



“A STUDY TO ASSESS THE EFFECTIVENESS OF SELF MOTIVATION PACKAGE ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE, IN ALCOHOL DEPENDENT ADULT MALES IN A SELECTED COMMUNITY AREA INDORE (M.P).”

SHIVANI BHADOURIYA

Under the guidance of

Mrs. Payal Sharma

Professor & H.O.D

Department of Psychiatric Nursing

Index Nursing College

ABSTRACT

Alcohol destroys family and nation long before it destroys liver

- M. K. Gandhi

BACKGROUND AND OBJECTIVES

The wide spread abuse of drugs and alcohol has become a human tragedy. Each year, the abuse of alcohol has an enormous toll in deaths, decline in productivity, more crime and accidents and also increased expenditure in rehabilitation. The situation is likely to worsen and even may get out of hand if adequate measures are not taken to clearly identify the vulnerable group, so all to provide them proper and maximal help.

The present study attempts to assess the level of motivation to remain abstinent from alcohol consumption in adult male clients and enhancing self motivation. Hence in view of the nature of the problem and to accomplish the objectives of the study a Pre Experimental design approach was adopted.

THE OBJECTIVES OF THE STUDY ARE:

1. To assess the pre – intervention level and post interventional level of motivation in maintaining abstinence from alcohol among the adult male clients.
2. To evaluate the effectiveness of self motivation package to maintain abstinence from alcohol among adult male clients.
3. To find out association of pre interventional score of motivation with selected demographic variables.

The conceptual framework adopted was “Motivation to change conceptual model of Prochaska and Declemente”.

Methods

In view of the nature of the problem URICA scale questionnaire was used to assess the level of motivation. Data was collected from Rural Community area.

A pilot study was conducted with 6 alcohol dependent adult males to refine the methodology and find the feasibility of the study. Reliability($r \frac{1}{2}$) of tool was tested by split half method.

Purposive sampling technique was used to select 50 alcohol dependent adult males for the main study.

The data collected was analyzed by using descriptive and inferential statistics.

Results

The overall analysis of the level of motivation shows that all the participants had the moderate level of motivation. None of the participants had low motivational level to maintain abstinence from alcohol consumption. The motivational readiness score in the pre test was (60.83). The post test motivational readiness score was (76.37). The increase in the post test score of (15.54) signifies the effectiveness of nursing interventional package. Regarding the selected socio-demographic variables none of the variable had significance in relation to level of motivation of the participants.

Interpretation and Conclusion

The study concludes that all the alcohol dependent adult males have some level of motivation to maintain abstinence from alcohol. This level of motivation can be enhanced by using nursing interventional techniques to maintain long term abstinence.

Keywords

Alcohol dependent; Self motivation package; Abstinence; Rural Community area.

CHAPTER-I

1.1 INTRODUCTION

Alcohol has been discovered and used by practically every culture in the world. This practice has invariably produced problems of alcohol misuse. Edwards and Gross introduced the concept of alcohol dependence syndrome as a cluster of core psycho physiological symptoms principally centered around a drive to consume alcohol.

The concept had a tremendous influence in the field of alcohol studies it was included by the world health organization as one of the components of alcohol related disabilities.

The alcohol dependence syndrome is considered as process, distinct from mother alcohol related problems such as social, legal, work or health problems and this was accepted by all international classificatory systems.

Although alcohol consumption has existed in India for many centuries, the quality patterns of use and resultant problems have undergone substantial changes over the past two decades. Alcohol consumption produces individual health and social problems. The global burden of disease from alcohol exceeds that of tobacco with the burden attributable to unsafe sex worldwide.

Although recorded alcohol consumption per capita has fallen since 2012 in most developed countries, it has risen steadily in developing countries & alarmingly so in India. The per capita consumption of alcohol by adults of 15 years and above in India increased by 106.67 percent between 2012 and 2016. It is probable, given equal amounts of drinking, that developing countries like India experience more problems than developed countries.

Among the reasons for this may be such things as a highly skewed distribution of drinkers in the society, the prevalence of nutritional and infectious diseases, economic deprivation, more hazardous and accident-prone physical environments, and lack of any organized support system. Although conclusive scientific evidence for alcohol related health and social problems is lacking for India, there are enough indications in the available literature to infer that these are substantial. Women's sangha's participating in a women health empowerment training in several districts in Indore have consistently said that the biggest problem they face relate to alcohol abuse. Community health groups in different parts of the country also recognize the importance of the problem. The rapid rise in alcohol consumption in recent years has increased the likely hood of further growth of the health problems in the years to come.

Excessive drinking by one or more family members result in several negative consequences of others in the family, especially for the wife and children of a male drinker. These effects are particularly serious for poor families. As has been mentioned above, much of the family income may be used to buy alcohol, wages may decline, and the drinker may eventually lose his job. In such situation the wife and

children are forced into work, often in low paid, hazardous jobs. Children may be unable to continue their schooling and may also suffer from nutritional deficiencies because there is not enough to eat at home. Wife and child battering are common, which lead to physical and mental trauma. Failure of the man to use contraceptive methods often leads to unwanted pregnancies, further increasing family size.

Alcohol dependence is a serious problem which affects not only an alcohol dependent individual but also others. The consumption of alcohol is a common feature both during fun, attempts at driving out pain and displeasure, the illusion of promoting one's self esteem; peer group interactions are the important factors which lead a person towards alcohol.

Alcohol dependence is a major health problem in every society, and in both developed and developing countries. It is usually referred to as the third most serious public health problem. Alcohol is a dangerous drug, which has been domesticated by traditions that predate history. It is intimate with our social life. the ravening wolf that became our pet dog, a dear and useful pet, with values as food, as medicament, as euphoriant, as soothing syrup and consoler, even as helper and protector, alcohol is too agreeable a dangerous drug for people to be willing to give it up.

Mangal S.K.2013 Says, "Motivation may be regarded as something which prompts, compels and energizes an individual to act or behave in a particular manner at a particular time for attaining some specific goal or purpose.

Motivation plays an important role in the treatment of alcohol dependent individuals. It is a 'self chosen' disease, which may lead to the assumption that unless the alcohol dependent deliberately chooses treatment and evidences a high level of motivation to change, the alcohol dependent will not profit from therapy.

So the level of motivation is an important factor to be found out before treatment among alcohol dependent individuals to make a better outcome.

Screening for motivation is important if treatment is to be focused in those with a chance for success and also by this assessment of motivation one can plan out treatment programme to enhance a person's motivation to change.

1.2 NEED FOR THE STUDY

Global Scenario

In 2017 it was estimated that about 1895 million people were alcohol dependent in the World. A large number of alcohol dependents were found in USA, U.K, Ireland and India. Approximately two thirds of all adult Americans take an alcoholic drink in the course of a year.

Indian Scenario

In India 2018, about 10% adult males and 0.08% adult females were found to be alcohol dependents. The incident rate was found to be 15.1% in Mumbai, 14.3% in Bangalore, 12.2% in Delhi and 9% in Chennai.

The wide spread abuse of drugs and alcohol has become a human tragedy. Each year, the abuse of alcohol and illicit drugs has an enormous toll in deaths, decline in productivity, more crime and accidents and also increased expenditure in rehabilitation. The situation is likely to worsen and even may get out of hand if adequate measures are not taken to clearly identify the vulnerable group, so as to provide them proper and maximal help.

The final report of the task force on health and family welfare, chaired by Dr. H. Sudarshan 2017, has urged the state government to take "Responsible action" towards prevention and control of alcohol abuse. In an elaborate analysis of the increasing problem in Karnataka, the task force has termed alcohol abuse as a major public health problem and a socio-economic issue. The task force has suggested various measures to reduce the problem.

According to the report the alcohol industry contributes a major part of the revenue of the states. In 2015 it was estimated to be about Rs. 17000 Crore in the form of taxes and levies. The rate of liquor consumption in the country is growing at a steady 15 percent annually.

As per the report, in Indore about one-third of the adult male population uses alcohol; one out of two people who drink develop significant problems related to drinking. It has also been found that an alcohol dependent has a recurrent and relapsing illness which affects one in four drinkers in Indore. There were approximately five lakh alcohol dependent individuals in Indore.

Alcohol has various effects on the consumer, his dependents and also on society. It may cause physical, psychological, social, marital, legal and medical problems. Recently the number of deaths due to alcohol dependence has increased. 40% of deaths between 2016 and 2018 were attributed to alcohol consumption in Moscow.

Quoting a 10 years study conducted by Indore in Madhya Pradesh between 2010 and 2018, the report has said Indore's installed capacity for beverage.

Alcohol is one of highest in the country. Production has gone up by 150 percent and per capita consumption by 114 percent (which means that the average consumption by an average drinker has gone up from nine bottles of whisky per year to 20 bottles). Other findings of the Madhya Pradesh study are: people are beginning to drink at an earlier age (average age dropped from 25 to 23 years), and in large quantities; more than 50 percent of all drinkers have a problem drinking pattern, and associated morbidity; early alcohol-related health problems are under-recognized alcoholics in numbers and account for substantially more medical, social and economic problems; the problem is larger and more serious in rural areas; and the Madhya Pradesh Government's alcohol-related health expenditure and losses due to alcohol-related industrial accidents was Rs. 975 crore, more than the earnings from excise on beverage alcohol.

Government and other self help groups have identified the extent of the problem and various programmes are launched against alcohol dependence. Some of the programme includes awareness campaigns, social lectures and meetings, door to door visits, conducting alcoholic anonymous (AA) meetings. Hospitalization may be needed for those who have completely lost control over their alcohol intake and are unable to carry out their routine activities. In spite these available programmes, most of the alcohol dependents are reluctant to accept any treatment. Even though they undergo treatment, alcohol dependence has a rate of readmission second only to Schizophrenia and has high rates of relapse following treatment.

The oldest and most successful of all the organizations is alcoholic anonymous (AA) which was founded in 1935 by two alcoholic persons. AA helps individuals who have a desire to stop drinking. Today it has more than one million members throughout the world AA. Influences people by motivating them. Thus motivation is one of the key factors in the treatment of alcohol dependents and it is the first phase of therapeutic treatment.

Motivation is the process by which man is impelled to seek some goal. An alcohol dependent may not be motivated by himself for treatment as alcohol dependents are found to have low level of aspiration and growth motivation.

So it becomes the responsibility of some of the people such as community alcohol teams, psychiatric social workers, and other agents with a special interest, probation officers, general practitioners, health visitors, psychiatric nurses, clergymen and spouse to motivate the alcohol dependents to come forward for treatment.

