EFFECT OF PSYCHOLOGICAL INTERVENTION ON QUALITY OF LIFE OF ALCOHOL DEPENDENTS AND THEIR WIVES

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Abstract

Alcoholism is known to be a cause of widespread misery for the individual and the family causing significant losses for the community and the nation. The purpose of this study was to examine the effect of psychological Intervention on quality of life of alcohol dependents and their wives. The present pre test and post test study involves the 42 alcohol dependents in total, 21 each in the experimental and control group. Initially, "Alcohol Use Disorder Identification Test" was applied on the alcohol dependents. Finally, 42 participants who gave their consent to participate in the study along with their Wives and having age range of 25-35 years were selected for the study. After that 21 each in the experimental and control group were selected randomly. Further, 42 wives 21 each in the experimental and control group of these participants were included in their respective group as the purposively sampling procedure and their quality of life were assessed on WHOQOL-BREF. Finding the study confirms poor quality of life in alcohol dependents before intervention. The regular follow-up with the family members (wives) in out-patient setting for psychological intervention improving quality of life of alcohol dependents of the experimental group along with their wives than the Control group after intervention.

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1. Introduction

Alcohol dependency is seen as the world's highly prevalent public health problem and therefore alcohol dependency is a matter of serious concern not confined to any group, culture or country. It is a complex disorder with physical, psychological and social aspects having far reaching harmful effects on the individual, family and society. According to WHO [22] in 2016more than 3 million people died as a result of harmful use of alcohol and this represents 1 in 20 deaths. More than three-quarters of these deaths were among men. The number of deaths caused by alcohol use i.e., 28% was due to injuries, such as those from traffic crashes, self-harm and interpersonal violence; 21% due to digestive disorders; 19% due to cardiovascular diseases, and the rest due to infectious diseases, cancers, mental disorders and other health conditions.AIIMS [1]conducted A national survey on the extent of drug abuse in India revealed that 14.6 per cent (16 crore) Indians aged 10 to 75 years are 'current users' (have had it at least once in the past 12 months) of alcohol. One in five of these consumers is an addict and requires urgent treatment. The national prevalence of current use of alcohol is the highest for all drug categories at 14.6 per cent with 17 men consuming alcohol for every one woman. States with the highest prevalence of alcohol use are Chhattisgarh, Tripura, Punjab, Arunachal Pradesh and Goa. Moreover, The National health and family survey -4 [16] had observed the number of alcohol consuming person of Himachal Pradesh at 39.7 percent (40.2 Percent in Rural and 36.8 percent in urban), much higher than Punjab 34 percent and Haryana 24.5 percent consume alcohol.

Alcohol abuse and dependence severely affect patients and their families and have impaired quality of life Laudent et al., [14]. Quality of life is a significant factor when assessing people with alcohol abuse and dependence and when analyzing treatment results for infor-mation about an individual's well-being, contentment with life, and ability to function in different domains. An under-standing of a patients Quality of life helps provide insight into both the development of the disorder and the effects from treatment Donovan, [5].In addition The alcohol use disorder, which is usually chronic, requires patients to muster all their capacities for reconstruction and adaptation. Quality of life, which is a concept situated between social and clinical sciences, is a pertinent indicator to evaluate the subjective experience of the patient and to quantify the psychosocial burden of alcoholism Preau,[18].Psychological treatment can play an essential role in managing alcohol abuse. This may play important role in terms of psychotherapy as an

intervention tool to be focused on improving the Intrinsic desire of the individual's to modify his/her life situations that may lead to substance use Deborah, [4].Psycholocial interventions play a significant role in the treatment and rehabilitation of alcohol dependence . These play a complimentary role to the pharmacological interventions. In the alcohol dependence, where there is no effective pharmacological treatment, psychosocial interventions are the mainstay treatment. The interventions

2 Objectives

1. To study the difference between the experimental group and control group of Alcohol Dependents after the intervention.

