"A DESCRIPTIVE STUDY TO ASSESS THE MOTIVATION FOR CHANGE ON ABSTINENCE FROM ALCOHOL AMONG PATIENTS WITH ALCOHOL ABUSE IN SELECTED DE-ADDICTION CENTRE AT KOLAR WITH AVIEW TO PREPARE AN INFORMATION BOOKLET ON MOTIVATIONAL ENHANCEMENT THERAPHY"

PROJECT REPORT -2017

BY

MS.MEETU ANNIE KURIAN

MS.NAVEENA K.B

MS.NANDHINI YADAV

MS.SENTHAMIZHI SELVI

Guided by:

MR.R.RAJESH

Associate professor

Dept.of Psychiatric Nursing

Sri Devaraj Urs College of Nursing

Kolar-563103

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES,

BANGALORE, KARNATAKA

RAJIV GANDHI UNIVERSITY OF HEALTH SCIENCES-2017

SRI DEVARAJ URS COLLEGE OF NURSING, TAMAKA,

CERTIFICATE

This is to certified that the project work entitled has been successfully carried out by

Ms.MEETU ANNIE KURIAN	**MS.NAVEENA K.B**
Ms.NANDHINI YADAV	**MS.SENTHAMIZH SEVI**

Submitted as a partial fulfillment for the Degree of Bachelor of Sciences in Nursing for Rajiv Gandhi University of Health Sciences, Bangalore.

PRINCIPAL	**GUIDED BY**
Dr.G.Vijayalakshmi	**Mr.R.Rajesh**
Principal	**Associate professor**
SDUCON	**Dept. of Psychiatric Nursing**
Tamaka, Kolar-563103	**SDUCON, Kolar**

DECLARATION BY THE CANDIDATE

We hereby declare that project entitled **"A descriptive study to assess the motivation for change on abstinence from alcohol among patience with alcohol abuse in selected de-addiction centre at Kolar with a view to prepare an information booklet on motivational enhancement therapy"** is a bonafide and genuine research work carried out by us under the guidance of Mr.R.Rajesh, Associate professor, Dept.of psychiatric Nursing, SDUCON Tamaka, Kolar-563103.

Name and signature of the candidates

Ms.Meetu Annie Kurian

Ms.Nandhini Yadav

Ms.Naveena.K.B

Ms.Senthamizh Selvi

CERTIFICATE BY THE GUIDE

This is to certify that the project entitled ““ **A descriptive study to assess the motivation for change on abstinence from alcohol among patience with alcohol abuse in selected de-addiction centre at Kolar with a view to prepare an information booklet on motivational enhancement theraphy”**is a bonafide project work done by Ms. Meetu Annie Kurian,Ms,Nandini Yadav,Ms NaveenaK.B, Ms.Senthamizh Selvi, in partial fulfillment of the requirement of the degree of Bachelor of Science of Sciences in Nursing.

Place:

Date:

Name and signature of the guide:

Mr.R.Rajesh

Associate professor

Dept. of psychiatric Nursing

SDUCON

Tamaka, Kolar-563103

ENDORESEMENT BY THE HOD,PRINCIPAL/HEAD OF THE INSTITUTION

This is to certify that the project entitled **" A descriptive study to assess the motivation for change on abstinence from alcohol among patience with alcohol abuse in selected de-addiction centre at Kolar with a view to prepare an information booklet on motivational enhancement therapy"** is a bonafide project work done by Ms. Meetu Annie Kurian,Ms,Nandini Yadav,Ms,NaveenaK.B Under the guidance of Mr.R.Rajesh ,Associate professor,Dept.of Psychiatric Nursing,SDUCON,Tamaka,Kolar, in partial fulfillment of the requirement of conducting research in iv year Basic Bsc Nursing.

SIGNATURE OF THE HOD

Mrs.Jayarakini Aruna

Associate professor

HOD, Dept of Psychiatric Nursing

SDUCON

Tamaka, Kolar-563103

SIGNATURE OF THE PRINCIPAL

Dr.G.Vijayalakshmi

Principal

SDUCON

Tamaka, Kolar-563103

Place:

Date:

Place:

Date:

COPY RIGHT DECLARATION BY THE CANDIDATE

We hereby declare that Sri Devaraj Urs College of Nursing Tamaka, Kolar-563103 shall have the rights to preserve, use and disseminate the project in print or electronic format for academic //research purpose.

Place: **SIGNATURE OF THE CANDIDATE**

Date: **Ms.Meetu Annie Kurian**

Ms.Nandhini Yadav

Ms.Naveena.K.B

Ms.Senthamizh Selvi

ACKNOWLEDGEMENT

"I believe God in managing affairs and that he doesn't need any advice from me with god incharge, I believe everything will work out for the best in the end according to his plan and purpose."

At the outside, we the investigators of the study would like to extend our heart full thanks and gratitude to the **Management of Sri Devaraj URS College of Nursing (SDUCON)** who has offered us an opportunity to conduct our research on "assessment of knowledge on learning disabilities in children among primary school teachers."

Genuine gratitude to **Dr G Vijayalakshmi, Principal of SDUCON** for her valuable, guidance in valuable suggestions, enlightening ideas and being a source of inspiration throughout the period of study.

We extend our earnest gratitude to **Prof. Radha M.S, Vice Principal, HOD of Child Health Nursing,** for her valuable suggestions and guidance.

Genuine gratitude to **Prof.Jairakini Aruna, HOD of Mental Health Nursing** for her valuable guidance, suggestion and enlightening ideas for being a source of inspiration throughout the period of study.

We extend our profound gratitude and exclusive thanks to **Mr. R. Rajesh, Associate Professor, and Dept. Of Mental Health nursing,** for his unfailing encouragement, constant support, timely approach and valuable guidance throughout the study.

We extend our earnest gratitude to our class coordinator**, Mrs. Punitha Associate Professor, Dept. of OBG,** for her valuable suggestions and guidance.

We express our sincere thanks to all faculties of SDUCON for validating the tool and for their constant support and encouragement in this project.

We express our gratitude to subjects participated in this study for their kind co operation throughout then study.

We express our special thanks to **Mr. Venkatesh M.N, Secretary of Sri Sai Foundation** for the king cooperation throught the study.

We extend our special thanks to Mrs.Shyamala (Librarian) and Mrs. Amrutha (Asst. Librarian) for helping us in procuring relevant materials and books when required.

We acknowledge and dedicate this project work to our loving parents and word of special thanks to our **classmates** for their encouragement timely help and cooperation throughout the study.

LIST OF ABREVIATIONS USED

S.D.U.C.O.N **:** Sri Devaraj Urs College OF Nursing

HOD **:** Head of the Department

B.S.C **:** Bachelor of Science.

ABSTRACT

Introduction

Alcoholism is one of the major health problem and social problem seen all over the World. Drinking is considered harmful when alcohol consumption has actually caused physical or psychological harm, So the motivational enhancement therapy can enhance their level of motivation .A topic selected for the study was "A descriptive study to assess the motivation for change on abstinence from alcohol among patients with alcohol abuse in selected de-addiction centre at kolar with aview to prepare an information booklet on motivation enhancement therapy**"**

Objectives:

- To assess the level of motivation for change on abstinence from alcohol among patients with alcohol abuse by using a standardized tool URICA.
- To find out the association between the level of motivation for change on abstinence and selected socio-demographic variables of patients with alcohol abuse.

Methodology:

A non –experimental descriptive research design was used for the study.50 patient's with alcohol abuse were selected by using non-probability purposive sampling technique from Sri Sai foundation de-addiction centre,Tamaka,Kolar.The data was collected by using University Of Rhode Island Change Assessment scale(URICA) tool on level of motivation.

Results:

In this study 64% of patients with alcohol abuse was under pre-contemplation stage,34% were under contemplation stage, 02% were under action stage and none of them was found maintenance phase. The mean of each stages was 26.1,26.2,26.2,27.2,and over all mean was 121.4 with standard deviation of each stages are 3.96,3.52,4.79,3.34,and 12.1.Chi-square value indicated that statistically no significant association between the level of motivation and selected socio-demographic variables of patients with alcohol abuse.

Conclusion:

The study reveals that the majority of the sample was under pre-contemplation stage showing less motivation for change on Abstinence among alcohol abuse. Hence there is a need for Motivational Enhancement Therapy (MET) among Patients with alcohol abuse to enhance their level of motivation.

TABLES OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF ANNEXURES

CHAPTER -I

INTRODUCTION

CHAPTER I

INTRODUCTION

I.I INTRODUCTION

"Education is not filling a bucket but the lighting of a fire."

(**W.B. Yeats)**

Alcohol is a clear colored liquid with a strong burning taste. The rate of absorption into the blood stream is more rapid than its elimination. Absorption of alcohol to the blood stream is slower when food is present in the stomach.[1]

Alcohol abuse is the use of alcoholic beverages to the excess either on the individual occasion or as a regular practice. Alcoholism is chronic progressive and often fatal disease. It is a primary and not a symptom of other disease or emotional problems. Chronic Alcoholism cause diverse health problem like disorder of liver, gastrointestinal problem, diabetes, skin, muscle, bone disorder and reproductive problem. Prolonged heavy use of alcohol can lead to addiction. Extensive alcohol intake is likely to produce withdrawal symptoms including severe anxiety, tremor, hallucination and convulsions.[2]

There are many who days that abusing alcohol i.e. just an adolescent phase that teenagers right. However, a minority of teens who above alcohol will not just grow out it, they will go on to develop before the age of 15 years are four times more likely to go on to develop problems with alcohol than those who put off the drink until after the age of 20.Drinking is considered harmful when alcohol consumption has actually caused physical or psychological harm. People with alcohol-related problems over a period of 1 year like failure to fulfill work or personal obligation, recurrent anxiety are in potentially dangerous situation[2].

Prolonged heavy use of alcohol can lead to addiction. Sudden cessation of long term extensive alcohol intake is likely to produce withdrawal symptoms including severe anxiety,

tremors, hallucinations, and convulsions. Long term effect of consuming large quantities of alcohol, especially when combined with poor nutrition can lead to permanent damage to vital organs such as brain, heart, pancreas and liver. Drinking too much alcohol can also weaken the immune system and can increase the risk of developing countries. Depending on the scope of the programme, motivational enhancement therapy refers to the medical, psychotherapeutic, educational and / or social treatment process is required for alcoholism recovery.[3]

Motivational Enhancement Therapy (MET) attempts to enhance the patient's desire to change by asking about the patient's behaviors by considering the patient's goal and the ambivalence associated with reaching to the goals and by attentively listening to the patient. As would be expected, their focus of treatment may be of benefit primarily to patients who are highly motivated to change. Motivational Enhancement Therapy uses reflective listening techniques and a non judgmental and both of which facilitates an empathetic environment to the therapy.[4]

I.2 NEED FOR THE STUDY.

Drug and alcohol dependence are becoming more and more prevalent all over the world for the last 10 years. An invariable rise has been seen in the alcohol related deaths. The statistics reveal that 1 in 6 people aimed at the age of 13 – 20 is a binge drinker. About 12% of college boys have binge drink and 40% of girls have binge drink[5]

Alcohol consumption and related problems have risen substantially in many Asian countries over the last several years. Alcohol consumption has been steadily increasing in developing countries like India.62.5 million alcohol users are estimated in India. Alcohol is banned in some part of India such as Manipur and Gujarat, but it is legally consumed in majority of the states. There are believed to be 62.5million people in India who are at least occasionally drink alcohol. Unlike many Western countries the consumption of alcohol in India is witnessing dramatic rise. For instance, between 1970 and 1995 there was a 106.1% increase in per capita consumption. International brands of alcohol are popular in India because it potentially offers third large market for their products globally. India has also become one of the largest producers of alcohol. It produces 65% of the alcohol beverages in the Southeast Asia.[6]

One recent study by National Institute of Mental Health and Neuro Science (NIMHANS) in households of rural, urban, town and slum population of 28500in and around the city of Bangalore, Karnataka. Using the study findings in Bangalore, study researchers from NIMHANS have calculated that the direct and indirect cost attributable to alcohol taxation and several times more than annual health budget in Karnataka. Alcohol is the most frequently used drug by the teenagers. Significant statistics regarding alcohol use in teen includes that about half of junior high and senior high school students drink alcohol on a monthly basis and 14% of the teens have been intoxicated in the past one year.[7]

Motivation plays an important role in alcohol treatment by influencing the patients to seek complete and comply with treatment as well as make successful long term changes in their drinking. Motivating client to make behavioral changes is an important nursing task and promising work has been done in developing and evaluating methods of promoting treatment adherence while giving motivational enhancement therapy to the client regarding alcoholism. The nurse gives knowledge and respects the client's autonomy and work collaboratively with the client in making a good nurse- client relationship more like a partnership which is the spirit of MET.[8]

There is growing evidence of effectiveness of MET to treat everything from alcoholism to breast cancer. Motivation offers an effective way to help to alleviate alcoholism. Residents of alcoholics who participate in MET should increase level of physical and cognitive Functioning which intern reduce their effect. The basic premise behind MET is that bring about the positive psychological and physical changes that improves the quality of life for the individual.[9]

During our postings in Sri Sai Foundation De-addiction Centre we found patients with level of motivation for change for abstinence from alcoholism. So in order to know their level of motivation and their self esteem and voluntarization towards dropping out from alcohol that had chosen this as our research study.

CHAPTER -II

OBJECTIVES

2.1 STATEMENT OF THE PROBLEM

" A descriptive study to assess the motivation for change on abstinence from alcohol among patients with alcohol abuse in selected de-addiction centre at kolar with a view to prepare an information booklet on motivational enhancement therapy"

2.2 OBJECTIVES

1. To assess the level of motivation for change on abstinence from alcohol among patients with alcohol abuse by using a standardised tool URICA.

2. To find out the association between the level of motivation for change on abstinence and selected socio-demographic variables of patients with alcohol abuse.

2.3 OPERATIONAL DEFINITIONS

- **MOTIVATION FOR CHANGE :** In this study it refers to individuals concern or interest in the need for change and sustaining the behaviour which is measured by using a standardised tool URICA(university of Rhode island change assessment-alcohol form)
- **ABSTINENCE FROM ALCOHOL:** In this study it refers to complete withdrawal of dependence by the patients with alcohol abuse.
- **PATIENTS WITH ALCOHOL ABUSE:** In this study it refers to individual who use alcohol by knowing its ill effects and physically or psychologically got dependent and admitted in the de-addiction centre with impaired social functioning.

- **SELECTED DE-ADDICTION CENTRE**: Here the selected de-addiction centre refers to Sri Sai Foundation, at Tamaka Kolar, a centre for treating and rehabilitation for Patients with addiction.

2.4 HYPOTHESIS

- **HO1:** There is no statistically significant association between the level of motivation for change on abstinence from alcohol and selected socio- demographic variables of patients with alcohol abuse.

2.5 ASSUMPTIONS

Alcohol abuse patients may have less Motivation for change on abstinence.

- Alcohol abuse patients may have some psychological and behavioural problems.
- Motivational Enhancement therapy may help the patient with alcohol abuse to increase the level of motivation and self esteem.
- Motivational therapy will provide opportunity for active learning among patients with alcohol abuse.

2.6 DE-LIMITATIONS

The study de-limited to

1) Only 50 patients with alcohol abuse.
2) In selected de-addiction centre at kolar.
3) Only on assessment of motivation for change on abstinence from alcohol.

CHAPTER –III

REVIEW OF LITERATURE

CHAPTER III

REVIEW OF LITERATURE

3.1 INTRODUCTION

The review of literature is a systematic and critical review of the most important published scholarly literature a particular topic. The term scholarly literature can refers to the published and unpublished data based on literature, and conceptual literature found in print and non-print form.

