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COPING STRATEGIES AND SKILLS ADOPTED BY FAMILIES OF ADDICTED PATIENTS AND DEVELOPMENT OF PATIENT BASED FAMILY INTERVENTION PROGRAMME

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Abstract

Coping strategies refer to the specific efforts, both behavioral and psychological, that people employ to master, tolerate, reduce, or minimize stressful events. The substance use becomes the major family secret, often denied inside the family as well as to outsiders. The conceptual framework of the study was developed based on the Stuart stress adaption model. To accomplish the objectives of the study a interview schedule was prepared to explore various coping strategies and skills adopted by families of addicted patients. The most common coping strategies (86%) used by subjects were planning (recovery, best handle) about illness management actions. Second highest coping strategies / skills (84.50%) adopted by subjects was instrumental social support (advice, talk to others). The third coping strategy (83%) reported by subjects was venting of emotion (crying, feeling). (82.83%) using the competing activities. Religious coping strategies (pray, culture treatment) used by (78.33%) caregivers, whereas (77.75%) subjects make use of emotional support as coping strategy (friends, discuss with others). (76.83%) subjects reported of using active coping strategies (direct action, efforts) to manage their patients. (70%) subjects had accepted and accommodated (reality, learn) with their relative illness as a part of coping whereas (65.83%) care giver reported of using positive reinterpretation and growth as a strategy (different light, more positive) to deal with their clients. (64.16%) subjects use mind diversion (mental disengagement) as a strategy to handle situation. (60%) subjects use behavior disengagement (trying, solving problems). (49.25%) subjects use self-restraint as their strategy (take initiatives).(45%) subjects use substance abuse (alcohol, drugs).Whereas (42.6%) participant reported of not accepting reality (denial) as a part of strategies. There were only (33.5%) subjects reported of using humor (laugh, fun) as a part of their coping strategies. Further association between coping strategies / skills and demographic variables of patients were determined using one way ANOVA. A significant relationship ($P<0.05$) were found between the patients age, occupation and duration of the getting treatment in de-addiction centre with coping strategies / skills adopted by care givers. A significant relationship was found between the patient's age, occupation and duration of the getting treatment in de- addiction centre with coping strategies / skills adopted by care givers.

Keywords: *Coping strategies/ skills, families*

INTRODUCTION

Addiction is a state of periodic or chronic intoxication, detrimental to the individual and to the society, produced by the repeated consumption of a drug (natural or synthetic). The term 'Addiction' includes both 'dependence' and 'Habitution'.[1]

Addiction is a condition that results when a person ingests a psychoactive substance (alcohol, cocaine, nicotine) or engages in an activity that can be pleasurable but the continued use of which becomes compulsive and interferes with ordinary life responsibilities, such as work relationships, or health. Users may not be aware that their behavior is out of control and causing problems for themselves and others.[2]

Addiction is a set of experiences that produces changes within the person. The addict, responding to these internal changes, begins to act out in particular ways. As addiction develops, it becomes a way of life. When we experience loss, pain, grief, sadness and other inevitable hurt or negative experience, then we are more susceptible to form an addictive behavior such as alcohol or drug dependency. Because we want to escape pain, we seek experiences that maximize the positive and eliminate the negative, (for some people, alcohol or drug use, may be some of these experiences). Since we cannot totally control the cycle of peace and pain in our lives, most of us learn to either accept these cycles or try to be happy all the time. The addict tries to control these uncontrollable events. When he uses alcohol or drugs, he believes that he can make the pain go away and bring about good feelings whenever he wants. And in the beginning he can be successful. But this is where the process becomes progressive.[3]
Addiction is the out-of-control search for either happiness or the avoidance of pain. Regardless of the addiction, every addict has a "relationship" with a substance in order to produce a mood change. The means by which the mood change is accomplished is called *acting out* (using alcohol or drugs). By acting out, the addict attempts to create feelings of relaxation, excitement, or fantasy. The change in mood resulting from the acting out (using alcohol or drugs), gives the addict the illusion of being in control.[3]

Alcohol and other drug misuse is an increasing social problem that contributes to the destruction of individuals, families and communities. Substance abuse results in enormous costs to the abuser, his or her family and the community. This estimate includes direct costs such as hospital expenses, accident compensation payments and justice system costs. An indirect cost includes lost production resulting from premature death and illness, lost working efficiency and excess unemployment. Each year between 7,000 and 22,000 alcohol-affected patients are treated at emergency units. Hospital emergency departments estimate that 10 to 30% of their work is alcohol related.[4]

OBJECTIVES

1. To explore various coping strategies / skills adopted by families of addicted patients.
2. To determine the relationship between coping strategies and demographic variables.
3. To develop patient based family intervention programme.