2. To study the difference between the experimental group and control group on the quality of life of the participants (alcohol dependents) along with their wives after the intervention.

2.1 Hypotheses

1. There would be a significant difference between the participants (alcohol dependents) of experimental group and control group on their post test after the intervention.

2. There would be a significant difference between the experimental group and control group on the post test scores of quality of life of the participants (alcohol dependents) along with their wives after the intervention

3. Research Method

The following methodology was used to test the hypotheses formulated in the preceding chapter.

3.1 Design of the Study

In the present study, Pre-Test and Post-Test Treatment design was used to study the effectiveness of Psychological Intervention on quality of life of alcohol dependents and their wives.(See Table 1, 2 and 3).

Table 1. Designs to study see the Effect of Psychological intervention on alcohol dependents

	Pre- Test	Post Test
Experimental Group	21	21
Control Group	21	21

Table 2. Designs to study see the Effect of Psychological intervention on their Quality of life of the participants

	Pre- Test	Post Test
Experimental Group	21	21
Control Group	21	21

Table 3.Designs to study see the Effect of Psychological intervention on the Quality of life of their Wives

	Pre- Test	Post Test
Experimental Group	**21**	**21**
Control Group	**21**	**21**

3.2 Participants

The present study involves the 42 alcohol dependents in total,21 each in the experimental and control group. Initially, "Alcohol Use Disorder Identification Test" was applied on the alcohol dependents that came for the treatment in de addiction clinic/centre of Govt. Hospitals. Finally, 42 participants who gave their consent to participate in the study along with their Wives and having age range of 25-35 years were selected for the study. After that 21 each in the experimental and control group were selected randomly. Further, 42 wives 21 each in the experimental and control group of these participants were included in their respective group as the purposively sampling procedure.

Variables of the Study: The present study involves the following variables:

Independent Variables

➢ Psychological Intervention

Dependent Variables

➢ Treatment outcomes of Alcohol Dependents.

➢ Quality of life in terms of its one domain i.e., Physical health.

Tools of the study

In the present study, the following standardized tools were administered.

3.3.1   Alcohol Use Disorder Identification Test, AUDIT (Babor, et al., [2]

The Alcohol Use Disorders Identification Test (AUDIT) was developed with the aim to identify hazardous and harmful use of alcohol use in primary health care. This is a five point Likert'sScale having10itemsin total comprising three domains of alcohol usage i.e.,Hazardous use, Harmful use and Dependence symptoms ranges from 0 to 40 scores.

Scoring: Alcohol use disorders identification test is a 10-item scale.It is a 5-point Likert scale ranging from 0 to 4 with a cumulative range of 0 to 40.The higher score on the test indicate higher level of risk. The pattern of scoring for the items are as:

➢   For item number 1 to be taken as:

0 ⟹ Never

1 ⟹ Monthly or less

2 ⟹ 2-4 times a month

3 ⟹ 2-3 times a week

4 ⟹ 4 or more times a week and

➢   For item number 2 it is to be taken as:

0 ⟹ 1 or 2

1 ⟹ 3 or 4

2 ⟹ 5 or 6

3 ⟹ 7 to 9

4 ⟹ 10 or more drinks in a typical day. High score on the scale indicates high

level of alcohol usage and

➢   For the item nos.3-8 of the scale are scored is to be taken as:

0 ⟹ Never

1 ⟹ Less than monthly

2 ⟹ Monthly

3 ⟹ Weekly

4 ⟹ Daily or almost daily

➢   Whereas the pattern for the item no 9 - 10 to be taken as:

0 ⟹ None

2 ⟹ Yes, but not in the last year

4 ⟹ Yes, during the last year,

Reliability and Validity

The Alcohol Use Disorders Identification Test studies have reported to possess adequate internal consistency Fleming, et al., [7]. A test-retest reliability study indicated high reliability (r=.86) in a sample consisting of cocaine abusers, and alcoholics (Sinclair et al,[19]. A validation study performed by Pal et al., [17] in India compared the AUDIT with the Short Michigan Alcoholism Screening Test (SMAST) and reported a very high internal consistency of AUDIT (Chronbach's alpha = 0.92).