1. Studies related to prevalence and incidence of alcohol dependent patients.

2. Studies related to level of motivation for change among alcohol abuse.

3. Studies related to Motivational Enhancement Therapy.

3.1.1 STUDIES RELATED TO PREVALANCE AND INCIDENCE OF ALCOHOL DEPENDENT PATIENTS.

The studies related to the prevalence of alcohol use in India showing that in 2003 National survey for alcohol and drug abuse found that of the 40697 male respondents (across 25 states, covering rural and urban populations) aged 12-60 years,74.1% reported life-time abstinence and 21.4% reported being current users of alcohol. Of the total –users 17% were

classified as dependent users (based on the international classification of Disease10) (WHO, 2004) The prevalence rate reported in this study is higher than that in the following secondary two national studies that have been conducted so far.[10]

The studies of National sample survey of 471,143 people across the country. They reported that the national prevalence of alcohol use was 4.5% .Men was found to be 9.7 times more likely to report regular use of alcohol than women. Further, members of scheduled castes and scheduled Tribes were significantly more likely to report regular use of alcohol as well as tobacco, smoking and chewing.11

The studies of world health organization or the WHO in 2014 released its global status report on alcohol and Health. According to the report, about 38.3% of the world population is reported to consume alcohol regularly on an average an individual consumption amount to 6.2 liters of alcohol each year. The report only considers individuals over 15 years of age. The report says about 30% of India's population ,just less than a third of the country's populace-consumed alcohol regularly (as of 2010).Some 11% are moderate to heavy liters of alcohol per annum,says the report. The rural average is much higher at about 11.4 liters a year.[12]

A cross sectional study was conducted in Tamil nadu, among 946 subjects who were aged 10 years and above by using AUDIT scale. Overall the prevalence of alcohol use was found to be 9.4% .prevalence was more among males(16.8%) as computed to that among females (1.3%0.Men age at initiation was 25.3+9.0 years.Multiplelogistic regression analysis revealed that middle age (15-44 years)(OR=17.78)were independently associated with alcohol use. Among those who used alcohol 29.25(26) were possible hazardous drinkers, 33.7% (30) had a probable alcohol dependence and 56.2 %(50) had experienced harmful effects, based on AUDIT item analysis.13

STUDIES RELATED TO LEVEL OF MOTIVATION FOR CHANGE AMONG ALCOHOL ABUSE

The studies related to the motivation for change in patients with ADS .one hundred consecutive patients admitted for the treatment of ADS in a medical college hospital were

evaluated. The assement of motivation was done using the University of Rhode Island Change Assessment Scale at baseline and after 2 weeks of admission. The severity of Alcohol dependence questionnaire and kuppuswamy's scale for socio-demographic status were used. Paired and unpaired t-test, Fisher's exact test, and wilcoxon signed –rank test were used to analyze data. The assessment of motivation showed 60% of patients in pre-contemplation (PC) stage at baseline, compared to 34% of patients in PC, 57% in contemplation, and 9% in action stage after 2 weeks of inpatients stay. A highly significant change was seen in the level of motivation toward contemplation action stage after 2 weeks of inpatient stay($Z=5.745, p<0.001$).Motivation to change had a significant association with complication alcohol use, medical comorbidity,onset and severity of alcohol dependence ,socio economic status,religion,and mode of referral. The study concluded that certain patients with ADS may have low pretreatment level of motivation, with significant improvement in the motivation levels after a short duration of inpatient treatment[14]

The study was conducted to explore the descriptive statistics and psychometric properties of the URICA with an adolescent sample, and to determine if cluster analyses of the URICA data could organize the adolescent participants in to distinct subgroups representing various degrees of overall involment in change. The URICA was administered to 89 adolescent patients (aged12-16yrs) admitted to private psychiatric facility and was scored, standardized, and subjects to reliability, descriptive, coo relational, and cluster analyses. Participants responded similarly to the UURICA and did previous adult samples, and the coefficient alphas for each of the 4 scales of URICA (Precontemplation, contemplation, action, and maintenance) revealed that each scales has adequate internal consistency. Results indicate that the URICA can be used to increase understanding and facilitate empirical investigation of motivation to change in adolescents.[15]

The study were conducted in the National institute on drug abuse clinical Trialed Network. Patients with primary drug dependence and alcohol dependence entering outpatient treatment participated in a study of either Motivational Enhancement therapy (n=431) or Motivational interviewing (n=423).The construct, concurrent, and predictive validity of two composite measures of motivation to change derived from the University of Rhode Island change assessment scale (URICA): Readiness to change (RTC) and committed action were

evaluated. the study analysis showed that structure of the URICA,RTC was significantly associated with measures of addiction severity at baseline(r=12-52,p<0.5).Although statistically significant (p<01),the correlation between treatment outcomes and RTC were low(r=--15 and -18) .Additional analyses did not support a moderating or mediating effect of motivation on treatment retention or substance use.[16]

STUDIES RELATED TO MOTIVATIONAL ENHANCEMENT THERAPHY.

A study was conducted on initial motivation for alcohol treatment relationship with patient characteristics treatment involvement and drop out; a treatment motivation questionnaire was developed to assess both internalized and external motivations for treatment, as well as confidence in the treatment and orientation towards interpersonal help seeking. It was administered to 109 outpatients entering an alcoholism clinic. Based on these data the scale was revised and was administered to a subsequent sample of 98 subjects seeking treatment. Information about demographic variables, measures of substance use, alcohol expectancies, and psychiatric severity was also gathered. Eight weeks after intake, outcome was evaluated through attendance records and clinician ratings. Results revealed that internalized motivation was associated with greater patient involvement and retention in treatment. Subjects high in both internalized and external motivation demonstrated the best attendance and treatment retention while those low in internalized motivation showed the poorest treatment response, regardless of the level of external motivation. Problem severity was also related to a greater degree of internalized motivation.[17]

A study was conducted on a randomized controlled trial of motivational enhancement therapy with two control conditions: nondirective reflective listening and no further counseling and a sample of patients with a primary diagnosis of mild to moderate alcohol dependence, in a clinical setting. All patients received a feedback session before randomization to either four sessions of MT. Global assessment scale measured general personal/social functioning. The result concluded that patients treated with MET, 42.9% showed were heavy drinking compared with 62.5% of the NDRL and 65.0% of the NFC

groups (p =0.04) MT can be considered an effective "value added" counseling intervention in a real-life clinical setting.[18]

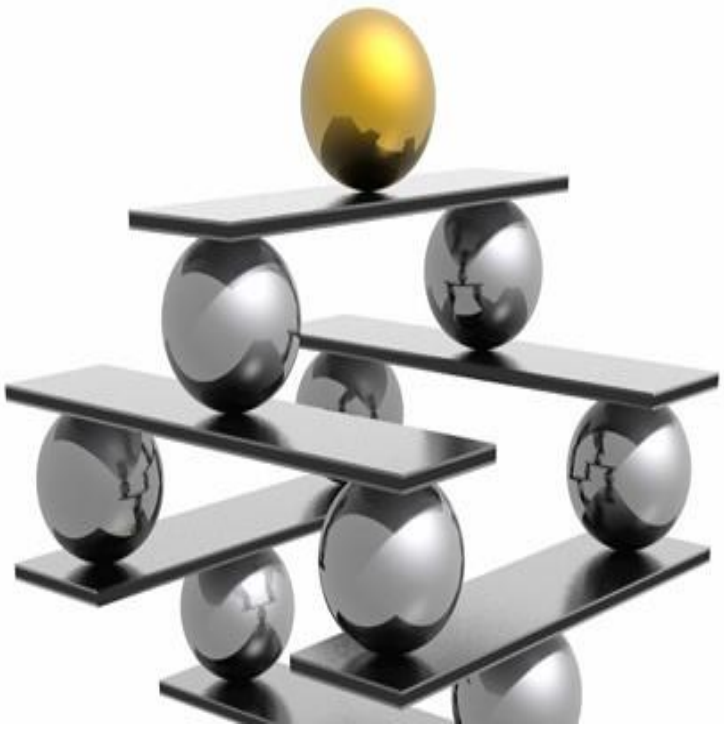
A study was conducted on Randomized clinical trials on the effectiveness of naltrexone (NTX) in the treatment of alcohol dependence have produced conflicting results. One hundred and seventy-four alcohol-dependent outpatients participated in a double-blind trial where they were randomly assigned to 12 vs. 24 weeks NTX duration and to one of two psychosocial treatments: Motivational enhancement therapy (MET) and broad spectrum treatment (BST), a cognitive behavioral therapy tailored to the patient's specific needs. After an initial 12-week period of NTX and psychosocial treatment, half of each psychotherapy condition was assigned to continue NTX for an additional 12 weeks while the other half was assigned to placebo. The result states that median time to first drink and time to first heavy drinking day were found to be significantly longer for patients who received BST and extended NTX than for patients in the other three Groups.[19]

The study was conducted on the causes of change and no-change of substance-using clients during motivational interviewing (mi) sessions in probation service context. The analyses are based on videotaped and transcribed data consisting of 98 mi sessions in 12 probation service offices. The analysis relies on coding of client's change-related talk utterances and qualitative semiotic framework. The results show that the clients attributed various causes to change and no-change. It seems that the socio-cultural, psychological, biological, and contextual causes play an important role in substance users' change talk and motivation to change. Hence motivational interview was effective.[20]

A cross cultural three step process model for assessing motivational interviewing treatment fidelity a collaborative three-step process model for implementing the mi treatment integrity (miti) across cultures while identifying linguistic issues that the English-originated miti was not designed to detect as part of a larger intervention for the youth living with hiv. Step 1 describes the training of the thaimiti coder, step 2 describes identifying cultural and linguistic issues unique to the Thai context and step 3 describes anmiti booster training and incorporation of the miti feedback into supervision and team discussion. Throughout the process the research team collaborated to implement the miti while creating additional ways to evaluate in-session processes that the miti is not designed to detect[21]

CHAPTER -IV

METHODOLOGY



CHAPTER IV

RESEARCH METHODOLOGY

4.1 INTRODUCTION:

This chapter describes the methodology formulated for the problem selected, to assess the level of motivation for change for change on abstinence from alcohol abuse in selected de-addiction centre,kolar.This phase of study include research approach, research design,variables,settings,size,sampling technique, data collection procedure and plan for data analysis[22]

4.2 RESEARCH APPROACH

This research approach refers to a general set of disciplined procedure to acquire useful information. Research approach helps the researcher to determine what data is to be collected and how to analysis it. Based on the nature of the study, a descriptive research approach was considered appropriate for the present study.[23]

4.3 RESEARCH DESIGN

Selection of research design is based on the purpose of study, research approach and variables to be studied. Research design selected for the present study was non experimental descriptive research design.

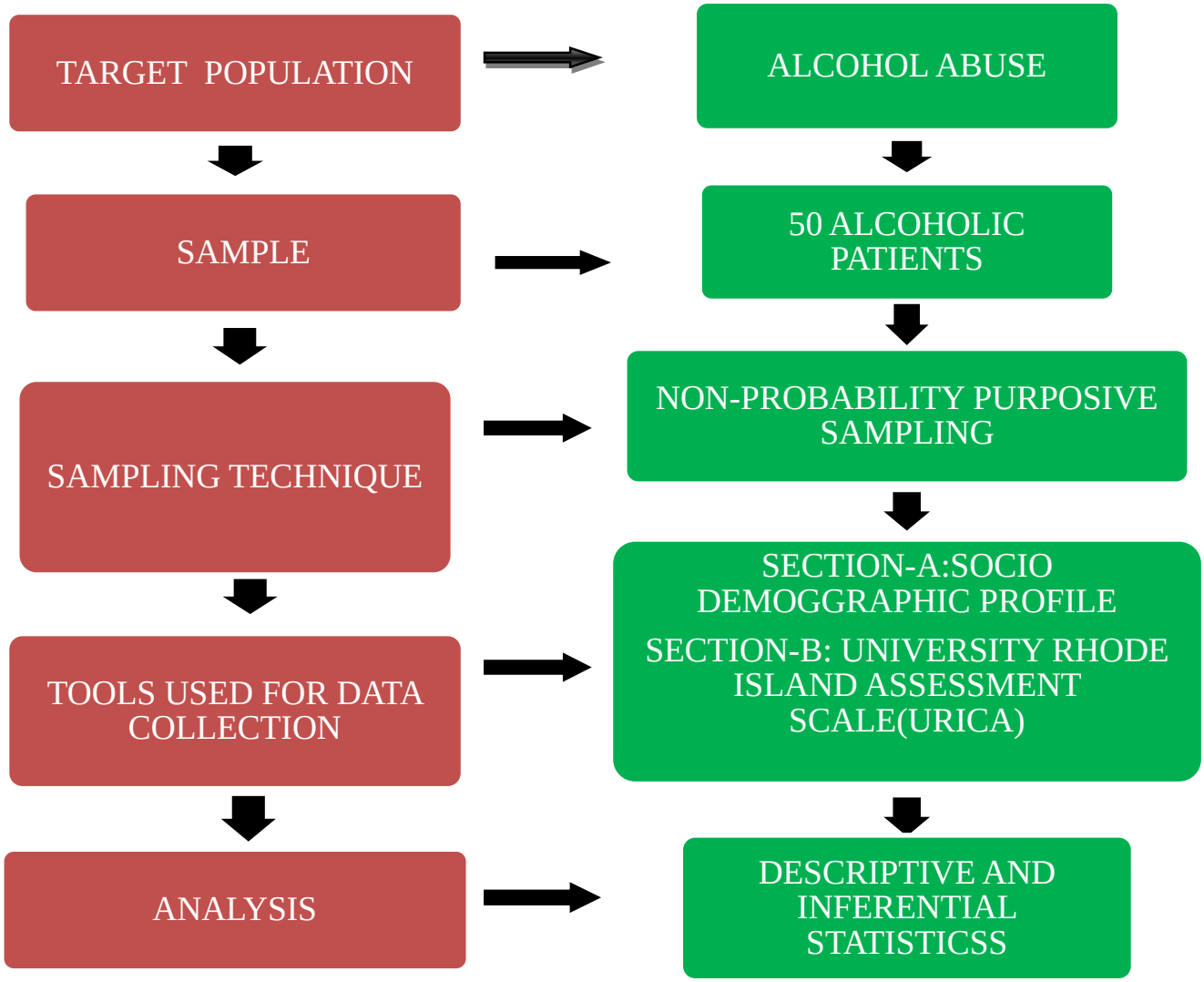


FIGURE 1: SCHEMATIC REPRESENTATION OF THE STUDY DESIGN.

4.4 VARIABLES :

- **STUDY VARIABLES:** Assessment on motivation for change on abstinence from alcohol.

- **ATTRIBUTE VARIABLES:**

It includes personal and professional characteristics of samples such as age, gender, educational status, religion, type of family, occupational status, marital status, total number of years in use of alcohol, duration of stay in de-addiction centre.

4.5 SETTING OF THE STUDY:

The study is conducted in Sri Sai foundation De-addiction centre located at opposite to sri Devaraj Urs University Tamaka, kolar. It is an 80 bedded hospital in which the alcoholic beds are 60 and 20 psychiatric beds. it is the only one De-addiction centre that is found in the kolar.

4.6 POPULATION :

- All the patients who were diagnosed with alcohol abuse and got admitted in the de-addiction centre of Sri Sai foundation, Tamaka, Kolar.

4.8 SAMPLING & SAMPLE SIZE

The sample of the study includes 50 Patients with alcohol abuse in selected de-addiction centre, kolar who fulfills the inclusion criteria.

4.8 SAMPLING TECHNIQUE

Sampling technique for the study is Non – probability purposive sampling technique.

4.9 SAMPLING CRITERIA

✓ Inclusion criteria

1) Patients who are diagnosed with alcohol abuse and admitted in de-addiction centre.

2) Patients who are available and willing to participate in the study.

3) Patients who are able to understand read and respond in English or Kannada.

✓ Exclusion criteria

1).Patients who are not willing to participate in the study.

2) Patients who are with severe withdrawal symptoms.

4.10 DEVELOPMENT AND DESCRIPTION OF TOOL

This tool was developed on the basis of objectives of the study .A standardized tool was developed regarding on level of motivation for change on alcohol abuse .Tool was considered to be the most appropriate instrument to elicit the response from the subject who are able to read and understand English or kannada having some basic knowledge and willing to participate in the study.

It consists of two sections:

SECTION –A: Socio Demographic profile

It includes 12 questions regarding the personal and professional characteristics of alcoholic patients such as age, gender,educational qualification, monthly income, marital status, place of residence, occupational status, History of alcohol dependence, Duration of consumption,Mili liter of alcohol consumed, Any History of institutionalization.

SECTION-B: University Rhode Island change assessment scale (URICA)

The University of Rhode Island Change Assessment Scale (URICA) is a 32-item self report measures that includes 4 subscales measuring the stage of change. Precontemplation, Contemplation, Action, and Maintenance. It is invented by Thomason mark in 1850.It is mainly used for Adults and Adolescent .The URICA could be used in treatment and research to assess clinical process and motivation readiness. Responses are given on a point Likert scale ranging from 1(strong disagreement) to 5 (strong agreement).The subscales can be combined arithmetically(C+A+M-PC) to yield a second –order countries Readiness to change score that can be used to assess readiness to change at entrance to treatment.

