

A Study on the Satisfaction of Substance Abusers and Their Families with a Substance Abuse Intervention Program

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Abstract

This study aims at determining the level of satisfaction with the intervention program for substance abusers and their families. In this descriptive research, there were 90 participants from Thayarak Institute: substance abusers (45); 93.34% use alcohol, and relatives (45) from purposive sampling. The researchers asked the participants to answer questionnaires and had in-depth interviews with them about their satisfaction with the intervention program. Data from the questionnaires and in-depth interviews were statistically analyzed for frequencies, percentages, mean scores, standard deviations and categories. It was found that the satisfaction with the intervention program is at a high level with average scores of 4.01 (out of 5) and 0.24 standard deviation. In-depth interviews reveal that (1) they were satisfied with the program, (2) the intervention program format: Relapse Prevention Program (RPP) 6 sessions, Family Intervention Program (4 sessions) and Counseling Program (2 sessions) was appropriate, but each session should last at least 2-3 hours to encourage the groups to express their opinions and share experiences, knowledge, and attitudes toward each other (3) The intervention program should offer less lecturing, but more skills dealing with how to take care of patients, and relapse prevention which emphasizes participatory learning. The findings indicate that a short-term intervention program is very important. Furthermore, each session should be extended to 2-3 hours to allow the participants to gain more benefits from the program.

Keywords : Satisfaction, Substance abusers and their families, Substance abuse intervention program.

1. Introduction

Nationwide, substance misuses are significant problems for people. Substance misuse affects males and females of all ages, culture, and socioeconomic groups. Substance misuse is an urgent problem in Thailand. Both the government and the private sectors have launched remedial measures to deal with the problem. However, several studies have shown that

the number of outpatients with substance misuse problems was still high: 28,024 in 2004, 29,422 in 2005, and 27,431 in 2006[1].

Narcotics produce deleterious effects on the body and the mind of individuals and on society as a whole. Drugs cause temporary changes of chemical reactions in the brain circuit, especially in the ventral segmental area and nucleus accumbens[2]. Based on the cognitive behavioral model, which puts forward that

human behaviors are the products of classical conditioning, the brain is conditioned by the experience of pleasure from being rewarded by the effects of drugs, leading to craving and withdrawal symptoms later on. This makes users repeated abusers.

Although teams of medical personnel have put a lot of effort into dealing with substance abuse problems, the number of patients who relapse was still very high[3]. A follow-up study by Thanyarak Institute in 2004 reveals that the relapse rates were 25% (from a matrix program) and 12.60% (from the FAST model: Family education, Alternative treatment, Self help group, and Therapeutic Community). The study also suggests that the factors related to relapses were (a) whether the treatment is continuous or not, (b) changes in thoughts and behaviors of the abusers, (c) their ability to control emotions, (d) their ability to avoid stimulating factors, (e) family support, (f) moral support from people around them, and (f) faith[4].

This study emphasizes the importance of continuous treatment which, usually, is possible only if patients have been satisfied with the services provided. Patients' satisfaction is thus crucial to both the service providers and the patients themselves. It helps hospitals to correctly determine what are needed for quality services, helps them with the evaluation of their services, and helps the patients to obtain better quality of life. In addition, patients' satisfaction promotes good relationships, acceptance, trust, and cooperation between the patients and the medical personnel, and, most importantly, it promotes the patients' willingness to return and receive further treatment. Since patients' satisfaction is closely tied to their attitude and willingness to return to the hospital to receive further treatment, a study of patients' satisfaction is a way to evaluate the services provided by medical personnel. The findings from a study of this nature can

then be used to develop programs which can truly respond to their needs, really solve their problems, and benefit them the most[5].

At present, positive changes are clearly seen in health care services; patients are starting to have higher expectations of the services. The development of better communication technology has also made patients more aware of their rights to receive professional help, more keen to take part in the decision making on the treatment, and more critical to evaluate the services they have received.