3.3.2 The World Health Organization Quality of Life-BREF [23]

The scale 'BREF, 1998'developed by WHO, was used in the present study to measure the quality of life of alcohol dependents along with their wives.The WHOQOL-BREF, contains total 26 items, includes two items on overall QOL and general health (Not used in the present study), while the remaining 24 items comprising four domains i.e., physical health. Psychological, social relationship and environment were taken in the present study.

Physical Health (Domain I), comprising 7 items,measure the quality of life Physical health such as Activities of daily living, Dependence on medicinal substances and medical aids, Energy and fatigue, Mobility, Pain and discomfort, Sleep and rest, Work Capacity.

Psychological (Domain II), comprising 6 items, measure the quality of life Psychological such as Bodily image and appearance, Negative feelings, Positive feelings, Self-esteem, Spirituality, Religion, Personal beliefs, Thinking, learning, memory and concentration.

Social Relationships (Domain III), comprising 3 items, measure the quality of life social relationship such as Personal relationships, Social support, Sexual activity.

Environment (Domain IV), comprising 8 items, measure the quality of life environment such as Financial resources, Freedom, physical safety and security, Health and social care: accessibility and quality, Home environment, Opportunities for acquiring new information and skills, Participation in and opportunities for recreation, leisure activities, Physical environment

(pollution/noise/traffic/climate), Transport.

Scoring: Respondent gave their responses on a five point Likert scale ranging from 1 to 5 i.e., 1 stands for very poor/dissatisfied/not at all/Never, 2 for poor/dissatisfied/a little/ Seldom, 3 for Neither poor nor good / Neither satisfied nor dissatisfied/Moderately/Quite Often, 4 for good/ satisfied/ very much (Often)/Mostly and 5 for very good/ satisfied/ extremely/ always. The items number 3, 4 and 26 are scored reversely. The Higher score indicates a higher quality of life along with its domains.

Reliability and Validity

The internal consistency between the four domains of the WHOQOL-BREF was found to be excellent (Cronbach's α=0.89) among opiumand alcoholic dependent subjects. The inter-domain correlations were found to be positive and significant between all pairs of the four domains using two tailed test at P <0.01 (Pearson coefficient varied between + 0.62 to + 0.71 between the domainpairs). WHOQOL-BREF is a 26-item shorter version of the WHOQOL-100 which correlates at 0.9 with the WHOQOL-100 with good discriminant validity, content validity and test-retest reliability WHO, [23].

4.Procedure

In the first phase of the study, permission from the different authorities was obtained and then the tentative time schedule was developed in consultation with the authorities. A prior appointment was made with the authorities to discuss about aim and objective of the study and it was ensured the positive result of the study will be discussed with the authorities .At the outset, the rapport was established with the Participants of the study and they were briefed about the study tools and nature of the information it would yield. They were also briefed about anonymity and confidentially of the whole process of the psychological intervention programme. After the proper agreement understanding with the patients,"Alcohol Use Disorder Identification Test" was applied on the alcohol dependents who came for the treatment in de-addiction clinic/centre of Govt. Hospitals.Finally, 42 participants who gave their consent to participate in the study along with their wife and having age range of 25-35 years were selected for the study. After that 21 each in the experimental and control group were selected randomly. Further, 42 wives 21

each in the experimental and control group of these participants were included in their respective group as a purposive sampling and administered WHOQOL -BRIEF before and after the intervention.

In the Second phase of the study,Psychological Intervention Programme Module was developed followingthe lines of Group Treatment For Substance Use Velasquez et al, [15] and Treatment Approaches for Alcohol and Drug Dependence Tracey, et al , [21] for the alcohol dependents based on their observation on alcohol Use Disorder Identification test.Then the psychological intervention programme was conducted for the experimental group in regular three times in a month for 45 minutes. Throughout six months for alcohol dependents.