SCORE INTERPRETATION:

The score was prepared for:

- **Section A-** will be coded according to the responses given by the subjects
- **Section-B**

STAGES	SCORE
Pre-contemplation	**<8**
Contemplation	**9-11**
Action or participation	**11-14**
Maintenance	**15-18**

4.11 DATA COLLECTION PROCEDURE

Group members collected the data after getting the formal permission from the concerned authorities. The study was conducted in the month of September 2017 among 50 Patients with alcohol abuse by non-probability purposive sampling technique. The purpose of the study was explained .A written consent was obtained from the sample to participate in the study and confidentiality was maintained. Introduction was given by the group members and data was collected with the help of standardized tool on level of motivation for change until the desired sample was achieved.

4.12 METHOD OF DATA ANALYSIS

Data was analyzed in terms of the objectives of the study using descriptive and inferential statistics.

Descriptive statistics

1) Frequency and percentage distribution to assess the socio-demographic variables, level of motivation for change on abstinence.

2) Mean and standard deviation will be used for assessing motivational scores.

Inferential statistics

1) Chi-square test (χ^2) will be used to determine the association between level of motivation and selected socio-demographic variables of patients with alcohol abuse.

CHAPTER V

RESULTS

CHAPTER-V

RESULTS

Data Analysis and interpretations

This chapter deals with interpretation and analysis of data collected from 50 alcohol abuse of sri Sai foundation, Tamaka, Kolar, in order to assess the level of motivation among alcohol abuse. The data collected from 50 alcohol abuse were analyzed according to the plan for data analysis, which include both descriptive and inferential statistics. The finding has been organized and presented under the following headings.

SECTION A; Frequency and percentage distribution of socio –demographic variables of Patients with alcohol abuse.

SECTION B: Frequency and percentage distribution of level of motivation of for change on abstinence from alcohol among patients with alcohol abuse.

SECTION C: overall mean and standard deviation of level of motivation for change among patients with alcoholic abuse**.**

SECTION D: Frequency and percentage of group mean values' of different stages of motivation among patients with alcohol abuse.

SECTION E: Association between the level of motivation for change and selected socio-demographic variables of patients with alcohol abuse.

SECTION A

Table 1: Frequency and percentage distribution of socio –demographic variables of patients with alcohol abuse.

n=50

Sl.no	Socio demographic variables	Frequency (f)	Percentage (%)
1	**Age in year**		
	(a)<20 years	09	18
	(b)21-30 years	12	24
	(c)31-40 years	14	28
	(d)41-50 years	08	16
	(e)>50 years	07	14
2	**Gender**		
	(a)Male	50	100
	(b)Female	-	-
3	**Educational status**		
	(a)No formal education	08	16
	(b)Primary education	04	8
	(c)High school	11	22
	(d)Higher secondary	18	36
	(e)Graduate	09	18
4	**Family monthly income(Rs/-)**		
	(a)Below 20,000	17	34

	(b)20,001-30,000	17	34
	(c)30,001-40,000	13	26
	(d)>40,000	03	06
5	**Marital status**		
	(a)Married	31	62
	(b)unmarried	19	38
	(c)Divorced/separated	-	-
6	**Religion**		
	(a)Hindu	32	64
	(b)Christian	13	26
	(c)Muslim	05	10
	(d)Any others	-	-
7	**Place of residence**		
	(a)Urban	21	42
	(b)Rural	29	58
8	**Occupational status**		
	(a)Govt employee	07	14
	(b)private employee	11	22
	(c)Daily wages	08	16
	(d)Business	17	34
	(e)Agriculture	07	14
9	**H/o of alcohol dependence**		
	(a)yes	09	18
	(b)No	41	82
10	**Duration of consumption**		
	(a)<5 years	11	22
	(b)5-10 years	27	54
	(c)10-15 years	07	14
	(d)>15 years	05	10

11	**Quantity of alcohol consumed**		
	(a)<180 ml	03	06
	(b)180-360 ml	35	70
	(c)>360ml	12	24
12	**History of institutionalization**		
	(a)Yes	05	10
	(b)NO	45	90

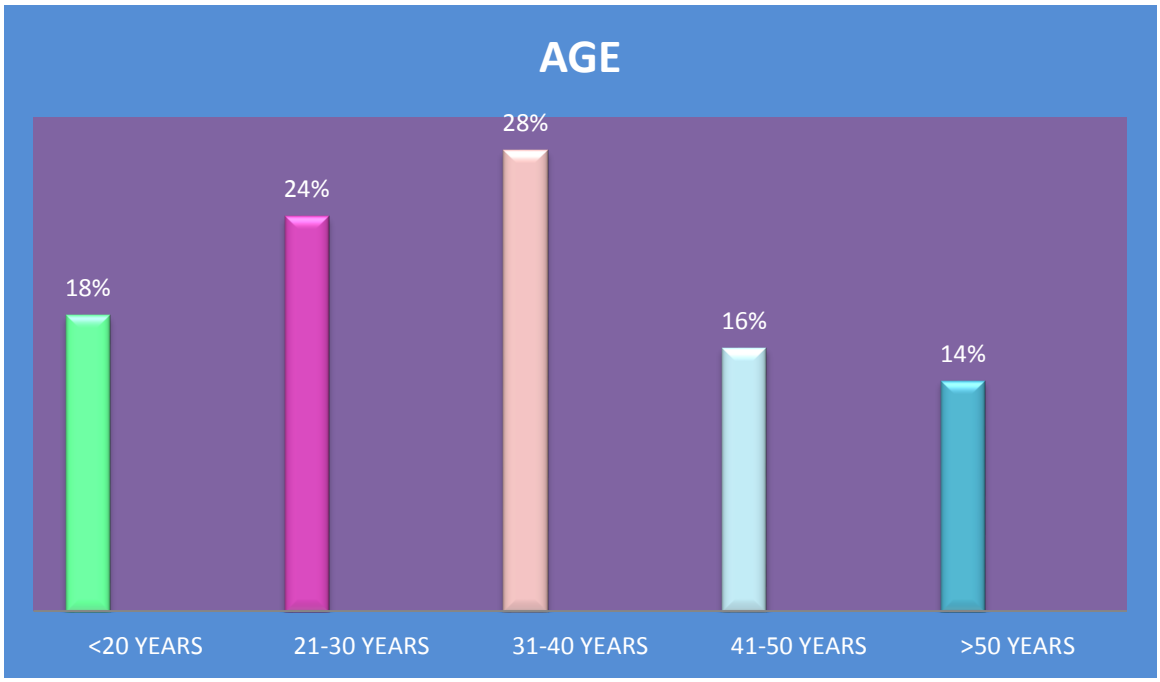


Figure 2: Percentage distribution of alcoholic abuse according to their age.

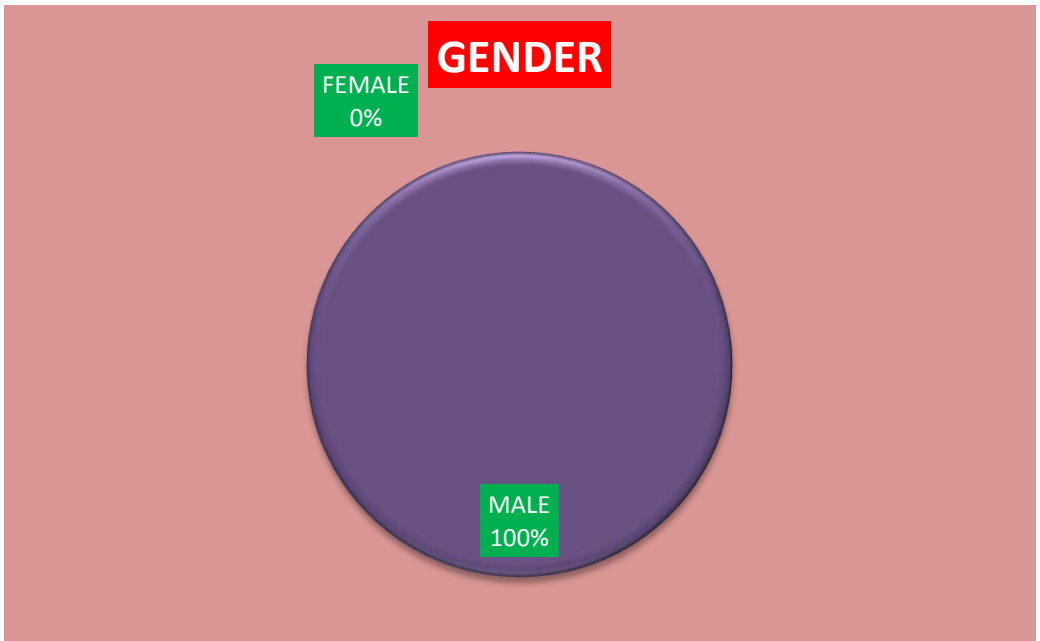


Figure 3: Percentage distribution of alcoholic abuse according to their gender

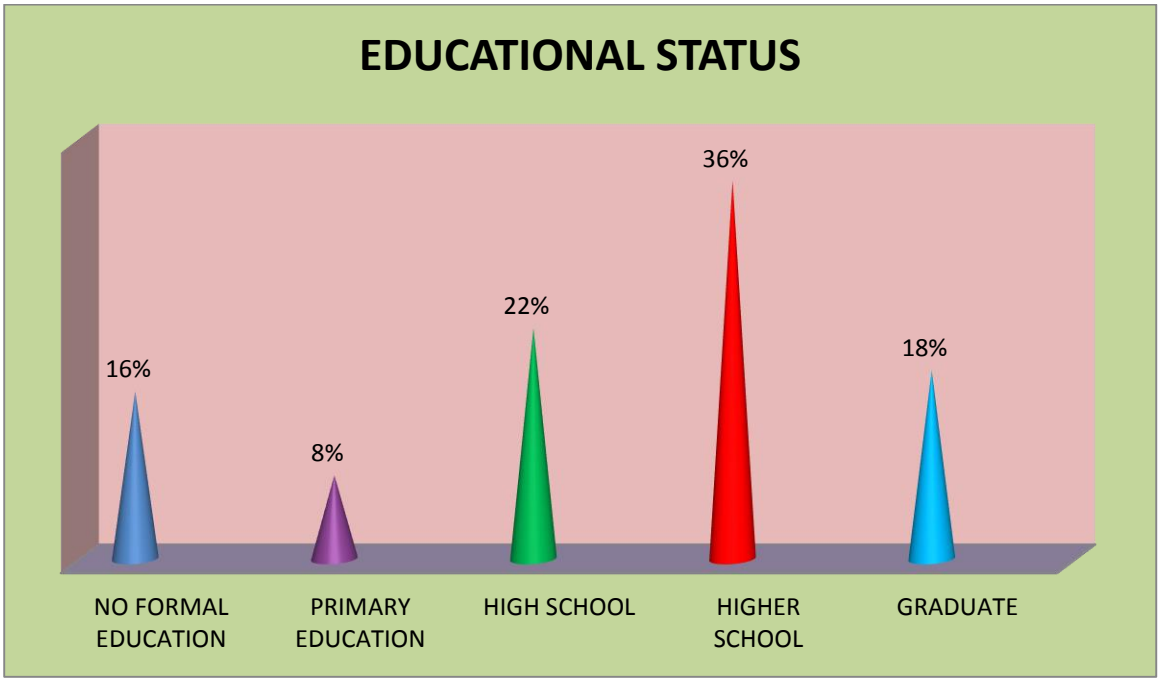


Figure 4: Percentage distribution of alcoholic abuse according to their educational qualification

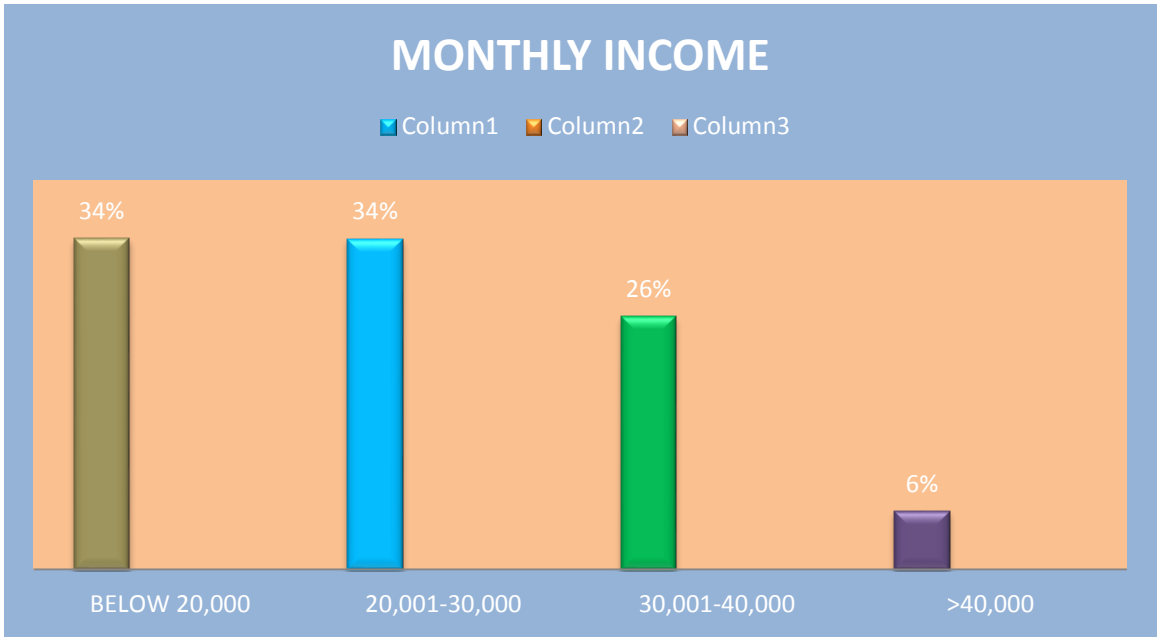


Figure 5: Percentage distribution of alcoholic patients according to their monthly income.

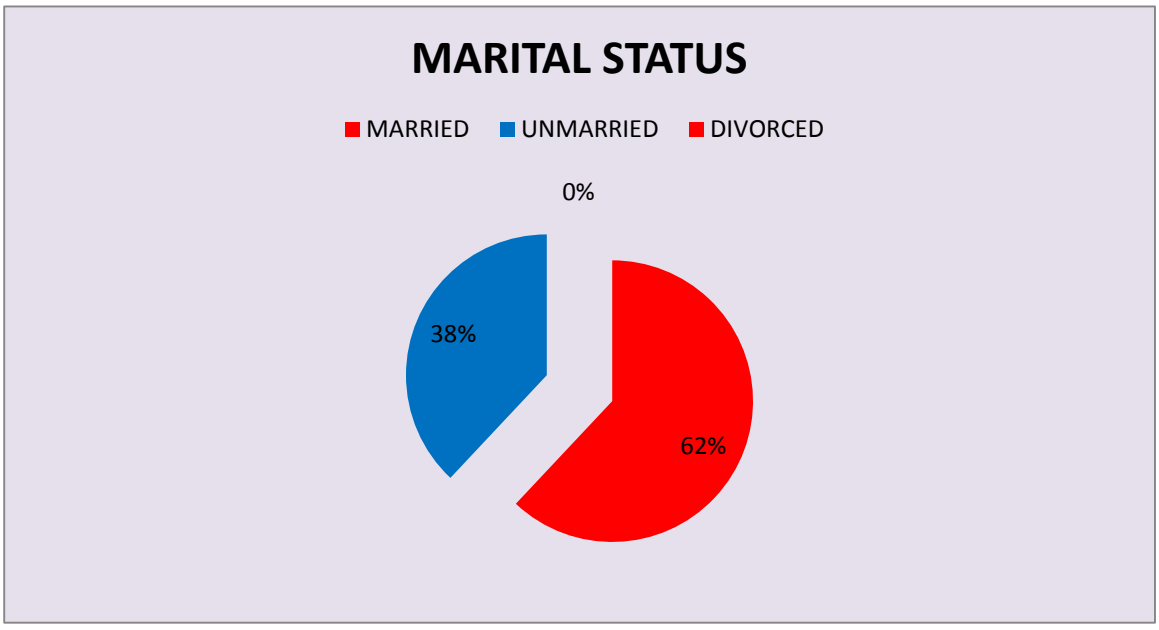


Figure 6: Percentage distribution of alcoholic patients according to their marital status.

