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MOTIVATION AND INTERVENTION STRATEGIES

Addiction is the only disease where the victim does not fully realize the enormity of his problem. The stigma associated with drug use, the guilt and shame resulting from inappropriate use and the lack of awareness about the part drugs play in the problems they face — all these lead to a denial of the problem of addiction. In an attempt to protect the dignity of the family, in most cases family members also deny the existence of any serious problem. So motivation becomes one of the key issues in the treatment of chemically dependent persons.

Motivation Counseling

Motivation counseling is a specific technique to help people recognize and do something about their present or potential problems. It is particularly useful with people who are reluctant to change and ambivalent about changing. It is intended to resolve such ambivalence and to get a person moving along the path to change.

FAMILY INTERVENTION

The first person to call for help is generally the parent or spouse — the person closest to the abuser, usually the one who is more worried, afraid and angry than others. At this juncture, the family member's crucial fear will be 'How do I bring him to the

treatment center?' To help the family intervene, the counselor has to provide information about addiction. The family member needs to understand that addiction is a disease and that it requires treatment.

She has to be shown how the 'enabling behavior' of the family has led to the continuation of the problem. 'Enabling' is a therapeutic term which denotes a destructive form of helping. Any act that helps the addict to continue with his drug taking without suffering the consequences of his inappropriate use of drugs is considered 'enabling behavior'. The 'enabler' is a person who may be impelled by her own anxiety and guilt to rescue the addict from his problems. This role is taken on by family members, friends, supervisors and colleagues in the office.

Some examples of enabling behavior are

- paying back debts incurred by the addict
- justifying his use of drugs — 'He takes drugs because of problems at the workplace.'
- calling the manager and giving false excuses for his absence.

She has to be shown the role she has unknowingly played in maintaining his drug use.



Making Use of a Crisis

She has to be guided to motivate the patient to accept help. What is it that she can do? Addicted individuals generally come for treatment only when they are left to face some crisis all by themselves — loss of job, marital dissolution or legal threat. At this point, most of them are open to help, mainly to tide over the crisis. She has to look out for some such crisis and make use of it. For instance, the addict may suffer severe pain in the stomach, or may receive a letter of warning from the office. The family can use this crisis to make him see the problem and accept help.

Involving Others

To make the intervention more effective, as the next step, other members in the family for whom the person has regard and respect can be involved. Their involvement in the process will increase the motivation of the individual. It is important to include the addict's children in this extended group. Most often they are the ones who witness the fights, face the anguish and end up bearing the family's pain. Friends, relatives, employers, doctors and others may also be included.

A list of specific, non-judgmental facts relating to the abuse of drugs should be presented to the patient when he is drug-free, particularly immediately after a crisis, in a caring manner by these family members and others. The chart on the next page indicates the points that need to be raised and the manner in which this should be done.

There may be addicted individuals who do not respond to any of the motivational procedures listed above. For them, emotional acceptance of the fact of addiction will take a very long time. Instead of

rejecting the patient or confronting him with logic and argument, the significant others involved in the process of intervention should reassure the user that they are always there to help and support him if he decides to go in for treatment.

PROFESSIONAL INTERVENTION

Generally, after such interventions by family/friends, the patient comes asking for help. The counselor's most important task during the first interview is to establish a positive relationship. The counselor's understanding, non-condemning, non-judgmental attitude and acceptance of the patient will, in turn, help the latter to accept himself. Once the person feels accepted, it will be relatively easy for him to discuss problems freely, the mere mention of which would have irritated him earlier.

Alleviating Fears

In many cases, the patient would already have tried (though unsuccessfully) to stay away from drugs. He would have experienced problems associated with withdrawal. He will now be experiencing severe stress, arising out of acute fear — fear of withdrawal, fear about the kind of treatment he is going to be given, fear about others coming to know of the problem, etc. This addicted individual may already have taken treatment in various centers, and failed to recover. Therefore, acceptance of treatment will be minimal.

How am I going to face the physical problems associated with withdrawal?

What kind of treatment are they going to give me? An operation?

How am I going to face my "old friends" and neighbors?