5. Results and Analysis

In order to meet the objectives of the study Analysis of covariance was applied on the observations of both experimental and control group and detailed as

5.1   Psychological Intervention and Treatment Outcomes of the participants after the intervention

In order to see the treatment outcomes of the study analysis of covariance was applied on the pre test scores and post test scores of both the groups. To analyse the observation with Analysis of Covariance Certain assumptions need to be satisfied first, to apply the analysis of Covariance to the data observed. Firstly, to test the control on the independent variable i.e. whether there exist any difference between the participants of experimental group and control group on their pre test scores analyses was applied and the result was tabulated in Table 4.

The F value(F =.024)came out to be non-significant at .05 level of significance indicating no significant difference between experimental and control group on their pre test scores i.e., the independent variables and covariate are not different across the group and satisfied the assumption to apply Analysis of covariance.

Table 4.The F Value Table Showing the Difference between the Experimental and Control Group on their Pre Test Scores

Source	Sum of Squares	Df	Mean square	F value
Groups(Pre test scores)	.595	1	.595	.024
Error	1009.810	40	25.25	
Total	13943.000	42		

Secondly to test the assumption of homogeneity of regression, the result of the analysis showed the F value(F =.099)non-significant at .05 level of significance (See Table 5) indicating no difference between the subject's effects on group time pretest and thus satisfied the assumption of homogeneity of regression to qualify to apply Analysis of covariance to test the significant difference between experimental group and control group on the dependent variable i.e., Post test scores of the participants with the covariate independent variable i.e., pre test score of the Participants .

Table 5.The F Value Table Showing the Difference between the Experimental and Control group to test the Homogeneity of Regression

Source	Sum of Squares	df	Mean square	F value
Groups*(Pre test scores)	.031	1	.031	.099
Error	11.896	38	.313	
Total	8342.000	42		

Now to see the difference between the experimental group and control group on the post test score of the participants(i.e., the treatment outcomes), the F value came out(F =188.89** p<.01) to be significant at 0.01 level of significance showing significant difference between the groups on their post test scores(See table 6). The mean values of the post test score of the experimental group turn out to be10.52whereas for the control group, it is 16.71(See table 7) revealing the significant difference between the experimental and control group on their post test score i.e., indicating treatment outcomes i.e., the participants of experimental group showed significant improvement on their alcohol dependency than the control group.

Table 6.The F Value Table Showing the Difference between Experimental and Control Group on the Participants Scores in the Post Test

Source	Sum of Squares	df	Mean square	F value
Groups(Post test scores)	373.590	1	37.59	188.89**
Error	77.134	39	1 .98	
Total	9162.000	42		
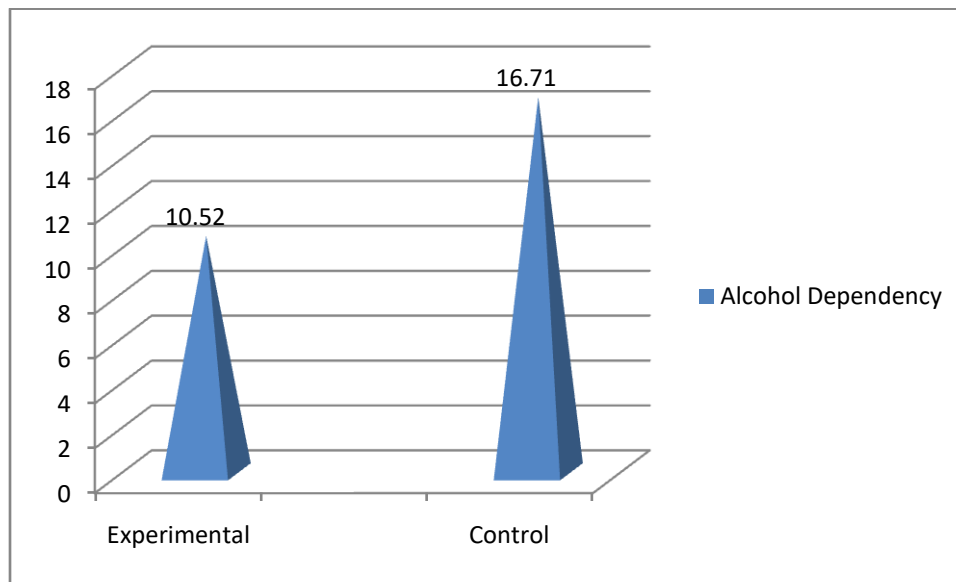
Fig. 1: Graph Showing the Treatment Outcomes of the groups after the intervention