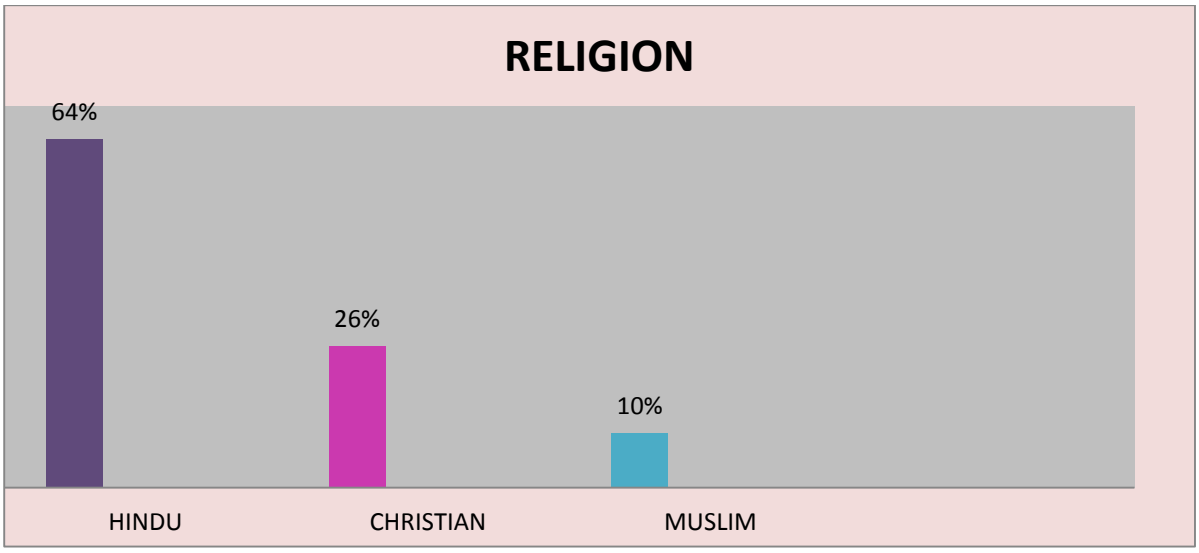


Figure 7: Percentage distribution of alcoholic patients according to their religion

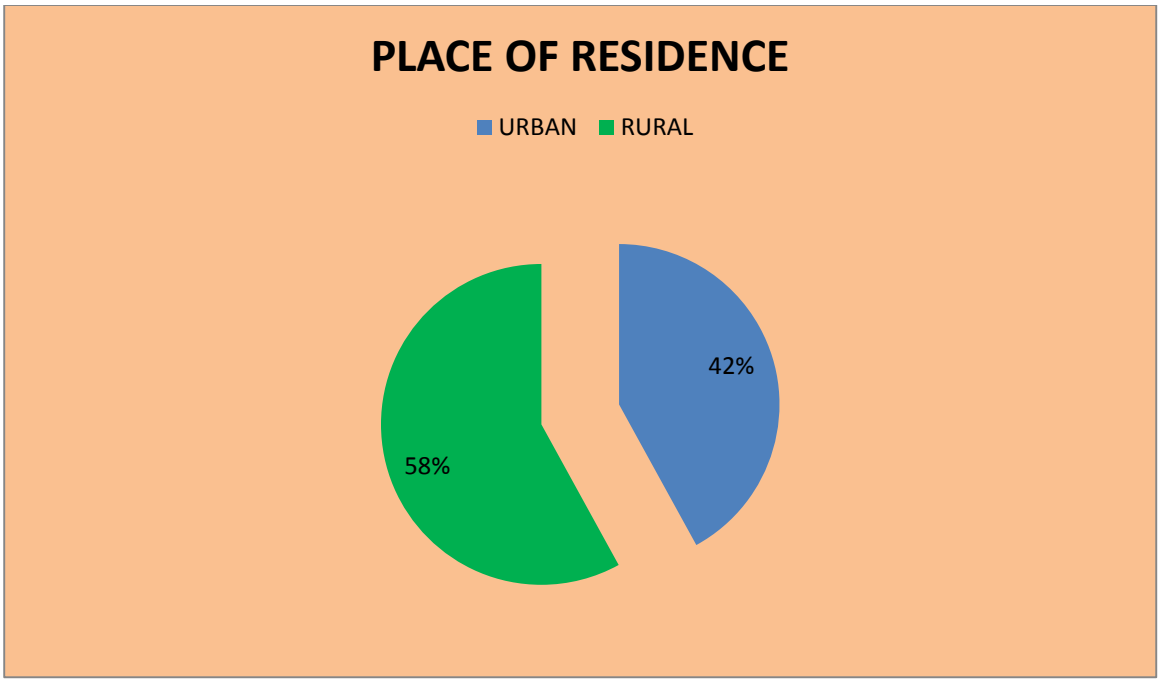


Figure 8: Percentage distribution of alcoholic patients according to their place of residence.

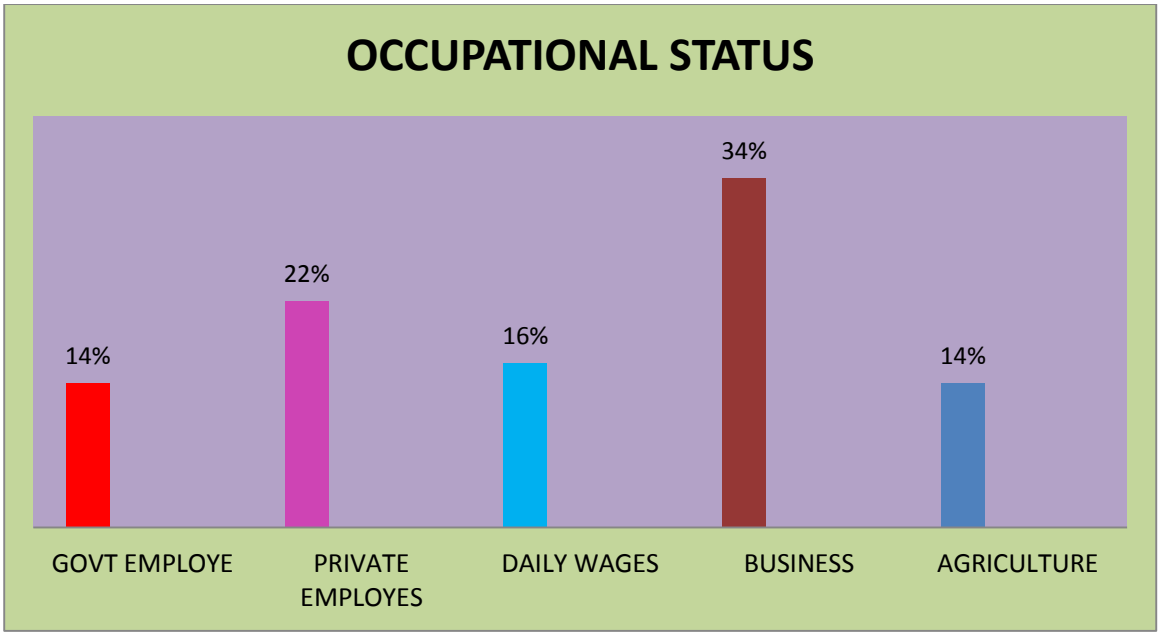


Figure 9: Percentage distribution of alcoholic patients according to their occupational status

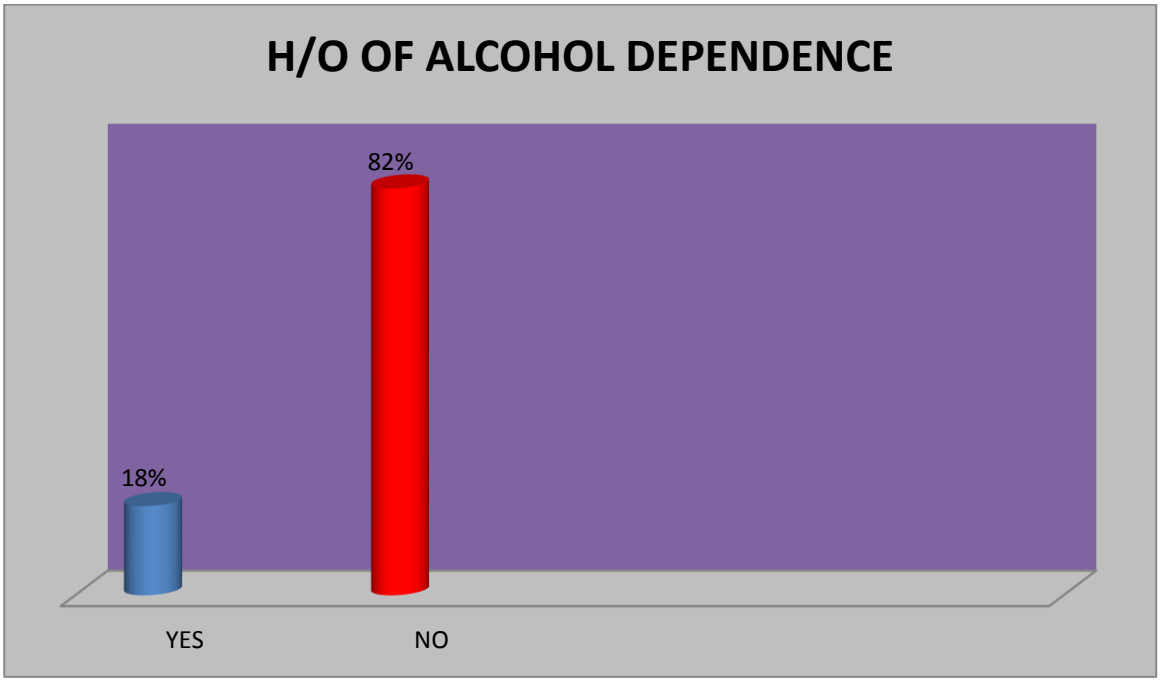


Figure 10: Percentage distribution of alcoholic patients according to their alcohol dependence

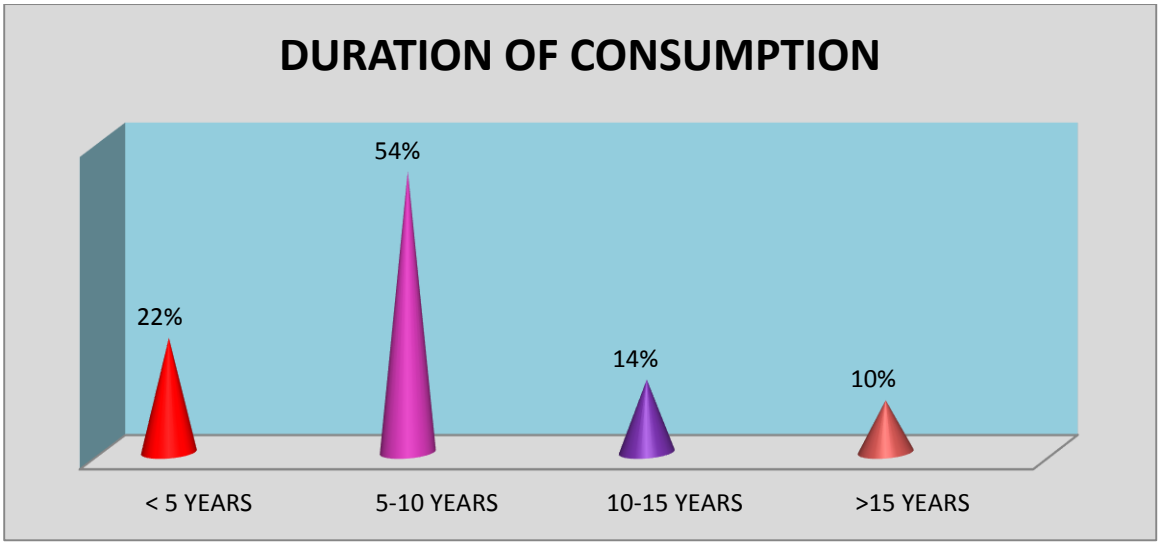


Figure 11: Percentage distribution of alcoholic patients according to their duration of consumption.

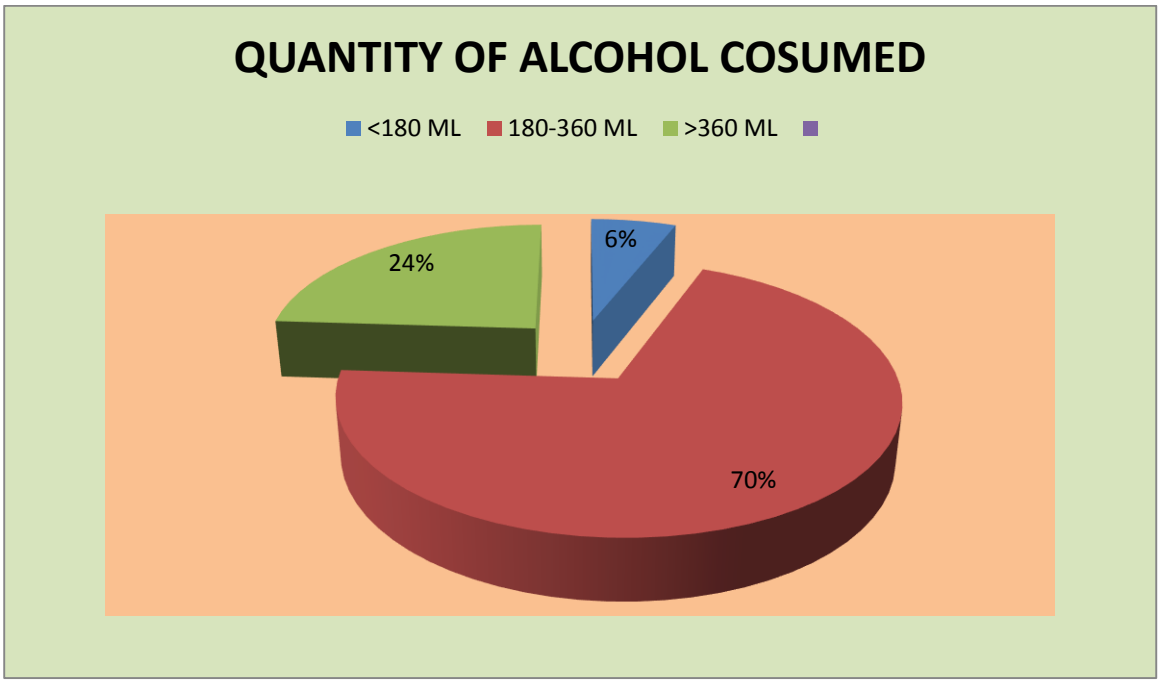


Figure 12: Percentage distribution of alcoholic patients according to their ML of alcohol consume

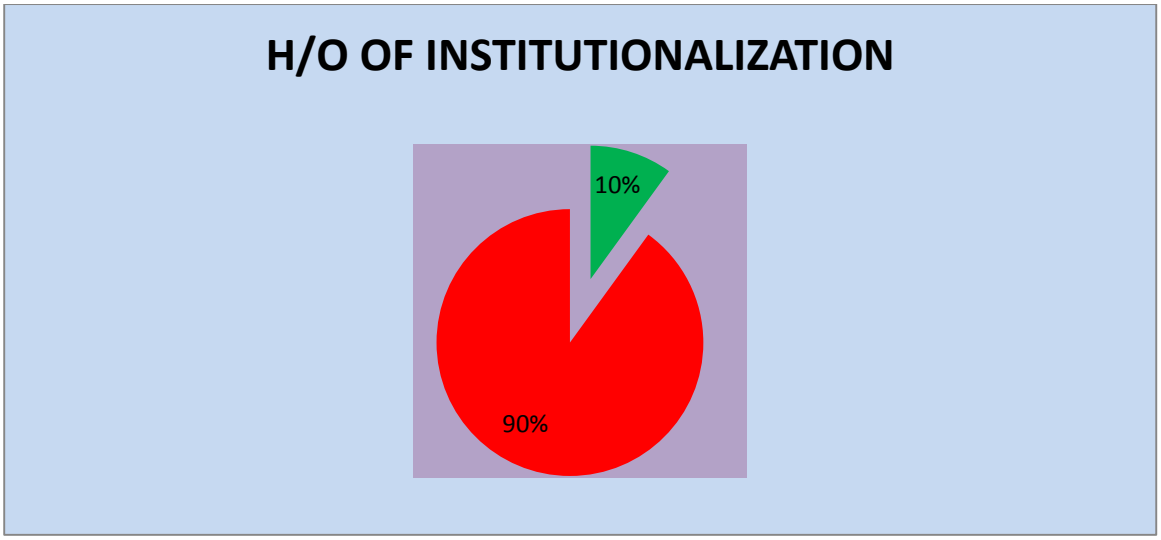


Figure 13: Percentage distribution of alcoholic patients according to their history of institutionalization.