Nurses being one of the members of health team, are in constant contact with patients who may have an early problem with alcohol but who are admitted for other reasons. They play a valuable role in the process of change by bolstering self- efficacy and offering positive re-enforcement for preparatory ideas and plan. Readiness to change can be identified by being sensitive to individual's willingness to disclose information, attentiveness to advice and suggestions and tendencies to ask questions.

Since motivation is a significant component in response to therapy in alcohol dependent individuals, it is imperative that the motivational status in these patients is estimated, which may prove as a prognostic factor as well as indicate modes of psychotherapeutic interventions that will facilitate positive change.

During the clinical postings of psychiatric nursing at Index hospital the investigator came across several alcohol dependant patients. While working with them, the investigator felt that there is a need for "enhancing self motivation to maintain abstinence from alcohol".

By enhancing self motivation of alcohol dependent patients, a permanent abstinence from alcohol can be achieved. With this belief the investigator is interested to do this "Motivation enhancement therapy" as a scientific research.

SUMMARY

This chapter deals with the introduction and need of the study related to the topic of Researcher, and also some review of literature regarding the knowledge and practice of alcohol dependent adult about self-motivation about alcohol abstinence.

CHAPTER - II

2.1 STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of self motivation package on enhancing self motivation to maintain abstinence in alcohol dependent adult males in a selected community area Indore (M.P.)”.

2.2 OBJECTIVES OF THE STUDY

1. To assess the pre – intervention level and post interventional level of motivation in maintaining abstinence from alcohol among the adult male clients.
2. To evaluate the effectiveness of self motivation package to maintain abstinence from alcohol among adult male clients.
3. To find out association of pre interventional score of motivation with selected demographic variables.

2.3 HYPOTHESIS

H₁: There will be significance difference between mean score of pre intervention score and post intervention score of adult male clients.

H₂: There will be significant association between pre intervention score and selected demographic variables.

2.4 OPERATIONAL DEFINITIONS

Self motivation package: Refers to a package consisting knowledge related to various aspects of motivational skills (Relaxation technique, Cue control and covert sensitization technique, Leisure time technique, Creative a massive action plan , & Look to the success of others) for maintaining abstinence from alcohol consumption in the study subjects.

Motivation: Stimulating individual’s own interest and skills to say “NO” to alcohol.

Abstinence: Keeping oneself away from alcohol consumption.

Alcohol Dependent Individuals: Are those who are alcohol dependents.

Adults: Male patients between the age group of 20-50 years.

Community: Selected rural area where I conducted my study.

2.5 ASSUMPTIONS

1. Alcohol dependents who seek help to maintain abstinence from alcohol consumption will have some motivation.

2.6 INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria

1. Adult male individuals in the age group of 20-50 years are included in the study.
2. Patients who are willing to participate in the study are included for the study.
3. Patients who can speak English and Hindi are included in the study.

Exclusion Criteria

1. Adult alcohol dependents suffering from any other serious physical or mental disorders are excluded from the study.

2.7 ETHICAL AND LEGAL ASPECT OF STUDY

Before conducting this study permission letters were taken by authorized Body of Rural community from where study has to be done. Consent was also signed by Participation in study. Confidentiality was maintained by assigning. Code each subject, this is beneficial for adult.

2.8 CONCEPTUAL FRAME WORK

Modified Conceptual model of Prochaska and Declemente (1984).

Motivation to change Conceptual Model of Prochaska and Declemente (1984)

Concept is defined as a complex mental formulation of an object, property or event that is derived from individual perception and experience.

Conceptual framework is inter-related concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme, sometimes referred to as conceptual scheme.

Conceptualization is a process of forming ideas which are utilized and forms conceptual framework for development of research design, it helps the researcher to know what data needs to be collected and gives direction to an entire research process.

Conceptual models can be used to stimulate questions that can be researched, when research questions are answered by scientific methods, theory can be developed.

This study aims at assessing the motivation for treatment among alcohol dependent individuals. The concepts are taken from 'motivation to change' model by Prochaska and DeClemente. The model is as shown below:

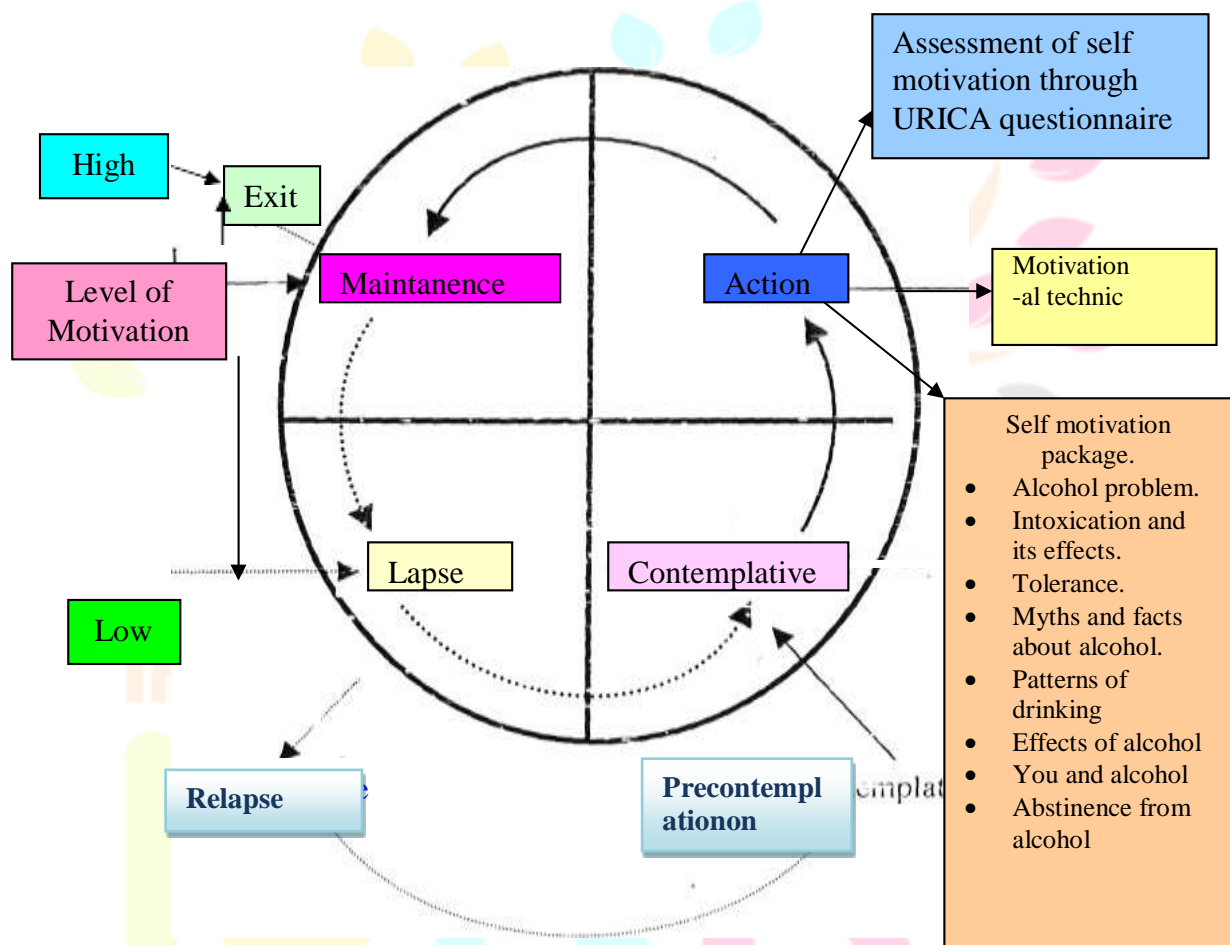


Fig. 1: Modified Conceptual Model of Prochaska and Declemente (1984). 'Motivation to change' Model (Prochaska and Declemente, 1984)

Contemplation: At this stage the person has begun to contemplate the possibilities of altering their drug using behavior and may decide to take some action to stop using drugs or they may decide to carry on using.

Action: In the action phase people will usually decide on some course of action which will physically get them off drugs.

Maintenance: It is at this stage that people will usually experience most difficulties as they try to maintain their recent change of behavior and new found drug-free state.

Lapse: Because the maintenance stage requires such a lot of work people often have back, i.e., they may use drugs again.

Relapse: Should a full blown relapse develop the person often goes back to a pre- contemplative stage for a while until the next attempt.

Exit: People exit when they have achieved a permanent in behavior.

In this study, it is conceptualized that the alcohol dependent individuals who are in the action phase may be influenced by self motivation package by which they may take action and remain abstinent from alcohol consumption.

It is further conceptualized that the maintenance stage is influenced by the level of motivation. The level of motivation which will be higher or lower depends on the scores obtained by the individual in each motivating factor. It is also conceptualized that if there is high level of motivation the alcohol dependent individual may maintain the change of behavior and exit without further problems whereas if there is low level of motivation, he may lapse and again the process of change continues.

2.9 SUMMARY: -

This chapter deals with the objectives of the study, operational definition, hypothesis, Assumption, delimitation, criteria for selection of subject, and conceptual framework Regarding the knowledge and practice of alcohol dependent adult about self motivation from alcohol abstinence.

CHAPTER-III

3. REVIEW OF LITERATURE

Literature review is considered as essential to all steps of the research process. It is broad but not exhaustive, a systematic and critical collection and evaluation of the important published scholarly literature as well as unpublished scholarly print materials, audio-visual materials and personal communications.

A review of related literature gives an insight of various aspects related to the study, which develops the linkage between previously existing knowledge and current study and enables to study various problems encountered during the course of study and helps by directing ways it increase the effectiveness of data analysis and interpretation.

Here the review of literature is listed out under following Three Sections.

3.1 Review related to Alcohol dependence - definition and incidence.

3.2 Review related to Motivation and treatment compliance.

3.3 Review related to treatment compliance based on motivational factors.

Incidence

Epidemiological survey carried out in our country in 2011 revealed that 20 to 40% of subjects aged above 15 were "current users" of alcohol and nearly 10% of them were regular or excessive users.

Menno, B Oct 2017 stated in her book that India is facing a severe problem of alcoholism. The incidence rate is found to be 15.1% in Bombay, 14.3% in Bangalore, 12.2% in Delhi and 9.5% in Madras.

Prevalence studies in India have indicated that. 25% of students and non student youth abuse alcohol.