Table 7.Mean Value table of the Participants of the Experimental and Control Group on their Alcohol Dependency after the Intervention in their Post test Scores

Variable	Mean Values (Post Test)	
	Experimental Group	**Control Group**
Alcohol Dependency	10.52	16.71

Hence, the result of the present study accept the **Hypothesis No.1 i.e., "There would be a significant difference between the participants (alcohol dependents) of experimental group and control group on their post test scores after the intervention"and stands confirmed.**

Thus, the result of the present study indicated the significant improvement on the alcohol

dependence usage of the participants of experimental group than the control group after the intervention.

5.2 Psychological Intervention and Quality of life of the participants and their wives in terms of its one Domain i.e., after the intervention

To Satisfy the assumption of the "control" on the independent variable i.e., pre test scores on the Physical Health Domain of quality of life of the Participants, analysis of covariance was applied to see the difference between pre test scores in the experimental group and control group(See Table 8)

Table 8.The F Value Table Showing the Difference between the Scores of Physical Health Domain of the Participants in Experimental and Control group in the Pre Test

Source	Sum of Squares	df	Mean square	F value
Groups(Pre test scores)	5.138	1	5.138	1.169
Error	175.786	40	4.395	
Total	5422.335	42		

The result showed the F value(F = 1.169)non-significant at .05 level of significance indicating no significant difference between experimental and control group on their pre test scores i.e., the independent variable and covariate that is outcome are not different across the group and satisfied the assumption to apply Analysis of covariance.

To test the assumption of homogeneity of regression, the result in the Table 9 showed the F Value(F= .908), which is not significant at .05 level of significance indicating no difference between the subject's effects on group time pretest and satisfied the assumption of homogeneity of regression to qualify for analysis of Covariance to apply on the dependent variable i.e., post test scores of the Physical Health Domain of The Participants with covariate independent variable i.e., pretest scores on the Physical Health Domain of the Participants.

Table 9.The F Value Table Showing the Scores of Physical Health Domain of Participants in Experimental and Control group to test the Homogeneity of Regression

| Source	Sum of Squares	df	Mean square	F value
Groups* (Pre test scores)	2.553	1	2.553	.908
Error	106.843	38	2.812	
Total	6888.434	42		

The F value came out to be(F =119.44** p<.01) significant at 0.01 level of significance showing significant difference between the groups on their post test scores (See Table 10) and the mean values of the post test score of the experimental group(15.01)and control group (9.71) revealing the significant improvement on the Physical Health Domain of the Participants in the experimental group than the control group (see Table 11).

Table 10.The F Value Table Showing the Difference between Experimental and Control Group on the Physical Health Domain of Participants in the Post Test

Source	Sum of Squares	df	Mean square	F value
Groups(Post test scores)	335.046	1	335.046	119.44**
Error	109.396	39	2.805	
Total	6888.434	42		

Table 11.Mean value score of the groups on the Physical Health Domain of QOL after the Intervention