Therefore, the researchers have been developing an effective intervention program for substance abusers and their families. This program aims at developing ways to solve substance abuse problems as effectively as possible. The present study focuses on the satisfaction of patients and their families with our services. It is hoped that the findings of this study will shed some light on how we may offer better and more efficient services that would encourage patients to return to receive further treatment and eventually stop using drugs permanently.

2. Objective

To study the satisfaction of patients and their families with the substance abuse intervention program at Thanyarak Institute.

3. Conceptual framework

Relevant research studies, Aday and Andersen [6], and Fontaine and Fletcher [7], suggested that patients' satisfaction plays an important role in the evaluation of particular services. They classified satisfaction into 6 types:

1. Satisfaction with the convenience of the services:
 - 1.1 length of time they have to wait before admitted into the program

- 1.2 medical care received during the program
- 1.3 convenience experienced during the program
2. Satisfaction with the coordination:
 - 2.1 availability of a one-stop service
 - 2.2 availability of a holistic approach
 - 2.3 availability of follow-up care
3. Satisfaction with the attitudes of staff (i.e., friendliness, age-appropriate services)
4. Satisfaction with the medical information
 - 4.1 Information about addictive substances (e.g., meaning, causes of addiction, treatments available)
 - 4.2 Information about treatments (e.g., what the patients have to do during treatments)
5. Satisfaction with the quality of care (i.e., overall treatments the patients received from the hospitals)

6. Satisfaction with the expenses accrued during the program

The current study, which aims at increasing the effectiveness of the treatments and reducing relapses, was conducted as a part of the main study, *Development of an Intervention Program to Support Substance Abusers and their Families after Being Released from Thanlyarak Institute*

In the intervention program, factors causing substance dependence have been investigated through the SWOT approach. In addition, knowledge and skills that help prevent relapses and overall health status of the patients before treatments were also studied. The primary data were used to develop programs with an emphasis on the importance of the patients and their families. The present study investigated their satisfaction with the intervention program after the patients have been treated based on the following conceptual framework:

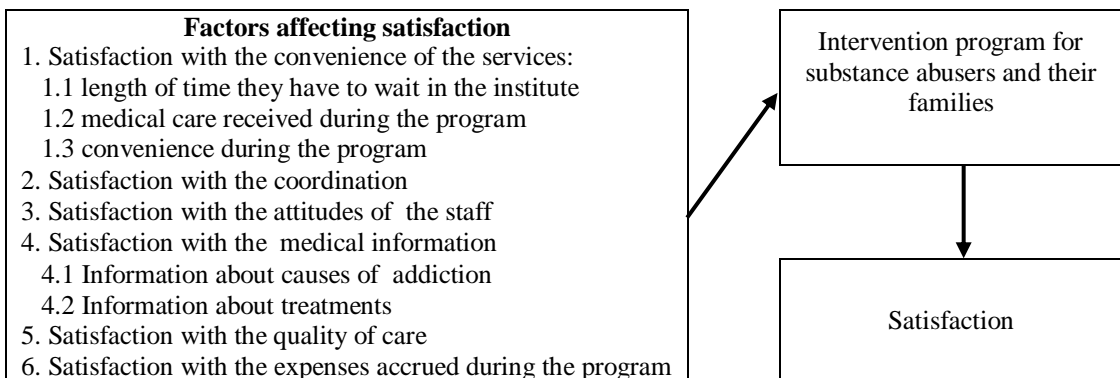


Chart 1 shows the conceptual framework for the investigation of satisfaction with the intervention program for substance abusers and their families

4. Research question

Are the patients and their families satisfied with the support offered by the intervention program after the patients were released from the institute?

5. Materials and methods

This descriptive research study is both qualitative and quantitative.

Population: The participants from Thanyarak Institute: substance abusers and relatives. Patients who were treated in the outpatient service unit at Thanyarak Institute, and completed the relapse prevention of substance abuse users program, aged 15 – 60. These patients did not have any mental problems prior to the treatments and were willing to participate in the study.

