

EFFICACY OF SELECTED INTERVENTION ON COPING AMONG ALCOHOL DEPENDENT PATIENTS' FAMILY MEMBERS AT SELECTED DE-ADDICTION CENTRES IN INDORE.

Mr. Mohammed Mohsin Khan, Research Scholar, Malwanchal University

Prof .Dr,Jinu K Rajan ,Research Supervisor Malwanchal University

Introduction

Alcoholism is a complex behaviour that has numerous negative consequences for the family, the workplace, and society as a whole. According to epidemiological research, approximately 20-30% of the population in India consumes unhealthy alcohol.

Large amounts of alcohol have a negative impact on the family. The degree of negative influence varies according to who you talk to and varies across families. This can be harmful to a person's emotional and physical well-being. Family intervention treatments have only recently been introduced in the field of alcoholism. When family members express their dissatisfaction with the alcoholic's behaviour, it reinforces the alcoholic's sense of alienation and dependency.

When their loved ones, friends, family members, neighbours, coworkers, and employers urge them to seek professional help, alcoholics are more likely to do so. It could be due to a fear of divorce, being fired, a fall-related accident, a rejected marriage proposal to his ward, or any other threat to his well-being. According to alcoholism research, people who receive both pharmaceutical and nonpharmacological treatment have better outcomes. Nonetheless, these studies were almost entirely limited to specific types of psychotherapy, leaving the vast prospect of comprehensive psychosocial treatment untapped.

Alcoholism results in significant losses in workforce productivity as well as significant losses in pay and earnings. Employees at an alcoholic's workplace can expect to face issues such as sickness, hangovers, being late, making more mistakes, leaving assignments undone, losses, and having coworkers who arrive early in the morning.

Family members of alcoholics may face difficult financial situations such as not having enough money for necessities such as food and clothing, ignoring debts, and incurring additional expenses such as medical costs and fines. Some of the issues that may arise as a result of this are housing loss, debt growth, and a lower standard of living. Secondary alcohol abuse reduces an individual's overall financial well-being and stability, as well as the financial well-being and stability of the person's entire family, including any children in the home.

The purpose of this study was to discover how family-focused intervention influences the coping of alcoholic families. The study was carried out at selected de-addiction centres in Indore. a design for a quasi-experimental study (pre-test and post test design). The data was collected over a ten-day period. The sample was chosen with the study's goal in mind. During the study period, a total of 100 samples were chosen. The Lazarus Coping Scale was used to determine how effective the coping strategies are. The study included a large number of people who scored below 70. After ten days of family-centered intervention, the subject's ability to cope was assessed.

RESULTS

These findings show that 46.1 percent of family members are between the ages of 25 and 35, 30.28 percent are between the ages of 15 and 25, 14.01 percent are between the ages of 35 and 45, and 9.61 percent are over 45. According to the findings of this study, 60% of respondents were male and 40% were female. All of the respondents in this study had completed high school. More than three-fifths of the samples (63.17 percent) earned Rs 5000 to 10000, a little more than a third (36.31 percent) earned Rs 3000 to 5000, and only 16.01 percent were housewives. In this study, more than 90% of respondents were married, with less than 10% being unmarried. In this survey, 82.6 percent of respondents were from nuclear families, while 17.4 percent were from blended families. According to the findings of this study, 91.1 percent of respondents have children, while 8.9 percent do not. Out of 100 respondents in this study, 56 percent had difficulty for 5-10 years, 30 percent for 10 years, and 14 percent for less than 5 years.

Results of family-focused intervention studies on the effect of problem-oriented coping on alcoholics' family members. The family members' pre-test score was 28.22 and their post-test score was 39.7 when they used problem-oriented coping before and after the experiment. The pre-test standard deviation was 4.76, and the post-test standard deviation was 2.45. The average difference between the two groups was determined to be 5.02. This suggests that the coping behaviour of alcoholics' family members has significantly increased.

Findings related to the effectiveness of family-focused intervention on coping among family members of alcoholics include, but are not limited to, affective oriented method findings. The post-test mean score was 36.7, demonstrating that family members who used an affective-oriented approach to cope with their emotions prior to taking the exam had an average of 27.8 prior to taking the test, and their average score after the test was 36.7. The pre-test standard deviation was 2.44, but the post-test standard deviation was 2.05. The difference in mean and average was calculated to be 2.56. This suggests that the coping behaviour of alcoholics' family members has significantly increased.

According to the findings of this study, those with family members who struggle with alcoholism improved significantly in their post-test score after undergoing family-focused intervention in coping patterns. According to the results, family members' average scores before the test were 66.18, and their average scores after the test were 74.19. The pre-test standard deviation was 4.88, while the post-test standard deviation was 2.67. The obtained difference between the mean and standard deviation was 7.36. When it came to helping family members of alcoholics cope better, family-focused intervention had an impressive success rate.