Variable	Mean Values (Post Test)	
	Experimental Group	**Control Group**
Physical Health	15.01	9.71
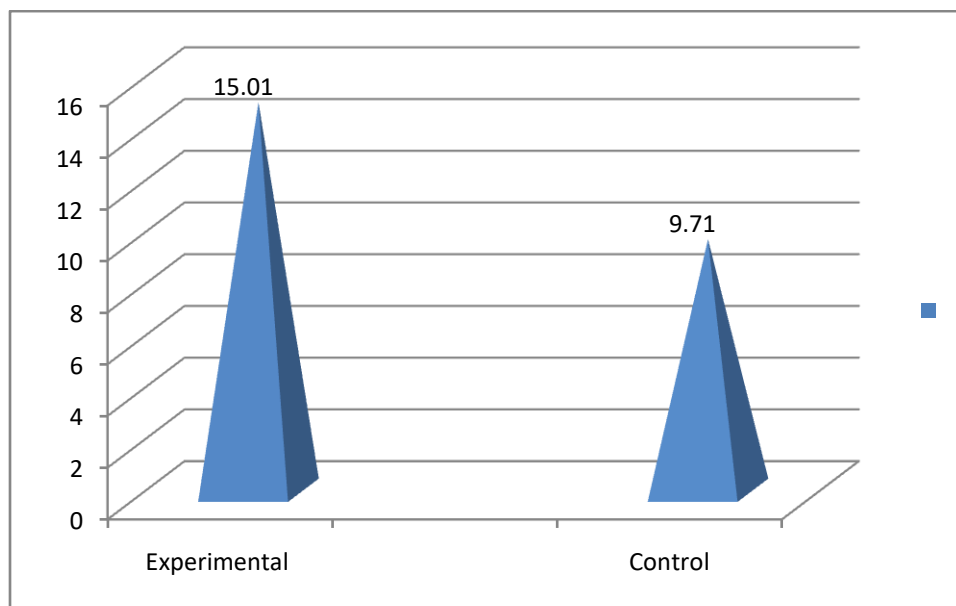
Fig. 2: **The difference between the groups on the Physical Health Domain of Quality of life after the Intervention**

In order to apply analysis of covariance on the pre test scores and post test scores of the Physical health domain of quality of life of the Participants wives, besides satisfying the basic assumption of applying Analysis of covariance.

To Satisfy the assumption of the "control" on the independent variable i.e., pre test scores on the Physical health domain of the Participants wives, analysis of covariance was applied to see the difference between pre test scores in the experimental group and control group(See Table 12)

Table 12.The F Value Table Showing the Difference between the Scores of the Physical health domain of the Participants wives in Experimental and Control group in the Pre Test

Source	Sum of Squares	df	Mean square	F value
Groups(Pre test scores)	3.243	1	3.243	.774
Error	159.189	38	4.189	
Total	5496.222	40		

The Table 12 showed F value(F=.774)which is non-significant at .05 level of significance indicating no significant difference between experimental and control group on their pre test scores i.e., the independent variable and covariate that is outcome are not different across the group and satisfied the assumption to apply Analysis of covariance.

To test the assumption of homogeneity of regression, the result in the Table 13 showed the F Value (F=3.099)which is not significant at .05 level of significance indicating no difference between subject effects on group time pretest and thus satisfied the assumption of homogeneity of regression to qualify for analysis of Covariance to test the significant difference between experimental and control group on the dependent variable i.e., post test scores of the Physical Health Domain of The Participants wives with covariate independent variable i.e., pretest scores of the Physical Health Domain of the Participants wives.

Table 13.The F Value Table Showing the Scores of the Physical Health Domain of the Participants wives in the Experimental and Control group to test the Homogeneity of Regression

| Source	Sum of Squares	df	Mean square	F value
Groups* (Pre test scores)	9.669	1	9.669	3.099
Error	118.571	38	3.120	
Total	9278.110	42		

Now to see the difference between the experimental group and control group on the post test score of the participants in their treatment outcomes of the Physical Health Domain of the Participants wives, the F value came out to be(F=15.91** p<.01) which is significant at 0.01 level of significance showing significant difference between the groups on their post test scores (See Table 14) and the mean values of the post test score of the experimental group(17.58) and control group (10.84)revealing the significant improvement(See Table 15)on the Physical Health domain of the Participants wives in the experimental group than the control group.

