

CHAPTER-VI

CONCLUSION AND SUGGESTIONS

Overview

This chapter describes the conclusions and suggestions evolved from the study entitled ‘Psychosocial profile of mothers of young adults with multiple substance dependence’. The main intention of the study was to understand the psychosocial condition of mothers of young adults with multiple substance dependence. The researcher planned to conduct the study such that she could collect quantitative and qualitative data from the mothers, in order to perceive the life experiences while caregiving a multiple substance dependent son. The research design adopted was mixed method approach, by using qualitative and quantitative tools of data collection and blending the information to derive a comprehensive understanding. In order to collect the quantitative facts, the researcher conducted many in-depth interviews with the selected respondents and recorded the verbatim responses immediately after the interview. She analyzed the qualitative data with the help of case vignettes and thematic analysis. Quantitative information was collected by administering a semi structured interview schedule and used standardized scales of depression, burden, perceived social support and coping inventory. Basic statistical techniques were used to analyze the quantitative data. In order to blend both quantitative and qualitative facts, triangulation was carried out.

Implication of the study

The study entitled ‘psychosocial profile of mothers of young adults with multiple substance dependence’ is a unique study in its credit as it explores the qualitative and quantitative aspects of caregiving a substance dependent son. The study was able to extend its findings in order to bridge the gap in existing scientific literature regarding comprehensive treatment of substance dependence. As mothers play an indispensable role in the comprehensive treatment of multiple substance dependents, mothers’ psychosocial profile need to be understood before involving them as partners in care. Reducing the burden of care, treating the psychiatric manifestations, strengthening coping mechanisms and providing better social support will improve quality of life of the mothers who are the caregivers of persons with multiple substance dependence.

Way Forward

The study strongly recommends a comprehensive evaluation and treatment of mothers of young adults with multiple substance dependence. An evaluation and treatment module can be developed and tested for validity, effectiveness and reliability.

The study opens up avenues of further qualitative researches focusing on the resilience and strength aspects of caregivers of multiple substance dependents. Effectiveness of various treatment approaches has also to be studied, validated and standardized to Indian context. Indigenous models of treatment/management have to be developed by the practitioners.

Conclusion

Multiple substance dependence in the son sways the life of mothers in various forms and makes them vulnerable to countless hazards in physical, psychological, social and financial realms. The current study was able to perceive to a greater extent, the ineffable struggles undergone by the mother in her journey with the substance dependent son. It was also able to validate their persistent and untiring efforts to support their son through the process of recovery. It could also fathom the heights of optimism and resilience shown by the mothers through their lived examples. The study tried to understand the phenomenon quantitatively and qualitatively, in order to accommodate the subtle nuances of emotions and attitudes.

The research can be meaningful and complete only by postulating a comprehensive treatment model for mothers of young adults with multiple substance dependence.

Social Work Intervention Module

Social work profession has always stood by the side of sufferer, be it a person with an illness or disability or the family member extending care to the ill or disabled. As a profession, it boldly perceives the person in the environment and not distinctly from the social or familial interconnectedness. It stands for the comprehensive treatment of the clientele, along with his/her family and community, in order to make the change sustainable.

Significance of social work intervention for the mothers:

Mothers of the young adults with multiple substance dependence suffer in terms of physical and mental health issues, social stigma and isolation. Still, they consistently support their son in order to stay sober and also to adhere to the treatment regime. They have a considerable influence in the son's behavior, including help-seeking activities. Thus, social work intervention with the mothers is beneficial in alleviating their distress and also in empowering them to manage the substance use disorder.

Theoretical background of Social work intervention module:

Delving into the experiences and challenges of the mothers of young adults with multiple substance dependence, the researcher has come up with an intervention module for the mothers. This module has incorporated principles, ideas and methods from various social work intervention models, including problem-solving model (Coady & Lehmann, 2008), connecting people intervention model (Webber et.al., 2021), crisis intervention model (Regehr, 2011), empowerment based social work (Hossen, 2005), evidence based social work practices for substance use disorders (Wells et.al., 2013) and trauma informed social work practice (Levenson,

2017). Social work intervention models generally utilize basic social work methods- casework, group work and community organization, in order to help the targeted beneficiary system.

Problem solving or generalist intervention model passes through four main phases – Engagement, Assessment, Intervention and Evaluation (Coady & Lehmann, 2008). During the first phase of engagement, rapport is established through expression of accurate empathy and an initial contract (formal/informal) is developed regarding the area to be focused. During the assessment phase, assessment of the problem and the person is done, including the strengths and limitations of the person. Choice of appropriate strategies to be employed and outcome measures are also fixed in this phase. During the intervention phase, the planned strategies are implemented step by step and the progress is measured. The process of resolution of the problem is made participatory and persons are helped to solve the problem. By doing so, the capacities of the person are strengthened in order to profess the person ready to solve similar future problems. Persons are facilitated to take up transitions in life rather than settling down. During the final phase, the interventions are critically analyzed with measurable outcomes and follow-up is planned.