3.1 Review related to Alcohol dependence - definition and incidence.

Adeline Nyamathi¹, Steven Shoptaw et al FEB 2014 A study to assess the effect of motivational interviewing on reduction of alcohol use A three-arm randomized, controlled trial, conducted with 256 MM adults attending one of five MM outpatient clinics in the Los Angeles area. Within each site, moderate-to-heavy alcohol-using MM participants were randomized into one of three conditions: (1) nurse-led hepatitis health promotion group sessions (n=87); (2) MI delivered in group sessions (MI-group; n=79), or (3) Motivational interview delivered one-on-one sessions (Motivational interview-single, n=90) Self-reported alcohol use was reduced from a median of 90 drinks/month at baseline to 60 drinks/month at 6-month follow-up. A Wilcoxon sign-rank test indicated a significant reduction in alcohol use in the total sample (p<.05). In multiple logistic regression analysis controlling for alcohol consumption at baseline and other covariates, no differences by condition were found.

Lindsey Coombes, Sarah Wood, et.al OCT 2014 A randomized controlled trial enrolled 242 Army personnel who met criteria for Alcohol use disorder according to the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) and who were not engaged in Alcohol use disorder's treatment. Participants were screened and assessed at baseline, 1-week, and 3- and 6-month follow-ups. Participants were randomly assigned to receive 1 session of psycho education (control). All participation occurred over the telephone. Primary outcomes included number of drinks per week, substance use disorder (SUD) Generalized linear models were used to test group differences in drinking behaviors and substance use problems. Results indicated that all participants significantly reduced their drinking over time. In psycho education participants reported significantly fewer drinks per week than did control participants. Similarly, alcohol dependence diagnosis was marginally lower among psycho educated participants than control participants at the 6-month assessment. Substance use disorder treatment seeking significantly increased for both conditions. Diagnosis and consequences, and treatment-seeking behavior.

Peter M Monti¹, Nadine R Mastroleo¹, et.al 2016 May A brief motivational intervention to reduce alcohol and HIV/sexual risk behavior in emergency department patients: A randomized controlled trial We randomized 372 patients to Motivational interview (n = 184) or BA (n = 188). Alcohol and sex

risk outcomes were assessed over 9 months. Generalized estimating equations models analyzing 327 patients with follow-up data provided strong support for efficacy of this integrated alcohol and sex-risk MI. Compared to BA, and after controlling for baseline covariates, those in MI reported significantly fewer heavy drinking days, drinks per week, and were less likely to engage in excessive drinking over follow-up (all $ps < .05$). MI was also favored over BA for reducing sex risk. Compared to BA, those in MI reported significantly fewer days on which they engaged in condom less sex with casual partners, had lower odds of reporting any condom less sex with a casual partner, and reported fewer days of sex under the influence of alcohol/other drugs (all $ps < .05$).

David R Foxcroft¹, et. al 2014 A Randomized controlled trials and cluster randomized controlled trials of young people up to the age of 25 years in college and non-college settings comparing MIs with no intervention or a different intervention for prevention of alcohol misuse and alcohol-related problems were included. We used the standard methodological procedures expected by The Cochrane Collaboration. A total of 66 randomized trials (17,901 participants) were included four of which were cluster randomised. Studies with longer-term follow-up (four plus months) were of more interest when considering the sustainability of intervention effects. At four or more months follow-up, effects were found for the quantity of alcohol consumed (standardized mean difference (SMD) -0.14; 95% confidence interval (CI) -0.20 to -0.08 or a reduction from 13.7 drinks/week to 12.2 drinks/week), moderate quality of evidence; frequency of alcohol consumption (SMD -0.11; 95% Confidence Interval -0.19 to -0.03 or a reduction in the number of days/week alcohol was consumed from 2.74 days to 2.57 days), moderate quality of evidence; and peak blood alcohol concentration (SMD -0.14; 95% Confidence Interval -0.23 to -0.05 or a decrease in peak BAC from 0.144% to 0.129%), moderate quality of evidence. A marginal effect was found for alcohol problems (SMD -0.08; 95% CI -0.15 to 0.00 or a reduction in an alcohol problems scale score from 8.91 to 8.18), low quality of evidence. No effects were found for binge drinking (SMD -0.05; 95% CI -0.12 to 0.01), moderate quality of evidence; or average BAC (SMD -0.08; 95% CI -0.22 to 0.06), moderate quality of evidence. We also considered other outcomes and at four or more months follow-up we found no effects on drink-driving (SMD -0.11; 95% CI -0.31 to 0.09), moderate quality of evidence; or other alcohol-related risky behaviour (SMD -0.14; 95% CI -0.30 to 0.02), moderate quality of evidence. Further analyses showed that the type of control comparison (assessment only versus alternative intervention) did not predict the outcome in a clear or straightforward way; and there was no consistent relationship between the duration of the MI intervention (in minutes) and effect size.

Helen Frost¹, Pauline Campbell², et. al 2018 A study to assess the Effectiveness of Motivational Interviewing on adult behaviour change in health and social care settings. Two reviewers applied pre-defined selection criteria, extracted data using TIDIER guidelines and assessed methodological quality using the ROBIS tool. We used GRADE criteria to rate the strength of the evidence for reviews including meta-analyses. Searches identified 5222 records. One hundred and four reviews, including 39 meta-analyses met the inclusion criteria. Most meta-analysis evidence was graded as low or very low (128/155). Moderate quality evidence for mainly short term (<6 months) statistically significant small beneficial effects of Motivational Interviewing were found in 11 of 155 (7%) of meta-analysis comparisons. These

outcomes include reducing binge drinking, frequency and quantity of alcohol consumption, substance abuse in people with dependency or addiction, and increasing physical activity participation.

3.2 Review related to Motivation and treatment compliance.

Elias Dakwar¹, Frances Levin¹, et.al 2020 A study to assess Single Ketamine Infusion Combined with Motivational Enhancement Therapy for Alcohol Use Disorder: A Randomized Midazolam-Controlled Pilot Trial. Participants were randomly assigned to a 52-minute intravenous administration of ketamine (0.71 mg/kg, N=17) or the active control midazolam (0.025 mg/kg, N=23), provided during the second week of a 5-week outpatient regimen of motivational enhancement therapy. Alcohol use following the infusion was assessed with timeline follow back method, with abstinence confirmed by urine ethyl glucuronide testing. A longitudinal logistic mixed-effects model was used to model daily abstinence from alcohol over the 21 days after ketamine infusion. Participants (N=40) were mostly middle-aged (mean age=53 years [SD=9.8]), predominantly white (70.3%), and largely employed (71.8%) and consumed an average of five drinks per day prior to entering the study. Ketamine significantly increased the likelihood of abstinence, delayed the time to relapse, and reduced the likelihood of heavy drinking days compared with midazolam. Infusions were well tolerated, with no participants removed from the study as a result of adverse events.

Robin Osterman¹, Daniel Lewis², et.al 2017 Feb 21 A study to assess the Efficacy of motivational enhancement therapy to decrease alcohol and illicit-drug use in pregnant substance users reporting baseline alcohol use. Secondary analysis of a trial evaluating the efficacy of MET, relative to treatment as usual, in improving treatment outcomes in 200 pregnant substance users. The present study included the 41 women (n=27 MET and n=14 Treatment as usual) who reported alcohol use in the 28 days prior to randomization. Alcohol and illicit-drug use days were assessed with self-report; illicit drug use was assessed with urine drug screens. All measures were obtained weekly for the 4-week active study phase and at 1 and 3-month follow-ups. Significant treatment-by-time interaction effects were found for illicit-drug use days during the active ($X^2=6.89$, $df=1$, $p<0.01$) and follow-up ($X^2=8.26$, $df=1$, $p<0.01$) phases and for alcohol use during the follow-up phase ($X^2=13.07$, $df=1$, $p<0.001$), all reflecting a beneficial effect for MET, relative to TAU. All other treatment effects were non-significant.

Wai Tong Chien¹, Jolene H C Mui², et .al 2015 Jun A randomized controlled trial A single-blind, randomized controlled trial with a repeated-measures, two parallel groups design was conducted in a random sample of 114 participants with schizophrenia spectrum disorders in one community psychiatric nursing service. After pre-test, the participants were randomly assigned to either an eight-session course of AT plus usual care or usual psychiatric care (n = 57 per group). The main outcomes, including medication adherence, symptom severity, insight into treatment, hospitalization rate, and functioning, were measured at baseline and immediately and six months post-intervention.

A total of 110 participants completed this trial and thus the attrition rate was 3.5%. Results of repeated-measures analysis of variance followed by Helmert's contrasts test indicated that the AT participants

reported significantly greater improvements in their insight into illness and/or treatment, psychosocial functioning, symptom severity, number of re-hospitalizations, and medication adherence ($F = 5.01$ to 7.45 , $P = 0.007$ to 0.030) over six months follow-up, when compared with usual care.

Kimberly A Yonkers¹, Ariadna Forray, et al , Sep-Oct 2012 This was a randomized, parallel, controlled trial that was yoked to prenatal care and delivered at hospital outpatient clinics. We enrolled 168 substance-using women who had not yet completed an estimated 28 weeks of pregnancy. Obstetrical clinicians provided brief advice, and study nurses administered manualized MET-CBT. The primary outcome was percentage of days in the prior 28 days in which alcohol and/or drugs were used immediately before and 3 months post delivery. There were no significant differences across groups in terms of self-reported percentage of days in which drugs or alcohol were used prior to and 3 months post delivery. Biological measures showed similar results. There was a trend ($P=.08$) for lower risk of preterm birth among those who received MET-CBT.

Narendranath, N. and Battacharya, S. Nov 2013 Conducted a study among undergraduate medical students in two medical colleges of Calcutta. They had observed that the prevalence of total and current drug abusers were 48.9% and 27.9% respectively of the respondent student population. It was found maximum in the age group of 25-29 years (84.5%). The prevalence among boys (58.4%) was significantly higher than that among girls (25.9%). Hostellers were found to be greater drug users than non hostellers. In the pattern of drug abuse 3.5% of them abused alcohol only²⁶. Efficacy of motivational enhancement therapy on alcohol use disorders in patients with chronic hepatitis C A randomized controlled trial Randomized, single-blind, controlled trial comparing MET to a control education condition with 6-month follow-up Patients were recruited from hepatitis clinics at the Minneapolis, Minnesota and Portland, Oregon Veterans Affairs Health Care Systems, USA. Patients with HCV, an AUD and continued alcohol use ($n = 139$) were randomized to receive either MET ($n = 70$) or a control education condition ($n = 69$) over 3 months. At baseline, subjects in MET had 34.98% days abstinent, which increased to 73.15% at 6 months compared to 34.63 and 59.49% for the control condition. Multi-level models examined changes in alcohol consumption between MET and control groups. Results showed a significant increase in percentage of days abstinent overall ($F(1120.4) = 28.04$, $P < 0.001$) and a significant group \times time effect ($F(1119.9) = 5.23$, $P = 0.024$) with the MET group showing a greater increase in percentage of days abstinent at 6 months compared with the education control condition. There were no significant differences between groups for drinks per week. The effect size of the MET intervention was moderate (0.45) for percentage of days abstinent.