Participants:

Group 1: Inclusion criteria: (Patients N=45)

1. had been patients in the intervention program.
2. were between 15 – 60 years old.
3. had a history of using at least one of the following 3 types of drugs: depressants, stimulants, or hallucinogens.
4. had never been diagnosed with a psychiatric disorder
5. were willing to participate in the study and able to complete the program.

Group 2: Inclusion criteria: (Relatives N=45)

1. were the relatives or main caretakers of the patients
2. were willing to participate in the study
3. were able to complete the program

Research instruments:

1. A demographic questionnaire is a paper and pencil instrument designed and written in Thai by the researchers for the purpose of gathering data related to participants' age, gender, marital status, years of education, current occupation, family income per month, source of payment, financial problem presence of other illness, type of substance misuse, time since last treatment, coping and present problems in daily life. It takes approximately 3-5 minutes to complete.

2. The questionnaire about satisfaction with the intervention program based on Aday & Anderson (1975) and Fontaine & Fletcher (1999) was composed of 25 items: 3 items related to the convenience of the services, 3 items related to coordination, 3 items related to the attitudes of the staff, 4 items related to medical information, 2 items related to the expenses accrued during the program, and 10 items related to the quality of care. The items were evaluated on a five point scale (ranging from 1 = very unsatisfied to 5 = very satisfied)

3. Semi-structured interviews about satisfaction with the intervention program was composed of 5 items related to the intervention program format, Strengths of Intervention program, coordination, advantage of intervention program, suggestions, and the quality of care.

Validity and Reliability:

The content validity of the questionnaires was confirmed by 3 experts. The findings were discussed and evaluated on several occasions in the research group and by the authors. In addition, the findings were validated together with a Clinical Nurse Specialist and Psychiatrist. In these meetings reflections on important findings were encouraged and valid themes connected to the research area suggested, discussed, and further developed. The estimates of the scale's reliability regarding the questionnaire about satisfaction with the intervention program levels were calculated using a Cronbach's Alpha of 0.76. The construct validity was measured by a t-test to check whether the high and low groups were significantly different.

Ethical considerations

Ethical approval was granted by the ethics committee of Thanyarak Institute. The participants who met the inclusion criteria were invited to participate in study. Prior to the study, an information sheet explaining the purpose and procedures of the study was provided to all of the participants. They were asked to sign a consent form attached to the questionnaire. They were told that all the information would be treated confidentially and neither their names nor personal identification numbers would be indicated on the returned questionnaire. The participants were told that they had the right to withdraw from the study at any time and for any reason.

Data Collection

1. The researchers met with the participants and explained about the study and assured their anonymity.

2. The researchers asked each participant for responses to the questionnaires.

If the participants were illiterate, they read the questions out loud. The answers were written down for the participants.

3. The researchers had in-depth interviews with the patient participants and participants's relatives or caretakers.

Data Analyses

1. Data from the questionnaire on the background information of each participant was analyzed for frequencies and percentages.

2. Data from the questionnaire on the participants' satisfaction with the intervention program was analyzed for mean scores and standard deviations.

3. Data from the in-depth interviews was analyzed for classification into response types.

6. Results

Quantitative findings

Part 1: Background information

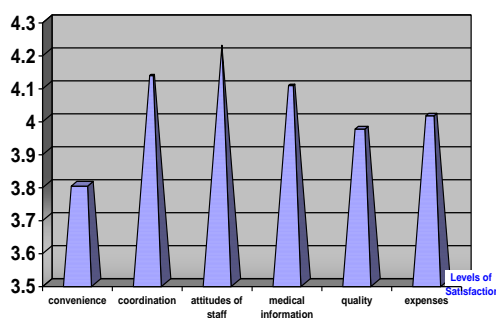
There were 90 participants and all of them completed the relapsing prevention of substance abuse users program. Sixty percent of the first group were female substance abusers and 40% were male. More than half of them (55.5%) were between 26 – 40 years old. About half of them finished high school (48.9%) and were still single (51.1%).