METHODOLOGY

A study to explore the coping strategies and skills adopted by families of addicted patients and development of patient based family intervention programme. The theoretical framework of the study is based on the Stuart Stress adaptation model of psychiatric nursing. It views human behavior from a holistic perspective that integrates biological, psychological, and sociocultural aspects of care. Descriptive study was adopted as the most suitable one, as the present study tries to explore the coping strategies and skills adopted by families of psychoactive substance addicted patients. In the present study population consist of family members of addicted

patients those who were visiting the De-addiction Centre Kurali at the time of data collection. In this study the sample consist of 50 family members of psychoactive substance addicted patients who were visiting the Disha De-addiction Centre Kurali were selected, by using purposive sampling technique. The prepared tool along with the objectives, blue print, tool and criteria rating scale were given to 8 experts from the department of psychiatric nursing. The reliability of the tool was tested by using Karl Pearson's correlation Formula, and the tool was found highly reliable. (r=0.76).The data has been collected from 50 family members of addicted patients who fulfilled the sampling criteria in March 2015 by using interview schedule which was prepared in English and Punjabi. The data collected was compiled for data analysis.

RESULTS

Distribution of the subject shows that (10%) were in age group of 18-25, (26%) were in age group of 26-35, (22%) were in age group of 36-45, (26%) were in age group of 46-50, (16%) were in age group of above 50years.Maximum number of subjects (62%) were female, whereas (38%) of the subjects were male. Educational status wise distribution of subject's shows that 10% were studied up to 5thstandard, 2% were up to 8thstandard, 26% were up to 10th standard, 18% were up to 12th standard and 44% were graduate and above. Most of the subjects (46%) were unemployed, 18% subjects had Govt. job where as equal number of subjects (18%) had private job and business. Majority (78%) of the subjects was married, 20% of the subjects were unmarried, only 2% of the subjects were widow; none of the subjects were divorced and separated. Most of the subjects (42%) were parents of the clients, 36% were brother and sister of the clients, 12% were spouse (6%) were other relatives of the clients and only (4%) were son/daughter of the clients. Most of the subjects (42%) had income above Rs. 40,000/- per month, 24% subjects having total family income between Rs.30, 000 to 39 thousands/- month where as equal number of subjects (24%) having total family income between Rs 20,000 to 29 thousands/- month (6%) had income between Rs10 to 19 thousands /-month, only (4%) had income between Rs one thousand to 9 thousands /-month. Interpersonal relationship between most of (72%) family members were good, only 36% family members reported as interpersonal relationship were somewhat good.

Overall mean percentage of the coping strategies / skills adopted by subjects was 68.84% with means 112.90±68.84. The most common coping strategies (86%) used by subjects were planning (recovery, best handle) about illness management actions with a means 13.76±2.31. Second highest strategies and skills (84.50%) adopted by subjects was instrumental social support (advice, talk to others) with means 6.22±1.94. The third coping strategies (83%) reported by the care givers was use venting of emotion (crying, feeling) with means 9.96±2,15. Religious coping strategies (pray, culture treatment) used by (78.33%) subjects with means 9.40±2.40. Whereas 77.75% subjects take use of emotional support as coping strategies (friends, discuss with others)) with means 6.22±1.94. 76.83% subjects reported of using active coping strategies (direct action, efforts) to manage their clients with means 9.22±2.23. 70% care givers had accepted and accommodate (reality, learn) with their relative illness as a part of coping with means 8.50±1.99.Whereas 65.83% subjects reported of using positive reinterpretation and growth as a strategies (different light, more positive) to deal with their clients with means 7.90±2.16. 64.16% subjects use mind diversion (mental disengagement) as a strategies to handle situation with means 7.70±1.40. 60% subjects use behavior disengagement (trying, solving problems) with means (4.80±1.91). (49.25%) subjects use self-restraint as their strategies (take initiatives). (45%) subjects use substance abuse to deal with their clients