Mohan, D., Sundaramand Sharma 2014 Nov Conducted an epidemiological survey of drug abuse in 24 rural villages of four Community Development Blocks (CDB) in three districts of Punjab state bordering Pakistan covering 1276 households. The majority of the houses had one user of alcohol. The commonest: drug used was alcohol (58.3%) among males. Majority of the females were non- users.

Stefan Kohler¹, Anjuna Hofmann² 2015 March A systematic review and meta-analysis. Six trials with 1433 participants, aged 13-25 years, were included in the systematic review and meta-analysis. MI was never less efficacious than a control intervention. Two trials found significantly more reduction in one or more measures of alcohol consumption in the MI intervention group. One trial indicated that MI may be used most effectively in young people with high-volume alcohol consumption. Separate random effects meta-analyses were performed based on the highest impact that MI added on reducing the drinking frequency and the drinking quantity at any point in time during the different study periods. Their results were expressed as standardized mean differences. The frequency of drinking alcohol decreased significantly more after MI than after control interventions ($SMD \leq -0.17$, $P \leq 0.03$). In addition, MI reduced the drinking quantity further than control interventions in a meta-analysis of the subset of trials that were implemented in the USA ($SMD = -0.12$, $P = 0.04$). Meta-analyses of the smallest mean differences between MI and control groups detected no differences in alcohol use ($SMD \leq 0.02$, $P \geq 0.38$).

3.3 Review related to treatment compliance based on motivational factors.

Beatriz Carriconde Colvara¹, Daniel Demetrio Faustino-Silva, et.al 2018 Oct

Motivational Interviewing in Preventing Early Childhood Caries in Primary Healthcare: A Community-based Randomized Cluster Trial Twelve health care units in southern Brazil were randomly allocated in 2 groups of 6 and professionals in 1 group were trained in motivational interviewing. The mothers/children and external examiners were blinded to the intervention. The data were collected by calibrated examiners using questionnaires and a clinical examination based on modified International Caries Detection and Assessment System criteria. Of the 674 children born in the catchment area in the year 2013, 469 received the intervention (224 in the conventional oral health education group, 245 in the motivational interviewing group), and 320 were examined by the end of the study (145 in the conventional oral health education group, 175 in the motivational interviewing group), with mean age of 30 months. The final follow-up was 68%, after 3 years. Mean of decayed, missing, and filled surfaces at the end of the study period for the whole sample was 1.34 (95% CI 0.97-1.71). The caries rate per 100 surface-year in the conventional oral health education group was 1.74 (95% CI 1.14-2.34) and in the motivational interviewing group, it was 0.92 (95% CI 0.63-1.20). To correct for clustering effect and unbalanced factors, multilevel Poisson regression was fitted and the effect of motivational interviewing on the incidence rate ratio was 0.40 (95% CI 0.21-0.79).

Herald K.H. Kingman In his study "the motivation for change from problem alcohol and heroin use with a sample of 60 alcohol dependents revealed that some of the motivating factors were health problems, financial problems, job difficulties, problems in obtaining alcohol, separation/divorce, moved to worse apartment, loss of job, unemployment, accident to self, death of a loved one, failed in exam, accident to a loved one, diagnosed as HIV positive, feelings of helplessness, family tensions, fear of trouble with police, tensions with friends, thoughts of suicide, fear of AIDS, promotion, graduated from school, marriage birth of first child, changed.

Shanks J 2016 Feb Studied the reasons for seeking professional help among 141 alcohol dependents. He found that the reasons were perceived interference with vocational or physical activity, perceived interference with social or personal relations, the occurrence of an interpersonal crisis, temp cruising i.e., having a deadline, sanctioning i.e., permission from other people. He also mentioned that employers, partners, relatives, nurses, midwives and other health professionals generally take an interest in motivating people of change.

Neeliyara, Nagalakshmi 2017 Jan. Studied the nature of motivation for change in the alcohol dependent individuals. They compared 30 alcohol dependent individuals with normal subjects. The results obtained showed significant difference among both the groups on the six subscales of the motivation scale. The nature of motivation for change indicated healthy motivational structure of the normal subjects having high self-esteem, internal locus of control. Their attitude towards drinking related locus of control is also internal. They have high growth motivation and self criticality. Alcohol dependent subjects on the other hand showed low self esteem, lack of internal locus of control, low growth motivation and were low on self criticality. Their drinking related locus of control was external. However they maintained the same religious attitude that of normal.

Steinberg ML, Epstein 2015 Nov. Studied sources of motivation in a couple outpatient alcoholism treatment programs. Participants were 105 male's alcoholics and their non-alcoholic female partners. Participants sources of motivation were coded from responses to questions at the initial clinical screening interview, Sources of motivation were classified as "internal" or "external"¹. Mere participants (74%) had internal sources of motivation than external sources. About half of the participants (53%) cited their partner as a primary source of motivation to seek treatment. Other sources of motivation cited were: increasing problems with alcohol, mental health problems, and physical health problems.

3.3 Studies Relating to Treatment Compliance Based on Motivational Factors

Rumpf HJ, Hopke U 2018 Oct. Conducted a study on previous help seeking and motivation to change drinking behavior in alcohol dependent general hospital patients. 1167 subjects were detected by a two-step diagnostic' procedure including screening instruments such as Michigan Alcoholism Screening Test (MAST) and a diagnostic interview during a period of 6 months on all medical and surgical wards. They revealed that those who never sought help previously do not intend to change. To be confronted with somatic consequences of drinking, to be abstinent during hospital stay, and to be disentangled from daily life circumstances could be considered as factors supporting the motivation to change drinking behavior. Further it was reported that hospital admission might have an impact on the motivation to change.

Silvia Minozzi 2018 Nov Italy Randomized controlled trials (RCTs) of at least four weeks' treatment duration and 12 weeks' overall study duration comparing baclofen for relapse prevention of AUD with placebo, no treatment or other treatments. We included 12 RCTs (1128 participants). All studies but three recruited fewer than 100 participants. Participants had a diagnosis of alcohol dependence according the

Diagnostic and Statistical Manual of Mental Disorders (DSM) IV or the International Classification of Diseases (ICD)-10 criteria who were currently drinking. The mean age of participants was 48 years, and there were more men (69%), than women. All studies compared baclofen to placebo, except for one study that evaluated baclofen versus acamprosate. The included studies considered baclofen at different doses (range 10 mg a day to 150 mg a day). In all but one of the studies, participants in both the baclofen and placebo groups received psychosocial treatment or counseling of various intensity. We judged most of the studies at low risk of selection, performance, detection (subjective outcome), attrition and reporting bias. We did not find any difference between baclofen and placebo for the primary outcomes: relapse-return to any drinking (RR 0.88, 95% CI 0.74 to 1.04; 5 studies, 781 participants, moderate certainty evidence); frequency of use by percentage of days abstinent (MD 0.39, 95% CI -11.51 to 12.29; 6 studies, 465 participants, low certainty evidence) and frequency of use by percentage of heavy drinking days at the end of treatment (MD 0.25, 95% CI -1.25 to 1.76; 3 studies, 186 participants, moderate certainty evidence); number of participants with at least one adverse event (RR 1.04, 95% CI 0.99 to 1.10; 4 studies, 430 participants, high certainty evidence); the dropout rate at the end of treatment (RR 0.98, 95% CI 0.77 to 1.26, 8 studies, 977 participants, high certainty evidence) and dropout due to adverse events (RR 1.11, 95% CI 0.59 to 2.07; 7 studies, 913 participants, high certainty evidence). We found evidence that baclofen increases amount of use (drink per drinking days), (MD 1.55, 95% CI 1.32 to 1.77; 2 studies, 72 participants, low certainty evidence). Among secondary outcomes, there was no difference on craving (MD 1.38, 95% CI -1.28 to 4.03, 5 studies, 469 participants), and anxiety (SMD 0.07, 95% CI -0.14 to 0.28; 5 trials, 509 participants). We found that baclofen increased depression (SMD 0.27, 95% CI 0.05 to 0.48; 3 studies, 387 participants). Concerning the specific adverse events we found that baclofen increased: vertigo (RR 2.16, 95% CI 1.24 to 3.74; 7 studies, 858 participants), somnolence/sedation (RR 1.48, 95% CI 1.11 to 1.96; 8 studies, 946 participants), par aesthesia (RR 4.28, 95% CI 2.11 to 8.67; 4 studies, 593 participants), and muscle spasms/rigidity (RR 1.94, 95% CI 1.08 to 3.48; 3 studies, 551 participants). For all the other adverse events we did not find significant differences between baclofen and placebo. For the comparison baclofen versus acamprosate, we were only able to extract data for one outcome, craving. For this outcome, we found that baclofen increased craving compared with acamprosate (MD 14.62, 95% CI 12.72 to 16.52; 1 study, 49 participants).

Sean He, Alyssa T Brooks, Kyle M Kampman 2019 May A study conducted a secondary analysis of data from a clinical trial of treatment-seeking patients with AD who drank heavily (N = 61). The Penn Alcohol Craving Scale (PACS) evaluated alcohol craving, and the Short Sleep Index (SSI) assessed insomnia symptoms. We used linear regression models for baseline cross-sectional assessments. Linear mixed effects regression models evaluated craving scores longitudinally across insomnia groups (+/-), and insomnia scores longitudinally across craving groups (high/low). These longitudinal analyses were conducted separately in those treated with placebo (N = 32) and quetiapine (N = 29). The mean (standard deviation) for PACS total score was 15.9 (8.5) and for SSI was 2.1 (2.3). Alcohol craving was associated with the insomnia symptom of difficulty falling asleep (P = 0.03; effect size = -0.7) and with the SSI total score (P = 0.04, effect size = -0.7). In the longitudinal analysis, insomnia+ subjects had consistently higher

PACS total scores, relative to the insomnia- group. The PACS score demonstrated significant group \times time interactions in both treatment groups. Insomnia+ individuals demonstrated a relatively steeper rate of decline in the craving with quetiapine treatment ($P = 0.03$). Insomnia- individuals in the placebo group demonstrated a transient reduction in craving until week 8, followed by an increase in scores ($P = 0.004$). The SSI score did not demonstrate any interactive effect over time across the craving groups in either treatment arm.