Many of them still stayed with their parents and their relatives (84.5%) and lived near the areas where drugs were readily available or were used (88.9%). The majority of them did not have stable income (77.8%). Many returned for a 2nd treatment or more (86.7%). Among all substances, alcohol was the most used (93.3%).

The second group were the patients' relatives and caretakers, most of whom were female (91.1%). More than half of them were between 26 – 40 years old (82.2%). Only 17.8% of them were between 41 – 60 years old. Most of them finished high school (77.8%) and were married (86.7%). The majority of this group lived near the areas where drugs were available or were used (88.9%) and did not have stable incomes (82.2%).

Part 2: Level of satisfaction with the intervention program of substance abusers and their families.

mean scores



The graph shows that the participants were satisfied with the intervention program at a 'high' level with an average score of 4.01 (out of 5) and 0.24 standard deviation.

Qualitative findings

1. Patients' perception about the benefits of participation in the intervention program

Patients' views

Findings: The patients had positive attitudes about the program. They gained more knowledge and skills and had a chance to exchange their ideas with others and a chance to express their feelings. They learned that there were people who were in more serious conditions. They received medical information about the effects of the drugs, symptoms during drug use, and withdrawal symp-

toms. They learned to understand themselves, to set goal in their lives, and to make plans to stop drug use permanently:

A 18-year-old female patient (a high school graduate):

"I feel good for joining this program. I have learned so much about relapse prevention and activity daily living techniques."

A 33-year-old male patient (a high school graduate)

"The nurses told me I should set a goal for my life, what I should do in the future, and how I should behave in the society. I learned so much from the other participants and we got a chance to share our experiences. I now have skills to avoid drugs and lead a good life."

Relatives' views

Findings: The majority of the participants have positive attitudes about the program. They gained valuable experiences. For example, they obtained skills and knowledge of how to take care of the patients. They had a chance to share experiences with the others, particularly about how they felt about substance dependence. They learned that there were others who had to deal with more serious problems:

A 48-year-old father with elementary education and living on wages:

"I like the program. I learned about ways to quit taking drugs. I had a chance to get to know the others and share our ideas. They share ways on how to give up drugs. Sometimes they suggested ways I would never be able to think up myself. We share different strategies on how to deal with the problem."

A 42-year-old father who is a university graduate and an employer:

Relatives' views

Findings: In general, the participants thought that the subprograms were appropriate. However, each session should

"The program was an eye-opener to me. I had a chance to share my experience with the others. Also, I learned tremendously from the research findings the experts shared with us, particularly the knowledge on how to take care of the patients. I learned about interesting techniques that I would like to try."

2. Steps/format of the treatment program

Patients' views

Findings: The program consisted of 3 subprograms: the relapse prevention program (6 sessions), the family intervention program (4 sessions), and the counseling program (2 sessions). Generally, the participants viewed the program as appropriate. However, they suggested that each session of the group therapy should be extended to 2 to 3 hours or more to allow the patients to fully share their feelings and experiences. Also, group therapy sessions should be held during weekends because those are the days the patients were likely to be free. The activities in the program should be more fun e.g., include games.

A male patient aged 22 (a high school graduate and an employer)

"I want to play games to develop thinking skills ... we'd better meet once a week."

A male patient aged 33 (a high school graduate)

"A group session should be longer; that is, I spent 1 hour in this building. And we finished around 4 to 5 o'clock. We had so little time for the group activity. Some did not have a chance to answer all questions. I think sessions should be held on weekends and each should last at least 2 – 3 hours."

be extended to 2 hours or more to allow the participants to fully share their feelings and experiences. And the sessions should be

held on weekends to allow more people to participate in the program.

In addition, there should be more staff attending each activity, at least 3 people instead of 2.

A 42-year-old uncle (a university graduate and an employer):

"I'm satisfied with the frequencies we met but the time for each session should be longer, possibly 3 hours per session."