Crisis intervention model of social work rooting on the crisis theory, aims to provide a little help, rationally directed and purposefully focused at a strategic time (Regehr, 2011). It is found to be effective among individuals and groups who undergo crisis. This model has an advantage of being brief and practical. Empowerment based social work emphasizes on the strengths, resilience, and resource of people and communities. It works to improve the competence of the individual, thereby making the person capable of handling similar situations (Hossen, 2005).

Wells et. al. (2013) explained some of the important evidence based social work practices in the treatment of substance use disorders. CBT- relapse prevention, contingency management, community reinforcement approach, motivation enhancement therapy, twelve step facilitation therapies, and family based treatments were found effective. All the above models were targeted towards the substance dependent person, rather the family based caregivers.

Trauma informed social work (Levenson, 2017), is a specialized branch of clinical social work in which, the social workers recognize the presence of traumatic events in the lives of the clients, and view current problem as symptoms of maladaptive coping. This helps the clients identify and change their fundamental beliefs shaping psychosocial functioning. It incorporates five core principles- safety, trust, collaboration, choice and empowerment.

Connecting people intervention model (Webber et. al., 2021), aims to develop new social connections and social networks of both the service provider and the service recipient. Both of them should be equally ready to establish new social connections and to strengthen the existing ones, in order to improve their psychosocial functioning.

Social work interventions aimed at helping the family based caregivers of psychoactive substance dependents were rarely noticed in the recent published literature. So, the researcher developed her own module of intervention with the mothers. The module was designed to be implemented at three levels, in three different stages. The three levels of intervention are – micro (one-to-one session with the mother); mezzo (groups of mothers); and macro (community) levels. The three different stages are – acute stage, intervention stage and follow-up stage.

Acute stage, Micro level

This is the stage at which the social worker meets the mother. There are multiple ways in which the mother and the social worker have their initial encounter. Sometimes, the mother herself brings the son who is having multiple substance dependence to the deaddiction treatment. Sometimes the officers of law enforcement authority refer the person with substance dependence for deaddiction. In both such cases, the psychiatric social worker meets the mother initially during the process of detailed history recording. In some other cases, the mothers are directed towards the mental health professional due to some other presenting complaints like insomnia, generalized body aches and pains, free-running anxiety, or more explicit depressive symptoms. In such cases, the psychiatric social worker meets the mother during the initial case history taking process. In some other cases, the psychiatric social worker initiates meeting with the mother, after receiving a person with substance use disorder for psychosocial interventions.

During the acute stage, the detailed assessment of the mother is done, including her mental status examination, depression and anxiety symptoms, suicidal ideas and available social support system. The assessment phase itself will take two –three sessions of one hour duration as the PSW has to be empathetic and facilitative for maximum emotional ventilation. Usage of the scales such as Beck's Depression Inventory(1961), Hamilton's Anxiety and Depression rating scales, Suicidal Ideation Attributes Scale (SIDAS, 2014), etc. are optional. The PSW should administer these scales in order to record the baseline information about the mother, but the administration of these scales should not hamper the rapport and also should not make the mother uncomfortable to share her emotions and experiences.

After completion of the assessment, the initial contracting should be done with the mother, in which immediate, short term and long term objectives are listed down. The immediate objectives can be physical assistance and provision of information about solving legal formalities/penalties, management of self-harm thoughts and attempts, finding a place to stay away from abuse and violence, initiation of pharmacotherapy (if needed), and so on.

Short term objectives can be gaining insight into her own problems, assessment and validation of trauma and its impacts on psychosocial functioning, exploring better coping mechanisms, strengthening existing social relationships, improving social connectedness, redefining the expectations from the substance dependent son, accepting the strengths and weakness of the caregiver role and so on.

Examples of long term objectives are practicing more positive coping mechanisms, self-regulation of emotions, finding alternative distraction techniques, improving social functioning and planning for regular follow-up.

After listing down of the objectives and their measurable outcomes, the PSW assists the mother in fulfilling the immediate objectives, by employing case work methods. This includes the following steps:

1. Strengthening rapport and facilitation of narration of trauma
2. Initial baseline assessment of the immediate objective/need of the mother
3. Assessment of the mother's strengths and support systems
4. Collecting information about the material-physical helps provided by the agency and community

5. Mobilization of resources (material, financial, or informational) in order to resolve the crisis the mother
6. Taking up advocacy roles for the mother's rights and safety
7. Collaborating with government and non-government agencies in order to ensure health and safety of the mother
8. Working as a liaison between different formal and informal support groups and the mother, acting as a bridge between mental health team and the family
9. Evaluation of crisis intervention through measurable outcomes
10. Facilitating transition to next stage

Intervention stage, micro level

During the initial phase of intervention stage, detailed assessment of the mother is continued. Here, the scales which are administered in the first stage are re-administered in order to understand the difference. Medical assistance is taken accordingly.