Helen To bin, Eamon Keenan, 2018 Dec. A study included seven trials (825 participants). We judged the majority of the trials to have a high or unclear risk of bias. The psychosocial interventions considered in the studies were: cognitive-behavioural coping skills training (one study), twelve-step programme (one study), and brief intervention (three studies), and motivational interviewing (two studies), and brief motivational interviewing (one study). Two studies were considered in two comparisons. There were no data for the secondary outcome, alcohol-related harm. The results were as follows. Comparison 1: cognitive-behavioural coping skills training versus twelve-step programme (one study, 41 participants) There was no significant difference between groups for either of the primary outcomes (alcohol abstinence assessed with Substance Abuse Calendar and breathalyzer at one year: risk ratio (RR) 2.38 (95% confidence interval [CI] 0.10 to 55.06); and retention in treatment, measured at end of treatment: RR 0.89 (95% CI 0.62 to 1.29), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was very low. Comparison 2: brief intervention versus treatment as usual (three studies, 197 participants) There was no significant difference between groups for either of the primary outcomes (alcohol use, measured as scores on the Alcohol Use Disorders Identification Test (AUDIT) or Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) at three months: standardized mean difference (SMD) 0.07 (95% CI -0.24 to 0.37); and retention in treatment, measured at three months: RR 0.94 (95% CI 0.78 to 1.13), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was low. Comparison 3: motivational interviewing versus treatment as usual or educational intervention only (three studies, 462 participants) There was no significant difference between groups for either of the primary outcomes (alcohol use, measured as scores on the AUDIT or ASSIST at three months: SMD 0.04 (95% CI -0.29 to 0.37); and retention in treatment, measured at three months: RR 0.93 (95% CI 0.60 to 1.43), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was low. Comparison 4: brief motivational intervention versus assessment only (one study, 187 participants) More people reduced alcohol use (by seven or more days in the past month, measured at six months) in the BMI group than in the control group (RR 1.67; 95% CI 1.08 to 2.60). There was no difference between groups for the other primary outcome, retention in treatment, measured at end of treatment: RR 0.98 (95% CI 0.94 to 1.02), or for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was moderate. Comparison 5: motivational interviewing (intensive) versus motivational interviewing (one study, 163 participants) There was no significant difference between groups for either of the primary outcomes (alcohol use, measured using the Addiction Severity Index-alcohol score (ASI) at two months: MD 0.03 (95% CI 0.02 to 0.08); and retention in treatment, measured at end of treatment: RR 17.63 (95% CI 1.03 to 300.48), or

for any of the secondary outcomes reported. The quality of evidence for the primary outcomes was low. We found low to very low-quality evidence to suggest that there is no difference in effectiveness between different types of psychosocial interventions to reduce alcohol consumption among people who use illicit drugs, and that brief interventions are not superior to assessment-only or to treatment as usual. No firm conclusions can be made because of the paucity of the data and the low quality of the retrieved studies.

Miller et al 2015 A quasi experimental study was conducted on the effectiveness of motivational interviewing delivered by youth workers in reducing drinking, cigarette and cannabis smoking among young people. The aim of the study was to test whether a single session of Motivational Interviewing (MI) focusing on drinking alcohol, and cigarette and cannabis smoking, would successfully lead to reductions in use or problems. The study consisted of 162 young people (mean age 17 years) who were daily cigarette smokers, weekly drinkers or weekly cannabis smokers, comparing 59 receiving MI with 103 non-intervention assessment-only controls. MI was delivered in a single session by youth workers. Assessment was made of changes in self-reported cigarette, alcohol, cannabis use and related indicators of risk and problems between recruitment and after 3 months by self-completion questionnaire. The result showed that attempts to reduce cigarette smoking were much more common in both groups than actual quit attempts maintained for one week [Control Group 32% ($n = 28$) compared with 6% ($n = 5$); MI Group 47% ($n = 21$) compared with 15% ($n = 7$)]. There was a small increase in the number of drinking days in the past month in the Control Group (from 5.2 to 5.8 days), and a larger decrease in the MI Group (from 6.3 to 4.6 days). After controlling for other potential confounders, the MI group drank on average 1.97 fewer days (unstandardized $B = 0.30-3.65$, $P = 0.021$) in the month prior to follow-up compared with the Control Group. The study concluded that there was evidence for the effectiveness of motivational interview in routine conditions by the youth workers.

William R. Miller's et al 2017 A study conducted on a clinical trial demonstrating the effectiveness of Motivational Interviewing (MI) in which Drinkers Check Up (DCU) was tested as a prelude to treatment for alcoholism. The DCU was a programme offered to alcohol users as a means of discovering what negative effects alcohol may be having in the liver in an outpatient treatment programme, those randomly assigned to receive a checkup (MI style) at intake showed, substantially higher rates of abstinence compared to those receiving the same treatment programme without a checkup similarly, patients entering a private 21 day residential alcoholism treatment programme were assigned at random to receive or not receive a checkup intake. The results shows that abstinence rates were doubled (57% versus 29%) 3 months after discharge for those who had received the check up. Programme therapists who were unaware of group assignment rated those who had received the checkup as significantly more motivated for change, participating more fully in treatment and more likely to remain sober.

SAHA (2016) A study was conducted on a randomized controlled trial of motivational enhancement therapy (MET) with two control conditions: nondirective reflective listening (NDRL) and no further counseling (NFC); and a sample of patients with a primary diagnosis of mild to moderate alcohol dependence, in a clinical setting. All patients received a feedback session before randomization to either

four sessions of MET, four sessions of NDRL, or NFC. Global assessment scale (GAS) measured general personal/social functioning. The result concluded that patients treated with MET, 42.9% showed were heavy drinking compared with 62.5% of the NDRL and 65.0% of the NFC groups ($p = .04$). MET can be considered an effective "value added" counseling intervention in a real-life clinical setting.

Emon Kenen 2018 A study was carried out to compare outcomes between clients who had after care (n=50) and those who did not (n=49). In project titled "community based drug rehabilitation (CBDR)" the 50 patients hailing from the bangalur area community and treated at NIMHANS were compared with 49 others who were also admitted for inpatient at NIMHANS. While the inpatient treatment was identical for both the groups, the bangalur group subjects received weekly after-care in the community and were also offered supported employment. The control group of 49 did not receive any after-care, but were advised routine monthly follow up at the hospital, both the groups were evaluated at baseline and follow up at 3 months, 6months, 9months and 1 year. It was found that both the study group and control group should a significant reduction in the average number of drinking days per month at 3 months following treatment, but the group receiving after-care(study group) maintained this improvement even at 6,9 and 12 months, while the control group did not sustain this improvement.

A study was conducted from December 2016 to March 2017. The Ethics Committee of the Faculty of Medicine, Chulalongkorn University Effects of a group activity-based motivational enhancement therapy program on social media addictive behaviors among junior high school students with a total of 253 students agreed to participate and motivational enhancement therapy the inclusion criteria of this study. From the original total of 317 students, 1 student who had been treated for game addiction and 8 who had attention-deficit/hyperactive disorder were excluded. Of all eligible students, 2.4% did not participate following the first activity and 0.8% resigned from school. The retention rate was 96.8% at the immediate effect (week 8) and 96.4% at the follow-up (week 12) (0.4%: resigned). The final sample comprised 244 students with complete data at all measurements (total dropout rate was 3.6%).

I. Need of motivational enhancement therapy on assessment of alcohol abuse.

A study was conducted in the year 2015 among 165 young people (mean age 17years) in a college of bengaluru. Who were daily cigarette smokers, weekly drinkers or weekly cannabis smokers, comparing 59 receiving Motivational Intervention with 103 non-intervention assessment-only controls. Motivational Intervention was delivered in a single session by youth workers. Assessment was made of changes in self-reported cigarette, alcohol, cannabis use and related indicators of risk and problems between recruitment and after 3 months by self-completion questionnaire. The result showed that attempts to reduce cigarette smoking were much more common in both groups than actual quit attempts maintained for one week [Control Group 32% compared with 6% Motivational Intervention Group 47% compared with 15% . There was a small increase in the number of drinking days in the past month in the Control Group (from 5.2 to 5.8 days), and a larger decrease in the Motivational Intervention Group (from 6.3 to 4.6 days). After controlling for other potential confounders, the Motivational Intervention group drank on average 1.97

fewer days in the month prior to follow-up compared with the Control Group. The study concluded that there was evidence for the effectiveness of motivational interview in routine conditions by the youth workers.

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A study was conducted in the year 2017 on a randomized controlled trial of motivational enhancement therapy with two control conditions: nondirective reflective listening and no further counseling and a sample of patients with a primary diagnosis of mild to moderate alcohol dependence, in a clinical setting. All patients received a feedback session before randomization to either four sessions of Motivation enhancement therapy. Global assessment scale measured general personal/social functioning. The result concluded that patients treated with Motivation enhancement therapy, 42.9% showed were heavy drinking compared with 62.5% of the National diagnostic reference levels and 65.0% of the Near field communication groups ($p = .04$). Motivation enhancement therapy can be considered an effective "value added" counseling intervention in a real-life clinical setting¹²

CHAPTER- IV

4. METHODOLOGY

The methodology of research indicates the general pattern of organization the procedure for getting valid and reliable data for problem under investigation. The methodology enables the researcher to project a blue print of the details, data, approach, analysis, and findings of the research undertaken.

This chapter deals with the methodology to assess the effectiveness of nursing intervention on enhancing self motivation to maintain abstinence from alcohol in alcohol dependent adults in community area Indore, which includes description of research approach, research design, study setting, sampling technique sampling criteria, development of tool, description of the tool, pilot study, data collection procedure and plan for data analysis.

4.1 RESEARCH APPROACH

Research approach indicates the procedure for conducting the study. In order to accomplish the objectives of the study a Pre experimental study was adopted.

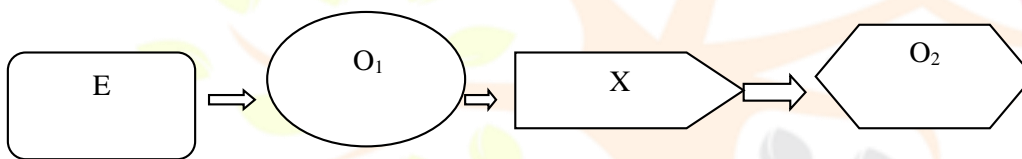
A Quantitative approach provides an understanding of the effectiveness.

4.2 RESEARCH DESIGN

A Pre experimental research design provides an understanding of the effectiveness the intervention provided. The outcome of the experiments can be used for further research.

In the research Process, the research design can be considered as the back bone of the study. The overall purpose of developing research design is twofold, one being to help in the situation of research problem and other to control variance.