Table 1: Reveals the distribution of socio demographic variables of patients with alcohol abuse. The maximum number of alcohol abuse 9(18%) were in the age group of <20 years, 12(24%) were in the age group of 21-30 years,14(28%) were in the age group of 31-40 years,8(16%) were in the age group of 41-50 years,7(14%) were in the age group of above 50.

All of the alcohol abuse was males 50(100%).With regard to educational qualification abuse 8(16%) of them does not had formal education and 4(8%) of them had primary education and 11(22%) of them had high school education and 18(36%) had higher school education and 9(18%) were graduated.

With respect to monthly income alcohol abuse 17(34%) had an income of below 20,000 and 17(34%) had an income of 20,001-30,000 and 13(26%) had an income of 30,001-40,000 and 3(6%) had income more than 40,000.

In alcohol abuse 31(62%) were married and 19(38%) were unmarried. and 31(62%) were Hindu,and 13(26%) were Christian and 5 (10%) were Muslim.

In alcohol abuse 21(42%) were from urban area, 29(58%) were from the rural area and 7(14%) were government employee and 11(22%) were private employee and 8(16%) were daily wages employee 17(34%) were business and 7(14%) were agriculture.

With respect to 9(18%) had history of alcohol dependence and 41(82%) had history of alcohol dependence and duration of consumption of alcohol were less than 5 years 11(22%) and 27(54%) had 5-10 years, and 7(14%) had 10-15 years, and 5(10%) had more than 15 years of consumption.

In relation to the ML of alcohol consumed were less than 180ml 3(6%) and 35(70%) had 180-360ml and 12(24%) had more than 360ml and H/O of institutionalization were 5(10%) and 45(90%) does not have any history of institutionalization.

SECTION B

Table 2: Frequency and percentage distribution of level of motivation for change on abstinence from alcohol among patients with alcohol abuse.

n=50

Sl.no:	Level of Motivation	Frequency(f)	Percentage (%)
1	**Pre-contemplation (<8)**	**32**	**64%**
2	**Contemplation (9-11)**	**17**	**34%**
3	**Action (11-14)**	**01**	**02%**
4	**Maintenance (15-18)**	**-**	**-**

Table 2: Describing the frequency and percentage distribution of level of motivation for change among alcoholic abuse which states that the majority of alcoholic abuse 32(64%) is under pre-contemplation phase and 17(34%) of them are under contemplation phase and 1(2%) was found to be in action phase and nobody is there in maintenance phase.

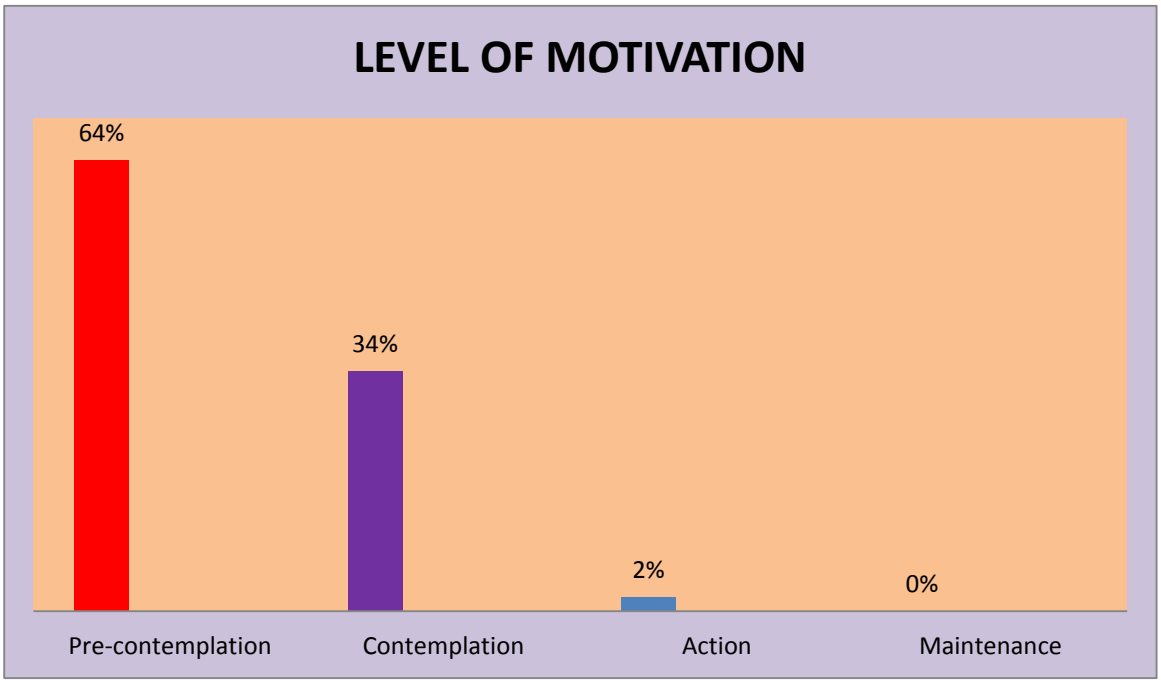


Figure 14 : Percentage distribution of alcoholic patients according to their level of motivation

SECTION C

Table 3: overall mean and standard deviation of level of motivation for change among patients with alcohol abuse.

n=50

Stages of motivation for change	Items	Maximum score	Minimum score	Over all mean score	Over all standard deviation.
Pre-contemplation stage	07	30	13	26.1	3.96
Contemplation Stage	07	35	14	26.6	3.52
Action Stage	07	33	18	26.2	4.79
Maintenance Stage	07	33	17	27.2	3.34
0verall	32	144	90	121.4	12.1

Table 3: Discuss about the overall mean of pre contemplation stage was 26.1 with standard deviation of 3.96 and also states that the maximum score obtained was 13 minimum s score was 13 respectively.

Overall mean of contemplation stage was 26.6 with standard deviation of 3.52 and also states that the maximum score obtained was 35 minimum s score was 14 respectively.

Overall mean of Action stage was 26.2 with standard deviation of 4.79 and also states that the maximum score obtained was 33 minimum s score was 18 respectively.

Overall mean of Maintenance stage was 27.2 with standard deviation of 3.34 and also states that the maximum score obtained was 33 minimum s score was 17 respectively.

Overall mean of all the stage was 121.4 with standard deviation of 12.1 and also states that maximum score obtained was 144 and minimum score obtained was 90 respectively.

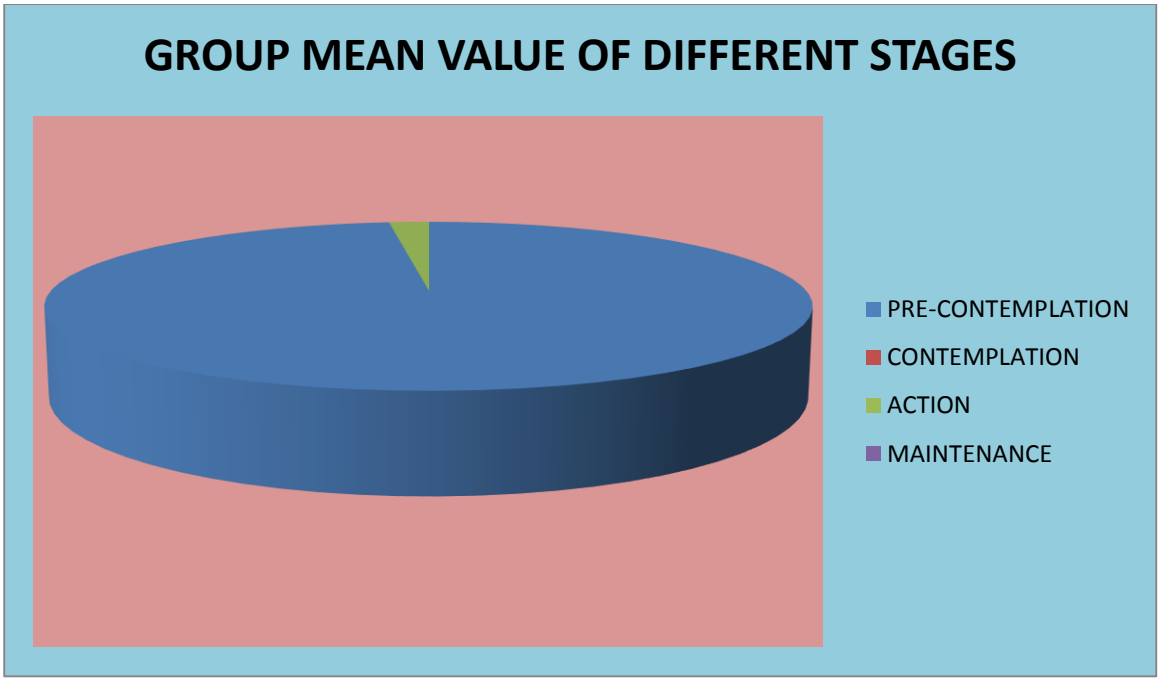
SECTION D

Table 4: Frequency and percentage of group mean values' of different stages of motivation among patients with alcohol abuse.

n=50

Stages	Frequency (F)	Percentage (%)
Pre –contemplation (9.3)	49	98%
Contemplation (11.0)	-	-
Participation (12.6)	01	02%
Maintenance (not available)	-	-

Table 4: Descriptive frequency and percentage distribution of group mean in level of motivation in alcohol abuse which states that pre-contemplation stage 49(98%) had group average is closest to the computed readiness score and contemplation stage no group mean is found ,and action phase only1(2%) is found and no group mean is found in maintenance phase.



SECTION E

Table 5: Association between the level of motivation for change and selected socio-demographic variables of patients with alcoholic abuse.

Sl.no.	Socio demographic variables.	Level of motivation for change		Chi square value(χ^2)
		Above median (>8)	Below median (<8)	
1	**Age in years**			
	<20 years	07	02	
	21-30 years	06	06	2.29
	31-40 years	09	05	df=4
	41-50 years	06	02	(NS)
	>50years	04	03	
2	**Educational status**			
	No formal education	05	03	
	Primary education	04	0	2.51
	High school	05	06	df=5
	Higher school	13	05	(NS)
	Graduate	05	04	

3	**Family monthly income** Below 20,000 20,001-30,000 30,001-40,000 >40,000	 10 11 10 01	 07 06 03 02	 2.28 df=3 (NS)
4	**Marital status** Married Unmarried Divorced	 22 13 0	 09 06 0	 0.01 df=1 (NS)
5	**Religion** Hindu Christian Muslim	 20 09 03	 12 04 02	 0.19 df=2 (NS)
6	**Place of residence** Urban Rural	 14 18	 07 11	 0.1 df=1 (NS)
7	**Occupational status** Government employee Private employee Daily wages Business Agriculture	 05 05 05 13 04	 02 06 03 04 03	 3.11 df=4 (NS)
8	**H/O of alcohol dependence** Yes No	 04 28	 05 13	 1.79 df=1 (NS)
9	**Duration of consumption** <5 years 5-10 years 10-15 years >15 years	 09 17 05 01	 02 10 02 04	 5.86 df=3 (NS)
10	**ML of alcohol consumed** <180 ml 180-360 ml >360 ml	 02 23 07	 01 12 05	 0.19 df=2 (NS)
11	**H/O institutionalization** Yes No	 02 30	 03 15	 1.38 df=1 (NS)

NS=Not significant at **p <0.05**

df=Degree of freedom

Table 5: Describes the association between the level of motivation and socio-demographic variables of alcohol abuse which states that the calculated value of chi square was less than the book value (table) which significant that it is not statistically significant at p <0.05 which includes that there is no association between the level of motivation for change and of socio –demographic variables patients with alcohol abuse.

CHAPTER –VI

DISCUSSION

CHAPTER VI

DISCUSSION

This chapter deals with the major finding of the study and discusses them in relation to similar studies conducted by other researcher.

The main aim of the study was to assess the level of motivation for change on abstinence from alcohol abuse in selected de-addiction centre at kolar with a view to prepare an information booklet on motivational enhancement therapy. Data collection and analysis were carried out based on the objectives of the study.

OBJECTIVES OF THE STUDY:

1. To assess the level of motivation for change on abstinence among patients with alcohol abuse.

2. To find out the association between the level of motivation for change on abstinence and selected socio-demographic variables of patients with alcohol abuse.

The first objectives of the study was to assess the level of motivation for changes on abstinence among patients with alcohol abuse.

The finding of the study (Table 2) revealed55the majority i.e.; 64% of the alcohol abuse had under the stage of pre-contemplation phase and 34% had under contemplation phase and only 2% had under action phase and nobody was under maintenance phase.

A study of motivation for change in inpatients with ADS the assessment of motivation showed 60% of patients in Precontemplation (PC) stage at baseline compared to 34% of the patients in PC,57% in Contemplation(C), and 9% in Action stage (A)after 2 weeks of inpatient stay. A highly significant change was seen in the level of motivation toward contemplation and action stage after 2 weeks of inpatient stay($z=5.745, p<0.001$).Motivation to change had a significant association with complication of alcohol use, medical comorbidity,onset and severity of alcohol dependence,socio economic status,religion,and mode of referral.

The second objectives of the study were to determine the association between the level of motivation for change on abstinence and selected socio-demographic variables of patients with alcohol abuse.

The finding of the study (Table 5) revealed that majority ie; 40% of alcohol abuse had motivation below median 60% had motivation above median.

A study of motivation showed that significant association with level of motivation for change among patients with alcohol abuse ($p=0.025$) and medical co morbidity

(p=0.03).They are associated with higher stages of motivation. There was a significant association of religion (p=0.02), income (p=0.04),and socio economic class (p=0.004)with the stages of motivation. Majority of Hindu and Christian were in PC stage, whereas Muslims were in Contemplation or Action stage. Higher income and higher socio economic class were associated with higher stage of motivation. A significant association was seen in between mode of referral and stages of motivation at baseline.

CHAPTER VII

SUMMARY

CHAPTER VI

SUMMARY

The primary aim of the study was to assess level of motivation for change on abstinence from alcohol abuse in selected de-addiction centre at kolar.

50 alcohol abuse were selected by non –probability purposive sampling technique from sri Sai foundation, kolar and assess was done on the basis of .The data gathered and were analyzed and interpreted by according to the objectives of the study.

OBJECTIVES OF THE STUDY:

1. To assess the level of motivation for change on abstinence among patients with alcohol abuse.

2. To find out the association between the level of motivation for change on abstinence and selected socio-demographic variables of patients with alcohol abuse.

3. To prepare an information booklet on motivational enhancement therapy.

The data was collected from 50 alcohol abuse admitted in Sri Sai i foundation ,based on inclusion and exclusion criteria, by using a tool, it was found to be feasible for the study. The tool includes 2 sections

- **Section A** deals with socio demographic variables of alcohol abuse which include 12 items.

- **Section B** contains a University Rhode Island Change Assessment Scale (URICA) which includes 32 questions.

Review of literature was done to gain an insight in to the problem for the development on the tool and for analysis of the data.

MAJOR FINDINGS OF THE STUDY

- A sample of 50 alcohol abuse were analyzed for the data collection, the following were the conclusive features of the findings.

- Among 50 alcohol abuse 9(18%) were in the age group of <20 years, 12(24%) were in the age group of 21-30 years,14(28%) were in the age group of 31-40 years,8(16%) were in the age group of 41-50 years,7(14%) were in the age group of above 50.

- Out of 50 alcohol abuse all were males 50(100%).

- With regarding to educational qualification, out of 50 alcohol abuse 8(16%) of them does not had formal education and 4(8%) of them had primary education and 11(22%) of them had high school education and 18(36%) had higher school education and 9(18%) were graduated.

- Among alcohol abuse 17(34%) had an income of below 20,000 and 17(34%) had an income of 20,001-30,000 and 13(26%) had an income of 30,001-40,000 and 3(6%) had income more than 40,000.

- Among alcohol abuse 31(62%) were married and 19(38%) were unmarried.

- Out of 50 alcohol abuse 31(62%) were Hindu, and 13(26%) were Christian and 5 (10%) were Muslim.
- Out of 50 alcohol abuse 21(42%) were from urban area, 29(58%) were from the rural area.