A 39-year-old brother, a university graduate living on wages:

"I wished we had more time so that we would be able to elaborate on the issues that had been raised. ... I am quite happy with the program. Staff's suggestions about the ways to help patients to stop using drugs were very helpful. I would never be able to think them up by myself. Even though they have never used drugs before, they could educate us and helped us learn good ways to deal with the problem. They gave good advice. We felt comfortable asking them questions. We learned to set goals. The staff and the relatives united to help the patients. As for me, I think they are really friendly."

3. Strength of the program

Patients' views

Findings: The participants feel that the strengths of the program were (1) the knowledge and skills they have gained from it, (2) a chance to share their experience and to give moral support to each other.

A 28-year-old male patient (a university graduate living on wages):

"The program gave me strategies to stop using drugs, to love myself, and to set goals for my life. I'm more aware of whether the thing I'm about to do is good for me or not."

A 25-year-old male patient (a university graduate and employee):

"We can share our opinions and cheer up each other."

A 22-year-old male patient (a high school graduate living on wages):

"The staff explained things very clearly. They were friendly and understanding. They accepted what we had to say."

A 22-year-old male patient (a high school graduate living on wages):

"The place is so nice ... very nice. It was not like a hospital room or things like that. They treated me like I was a family member. They didn't interrogate me. When we participated in a group therapy, we were like siblings and we respected each other. They respected me. The younger ones treated me with respect. They listened to me. I was like a teacher to them. They adjusted their language to be more polite when they talked to me and acted nicely and politely."

Relatives' views

Findings: The participants felt that the strength of the program was the practical knowledge and skills on how to prevent relapses that they had gained.

A self-employed 46-year-old aunt (a university graduate):

"The program encourages the patients to help themselves and to be productive and raises their awareness that such a program exists."

A 28-year-old younger brother (a university graduate living on wages):

"The strength of the program is that it can prevent relapses."

4. Implication

Patient's views

Findings: The participants were able to use the knowledge and skills from the program in their daily lives. How much they could apply the knowledge and skills to their lives varied depending on their ability to practice the skills they have acquired such as the ability to manage internal and external motivations, to take notes about their daily lives, and to keep diaries.

An unemployed 36-year-old male patient:

"I will tell my family that using drugs is not good at all and causes people to waste so much money and time. I want to tell them that a drug addiction is a lose-lose situation"

A 22-year-old male patient (a high school graduate):

"If I have to return to the same environment, I will know what to do, how to set goals so that I won't use drugs again, how to turn down an offer from friends ... I've learned ways to say 'no' firmly and politely so that they won't try again."

Relatives' views

Finding: The participants are able to use the knowledge and skills from the program in their daily lives and work.

A 28-year-old aunt (a university graduate living on wages):

"I could put what I've learned from the program to use in my daily life."

A 56-year-old father (an employer with a university degree and a community leader):

"I will definitely use what I've learned from the program. I have never punished my employees. I tell them directly that they are not my employees but my family. I have to take care of them, protect them and prevent them from taking drugs."

7. Discussion

The present study reveals that the participants were satisfied with the program. The group therapy conducted by the researchers allowed the participants to share their knowledge, ideas, feelings and experience. The therapy offered them a chance to give moral support to each other. They were particularly satisfied with the fact that, during the program, they were free to show both positive and negative sides and learned to adopt positive attitudes conducive to relapse prevention. Based on the cognitive behavioral model, the program aims at treating the body and the mind and

changing the patients' thought processes and behaviors. The participants were pleased with the idea that the program supported not only the patients but also their families through counseling sessions and group therapy. They learned to understand themselves and to develop the ability to solve their own problems. This result is consistent with those from other studies on counseling services for drug abusers. All have shown that group counseling decreases relapses[8].

Furthermore, other research studies have shown that a combination of an intervention program for patients and families plus another type of treatment helped participants get better and obtain better quality of lives than a regular treatment.