Diagrammatic representation of the design is given



E : Experimental group

O₁ : Pre test

O₂ : Post test

X : Intervention

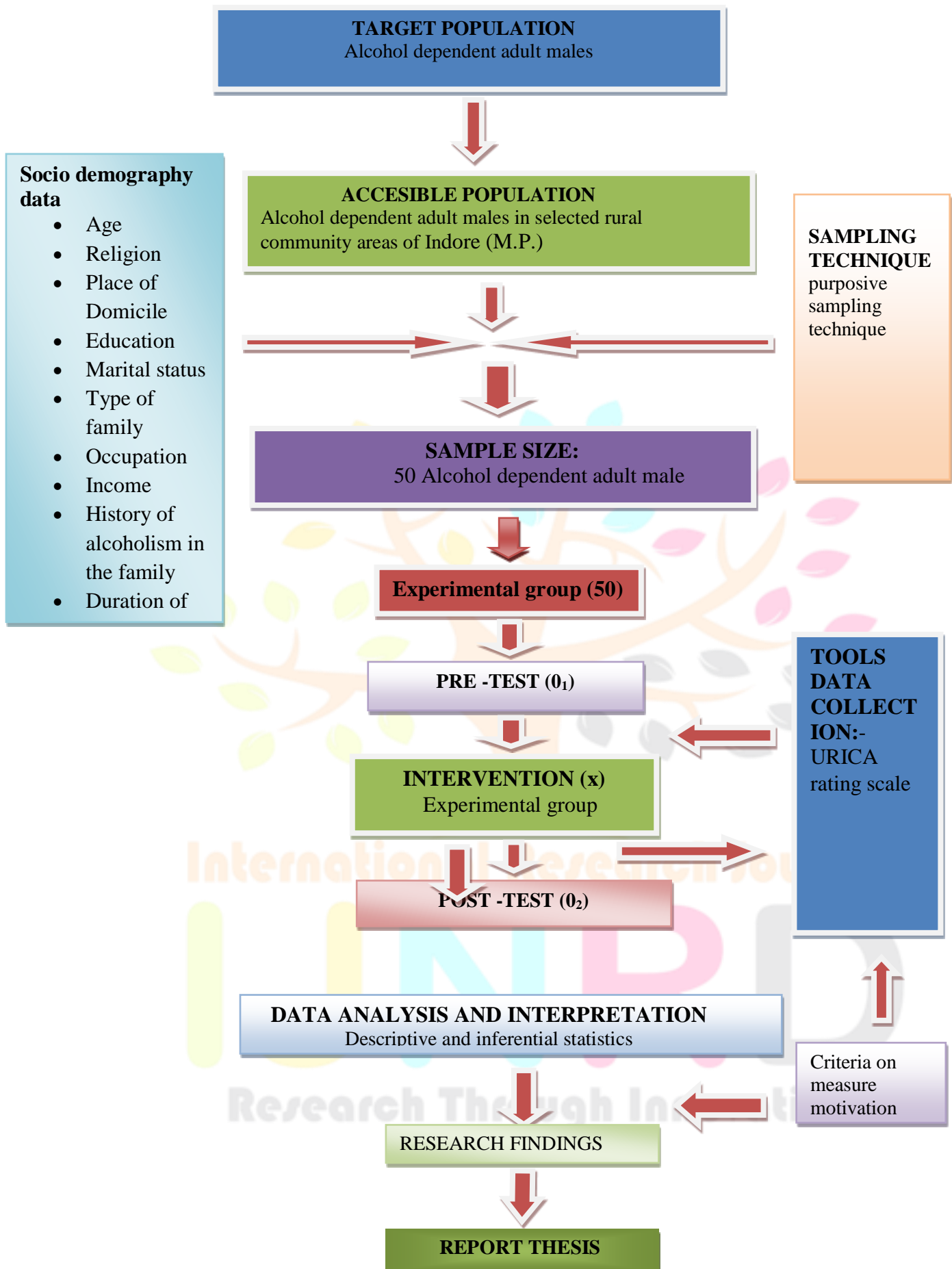


FIG.NO.3 SCHEMATIC PRESENTATION OF RESEARCH DESIGN USED FOR THE PRESENT

4.3 SETTING OF THE STUDY

The Word setting point out to the place where the study was conducted. The setting for the present study was selected rural community area Indore (M.P).

The setting area for pilot study is Bawaliya khurd village and for main study I selected Mordhat village.

This setting selected because of the availability of the sample, feasibility for conducting study, geographical proximity and ethical clearance.

4.4 VARIABLES

Variable are qualities, properties or characteristics of persons. Things or situations that changes or varies.

1. Independent variables : Self motivation enhancing technique
2. Dependent variables : A change in level of self motivation
3. Extraneous variables : Age, Religion, Place of Domicile ,Education, Marital status, type of family, occupation, income, history of alcoholism in the family, duration of drinking alcohol.

4.5 POPULATION

A population is a group whose member possesses specific attributes that a researcher is interested in studying.

All the alcohol dependent adult males living in the rural community area Indore were the population for the study.

4.6 SAMPLE

Selected adult male alcohol dependent individuals living in the rural area during the period of data collection was the sample for the study.

4.7 SAMPLE SIZE

Selected fifty sample size of adult males living in the rural community area.

4.8 SAMPLING TECHNIQUE

Sampling is the process of selecting a group of people, events, behaviours or other elements with which to conduct a study.

A representative sample was selected by using purposive sampling technique from the population of all the alcohol dependent adult males living in the selected community rural area Indore (M.P).

4.9 SAMPLING CRITERIA

Inclusion criteria

1. Adult male individuals in the age group of 20 – 50 years were included in the study.
2. Patients who are willing to participate in the study were included for the study.
3. Patients who can read Hindi or English were included in the study.

Exclusion criteria

1. Adult male alcohol dependents suffering from any other serious physical or mental disorders were excluded from the study.

4.10 SELECTION AND DEVELOPMENT OF TOOL

Based on the research problem and objective of the study the following steps were under taken to select and develop the data collection tool.

a. Selection of the tool

The researcher used self administered URICA scale questionnaire, a standardized research tool used for motivational change assessment. It was considered to be the most appropriate instrument to assess the motivational change from the respondents.

b. Development of the tool.

Self administered URICA scale questionnaire was selected to assess the self motivational level in the alcohol dependent adult male clients

The tool was developed

- After reviewing the related literature
- Based on the consultation with the subject experts

c. Description of the tool

URICA, a standardized scale for assessment of motivation level in adult alcohol dependent clients was used for the study.

It is motivational scale consisting of 32 items. It has four sub scales to measure the stages of change. Pre contemplation, contemplation. Action and maintenance.

The tool was organized in two sections

SECTION – A**Socio-demographic data**

Consists of 10 items such as code number, age, Domicile, religion, type of family, education, occupation, income, marital status, history of alcoholism in the family, duration of drinking alcohol. The details of the socio-demographic data are given in annexure F.

SECTION – B

URICA scale questionnaire

In this questionnaire, each statement describes how a person might feel when starting therapy, it indicates the extent to which a person tends to agree or disagree with each statement. It is a Likert type scale.

There are five possible responses to each of the items in the questionnaire, strongly disagree = 1, disagree = 2, undecided = 3, agree = 4 and strongly agree = 5. The respondent is required to encircle the number denoting the response of his choice.

This section has 32 items with four 8 – item subscales. The URICA is a self- report measure that includes four subscales that measures the stages of change: pre contemplation, contemplation, action and maintenance. The details of the URICA scale analysis is given annexure F.

4.10 CONTENT VALIDITY

The content validity refers to which an instrument measure what it is supposed to measure. For each criterion three response columns were prepared for rating.

1. Completely meets the criteria.
2. Partially meets the criteria.
3. Does not meet the criteria/needs modification.

The prepared instrument along with the objectives, operational definition blue print, scoring key and criteria check list for validation was submitted to 6 experts, which includes, 5 nurse educators, 1 statistician to establish content validity. Suggestions were taken and final valid tool was prepared.

4.11 TRANSLATION OF THE TOOL

The tool was initially prepared in English, then translated to Hindi to facilitate data collection and again translated to English to check the appropriateness of the Hindi tool by the expert.

4.12 RELIABILITY

The reliability of an instrument is the degree of consistency with which it measures the attributes; it is suppose to be measured.

In order to establish the reliability of the tool, it was administered to 6 alcohol dependent adult males other than the main study sample. The split half method was used to test the reliability of the tool. The test was first divided in to 2 equivalent halves and correction for the half test was found by using Karl Pearson's correlation coefficient formula and significance of correlation was tested by using probable Error ($r_{1/2} = 0.98$). The reliability coefficient of the whole test was then estimated by spearman brown prophecy formula. The tool was found reliable ($r = 0.98$).

4.13 PILOT STUDY

The main aim of pilot study was to find out practicability, feasibility and reliability of the study. Six samples included for pilot study. The pilot study was conducted at Mordhat Community area Indore M.P. using URICA scale. Self administered questionnaire. The questionnaire administration took 15 - 20 min for each individual. The pilot study conducted from 28-8-2020 to 29-8-20. The tool was found to be feasible to collect required information. The subjects were not experienced any difficulty in understanding the tool. The investigator did not find any difficulty in administering the tool.

4.14 DATA COLLECTION METHOD

A formal written permission was obtained from the Sarpanch Mr. Sohan singh the data collected from 05-9-2020 to 20-9-2020. Before conducting the study concern was taken by explaining the purpose of the study. After giving the proper explanation to the respondents, URICA scale questionnaire was given to the subjects. Each respondent took 15 to 20 minutes to complete the questionnaire. Self motivation package was divided into 3 sessions. Each session was prepared carefully and audio visual aids like charts, Poster were used to teach the contents effectively. The time period for each session was 30 min. teaching session were conducted on alternate days in a comfortable place. Adequate explanation was given in both English and Hindi language. Respondent's doubts and concerns were clarified where ever aroused.

After completion of the last session 15 days later a post teaching assessment of motivation was done using the same URICA scale questionnaire.

4.15 PLAN FOR DATA ANALYSIS

Descriptive statistics were useful for summarizing empirical information, inferential statistics, which are based on laws of probability; provide a means for drawing conclusion, about the population from which the data obtained for the sample.

The analysis will be done by using the important parameters like the percentages, the mean value and chi square test. The value will be compared at 5% of level of significance for the corresponding degree of freedom with $p < 0.05$ will be considered as not significant and $p > 0.05$ is considered as significant (formula used are appended in annexure R).

4.16 SUMMARY

The chapter on methodology has dealt with research approach design, study setting, population, sample technique, development of tool, description of the tool, content validity, translation of the tool, pilot study, and procedure for data collection and plan for data analysis.