(Alcohol, drugs) with means 3.60±1.82. Whereas 42.6% participants reported of not accepting reality (denial) as a part of strategies. There were only 33.5% subjects reported of using humor(laugh, fun) as a part of their coping strategies. Significant relation between the age, occupation and getting treatment at de-addiction Centre of clients with coping strategies /skills of subjects. Age of the clients and coping strategies and skills is significant. The calculated value of (1.99) which is greater than the tabled value of at (5%) level of significance. Hence we can conclude that age of the clients with coping strategies and skills is significantly related (P>0.05). Occupation of the clients and coping strategies and skills is significant. The calculated value of (3.68) which is greater than the tabled value of at (5%) level of significance. Hence we can conclude that occupation of the clients with coping strategies and skills is significantly related (P>0. Duration of getting treatment at de- addiction Centre of the clients and coping strategies and skills is significant. The calculated value of (3.84) which is greater than the tabled value of at (5%) level of significance. Hence we can concluded that Duration of the getting treatment at de-addiction Centre with coping strategies and skills is significantly related (P>0.05).Open ended questions were asked to the family members regarding various problems experienced by them related to their relatives' current condition. Problems experienced by family members were categories, frequency and percentage computed.

DISCUSSION

In this section the investigator interpretively discuss the results of the study. It is in the discussion, the researcher ties together all the loose ends of the study. The findings of the present study have been discussed in accordance with the objectives of the research and literature review.

Study explored various coping strategies/skills that was used by the families of patient with substance addiction , and most commonly used coping strategies were planning (recovery, best handle), instrumental social support (advice, talk to others) and use venting of emotion (crying, feeling)whereas competing activities , religious coping , emotional support , active coping , positive reinterpretation , mental and behavior disengagement , self-restrain , substance abuse were also used as coping strategy, denial and Humor were also reported a coping strategies by the care givers of patients. Use of denial and humor were reported under very rarely used coping strategies by the care givers.

Open ended questions were asked from the caregivers and various problems were explored such as marital conflicts, home/family environment disturbed, job related issues, financial issues, health and wellbeing related problems and legal issues. On the basis of such problems family intervention programme developed where all these reported problems were addressed and booklet was developed and distributed to care givers.

Further association between coping strategies / skills and demographic variables of clients were determined using one way ANOVA. A significant relationship (P<0.05) were found between the patients age, occupation and duration of the getting treatment in de-addiction Centre.

In present study the most common ways of coping through which family members cope with substance addiction of patient were tolerating and engaging coping strategies used whereas similar findings were observed in the study conducted by **Orford J , Velleman R , et al (1998)** in which they also explored tolerating and engaging coping strategies as most commonly used. Study reported withdrawal as a most common coping strategies used by the care givers of

patient which were inconsistence to present study where no such strategy explores.
In present study various issues explored such as marital conflict, home / family environment disturbance , financial issues , health and wellbeing related issues, legal issues and job related issues. These finding are consistent with the study conducted by **Surendra K.M .et al. (2013)** where somewhat similar Issues were explored such a disruption of the family routine, financial burden, disruption of the family interaction and family leisure.

LIMITATIONS OF THE STUDY

The present study has its own limitations like any other study. The following are the limitations of the study:

1. The present study explores various coping strategies of families of male patients therefore question should apply in generalization of finding the study only.
2. The sample size is small and sample groups are taken from one de-addiction centre.

The researcher confined the study only to those families who visited the Disha de-addiction Centre Kurali

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CONFLICT OF INTEREST

A study to explore the coping strategies and skills adopted by families of addicted patients and development of patient based family intervention programme. The study entitled is a bonafide research work of Ms. Ramandeep Kaur MSc (N), Mr. Bharat Pareek phd, Ms. Suman Vashist MSc (N) . Authors do not have any relationships/condition/circumstances that present a potential conflict of interest.

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