The findings of the current study indicate that the participants were particularly involved when they exchanged their ideas and feelings. This is shown by their request for more group sessions and for extension of each session from 2 and ½ hours to 3 hours. They also expressed their desire for fun group activities. This intervention program is different from the Special Alternative Incarceration (SAI) Program by Ann L. Date [10] which is a 90-day program, 5 evenings per week. In Date's program, each group session lasts 1 hour. The SAI program has been proven to give good results: the participants received significantly higher scores in knowledge and skills (at 0.001). Therefore, it would be interesting to have further studies on the effects of changes in the number of sessions, the amount of time in each session, and the length of the program to check whether a longer program and more sessions affect any changes in participants' satisfaction or not. The present study shows that the participants thought that the strength of the program was its capacity to instill knowledge and skills in the participants, and their freedom to exchange their experience and give each other moral

support. This intervention program took into account the importance of the body and the mind, emotions, and the patients' social environment. The program emphasizes roles, problem solving, communication, affective responsiveness, and behavior control[9].

8. Summary

The current study shows that the participants were able to use their knowledge, skills, and experience from the program in their daily lives within their families and in the society. This shows that the program was effective to a certain extent. Such effectiveness resulted partly from the program format which included: (1) basic medical information about addictive substances, (2) basic information about substance dependence, (3) self-awareness, (4) techniques in adjusting the patients' thoughts and behaviors, (5) problem-solving techniques, (6) prevention of relapses, (7) health and sex education, (8) goal setting for their future lives. The program consisted of group activities in which the patients had to engage in assigned tasks and role plays concerning drug abuse. These tasks were based on findings from a prior study on factors affecting the elimination of substance dependence. Devising plans based on these factors has made the intervention program practical and effective.

9. Implication of the study

The present study was conducted on participants in Bangkok and nearby vicinity at Thanyarak Institute. The program described in this study is more likely to be effective when patients are in a similar environment.

10. Limitation of research

As only participants from Thanyarak Institute in Thailand were studied, validity might be a problem. Even with this limitation, important medical information regarding the factors that contribute to participants' satisfaction was gained.

11. Future research

There should be a study of the participants' satisfaction in other environments such as other locations of treatment centers. Such locations might affect how regularly patients come to receive services e.g. a comparison study between public hospitals and local treatment centers.

12. Acknowledgement

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12. References

- [1] Thanyarak Institute. The statistics of out Patient Department. Retrieved January 3, 2007, from http://www.thanyarak.go.th/thai/index.php?option=com_content&task=view&id=679&Itemid=61.
- [2] Judith A. Schilling., *Straight A's in Psychiatric and Mental Health Nursing*. USA: Lippincott Williams & Wilkins, 2006.

- [3] Treetipkoon, S., Matrix Program. Pathum Thani:Thanyarak, 2002.
- [4] Dromadorn, M., The effect of Matrix Program. Pathum Thani:Thanyarak, 2002.
- [5] Stuart, G.W. & Laraia, M.T. Principles and Practice of Psychiatric Nursing. St. Louis: Mosby, 2005.
- [6] Aday. L.A., & Anderson, R., Development of Indices of Access to Medical Care. Ann Arbor: Michigan Health Administration, 1975.
- [7] Fontaine, Karen Lee., Mental Health Nursing. New Jersey: Prentice Hall, 2003.
- [8] Kavanagh et al., D.J. Kavanagh, R. Young, A. White, J.B. Saunders, J. Wallis and N. Shocklewy *et al.*, A brief Motivational Intervention for Substance Misuse in Recent-onset Psychosis, *Drug and Alcohol Review*, 2004.
- [9] Barrowclough et al., C. Barrowclough, G. Haddock, N. Tarrier, S.W. Lewis, J. Moring and R. O'Brien *et al.*, Randomized Controlled Trial of Motivational Interviewing, Cognitive Behavior Therapy, and Family Intervention for Patients with Comorbid Schizophrenia and Substance use Disorders, *American Journal of Psychiatry*, 2001.
- [10] Ann L. Date. *Substance Abuse Intervention Study at the Special Alternative Incarceration (SAI) Program*. USA: Michigan Department of Corrections Substance Abuse Programs Section, 2002.