CHAPTER-V**DATA ANALYSIS AND INTERPRETATION**

This chapter presents the analysis and interpretation of data collected 50 Alcohol Dependent Adult Males of Selected Community Area of Indore (M.P.) subjects were tabulated, analyzed and interpreted by using descriptive and inferential statistics based on the objectives of the study. A Pre experimental approach was adopted to assess the level of motivation prior and after the administration of nursing intervention motivational packager. The URICA Scale could be used to assess clinical process and motivational readiness for change as well as to measure process and outcome variables for variety of health and addictive behaviors. University of Rhode Island change assessment (URICA) Scale, a standardized scale for assessment of motivation level in adult alcohol dependent clients is sued for the study. It is a motivational scale consisting of 32 items. It has four subscales measure the stages of change. Pre contemplation, contemplation, Action and maintenance.

The data have been analyzed and interpreted in the light of objectives and hypothesis of the study.

The Objectives of the study are as following:

OBJECTIVES OF THE STUDY

1. To assess the pre – intervention level and post interventional level of motivation in maintaining abstinence from alcohol among the adult male clients.
2. To evaluate the effectiveness of self motivation package to maintain abstinence from alcohol among adult male clients.
3. To find out association of pre interventional score of motivation with selected demographic variables.

HYPOTHESIS

H₁: There will be significance difference between mean score of pre intervention score and post intervention score of adult male clients.

H₂: There will be significant association between pre intervention score and selected demographic variables.

ORGANIZATION AND PRESENTATION OF THE STUDY FINDINGS

The data was organized, tabulated, analyzed and interpreted by means of statistical tables and graphs. For clarity of description the findings from the data are divided into following sections:

Section 1: Frequency and percentage of socio-demographic variables. It included identified data such as base line Performa consist of 10 items to obtain information regarding Age in years, Place of Domicile, Type of Family, Religion, Education, Occupation, Income (per months), Marital Status, History of alcoholism in the family, Duration of drinking alcohol (in years).

Section 2: Analysis of the effectiveness of self-motivation package among 50 male adults from Selected Rural Community Area of Indore (M.P.).

Section 3: Association between pretest score assesses the effectiveness of self motivation package on enhancing self-motivation to maintain abstinence in alcohol dependent adult male in a selected rural community area of Indore (M.P.) and demographic variables.

SECTION 1

Statistical Description of the Demographic Variables of Alcohol Dependent Adult Males of Selected Rural Community Area of Indore (M.P.)

This section describes the characteristics of Alcohol Dependent Adult Males with respect of Age in years, Place of Domicile, Type of Family, Religion, Education, Occupation, Income (per months), Marital Status, History of alcoholism in the family, Duration of drinking alcohol (in years). The data obtained from 50 male adults from Selected Community Area of Indore (M.P.) were analyzed using descriptive statistics and was presented in terms of frequency and percentage and was presented in table 5.1

Table 5.1: Frequency and percentage distribution of Age

Age in years	Frequency (f)	Percentage (%)
17-21 years	14	28.0%
22-26 years	14	28.0%
27-31 years	10	20.0%
32 and above	12	24.0%
Total	50	100.0%

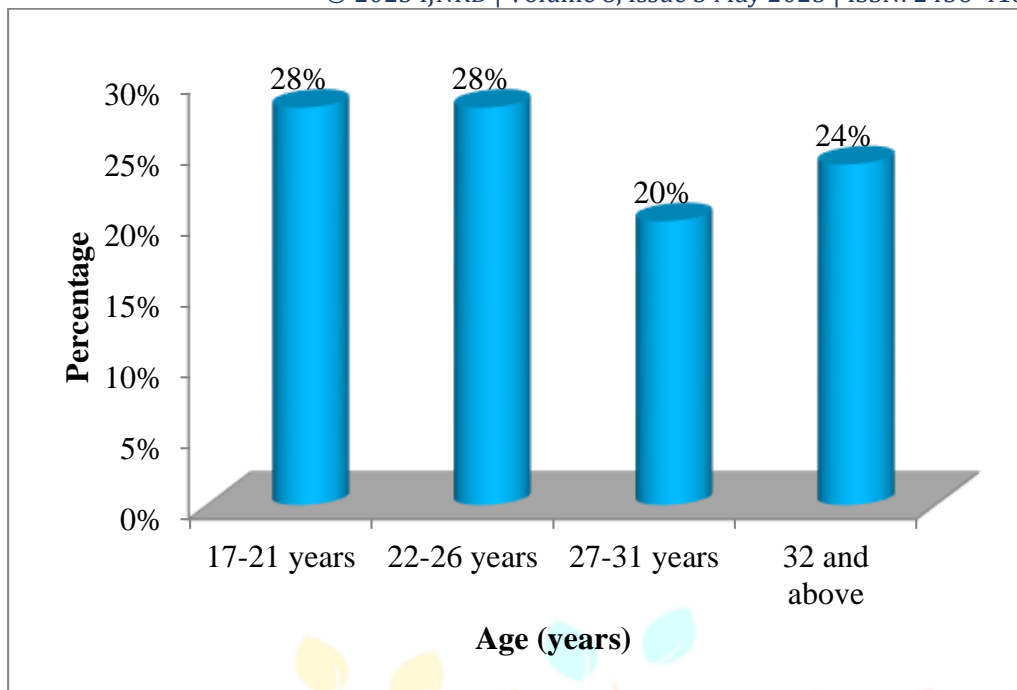


Fig.3: Percentage distribution of sample according to the age.

Percentage distribution of the sample according to their age shows that 24% of the sample belongs to the age group between above 32 years, 20% of them were in the age group between 27-31 years, 28% of them belong to the age group between 22-26 years and 28% of them belong to the age group between 17-21 years.

Table 5.2: Frequency and percentage distribution of Place of Domicile

Place Of Domicile	Frequency (f)	Percentage (%)
Urban	4	8.0%
Rural	46	92.0%
Total	50	100.0%

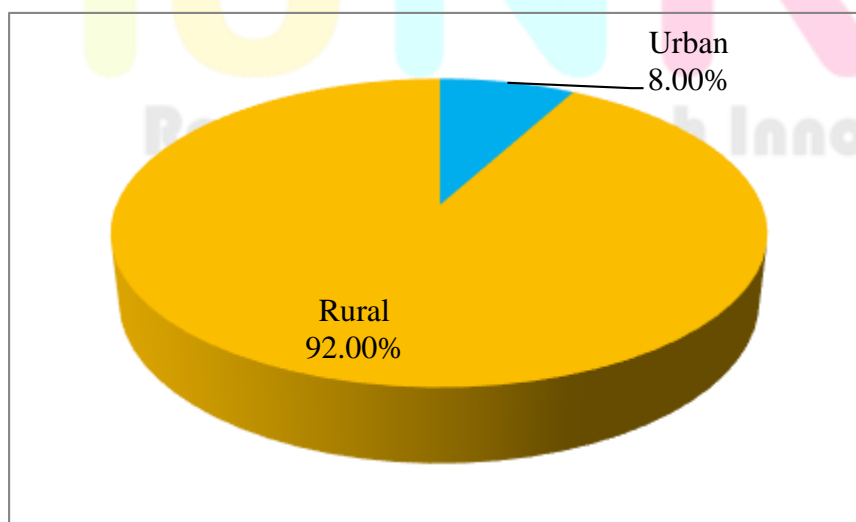


Fig. 4: Percentage distribution of sample according to the area of residence.

Percentage distribution of alcohol dependent adult males according to their area of residence shows 8.00% belongs to urban area and 92.00% belongs to rural area.

Table 5.3: Frequency and percentage distribution of Type of Family

Type of Family	Frequency (f)	Percentage (%)
Nuclear family	15	30.0%
Joint family	27	54.0%
Extended Family	8	16.0%
Total	50	100.0%

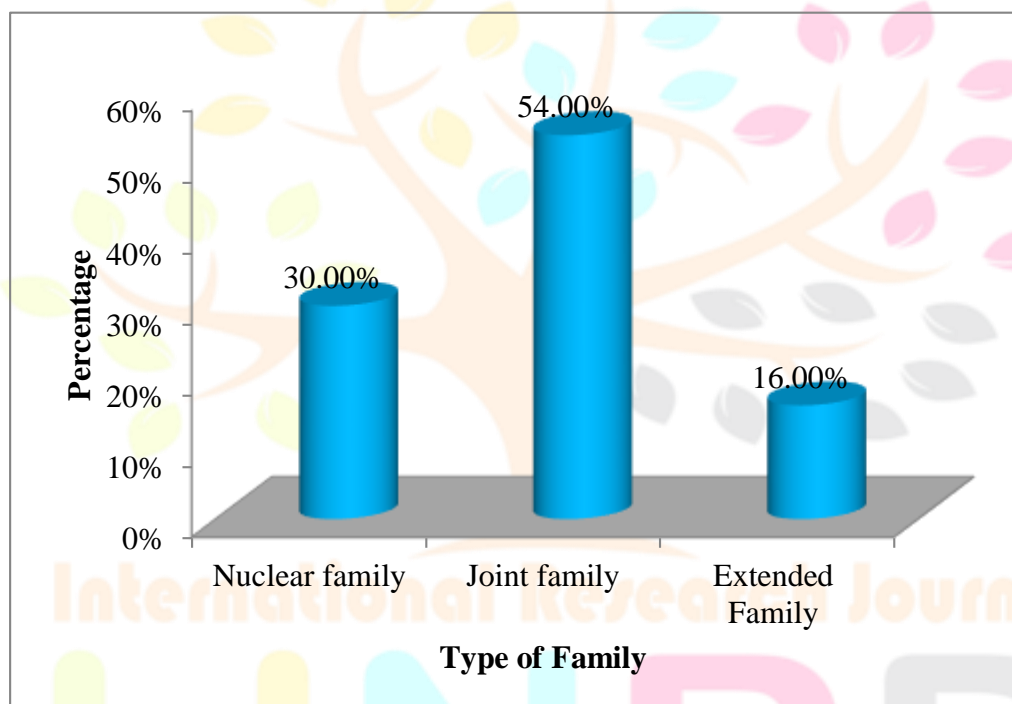


Fig. 5: Percentage distribution of sample according to the type of the family.

Percentage distribution of the sample according to the type of the family shows that 54 % belongs to joint family, 30.00 % belongs to nuclear family and 16.00% belongs to extended family.