- Among alcohol abuse 7(14%) were government employee and 11(22%) were private employee and 8(16%) were daily wages employee 17(34%) were business and 7(14%) were agriculture.

- Among alcohol abuse 9(18%) had history of alcohol dependence and 41(82%) had history of alcohol dependence.

- Out of 50 alcohol abuse duration of consumption of alcohol were less than 5 years 11(22%) and 27(54%) had 5-10 years, and 7(14%) had 10-15 years, and 5(10%) had more than 15 years of consumption.

- Among alcohol abuse ML of alcohol consumed were less than 180ml 3(6%) and 35(70%) had 180-360ml and 12(24%) had more than 360ml.

- Out of 50 alcohol abuse H/O of institutionalization were 5(10%) and 45(90%) does not have any history of institutionalization.

- Descriptive frequency and percentage distribution of level of motivation for change among alcoholic abuse which states that the majority of alcoholic abuse 32(64%) is under pre-contemplation phase and 17(34%) of them are under contemplation phase and 1(2%) was found to be in action phase and nobody is there in maintenance phase.

- Descriptive frequency and percentage distribution of group mean in level of motivation in alcohol abuse which states that pre-contemplation stage 49(98%) had group average is closest to the computed readiness score and contemplation stage no group mean is found ,and action phase only1(2%) is found and no group mean is found in maintenance phase.

- Overall mean of pre contemplation stage was 26.1 with standard deviation of 3.96 and also states that the maximum score obtained was 13 minimum s score was 13 respectively. Overall mean of contemplation stage was 26.6 with standard deviation of 3.52 and also states that the maximum score obtained was 35 minimum s score was 14 respectively. Overall mean of Action stage was 26.2 with standard deviation of 4.79 and also states that the maximum score obtained was 33 minimum s score was 18 respectively. Overall mean of Maintenance stage was 27.2 with standard deviation of 3.34 and also states that the maximum score obtained was 33 minimum s score was 17 respectively. Overall mean of all the stage was 121.4 with standard deviation of 12.1 and also states that maximum score obtained was 144 and minimum score obtained was 90 respectively.

- the association between the level of motivation and socio-demographic variables of alcohol abuse which states that the calculated value of chi square was less than the book value (table) which significant that it is not statistically at $p < 0.05$ which includes

that there is no association between the level of motivation of socio –demographic variables of alcohol abuse.

Hence H_0 hypothesis which is stated that there is no statistically significant association between the level of motivation for change on abstinence and selected socio-demographic variables of patients with alcohol abuse was found to be accepted.

CHAPTER –VIII

CONCLUSION

CHAPTER VIII

CONCLUSION

The study concluded that the level of motivation for change among patients with alcohol abuse which states that the majority of patients with alcohol abuse 32(64%) is under pre-contemplation phase and 17(34%) of them are under contemplation phase and 1(2%) was

found to be in action phase and none of them is under in maintenance phase. The null hypothesis H_{01} was accepted and stated that "there is no statistically significant association between the levels of motivation. The association between the level of motivation and selected socio-demographic variables of patients with alcohol abuse.

IMPLICATIONS

Finding of the study have drawn implications in the area of nursing education, nursing services, nursing administration and nursing research.

Nursing practice

- The Psychiatric nurse can conduct Motivational Enhancement therapy sessions on enhancing level of motivation for change among patients with alcohol abuse in different de-addiction centers.
- Nurse clinician should periodically evaluate themselves by updating their knowledge on Motivational Enhancement Therapy.
- Nurse practitioners can expand and extend their practice beyond the de-addiction centre and share their knowledge with community settings.

Nursing Education

Nurse educators have an important role in educating the nursing students regarding the motivational therapy sessions.

- Findings of the study would highlight the importance of Motivational Enhancement Therapy on enhancing level of motivation for change among patients with alcohol abuse
- Nurse educators should emphasis more on preparing students to impart information to public regarding motivational enhancement therapy.

Nursing Administration

The Nurse as an administrator should:

- Nursing administrators can arrange daily sessions on enhancing level of motivation among patients with alcohol abuse in different de-addiction centers.
- Cost-effective implementation of Motivational Enhancement Therapy by the nursing staff should be encouraged. Necessary administrative support should be provided to conduct such activities.
- Provide opportunities for nursing students to attend workshops and conference or training programme regarding Motivation Enhancement Therapy.

Nursing Research

Research provides nurses the creditability to influence the decision making, policy and protocol formation regarding motivation therapy. The nurse education and administrators should:

- More research studies can be conducted in this area to show the effectiveness of Motivational Enhancement therapy on patients with alcohol abuse and substance related disorders.
- Researcher should involve inter disciplinary research teams and the findings should be communicated through journals and other periodicals.

RECOMMENDATIONS

- A similar study can be conducted to the larger population for generalizing the findings.
- Comparative study can be conducted with control group,

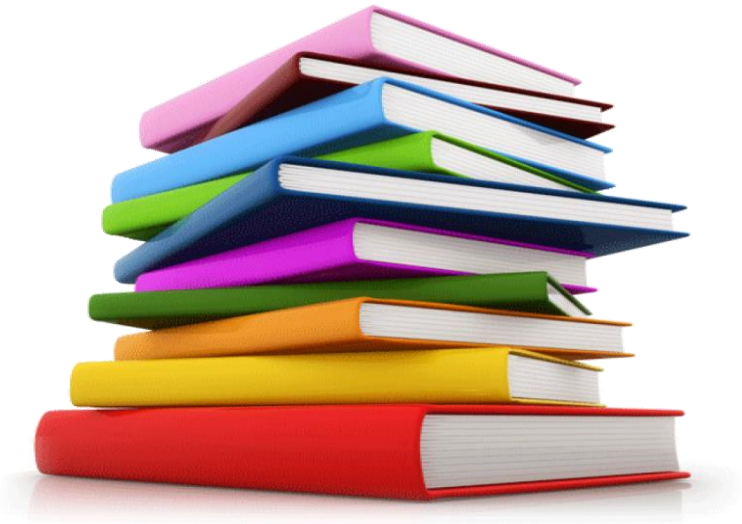
- An information booklet and its effectiveness and other Substance abuse patient can be studied with different settings.
- Workshop can be conducted for the patients with alcohol abuse in order to create awareness towards effects of alcoholism.
- It can be done on different conditions like eating disorder patients, suicide attempt individual etc.
- Same study on urban and rural settings.

LIMITATIONS

- The sample size constituted only 50 patients with alcohol abuse who were admitted in Sri Sai foundation Tamaka, Kolar. The generalization of the findings will be applicable only for the study population.
- The study was conducted only in Sri Sai foundation, Tamaka, Kolar. Hence, the generalization is possible only to the selected settings.

CHAPTER -XI

REFERENCE



CHAPTER-XI

REFERENCE

1. Sreevani R.A Guide to mental health and psychiatric Nursing, New delhi,jaypee publications.2007,pg.no: 193-195.

2. Mary c.Townsend Psychiatric Mental Health Nursing Philadelphia A David publications 2003.pg.no;50-61

2. Bimla Kapoor,"Text book of psychiatric Nursing", New delhi:Kumar publication house,2004.pg.no:23-30

4. Gail W.stuart, Michele T.Laraia.principles and practice of psychiatric Nursing Missouri Mosby publications; 2005.pg.no:121-129.

6. Principle Investigator: William R., Miller, ph.D, Funding Agencies: National institute on Alcohol Abuse and Alcoholism (NIAAA)National Institute on Drug Abuse(NIDA)

7. Murthy p, Manjunath N.Substance use and addiction research in India.India journal of psychiatry-2010;52(7):189-199.

8.Project MATCH Research staff Matching alcoholism treatment to client heterogenicity,Journal of studies on alcohol ,1997;58(1):728-729.

9..Center for alcohol and addiction studies,Brown University,Providence,RI,USA.Longabaugh R,Wirtz PW,Gulliver SB,Davidson D,Psychopharmacology 2009 oct;206(3):367-76.pub 2009 jul 29.

10.Miller,W.R(2000) Motivational Enhancement Therapy: Description of counseling Approach in Boren,J.J.Onken,L.S,& Carroll,K.M.Approaches to drug Abuse Counselling,National Institute on Drug Abuse,2000,pp-89-93.

11.Benegal V Velayudan A,jain S,(2000) Social costs of Alcoholism: A Karnataka perspective.NIMHANS Journal;18(1&2);67

12. Chandiraman K,Tripathi BM.Psycho-educational group therapy for alcohol and drug dependence recovery. India J psychiatry.1993:PN.169-72.

13. Barath R,Davis T.Holism and high level wellness.Journal of Alcohol and drug education 1982 PN.28-31.

14. Jacob Anthikad, Psychology for graduate nursing,3rd;Jaypee publication:100

15. Prema TP,GGraicy K.F,Principles & Practise of Psychiatry nursing.Jaypee Publication of I ndia:PN 172-178.

16. Noreen Cavan Frisch, Lowerence E.Firish.Psychiatric mental health nursing,3rd edition PN,766-768.

17. Miller W.R. motivation for treatment: a review with special emphasis on alcoholism; psychological bulletin. 1985; 98; 84-107.

18). Walitzer KS. Dermen KH. BarrickC.Journal. Article Randomized Controlled Trial Research Support.Addiction 2009 Mar; 104(3); 391-401.

19. JulinSellman JD, Sullivan PF, Dore GM, Adamson SJ.MacEwan I. National Centre for Treatment Development (Alcohol, Drugs & Addiction), Department of Psychological Medicine, Christchurch School of Medicine; New Zealand. 2001 May; 62(3); 389-396.

20. Longabaugh R,Gulliver SB,Davidson D Center for Alcohol and Addiction Studies, Psychopharmacology.Brown University. USA; 2009 Oct. 206(3); 367-376.

21. A. Koken. Center for Motivation and Change. Suite 1101, 276 Fifth Avenue. NewYork.USA Email jkoken@motivationandchange.com

22.Suresh Sharma Nursing Research and statistics elevier publication,2011,pg.no:145-148.

CHAPTER-X

ANNEXURES

From,

Date : 03/11/17

Place : Tamaka

4th year BSc (N)

3rd batch of research students

S.D.U.C.O.N

Tamaka, Kolar

To,

The Medical Superintendent

R. L. J. H & RC

Tamaka, Kolar

Through the principal

S. D. U. C. O. N

Respected sir / madam,

Subject : Requesting permission for data collection.

With reference to the above, we the 3rd batch research students of 4th year BSc (N), S.D.U.C.O.N would like to conduct the research project on **" A Study to assess the anxiety and depression among the patients undergoing radiation therapy at selected hospital with view to develop an information booklet on tips to reduce anxiety and depression among radiation therapy patients."**

Hereby we are enclosing the research methodology, informed consent form and information booklet. we kindly request you to grand permission to conduct the research project work.

Thanking you

Guided by,

Mrs. JairakiniAruna

H.O.D of Mental Health (N) Dept

S.D.U.C.O.N

Tamaka, Kolar

Your's Faithfully,

3rd batch of research students

1) Kavitha Mohan

2) Karishma S

Forwarded to Principal for the needful.

3/11/17

Forwarded to M.S. of RLJH&RC with a request to do the needful.

04/11/17

3/11/17 Permitted

3/11/17

CONSENT FORM

Dear Respondents,

We the students of IV year Bsc(N) of SDUCON are hereby conducting "A descriptive study to assess the Motivatation for change on abstinence from alcohol among patients with alcohol abuse in selected de-addiction centre at Kolar with a view to prepare an information booklet on Motivational Enhancement Therapy. So we request your active participation in providing required information. The tool consists of 2 sections: section A and section B.Section A includes socio-demographic variables of alcohol abuse and section B includes University of Rhode Island Change Assessment Scale (URICA) tool. we assure you that anonymity and confidentiality of the information will be maintained.

Signature of the participant

SECTION- A

SOCIO DEMOGRAPHIC PROFILE

INSTRUCTIONS: Read the following questions and tick appropriately respective choice.

1. Age in years

(a) < 20 years
(b) 21 – 30 years
(c) 31 – 40 years
(d) 41 – 50 years
(e) > 50 years

2. Gender

(a) Male
(b) Female

3. Educational status

(a) No formal education
(b) Primary education
(c) High school
(d) Higher secondary
(e) Graduate

4. Family monthly income (in Rs.)

(a) Below 20,000
(b) 20,001 – 30,000
(c) 30,001 – 40,000
(d) > 40,000

5. Marital status

(a) Married
(b) Unmarried (single)
(c) Divorced / separated

6. Religion

(a) Hindu
(b) Christian
(c) Muslim
(d) Any other

7. Place of residence

(a) Urban

(b)Rural

8. Occupational status

(a) Government employee

(b) Private employee
(c) Daily wages
(d) Business
(e) Agriculture

9. Is there any family history of alcohol dependence

(a) Yes
(b) No

If yes means specify _____.

10. Duration of consumption of alcohol

(a) < 5 years
(b) 5 – 10 years
(c) 10 – 15 years
(d) > 15 years

11. How much ml of alcohol is consumed by you in a day

(a) < 180 ml
(b) 180 – 360 ml
(c) > 360 ml

12. Do you have any previous history of institutionalization to any De-addiction Centre

(a) Yes
(b) No

If yes specify where _____ and for how many months_____.

SECTION B

University Rhode Island Change Assessment Scale (URICA)

INSTRUCTIONS: Kindly go through the questions carefully, before answering. Circle the number that best describes how much you agree or disagree with each statement. There are five possible responses to each of the items in the questionnaire.1 = strongly disagree2 = Disagree3 = Undecided4 = Agree5 = strongly agree

Questions	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
1. As far as I am concerned, I don't have any problem that needs changing.	1	2	3	4	5
2. I think I might be ready for some self improvement.	1	2	3	4	5
3. I am doing something about the problem that had been bothering me.	1	2	3	4	5
4. It might be worthwhile to work on my problem.	1	2	3	4	5
5. I am not the problem one. It doesn't make much sense for me to be here.	1	2	3	4	5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	1	2	3	4	5
7. I am finally doing some work on my problem.	1	2	3	4	5
8. I have been thinking I might want to change something about myself.	1	2	3	4	5
9. I have been successful in working on my problem but I am not sure I can keep up the effort on my own.	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2		4	5
11. Being here is pretty much a waste of time for me because of the problem doesn't have	1	2	3	4	5

anything to do with me.					
12. I'm hoping this place will help me to better understand myself.	1	2	3	4	5
13. I guess I have faults, but there's nothing I really need to change.	1	2	3	4	5
14. I'm really working hard to change.	1	2	3	4	5
15. I have a problem and I really think I should work on it.	1	2	3	4	5
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent a relapse of the problem.	1	2	3	4	5
17. Even though I'm not always successful in changing, I am at least working on my problem.	1	2	3	4	5
18. I thought once I had resolved my problem I would be free of it, but sometimes I still find myself struggling with it.	1	2	3	4	5
19. I wish I had more ideas on how to solve the problem.	1	2	3	4	5
20. I have started working on my problem but I would like help.	1	2	3	4	5
21. Maybe this place will be able to help me.	1	2	3	4	5
22. I may need a boost right now so help me maintain the changes I've already made.	1	2	3	4	5
23. I may be part of the problem but I don't really think I am.	1	2	3	4	5
24. I hope that someone here will have some good advice for me.	1	2	3	4	5
25. Anyone can talk about changing; I'm actually doing something about it.	1	2	3	4	5

26. All this talk about psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
27. I'm here to prevent myself from having a relapse as my problem.	1	2	3	4	5
28. It is frustrating but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5
29. I have worries but so does the next guy. Why spend time thinking about that?	1	2	3	4	5
30. I'm actively working on my problem.	1	2	3	4	5
31. I would rather cope with my faults than try to change them.	1	2	3	4	5
32. After all I had done to change my problem, every now and again it comes back to haunt me.	1	2	3	4	5

ವಿಭಾಗ – ಎ

ಸೊಷಿಯೊ ಡೆಮೊಗ್ರಾಫಿಕ್ ಪ್ರೊಫೈಲ್

ತಿಳುವಳಿಕೆ ಕೊಡುವ: ಈ ಕೆಳಗಿನ ಪ್ರಶ್ನೆಗಳನ್ನು ಓದಿ ಸರಿಯಾದುದನ್ನು ಟಿಕ್ ಮಾಡುವ ಮೂಲಕ ಉತ್ತರಿಸಿ.