A	Non-judgmental attitude reflecting care and concern	Avoid looking down on the person or making moral judgments. The person reporting the data should also be encouraged to indicate how it makes her feel — embarrassment, fear, unhappiness, etc. For example, ‘Alcohol is destroying your health. When we see your health deteriorating, it is upsetting for all of us.’ The addict should be made to realize that there are people who do care for him and are concerned about what is happening to him.
B	Specific details	<p>First-hand knowledge of incidents and behavior as narrated by significant people should be reported. The change in the person’s character, behavior, personality as seen by concerned persons can be presented. Avoid gossip or second-hand information. ‘Mohan also told me you are taking drugs all the time.’ Instead, stick to factual reporting of behavior and incidents.</p> <p>Avoid generalizations such as ‘You have always given me problems since your childhood.’</p>
C	Plan of action	Advise the family and others to decide beforehand on the type of help they want the patient to get. If the addict does not accept this, an alternative course of action should be ready.
D	Consequences	What alternatives does the person face if he rejects all forms of help? Some of the consequences could be highlighted — loss of job, mounting debts, marital separation etc. Conditions that cannot or will not be carried out should not be mentioned.

It is important that these inner barriers which prevent the patient from admitting his need for help are recognized and discussed with empathy. Open discussion of the successful recovery of patients who have been treated and feedback from those undergoing treatment may foster additional optimism in a patient who has had a history of prior treatment failures, or who is doubtful about the successful outcome of treatment.



Focusing on Immediate Problems

Initially, the patient will focus attention on his immediate problems like loss of a job, separation from spouse, etc. At this juncture, it is not at all advisable to try to make him understand that addiction is the real problem. The most important thing is to show supportive understanding and give him reassurances that his problems will be looked into.

When the professional wants to focus the patient's attention on addiction, she can discuss obvious physical problems like tremors, loss of appetite, and noticeable weakness. She should concentrate only on those physical problems that are easily visible. Motivation can be increased by using concrete medical records of the patient, where available; diagnostic tools like blood reports, CT scans, and X-rays with proper explanations from a medical professional will create an awareness in the patient about the physical damage caused by his chemical dependence.

Identifying Motivable Areas

Most people addicted to drugs have a 'motivable area' which can be used to motivate the client to take help. For instance, the patient may have very warm feelings towards his parents, employer or child. For some clients, concern about their health or the respect they enjoy in the community may be the 'motivable area'. For each client, the issue for motivation differs. These sensitive areas have to be identified and discussion can focus on how addiction affected this area and how abstinence can make a lot of difference. This can be done through attentive, non-judgmental listening —

listening to the patient's verbal and non-verbal communication.

I have come for treatment mainly because my mother is very upset and worried about my ill health!

I want to give up drinking because I find that my drinking upsets my daughter. I will go to any extent to keep her happy.

These motivable areas can be located by encouraging the patient to talk about his feelings — the relationships he respects and wants to strengthen.

Assessing Motivation

The motivation of a patient can be assessed on the basis of the following factors:

- Acceptance of his problem with drugs
- Understanding of damage caused by addiction
- Realizing the need to take active part in treatment
- Compliance with terms laid down by the treatment center
- Past history of abstinence
- Internal locus of control (a desire to get better for one's own sake).

However, the patient's motivation has to be strengthened and reinforced, which in turn will lead to a commitment to recover. This can be done during treatment through

- Individual counseling
- Group therapy and
- Attendance at AA / NA meetings.

UNWILLING PATIENTS: HELP FOR THEIR FAMILIES

We have so far discussed techniques for enhancing the motivation of those patients

who have already come to the treatment center. On the other hand, there may be a group of addicted persons who will be unwilling to accept help. In such cases, a family member, usually the spouse, or the parent may come to the treatment center asking for help. What sort of help can they be provided?

- ///▶ Encourage them to attend Al-Anon meetings.
- ///▶ Provide them with reading materials on addiction.
- ///▶ Help them to attend family therapy sessions.

- ///▶ Help them become aware of their enabling behavior and make plans to change.

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In sum, the initial task of motivation is to help the patient accept treatment and the goal of intervention is to bring him to treatment. Further, motivation has to be strengthened at every stage of treatment, with the aim of working towards sustaining the gains achieved. ■