Intervention stage enables the PSW to re-assess the felt needs of the mother, by using in-depth interviews. Steps involved in this stage are as follows:

1. In-depth interviews with the mother in order to delve deep into the traumatic experiences of the mother
2. Enlisting and analyzing the deeply ingrained cognitive patterns and believes, which are formed as a result of repeated traumatic experiences
3. Application of trauma- informed social work practice techniques to modify those beliefs which influence the psycho-social functioning of the mother

4. Enlisting and analyzing different coping patterns followed by the mother during different occasions
5. Searching for positive coping styles which benefit the mother primarily and resist codependency
6. Supporting the mother to practicing those positive coping styles and giving apt feedbacks while doing it.
7. Encouraging the mother to develop and replenish new social connections and affiliations
8. Provision of information about the nature of substance dependence and the chances of relapse
9. Strengthening the mother's help seeking activities and safety measures, in case of relapse of the son
10. Helping the mother to redefine her expectations and aspirations in connection with the substance dependent son and dealing with her grief.
11. Inculcating an insight into her own problems and present condition as a product of her choice and obligations.
12. Empowering the mother to make her own decisions based on her priorities, trust and safety.
13. Evaluation of the short-term goals based on the measurable outcomes
14. Facilitating the transition to next stage

Intervention stage, mezzo level

Some of the activities in the intervention stage can be done better by utilizing the dynamics of the group. Participation and sharing in the group enables the mothers to generalize their problems and to find solutions collectively. The role of the PSW is to facilitate the formation of a meaningful homogenous group and to facilitate the smooth conduction of the group. The following steps can be followed while conducting group work for the mothers.

1. Formation of a group by including 8-10 mothers of young adults with multiple substance dependence. The members of the group should not exceed 12 or lower than 6
2. Ice breaking session can be done in initial session in which the group members familiarize each other.
3. Rules and objectives of the group should be clearly defined. Group leader may be identified and each member in the group can be given certain role- responsibilities.
4. Traumatic events, negative life events, consequent emotions and impacts on the mother and family as a whole can be discussed.
5. Discussion on possible alternatives, in case of recurrence of such events
6. Utilization of resources of the agency and the community for the benefit of group members, following democratic practices
7. Collective group practices or rituals can be repeated in order to boost we-feeling
8. Programs for improving the cohesion among the group members should be included
9. Evaluation with regard to individual and group objectives based on outcome measures
10. Planning for follow-up sessions ensuring sustainability.

Follow-up stage, micro level

During the final stage, the psychiatric social work intervention should focus more on resilience building and empowerment based activities. At micro level, the PSW should seek to make the mother aware of the legal provisions and services provided by the government and other agencies, in case of the relapse and recurrence of violence. The scales which were administered at the onset of the intervention can be re-administered in order to record the current status of improvement. Follow-up and termination should be planned gradually, considering the needs of the mother. It is always good to hand over agency contact numbers, in case of emergency.

Follow-up stage, mezzo level

At the group level, the final stage can be planned and implemented in such a way that each group becomes self-functional. The ownership of the group is handed over to the members of the group. They plan and fix their regular meetings. The PSW can gradually withdraw his/her role in the group and sessions can be conducted with/without supervision. The PSW can be contacted in case of need for the group members.

Follow-up stage, macro level

At the community level, the PSW interventions can be categorized into two main areas- prevention and promotion. Considering the preventive aspect, the psychiatric social worker can pool in efforts of government and non-government agencies to prevent the spread of psychoactive substances. Volunteer groups can be formed in all educational institutions and panchayat levels, in order to save the teen agers from substance dependence. Bearing in mind the promotive aspect, Self-help groups can be formed including mothers who are of menopausal age. Stigma is yet another issue, which can be reduced only by spreading scientific knowledge.

I am here... for you...

I was wandering like a cloud

No name, no fame, no aim

You came out of me, blue and bold

Like a lightning strike, and then

I became your mother, blessed I stood

With name, with fame and with aim

You became my land, water and air

My dream, my wish, wings and stair

Holding your hands, I opened my eyes

Touched the dew, thrilled my bosom

Watching you grow, I brew my eyes

Saw the sights, silence that sounds

When you flutter, take time to calm

When you're wrong, take time n' correct

When you fail, don't cry, but try

When you're sad, take time n' come back

Don't quit the battle my son, take time n' try

Beat your barrier, 'coz, I am here, for you...

I am here, waiting....for you...

I am here, For You...

Deepthi Krishnan