1) ವರ್ಷಗಳಲ್ಲಿ ವಯಸ್ಸು
   ಎ) < 20 ವರ್ಷಗಳು
   ಬಿ) 21–30 ವರ್ಷಗಳು
   ಸಿ) 31–40 ವರ್ಷಗಳು
   ಡಿ) 41–50 ವರ್ಷಗಳು
   ಇ) > 50 ವರ್ಷಗಳು

2) ಲಿಂಗ
   ಎ) ಪುರುಷ
   ಬಿ) ಮಹಿಳೆ

3) ವಿದ್ಯಾರ್ಹತೆಯ ವಿವರ
   ಎ) ಫಾರ್ಮಲ್ ವ್ಯಾಸಂಗ ಇಲ್ಲ
   ಬಿ) ಪ್ರೈಮರಿ ವಿದ್ಯಾರ್ಹತೆ
   ಸಿ) ಪ್ರೌಢ ಶಾಲೆ
   ಡಿ) ಪ್ರೌಢ ದರ್ಜೆ ಸೆಕೆಂಡರಿ
   ಸಿ) ಪದವಿ ಶಿಕ್ಷಣ

4) ಕುಟುಂಬದ ತಿಂಗಳ ವರಮಾನ (ರೂಗಳಲ್ಲಿ)
   ಎ) 20,000 ಕ್ಕಿಂತ ಕಡಮೆ
   ಬಿ) 20,001 – 30,000
   ಸಿ) 30,001 – 40,000
   ಡಿ) > 40,000

5) ವಿವಾಹಿತರೇ ಅಲ್ಲವೇ
   ಎ) ವಿವಾಹಿತ
   ಬಿ) ಅವಿವಾಹಿತ (ಒಂಟಿ)
   ಸಿ) ವಿವಾಹ ವಿಚ್ಛೇಧನ / ಬೇರೆಯಾಗಿದೆ

6) ಜಾತಿ
   ಎ) ಹಿಂದು
   ಬಿ) ಕ್ರಿಶ್ಚಿಯನ್
   ಸಿ) ಮುಸ್ಲಿಂ
   ಡಿ) ಬೇರೆ ಯಾವುದೇ ಆದಲ್ಲಿ

7) ವಾಸಸ್ಥಳ
   ಎ) ಪಟ್ಟಣ
   ಬಿ) ಗ್ರಾಮಾಂತರ

8) ಸಂಬಂದಿಸಿದ ವೃತ್ತಿ
   ಎ) ಸರ್ಕಾರಿ ಉದ್ಯೋಗಿ
   ಬಿ) ಖಾಸವಿ ಉದ್ಯೋಗಿ
   ಸಿ) ವ್ಯಾಪಾರ
   ಡಿ) ವ್ಯವಸಾಯ

9) ಕುಡಿತಕ್ಕೆ ಒಳಗಾದವರು ಕುಟುಂಬದ ಚರಿತ್ರೆಯಲ್ಲಿ ಇರುವರೇ
   ಎ) ಹೌದು
   ಬಿ) ಇಲ್ಲ

10) ಕುಡಿತದ ಅವಧಿ ತಿಳಿಸಿ
   ಎ) < 5 ವರ್ಷಗಳು
   ಬಿ) 5–10 ವರ್ಷಗಳು
   ಸಿ) 10–15 ವರ್ಷಗಳು
   ಡಿ) > 15 ವರ್ಷಗಳು

11) ಒಂದು ದಿನಕ್ಕೆ ಎಷ್ಟು ಕುಡಿತದ ಪ್ರಮಾಣ
   ಎ) > 180 ಎಂ.ಎಲ್.
   ಬಿ) 180–360 ಎಂ.ಎಲ್.
   ಸಿ) > 360 ಎಂ.ಎಲ್.

12) ಡೀ ಅಡಿಕ್ಷನ್ ಸೆಂಟರ್ ಬಗ್ಗೆ ನೀವು ಯಾವುದಾದರೂ ಹಿಂದಿನ ಚರಿತ್ರಾರ್ಥಕತೆ ಹೊಂದಿರುವರೇ / ಇನ್ಸ್ಟಿಟ್ಯೂಷನಲೈಜೇಷನ್
   ಎ) ಹೌದು
   ಬಿ) ಇಲ್ಲ

ಹೌದಾದರೆ ಎಲ್ಲಿ ಎಂಬ ಬಗ್ಗೆ ತಿಳಿದಿ _____
ಮತ್ತು ಎಷ್ಟು ತಿಂಗಳಲ್ಲಿ _____

ವಿಭಾಗ – ಬಿ

ತಿಳುವಳಿಕೆ ಕೊಡುವ: ಉತ್ತರಿಸುವ ಮೊದಲು ಪ್ರಶ್ನೆಗಳನ್ನು ಸೂಕ್ಷ್ಮವಾಗಿ ಗಮನಿಸಿ. ಗುಂಡು ಹಾಕುವುದರ ಮೂಲಕ ನೀವು ಎಷ್ಟರ ಮಟ್ಟಿಗೆ ಉತ್ತರದನ್ನು ಒಪ್ಪುತ್ತೀರ ಅಥವಾ ಒಪ್ಪುವುದಿಲ್ಲ ಎಂಬ ಬಗ್ಗೆ ಪ್ರತಿ ಪ್ರಶ್ನೆಗೂ ಸೂಚಿಸಿರಿ.

ಪ್ರತಿ ಪ್ರಶ್ನೆಗೂ 05 ಉತ್ತರಗಳನ್ನು ನೀಡಲಾಗಿದೆ

1 = ಜರೂರಾಗಿ ಒಪ್ಪುವುದಿಲ್ಲ
2 = ಒಪ್ಪುವುದೇ ಇಲ್ಲ
3 = ಸ್ಥಿರಪಟ್ಟಿರುವುದಿಲ್ಲ
4 = ಒಪ್ಪಿದೆ
5 = ದೃಢವಾಗಿ ಒಪ್ಪಿದೆ

ಪ್ರಶ್ನೆಗಳು	ದೃಢವಾಗಿ ತಿಳಿದುಕೊಂಡಿರುತ್ತಾರೆ	ಒಪ್ಪುವದಿಲ್ಲ	ಸ್ಥಿರಪಟ್ಟಿರುವುದಿಲ್ಲ	ಒಪ್ಪಿದೆ	ದೃಢವಾಗಿ ಒಪ್ಪಿದೆ
1. ನನಗೆ ಸಂಬಂದಪಟ್ಟಂತೆ, ನನಗೆ ಬದಲಾಯಿಸಲು ಯಾವುದೇ ವಿಧವಾದ ತೊಂದರೆ ಇರುವುದಿಲ್ಲ.	1	2	3	4	5
2. ನಾನು ಸ್ವತ: ಬೆಳವಣಿಗೆಗೊಳ್ಳಲು ನಾನು ಸಿದ್ದನಾಗಿರುತ್ತೇನೆ	1	2	3	4	5
3. ನನಗೆ ತಿಳಿದ ಮಟ್ಟಿಗೆ ನನಗಿರುವ ತೊಂದರೆಯನ್ನು ನಿಬಾಯಿಸಲು ಸ್ವಲ್ಪಮಟ್ಟಿಗೆ ಪ್ರಯತ್ನಿಸುತ್ತಿದ್ದೇನೆ.	1	2	3	4	5
4. ನನಗಿರುವ ತೊಂದರೆಯನ್ನು ನಿವಾರಿಸಲು ನಾನು ಪ್ರಯತ್ನಿಸುವೆ.	1	2	3	4	5
5. ನಾನು ತೊಂದರೆಗೆ ಸಿಲುಕಿಲ್ಲ. ಇದು ನನಗೆ ತಿಳುವಳಿಕೆ ಮಾಡಲು ಇರುವುದೆ.	1	2	3	4	5
6. ನನಗಿರುವ ತೊಂದರೆಗಳಿಗೆ ನನಗೆ ನಾನು ಯಾವುದೇ ವಿಧವಾದ ಭಯವಿಲ್ಲ. ನಾನು ಈಗಾಗಲೇ ಬದಲಾಯಿಸಿರುವೆ ಆದ್ದರಿಂದ ನನಗೆ	1	2	3	4	5
7. ನಾನು ನನ್ನ ತೊಂದರೆಗೆ ಕೊನೆಯದಾಗಿ ಕೆಲಸವನ್ನು ಮಾಡುತ್ತಿದ್ದೇನೆ.	1	2	3	4	5

8. ನಾನು ತಿಳಿದುಕೊಂಡಿರುತ್ತೇನೆ ನಾನು ಕೆಲವು ಬದಲಾವಣೆಗಳನ್ನು ಮಾಡಬೇಕಾಗಿರುತ್ತದೆ ಎಂದು.	1	2	3	4	5
9. ನಾನು ನನ್ನ ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಸಮಂಜಸವಾದ ಕೆಲಸ ಮಾಡುತ್ತಿದ್ದೇನೆ. ಈ ಬಗ್ಗೆ ನಾನು ಯಾವುದೇ ವಿಧವಾದ ಮನೋಬಾವನೆಯನ್ನು ಇಟ್ಟು ಕೊಂಡಿರುವುದಿಲ್ಲ.	1	2	3	4	5
10. ಎಲ್ಲ ವೇಳೆಯಲ್ಲೂ ನನ್ನ ತೊಂದರೆಗಳು ಋಣಿನವಾಗಿರುತ್ತ, ಆದರೆ ನಾನು ಇದರ ಬಗ್ಗೆ ಕಲಸ ಮಾಡುತ್ತಿದ್ದೇನೆ.	1	2	3	4	5
11. ಈ ಬಗ್ಗೆ ಸಮಯ ತುಂಬಾ ಕೆಲಸಕ್ಕೆಬಾರದಾಗಿದೆ ಯಾಕೆಂದರೆ ತೊಂದರೆಗಳು ನನಗೆ ಯಾವುದೇ ಕಿರುಕುಳಗಳನ್ನು ನೀಡುತ್ತಿಲ್ಲ.	1	2	3	4	5
12. ನಾನು ತಿಳಿದಂತೆ ಈ ಸ್ಥಳ ನನಗೆ ತುಂಬಾ ಸಹಾಯಕಾರಿಯಾಗಿರುತ್ತದೆ.	1	2	3	4	5
13. ನಾನು ಊಹಿಸಿರುವಂತೆ ಕೆಲವು ತಪ್ಪುಗಳು ಆಗಿವೆ, ಆದರೆ ನಾನು ಯಾವುದೇ ಬದಲಾವಣೆಗಳನ್ನು ಸತ್ಯವಾಗಿ ಮಾಡಲು ಇಚ್ಚಿಸಿಲ್ಲ.	1	2	3	4	5
14. ನಾನು ನಿಜವಾಗಿಯೂ ಬದವಾವಣೆಗಾಗಿ ತುಂಬಾ ಶ್ರಮಿಸುತ್ತಿದ್ದೇನೆ.	1	2	3	4	5
15. ನನಗೆ ತೊಂದರೆಯಿದೆ, ನಾನು ಅದಕ್ಕಾಗಿ ಕೆಲಸ ಮಾಡಲು ಇಚ್ಚಿಸಿದ್ದೇನೆ.	1	2	3	4	5
16. ನಾನು ಬದಲಾಯಿಸಿರುವುದನ್ನು ನಾನು ಅನುಸರಿಸುತ್ತಿಲ್ಲ ಆದರೆ ನಾನು ತೊಂದರೆಯನ್ನು ನಿಭಾಯಿಸಲು ಪ್ರಯತ್ನಿಸುತ್ತಿರುವೆ.	1	2	3	4	5

17. ನಾನು ಬದಲಾಯಿಸುವಿಕೆಯಲ್ಲಿ ಫಲಕಾರಯಾಗಿರುವುದಿಲ್ಲ, ನಾನು ತೊಂದರೆಯನ್ನು ನಿವಾರಿಸಲು ಪ್ರಯತ್ನಿಸುತ್ತಿರುವೆ.	1	2	3	4	5
18. ನಾನು ತಿಳಿದಂತೆ ನಾನು ತೊಂಬರೆಗಳನ್ನು ಪರಿವರ್ತಿಸಿರುತ್ತೇನೆ, ಆದರೆ ನಾನು ಇನ್ನೂ ತೊಂದರೆಗಳನ್ನು ನಿಬಾಯಿಸಲು ಶ್ರಮಿಸುತ್ತಿದ್ದೇನೆ	1	2	3	4	5
19. ತೊಂದರೆಗಳನ್ನು ವಿಬಾಯಿಸಲು ನನಗೆ ತುಂಬಾ ಐಡಿಯಾಗಳಿದೆ	1	2	3	4	5
20. ನಾನು ತೊಂದರೆಗಳನ್ನು ವಿಬಾಯಿಸಲು ಶ್ರೀಮಿಸಲು ಶುರುಮಾಡಿದ್ದೇನೆ ಆದರೆ ನನಗೆ ಸಹಾಯದ ಅವಶ್ಯಕತೆಇದೆ.	1	2	3	4	5
21. ಈ ಸ್ಥಳವು ನನಗೆ ಸಹಾಯವಾಗಲು ಅನುಕೂಲಕರ ಆಗಿರುತ್ತದೆ.	1	2	3	4	5
22. ನನಗೆ ಬೂಸ್ಟ್ ಮಾಡುವ ಅಧಿಕಾರವಿರುತ್ತದೆ ಆದ್ದರಿಂದ ನಾನು ಈಗಾಗಲೇ ಸಹಾಯದ ಅವಶ್ಯಕತೆ ಇದೆ ನಾನು ಮಾಡಿರುವ ಬದಲಾವಣೆಗಳಿಗೆ.	1	2	3	4	5
23. ನಾನು ತೊಂದರೆಯ ಒಂದು ಭಾಗವಾಗಿದ್ದೇನೆ ಆದರೆ ನಾನು ತಿಳಿದಿರುವಂತೆ ನಾನಲ್ಲ ಎನ್ನಿಸುತ್ತದೆ	1	2	3	4	5
24. ನಾನು ತಿಳಿದಿರುವೆ ನನಗೆ ಯಾರೋ ಒಳ್ಳೆಯ ತಿಳುವಳಿಕೆಯನ್ನು ಇಲ್ಲಿ ನೀಡುತ್ತಿದ್ದಾರೆಂದು.	1	2	3	4	5
25.ಯಾರುಬೇಕಾದರೂಬದಲಾವಣೆಗಳಬಗೆ ಮಾತನಾಡನಾಡಬಹುದು, ನಾನು ಮಾತ್ರ ಸ್ವಲ್ಪ ಇದರ ಬಗ್ಗೆ ಕೆಲಸ ಮಾಡುತ್ತಿರುವೆ.	1	2	3	4	5

26. ಫಿಸಿಕಾಲಜಿಯು ತುಂಬಾ ತಲೆನೋವಾಗಿದೆ. ಜನರು ಏಕೆ ತಮ್ಮ ತೊಂದರೆಗಳನ್ನು ಮರೆಯಬಾರದು.	1	2	3	4	5
27. ನಾನು ಇಲ್ಲಿರುವೆ ನನ್ನ ತೊಂದರೆಗಳನ್ನು ನಿಬಾಯಿಸಲು ಮತ್ತು ಅದನ್ನು ತರವುಗೊಳಿಸಲು.	1	2	3	4	5
28. ನಾನು ತಿಳಿದ ಮಟ್ಟಿಗೆ ನಾನು ನಿಬಾಯಿಸಿರುವ ತೊಂದರೆಗಳಿಂದ ನನಗೆ ಸ್ವಲ್ಪ ರಿಲೀಫ್ ಸಿಕ್ಕಂತಾಗಿದೆ.	1	2	3	4	5
29. ನನಗೆ ಕೆಲವು ತಾಪತ್ರಯಗಳಿವೆ, ಏಕೆ ಸಮಯವನ್ನು ವ್ಯರ್ಥಮಾಡುವಿರಿ ಈ ತಾಪತ್ರಯಗಳನ್ನು ತಿಳಿದುಕೊಂಡು.	1	2	3	4	5
30. ನಾನು ತೊಂದರೆಯನ್ನು ನಿಬಾಯಿಸಲು ನಿಷ್ಠೆಯಿಂದ ಕೆಲಸ ಮಾಡುತ್ತಿರುವೆ.	1	2	3	4	5
31. ನಾನು ತಪ್ಪುಗಳ ಬಗ್ಗೆ ಕುಲಾವಿ ಇದೆ ಆದರೆ ಅದರ ಬದಲಾವಣೆಯ ಬಗ್ಗೆ ಪ್ರಯತ್ನಿಸುತ್ತಿರುವೆ.	1	2	3	4	5
32. ಎಲ್ಲದಕ್ಕು ನಾನು ತೊಂದರೆಗಳನ್ನು ಬದಲಾಯಿಸುವಲ್ಲಿ ಸಫಲವಾದೆ, ಆದರೆ ಪ್ರತಿ ಬಾರಿಯೂ ಇದು ನನಗೆ ತಿರುಗೇಟಾಗುತ್ತಿದೆ.	1	2	3	4	5

INFORMATION BOOKLET ON MOTIVATIONAL ENHANCEMENT THERAPY

MOTIVATION ENHANCEMENT THERAPY

Motivation plays and important role in alcoholism treatment by influencing patients to seek, complete and comply with treatment as well as make successful long term changes in their drinking.