Table 14.The F Value Table Showing the Difference between the Experimental and Control Group on the Physical Health Domain of the Participants wives in the Post Test

Source	Sum of Squares	df	Mean square	F value
Groups(Post test scores)	499.542	1	499.542	15.91**
Error	128.240	39	3.288	
Total	9278.110	42		

Table 15.Mean value Table of the groups on the Physical Health domain of the QOL of the Wives of the Participants after the Intervention

Variable	Mean Values (Post Test)	
	Experimental Group	**Control Group**
Physical Health	17.58	10.84
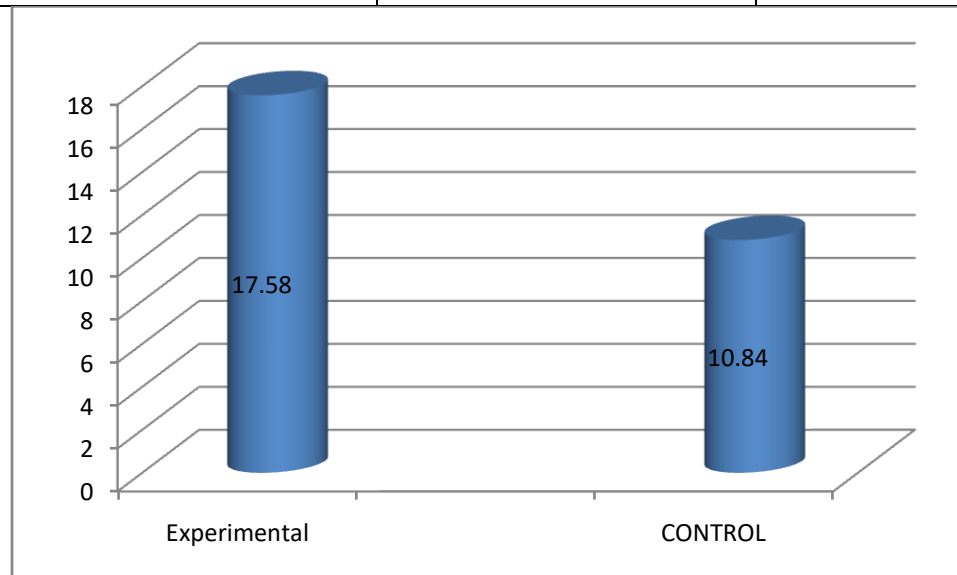
Fig. 3: **The difference between the groups on Physical Health Domain of QOL after the Intervention**

DISCUSSION

The present study was designed to see the Effectiveness of Psychological Intervention on the Alcohol Dependents on their Quality of Life and Treatment Outcome. Analysis of covariance (ANCOVA) was applied on the pre-test scores and post-test scores obtained by the participants in experimental and control group before and after the Psychological intervention. The discussion will highlight the finding of the study with respect to its objective in the light of relevant research evidence available and is followed as:

1   **The Effectiveness of the Psychological Intervention on the Participants of the study i.e., alcohol dependents.**

In order to see the effectiveness of Psychological Intervention Programme on the Participants of the study, Analysis of Covariance (ANCOVA) was applied on the pre-test and post-test scores of the experimental group and control group.The F value came out (188.89**)significant at 0.01 level of significance showing significant difference between the groups on their post test scores (See Table 7).Further, the mean value scores (See Table 6)on the post-test score of the participants of the experimental group (10.52) were lower than the participants of control group (16.71). Thus, indicated the significant improvement on the alcohol dependence usage of the participants of experimental group than the control group after the intervention .Hence, the **Hypothesis No.1is accepted and stand confirmed i.e., "There would be a significant difference between the experimental group and control group of Alcohol Dependents on their post-test scores after the intervention.**

