75.00%	1	25.00%	4	χ2=0.19 p=0.67(NS)
	Financial/Family	5	62.50%	3	37.50%	8	
WHICH OF THIS PERIOD DID YOU ATTEND LAST COUNSELING SESSION?	1 year back	3	60.00%	2	40.00%	5	χ2=0.17 p=0.68(NS)
	Never attended before.	5	71.42%	2	28.58%	7	

a higher level of resilience than others. The Chi square test/Yates corrected chi square test was used to determine statistical significance. The mean difference with 95 percent confidence intervals and percentage with 95 percent confidence intervals were used to determine differences and generalization [19] of the Resilience gain score between pretest and post test scores.

CONCLUSION

Globally, policy must take into account various situations in different societies in order to limit the harm caused by alcohol. Two aspects of alcohol consumption that must be considered in efforts to lessen the burden of alcohol-related issues are average quantities drank and drinking patterns. National monitoring methods must be devised to measure alcohol consumption and its impacts, as well as to enhance public awareness and policymakers' understanding. Although alcohol abuse is a primary cause of death and disability, its overall relationship with health is complicated due to the potential beneficial effects of adequate treatment. Whether it's a desire for socialisation or counselling that motivates you to build resilience, medical help can help you avoid the negative effects of alcohol. Resilience and alcohol consumption can have impact on physical and psychological health. Because resilience is a dynamic notion that can be learnt and improved, resilience-enhancing programmes may be useful in improving the quality of life of those who are addicted to alcohol.

Reference

1. Harmful use of alcohol - WHO | World Health Organization. Global status report on alcohol and health 2018.

2. National Institute on Alcohol Abuse and Alcoholism. (2020). Understanding alcohol use disorder.

3. V. M. AnanthaEashwar et al Alcohol consumption in India– An epidemiological review J Family Med Prim Care. 2020 Jan; 9(1): 49–55. Published online 2020 Jan 28. doi: 10.4103/jfmpc.jfmpc_873_19

4. Krystina Murray Types Of Therapy For Alcoholism Alcohol rehab guide October 18, 2021

5. Bottom of Form Walker FR, Pfingst K, Carnevali L, Sgoifo A, Nalivaiko E. In the search for integrative biomarker of resilience to psychological stress. NeurosciBiobehav Rev. 2017;74(Pt B):310-320. doi:10.1016/j.neubiorev.2016.05.003

6. Lee J et al Community resilience, psychological resilience, and depressive symptoms: An examination of the Mississippi Gulf Coast 10 years after Hurricane Katrina and 5 years after the Deepwater Horizon oil spill. Disaster Med Public Health Prep. 2018;12(2):241-248. doi:10.1017/dmp.2017.61

7. Osório C, Probert T, Jones E, Young AH, Robbins I. Adapting to stress: Understanding the neurobiology of resilience. Behav Med. 2017;43(4):307-322. doi:10.1080/08964289.2016.1170661

8. Abhijit Nadkarni et al counselling for alcohol problems (CAP) The Lancet article volume 389, issue 10065,p 186-195 january 14,2017.

9. Alcohol Addiction Counseling- Drug Rehab.com . 28-Feb-2020

10. kim foster Resilience and mental health nursing: An integrative review of international literature Int J Ment Health Nursing 2019 Feb;28(1):71-85.doi: 10.1111/inm.12548.

11. Dullius AADS, Fava SMCL, Ribeiro PM, Terra FS. Alcohol consumption/dependence and resilience in older adults with high blood pressure. Rev Lat Am Enfermagem. 2018 Aug 9;26:e3024. doi: 10.1590/1518-8345.2466.3024. PMID: 30110100; PMCID: PMC6091391.

12. Jerry Moe, Jeannette L. Johnson & Wendy Wade (2007) Resilience in Children of Substance Users: In Their Own Words, Substance Use & Misuse, 42:2-3, 381-398, DOI: 10.1080/10826080601142147

13. Brid Corrigan (2016) 'A New Way to Live My Life': How Al-Anon Influences Resilience: A Qualitative Account, Journal of Groups in Addiction & Recovery, 11:1, 42-58, DOI: 10.1080/1556035X.2015.1110740.

14. Politics, D.F. and Hungler, B.F. (2004) Nursing Research – Principles and Methods. 7th Edition, J.B Company. Lippincott, Philadelphia

15. Connor KM, Davidson JR. Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). Depress Anxiety. 2003;18(2):76-82. doi: 10.1002/da.10113. PMID: 12964174.

16. Kothari C., R. (2004). Research Methodology: Methods and Techniques. New Delhi. New Age International (P) Limited, Publishers.

17. Patton, MQ. (2001). Qualitative Evaluation and Research Methods (2nd Edition). Thousand Oaks, CA: Sage Publications.

18. Neuman, W. L. (2000). Social research methods. Qualitative and Quantitative approaches (4th Ed.). Boston: Allyn and Bacon.

19. Krueger, A. R. (1994). Focus Groups: A Practical Guide for Applied Research, Thousand Oaks, CA: Sage Publications.

20. Johnson & Christensen. (2004). Educational Research: Quantitative, qualitative and mixes approaches, 2nd Ed. Boston: Allyn& Bacon.