Definition:

MET is a counselling approach that helps individuals resolve their ambivalence about engaging in treatment and stopping their drug use.

Stages of motivation:

- Pre-contemplation (i.e. not yet considering change)
- Contemplation (i.e. considering change but not taking action)
- Preparation (i.e. Planning to change)
- Action (i.e. making changes in ones behaviour)
- Maintenance (i.e. changing ones lifestyle to maintain new behaviour)

Factors influencing readiness to change:

- Perception of the need discrepancy between the current life situation and the probability of future improvement.
- Change is possible and positive within a reasonable period of time.
- Sense of self efficacy.
- Stated intention to change.

Basic motivational principles:

Express empathy: reflective listening, persuasion should be gentle and subtle, assumption that change is up to the client and the therapist role is listening rather than telling.

Develop discrepancy: an unrealistic attack on his or her drug use tends to evoke defensiveness and opposition, avoid argument and no attempt to make the client accept a diagnostic label for themselves.

Roll with resistance: not to meet resistance head on, roll with the momentum, ambivalence not viewed as pathological, solutions provoked from the patient.

Support self efficacy: hope for success, critical determinant of behaviour change, support belief that he or she can change.

Avoid argument: do not argue with the client, do not impose a diagnostic label on the client and do not order what the client must and must not do.

Various techniques to help increase the patient's motivation:

Reflective listening: a form of paraphrasing that enables patients to move fully tell their stories and to feel that they are being heard by the empathetic therapist.

Exploring the pros and cons of change: which may help patients realistically evaluate their behaviour and current situation and, ideally, determine whether the pros of change outweigh the cons.

Support patients self efficacy or confidence: That he or she can change, can help bridge the gap between and patients desire to change and concrete behavioural change.

Interview and assessment data: to provide patients with personalized feedback regarding the problem behaviour as a means of increasing self-awareness and of highlighting the discrepancy between the patients current behaviour and the target behaviour.

Eliciting self-motivational statements from the patients: Such as recognition of the problem and concern for ones own welfare.

Propel patients to change: As they reflect the topics of greatest concern to themselves.

Practical strategies:

Eliciting self motivational statements: the words which come out of a perosns mouth are quite persuasive to that person.

Listening with empathy: empathy is having an immediate understanding of their situation by virtue of having experienced it onself.

Questioning: rather than telling clients how they should feel or what to do the therapist asks them about their own feelings, reactions, ideas, concerns and plans and responds with reflection, affirmation or reframing.

Presenting personal feedback: a very important part of this process is the therapists monitoring of and responding to the client during feedback.

Affirming the client: strengthen the working relationship , enhance the self responsibility.

Handling resistance: interrupting, arguing, sidetracking and defensiveness.

Reframing: a strategy whereby the therapist invites the client to examine his or her perceptions in a new light, or a reorganized form.

Summarizing: it is useful to summarize periodically during the session especially toward the end of a session.

The 5 major steps in this intervention are:

5 'As'

- **ASK** about substance abuse
- **ADVISE** to quit
- **ASSESS** commitment and barriers to change
- **ASSIST** patients committed to change
- **ARRANGE** follow up to monitor progress

5 'Rs'

- **RELEVANCE** what is the personal relevance of quitting substance for the client?
- **RISKS** what are the potential negative consequences of using substance for the client?
- **REWARDS** what are the potential benefits of stopping the substance for the client?
- **ROADBLOCKS** what are the barriers in quitting the substance and elements in treatment that may help in handling the barriers.
- **REPETITION** the motivational intervention should be repeated every time the unmotivated client visits you

Conclusion:

Motivation plays an important part in the rehabilitation of a client with alcohol abuse, understanding the importance of it, and using the motivation strategies by the therapist or nurse is essential in ensuring prevention of relapsing of the client.

Reference:

Miller, WR and Rollnic, S (2012). Motivational Interviewing: Helping People Change (3rd Ed.).

Gerard Connors, Ph.D, , Motivational Enhancement Therapy Manual, A Clinical Research Guide for Therapists Treating Individuals with Alcohol Abuse and Dependence, 2nd volume.

PHOTOGRAPHS OF DATA COLLECTION

Sam.no	Age	Gender	edu.stats	mon.income	matrl stus	Religion	plc.of resdnc	Occupational status	fam h/o of alcohol	consptin of alcohol	ML of alcohol per day	prev.h/o of instizon
1	b	a	E	a	b	a	b	e	b	b	b	B
2	d	a	C	b	a	a	a	b	b	b	b	B
3	b	a	C	b	a	b	**b**	b	b	b	b	B
4	c	a	D	b	a	a	b	d	b	a	b	B
5	e	a	A	a	a	a	b	e	b	b	b	B
6	c	a	D	b	a	a	a	b	b	b	b	B
7	e	b	A	a	a	a	b	b	b	b	b	B
8	d	a	D	b	a	b	b	a	b	b	a	B
9	b	a	D	b	a	a	b	a	b	b	b	B
10	c	b	D	b	a	a	b	e	b	a	b	B
11	c	a	D	b	a	c	b	c	b	b	b	B
12	a	a	d	c	b	b	b	c	b	a	b	B
13	d	a	b	a	a	a	b	b	b	b	b	B
14	c	a	d	c	a	c	b	a	b	d	c	B
15	b	a	e	c	a	b	a	d	b	c	b	B
16	e	a	a	a	a	a	a	e	b	c	c	B
17	a	a	d	b	b	a	a	e	b	a	b	B
18	b	a	e	c	b	b	b	b	b	a	b	B
19	d	a	c	a	a	a	b	e	b	b	b	B
20	c	a	d	b	a	a	a	d	b	b	b	B
21	a	a	d	c	b	c	b	a	a	a	a	B
22	a	a	d	d	b	a	b	a	b	b	b	B

23	b	a	e	d	b	a	a	b	a	b	b	A
24	b	a	e	d	b	a	a	d	a	b	b	A
25	b	a	c	c	b	b	a	b	a	b	b	B
26	b	a	b	b	a	a	a	b	a	b	b	B
27	a	a	d	a	b	a	b	c	b	a	b	B
28	a	a	d	c	b	a	b	d	b	a	b	B
29	a	a	c	c	b	a	b	d	b	a	c	B
30	e	a	a	a	a	a	b	d	b	d	c	B
31	e	a	a	a	a	a	a	d	b	d	c	B
32	d	a	c	b	a	b	b	d	b	c	b	B
33	e	a	a	a	a	a	b	c	b	d	c	B
34	c	a	e	c	a	a	a	c	b	b	b	B
35	c	a	e	c	a	a	a	c	b	b	c	B
36	b	a	e	c	b	c	a	a	b	b	c	B
37	d	a	b	b	a	b	a	a	b	b	b	B
38	b	a	e	c	a	b	b	c	b	b	b	B
39	d	a	d	b	a	a	a	d	b	b	b	B
40	a	a	c	a	a	a	b	d	a	b	a	A
41	c	a	c	a	b	a	a	b	a	b	c	B
42	b	a	c	a	b	b	a	b	a	d	c	A
43	c	a	d	b	b	a	b	d	b	a	a	A
44	c	a	b	a	b	a	b	d	a	c	b	B
45	c	a	c	a	b	a	b	d	b	b	c	B
46	e	a	a	a	a	b	b	d	b	b	b	B
47	c	a	d	a	a	b	b	c	b	b	b	B
48	c	a	d	c	a	b	a	d	b	c	c	B
49	a	a	d	b	b	c	a	c	b	a	b	B
50	d	a	a	b	a	a	a	d	b	b	b	B

sam: no	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	Total
1	5	4	5	4	3	4	5	4	5	4	4	5	4	5	4	5	4	5	4	5	4	3	4	5	4	5	4	5	4	3	4	5	138
2	3	4	3	4	3	4	5	3	5	3	4	5	4	5	4	5	3	4	5	4	5	4	3	4	5	4	5	4	5	4	3	4	130
3	4	5	4	4	4	5	4	5	4	5	4	4	5	4	5	4	4	5	4	4	5	4	5	4	5	4	4	4	5	4	5	4	140
4	4	5	4	3	4	4	1	3	4	2	1	4	5	3	5	4	4	4	1	4	5	5	4	3	1	4	3	4	5	3	4	5	115
5	3	4	3	4	5	3	4	3	4	4	3	3	4	4	5	4	2	3	3	4	4	3	3	2	3	4	3	4	3	4	5	4	114
6	4	5	5	4	5	4	5	5	4	4	5	4	5	3	3	5	4	5	4	5	3	4	5	4	5	4	3	4	5	4	3	4	136
7	4	5	4	5	4	3	4	4	5	4	3	4	5	4	5	4	5	4	5	4	4	5	5	4	4	5	4	5	4	5	4	5	139
8	4	5	4	5	5	4	5	4	3	4	5	4	3	4	5	4	4	5	4	5	3	4	5	3	4	5	4	4	5	4	3	3	133
9	5	4	5	3	4	5	4	5	4	5	4	4	5	3	4	5	4	5	4	5	4	4	3	4	5	4	5	4	4	5	4	5	138
10	4	5	4	3	5	4	5	4	4	3	4	5	4	4	5	4	4	5	4	5	4	3	4	3	5	4	3	4	5	4	5	4	133
11	3	4	5	4	3	3	4	4	5	4	3	4	5	3	4	5	3	4	5	4	3	4	3	4	5	3	4	3	4	5	4	5	126
12	3	4	3	3	4	4	3	3	3	4	3	4	3	4	3	4	5	5	4	4	5	4	3	4	5	5	4	5	4	5	4	5	126
13	3	4	5	5	4	4	5	3	4	3	5	5	3	4	5	4	3	4	3	3	4	3	4	3	4	3	3	4	5	5	4	5	126
14	4	4	3	3	3	4	4	5	4	5	4	5	3	3	4	4	4	3	4	3	4	5	3	4	3	4	5	4	5	4	5	4	126
15	3	4	3	4	3	5	5	4	4	5	3	4	4	3	4	4	4	3	4	3	4	3	5	4	3	4	5	4	5	4	3	4	124
16	3	2	3	3	2	3	3	4	4	2	4	3	5	5	4	5	5	4	4	5	4	3	4	4	4	3	3	4	4	5	4	3	118
17	2	4	3	5	3	2	4	3	2	4	2	3	4	2	3	4	3	2	4	2	3	4	3	4	3	4	3	5	3	4	3	4	104
18	3	4	3	4	3	4	3	4	3	4	3	5	4	3	4	4	3	2	3	5	3	3	2	3	2	3	3	2	3	2	3	4	104
19	4	3	3	4	3	4	3	4	5	4	3	4	3	4	4	3	3	4	3	3	4	4	3	3	4	5	3	4	5	3	4	4	117
20	3	4	3	4	3	4	3	4	3	4	3	5	3	4	5	4	3	4	3	4	5	2	3	4	3	2	4	3	4	4	3	2	112
21	2	5	4	2	3	3	2	4	3	2	4	2	3	2	4	5	5	2	3	4	2	4	5	3	2	5	2	4	2	3	2	4	102
22	2	5	4	3	1	1	5	5	4	3	5	2	5	5	4	4	5	5	3	5	4	5	3	2	5	5	3	5	5	5	5	3	126
23	3	4	4	2	4	4	4	4	5	4	2	5	4	5	5	5	4	3	4	5	5	2	4	4	5	5	4	4	2	2	4	4	125
24	2	5	5	4	2	3	5	5	5	4	2	5	2	5	5	4	5	4	5	5	5	5	2	5	4	2	5	4	1	5	1	5	126
25	4	3	4	4	2	4	3	5	2	4	3	3	3	2	3	4	3	2	3	3	2	2	2	4	5	5	3	4	3	2	4	3	103
26	4	4	2	2	5	5	4	3	2	5	3	4	4	2	2	2	1	1	4	2	4	4	3	4	5	1	5	4	1	5	1	5	103
27	4	3	4	2	4	3	3	4	2	4	4	3	2	3	4	4	4	3	4	2	5	4	3	2	3	4	3	4	3	2	3	4	106
28	5	3	3	1	4	1	1	3	4	2	5	1	4	4	3	4	2	3	3	1	1	4	3	2	4	3	3	3	5	4	3	3	95
29	4	2	3	2	4	1	1	2	4	3	5	1	4	4	2	4	2	3	4	1	1	3	3	2	1	5	3	3	5	4	3	1	90
30	4	3	3	3	4	3	4	3	4	4	5	4	5	4	3	4	3	4	3	4	3	4	5	3	4	3	4	3	4	3	4	3	117
31	3	3	4	4	3	4	3	3	4	3	4	3	4	3	4	5	3	4	5	3	4	5	3	4	5	3	4	5	4	5	4	5	123

32	3	4	5	4	3	4	5	5	5	4	5	4	3	4	3	2	3	4	5	3	3	4	3	5	4	3	4	4	4	4	5	4	125
33	3	4	3	4	3	4	3	3	4	4	5	4	5	4	5	4	3	4	5	4	5	3	4	5	5	3	4	5	5	4	5	4	130
34	3	4	4	5	4	5	4	3	4	4	5	4	4	3	4	5	5	3	4	5	3	4	5	4	5	5	4	5	4	5	3	5	134
35	3	3	4	4	5	4	4	3	4	3	4	3	4	3	4	5	5	4	5	4	3	4	5	3	4	5	3	4	5	4	5	4	127
36	4	3	5	5	4	5	5	3	4	3	3	4	5	3	3	4	4	5	3	5	4	5	3	4	3	3	2	3	4	5	5	5	126
37	3	3	4	4	5	5	4	3	4	3	4	3	4	3	4	3	3	3	4	3	4	3	4	5	4	3	4	3	5	4	3	5	119
38	3	4	3	4	3	3	4	3	4	3	4	3	4	3	4	3	3	3	4	5	4	3	4	5	4	3	4	3	4	3	4	5	116
39	2	3	2	4	3	4	4	3	4	3	4	3	4	3	4	3	4	5	4	5	4	3	4	5	4	5	5	4	3	4	3	5	120
40	5	4	3	5	5	2	5	4	4	5	4	4	5	5	5	5	4	4	5	5	4	5	5	5	5	4	5	5	5	4	4	5	144
41	4	5	4	4	2	4	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	5	4	4	4	4	4	4	4	4	4	129
42	5	5	4	4	2	5	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	130
43	4	4	1	4	2	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4	4	4	4	5	4	4	4	5	124
44	4	4	1	4	2	4	4	4	4	4	4	4	4	4	4	4	4	4	3	4	4	4	4	4	4	4	4	5	4	4	4	5	124
45	4	2	4	1	5	5	5	4	4	4	4	1	5	4	4	4	4	4	5	4	4	4	4	4	4	5	4	4	4	4	4	4	126
46	2	3	4	2	5	3	2	3	2	3	4	5	3	2	4	5	2	2	3	3	2	4	3	5	2	2	3	2	4	3	2	4	98
47	2	3	3	4	3	4	5	3	4	4	5	4	5	4	3	4	3	4	4	3	4	3	4	5	4	3	4	3	5	5	4	5	123
48	3	4	3	4	3	5	4	3	4	3	4	3	4	3	4	3	3	4	3	5	4	5	3	3	2	3	4	4	3	4	5	3	115
49	3	4	3	4	4	5	4	3	3	4	3	4	3	4	3	4	3	4	5	4	3	4	4	4	3	3	4	3	4	3	4	5	118
50	3	4	4	5	4	5	4	3	3	4	4	5	4	5	4	5	3	4	3	4	3	4	5	5	4	5	3	4	5	4	3	4	129
	11	14	12	11	14	11	10	11	12	10	9	11	14	10	13	13	10	12	8	13	12	12	12	9	9	12	9	12	13	11	12	13	6072