DISCUSSION

Results of family-focused intervention studies on the effect of problem-oriented coping on alcoholics' family members. The family members' pre-test score was 28.22 and their post-test score was 39.7 when they used problem-oriented coping before and after the experiment. The pre-test standard deviation was 4.76, and the post-test standard deviation was 2.45. The average difference was calculated to be 5.02. Family members of alcoholics fared better during this time period, indicating a significant improvement in their ability to cope. The difference in the two means was calculated to be 6.08. Sisson and Azrin (1986) found that family members of alcoholics were more likely to deal with their problems because they had better coping skills. Our main finding was that everyone improved in their coping methods, hardship, and mental symptoms at the one-year follow-up, regardless of whether they received any support. Furthermore, when longer-term interventions were used, there was a greater reduction in mental symptoms (coping skills training and group support). However, previous research indicates that short-term intervention has the potential to influence coping processes.

Findings related to the effectiveness of family-focused intervention on coping among family members of alcoholics include, but are not limited to, affective oriented method findings. The post-test mean score was 36.7, demonstrating that family members who used an affective-oriented approach to cope with their emotions prior to taking the exam had an average of 27.8 prior to taking the test, and their average score after the test was 36.7. The pre-test standard deviation was 2.44, but the post-test standard deviation was 2.05. The difference in mean and average was calculated to be 2.56. Family members of alcoholics fared better during this time period, indicating a significant improvement in their ability to cope. According to a study conducted by Miller and colleagues, all participants in three separate intervention programmes for family members reported significant reductions in depression, anger, and family conflict, as well as improvements in family cohesion and relationship happiness (1999).

According to the findings of this study, those with family members who struggle with alcoholism improved significantly in their post-test score after undergoing family-focused intervention in coping patterns. According to the results, family members' average scores before the test were 66.18, and their average scores after the test were 74.19. The pre-test standard deviation was 4.88, while the post-test standard deviation was 2.67. The

obtained difference between the mean and standard deviation was 7.36. Family-focused intervention appears to have had a significant impact on alcoholics' family members and their coping skills. Further research indicates that intervention in spouses can result in a shift in the relative's problem alcohol use, which can help to improve family relationships. The intervention had already reduced the drinkers' drinking before the relative entered the programme.

Conclusion: The purpose of this study was to learn about the impact of family-oriented intervention on coping strategies among alcoholic relatives. The mean coping score value and percentage increased from 62.17 to 71.13, which was found to be significant. As a result, the intervention improved coping capability.

Reference

1. Annuradha Rakesh, (2006), Sexuality and Marital quality in Heterosexual couples, clinical psychology, NIMHANS, Bangalore.
2. B.T. Basavanthappa.(2007), Textbook of Nursing Research. Review of Literature, Jaypee Brothers:New Delhi;
3. B.T. Basavanthappa.(2007),Textbook of Nursing Research. Review of Literature, Jaypee Brothers:New Delhi;
4. Bimla Kapoor.(2004),Textbook of Psychiatric Nursing. New Delhi: Kumar publishing house;.
5. Bimla Kapoor. (2004),Textbook of Psychiatric Nursing. New Delhi: Kumar publishing house; .
6. Copello. A., Velleman, R and Templeton (2005).Family interventions in the treatment of alcohol and drug problems. Drug and alcohol review (24): 369- 385.
7. Dr (Mrs).K.Lalitha. (2008) ,Mental Health and Psychiatric Nursing. An Indian Perspective; Bangalor:..
8. Elizabeth M Varcariolis.(2009) ,Essentials of Psychiatric Mental Health Nursing. china : Elsevier Publishers;
9. Gail W.Stuart, Michele T.Laraia.(2005) ,Principles and practice of Psychiatric Nursing. Missouri: Mosby Publication;
10. Gail W.Stuart, Michele T.Laraia.(2005) ,Principles and practice of Psychiatric Nursing. Missouri: Mosby Publication;
11. K P Neeraja.(2008), A Text Book of Essentials of Mental Health and Psychiatric Nursing. 1st ed. New Delhi: JP Publishers; 2 304 □ 306
12. Ian & Sadock. (2002), Synopsis of psychiatry behavioral sciences / clinical psychiatry, (9th Edn), Philadelphia, Lippincott Williams and Willkins, pp 386.
- 13.Issac M ,(1999). Alcohol and emerging markets, patterns problems and responses,;145-175.
14. Jackson, J.K. (2001) .The adjustment of the family of the crisis of Alcoholism, Quarterly Journal of studies of Alcohol Sept; 32 (2): 45-50. 15. James,J.E, Goldman, M.(1999). Behaviour trends of wives of Alcoholics, Quarterly journal of studies on Alcohol Dec; 46 (13): 76-81. 16. Kahler CW, McCrady BS and Epstein EE, (2003). Sources of distress among women in treatment with their alcoholic partners, Journal of Substance Abuse Treatment. Apr;24(3):257-65.
17. Kantor GK & Straus MA. (1998). Substance abuse as a precipitant of wife abuse victimization. American Journal of Drug and Alcohol Abuse. 11 (1&2): 173-189.
18. Kumar.S et.al.(2005). Facets of substance abuse: an update, Thiruvananthapuram Medical council of india, pp 2.