The result of the present study does find support in the light of earlier work done in the field of alcohol abuse. Kushner[12] found in a meta-analysis study that both Cognitive behaviour therapy and antidepressant medications modestly improved both alcohol use and internalizing disorders among 60 alcoholics.Smedslund et al.,[20] reviewed the 59 studies involving 13,342 participants, concluded that psychological intervention can reduce the extent of alcohol abuse compared to no intervention.EMCDDA,[6]conducted a systematic review on the studies of contingency management which highlighted that contingency management play important role in retaining patients in treatment and that helps patients to abstain from cocaine and alcohol use during treatment and helps patients to maintain abstinence. Kivlahan et al., [11]studied the reduction of

high-risk alcohol consumption among college students with brief intervention programme and reported significant decreases in weakly consumption compared with controls Hence, the result of the present study showed the effectiveness of Psychological Intervention on the Alcohol Dependents on their Treatment Outcome and accepts the hypothesis no.1 stands confirmed.

2 Effectiveness of the Psychological Intervention Programme on quality of life of Alcohol Dependents and their wives

Further, The F value in terms of the Physical Health domain of the Quality of life of the participants is concerned it came out significant (F =119.45** p<.01)at 0.01 level of significance showing significant difference between the groups on their post test scores(SeeTable 10.).Therefore, showed the significant difference between the participants of the experimental and control group on their Physical health Domain of the quality of life. The mean scores of the post-test score of experimental group(M = 15.01) is higher than the control group(M =9.71) indicating the significant improvement on the Physical Health of the Participants of the experimental group than the control group and substantiates the better physical health status of the experiment group than the control after the intervention(See theTable 11).Besides, the F value, in case of their i.e., wives is also came out significant(F =15.91** p<.01) at 0.01 level of significance showing significant difference between the groups on their post test scores(See Table 14) and the mean score of the experimental group (17.58)is higher than the control group (10.84)showing the significant improvement on the Physical Health of the wives of experimental group than the wives of control group (See Table 15). Therefore, the result of the present study showed the significant improvement on the Physical Health of the Participants of the experimental group along with their wives than their counterparts highlights the effectiveness of the psychological intervention and hence the hypothesis No 2. i.e., "**There would be a significant difference between the experimental group and control group of alcohol dependents and their Wives on the post-test scores of their Physical Health domain of Quality of Life after the intervention,"** is stands confirmed and accepted.**

The results of the study do find support from the earlier studies.Lahmek, et al., [13] examined the prospective improvement in Quality of life after a residential treatment. Improvement in the physical component of Quality of Life was related to good somatic status.

Foster, [8] suggested that Quality of Life improved significantlyin all the domains when the subjects were undergone for 3-month Psychological intervention programme .Johnson,[9]evaluated the combinations ofa medicine (Naltrexone) and combined behavioral intervention and acamprosate (Medicine) and combined behavioral intervention, the result showed that each predicted significant improvement in the physical health domain of the Quality of Life of the partcipants. Karow et al.,([10] conducted a longitudinal investigation of Health-Related Quality of Life in 938 alcoholic and opium dependents who were randomly assigned to four groups of medical and psychosocial treatment, Result showed under both forms of maintenance and psychosocial treatment of Health-Related Quality of Life improved significantly especially with regard to subjective physical health. Catrin et al., [3] studied1,565 family member of alcoholic. The finding showed that in cases where a dependent drinker was in recovery, their family members reported reductions across multiple areas of their lives, (in family violence, debt, emotional and mental health problems, involvement with the criminal justice system, and in healthcare)and improvement in the quality of life. Therefore, the result of the present study confirms the effectiveness of the Psychological intervention on the Physical Health Domain of quality of life of the Alcohol dependents and their wives after the intervention.

Conclusion: Our study was conducted to analyse the effect of Psychological intervention on quality of life of alcohol dependents and their wives. Our study confirms that after improvement in quality of life of alcohol dependents in treatment significantly related to improvements in Quality of life of wives.

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