Table 5.4: Frequency and percentage distribution of Religion

Religion	Frequency (f)	Percentage (%)
Hindu	31	62.0%
Muslim	9	18.0%
Christian	5	10.0%

Religion	Frequency (f)	Percentage (%)
Others	5	10.0%
Total	50	100.0%

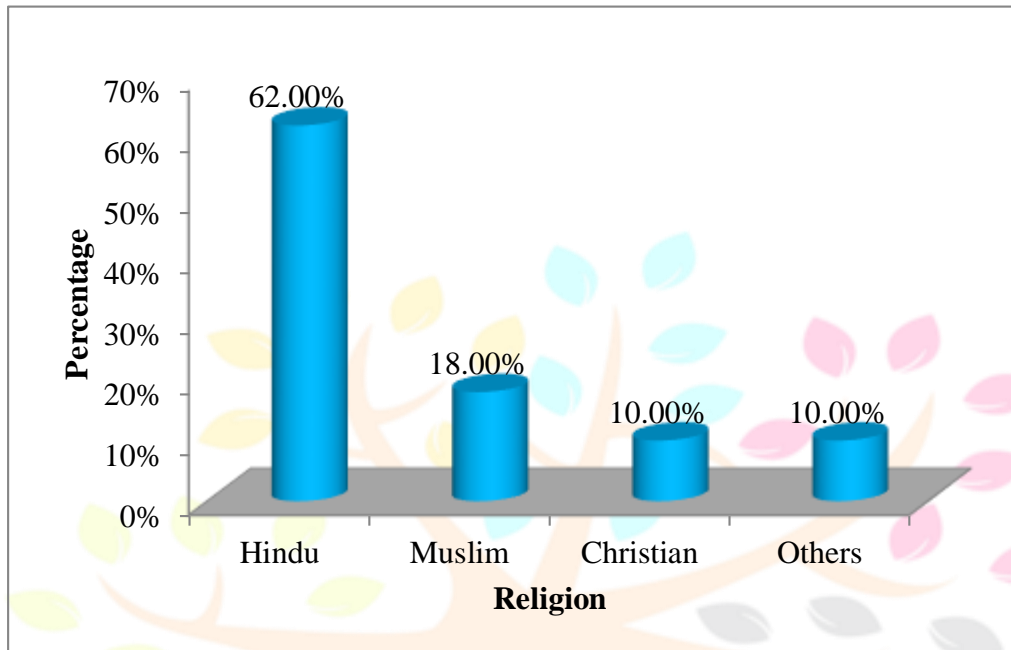


Fig. 6: Percentage distribution of sample according to the religion.

With regards to the religion it reveals that 62.00 % of the samples were Hindus, 10.00 % of them were Christians, and 18.00 % of the samples were Muslims and 10.00 % others.

Table 5.5: Frequency and percentage distribution of Education

Education	Frequency (f)	Percentage (%)
Illiterate	18	36.0%
Primary	18	36.0%
Secondary	11	22.0%
Graduate/Professional	3	6.0%
Total	50	100.0%

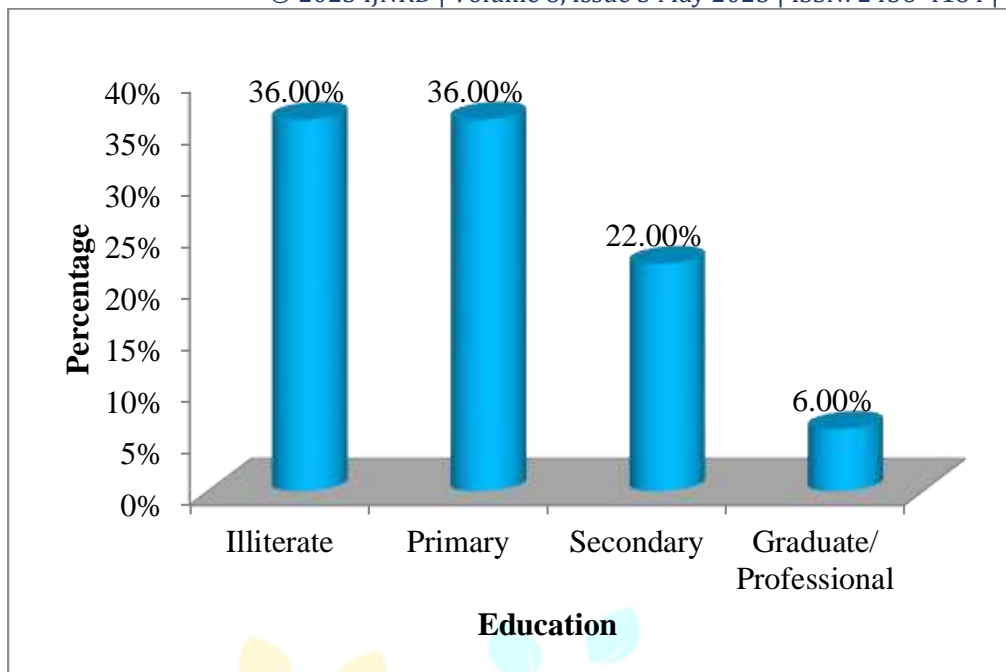


Fig. 7: Percentage distribution of sample according to the educational status.

Percentage distribution of alcohol dependent adult males according to the educational status reveals 36.00 % illiterate, 36.00 % studied primary, and 22.00 % studied secondary and 6.00% belongs to graduate professional.

Table 5.6: Frequency and percentage distribution of Occupation

Occupation	Frequency (f)	Percentage (%)
Unemployed	16	32.0%
Daily Wager	9	18.0%
Business	3	6.0%
Government Service	3	6.0%
Private Service	2	4.0%
Agriculture	13	26.0%
Others (Specify)	4	8.0%
Total	50	100.0%

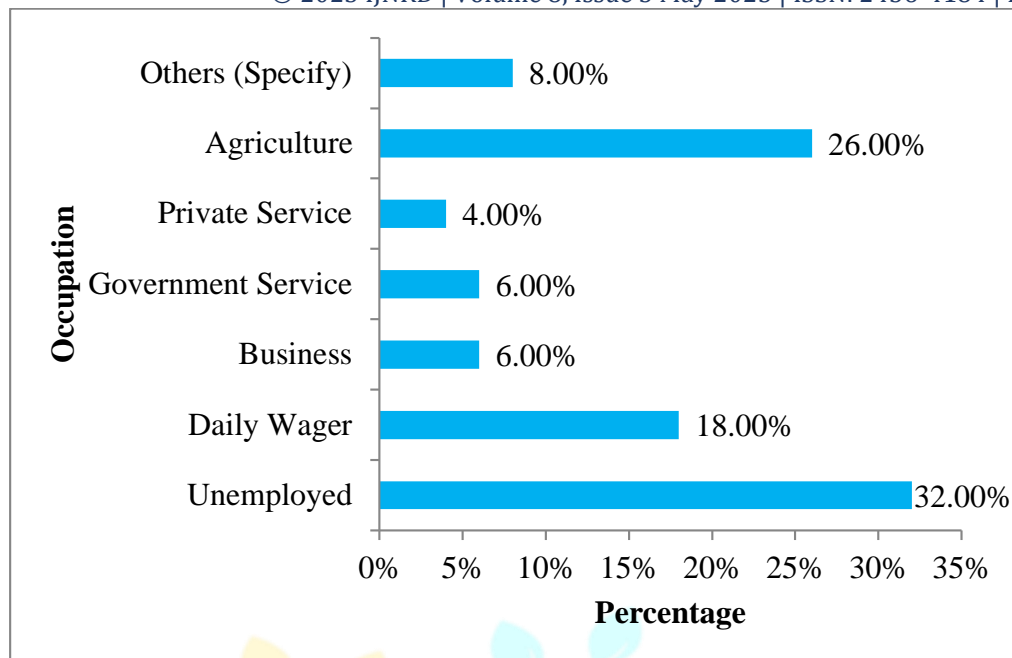


Fig. 8: Percentage distribution of sample according to the occupation.

Percentage distribution of alcohol dependent adults males according to occupation shows 4.00% belongs to private service, 6.00% belongs to government service, 6.00% belongs to Business, 26 % of the sample belongs to agriculture, 8% others, 18.00% daily wagers, and 32 % belongs to unemployment.

Table 5.7: Frequency and percentage distribution of Income (per month)

Income (per month)	Frequency (f)	Percentage (%)
Below Rs.500	16	32.0%
Rs. 501-1000	20	40.0%
Rs. 1001-2000	6	12.0%
Rs. 2001-3000	4	8.0%
Rs. 3001 and above	4	8.0%
Total	50	100.0%

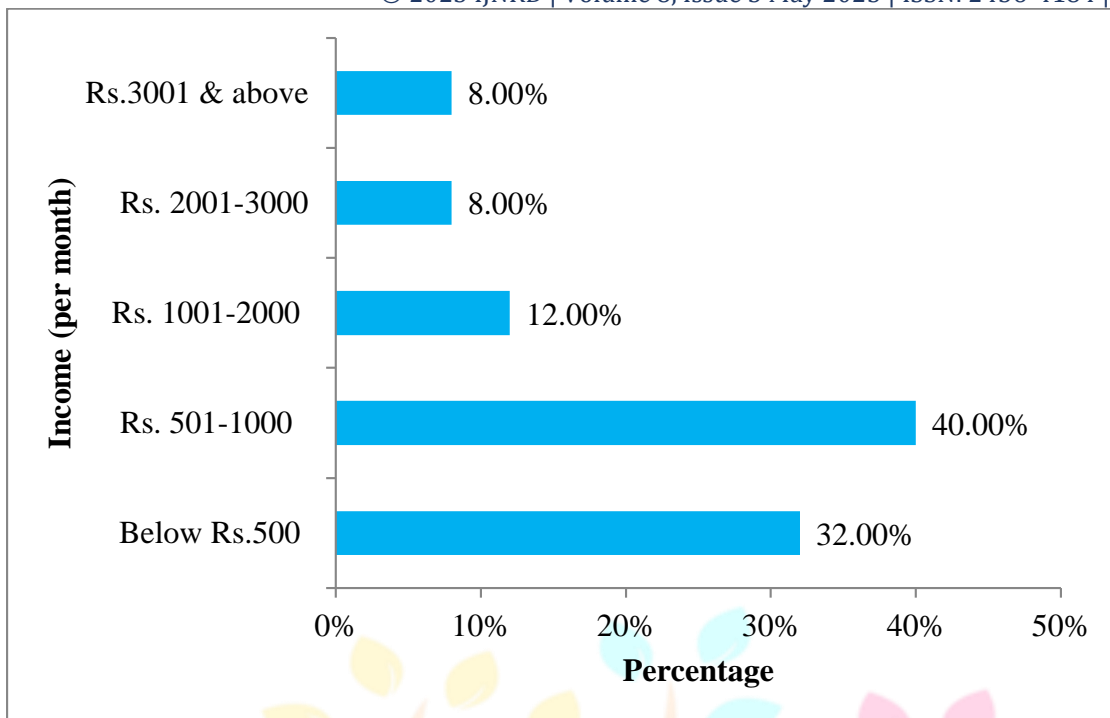


Fig. 9: Percentage distribution of sample according to the income.

Percentage distribution of alcohol dependent adult male according to their income shows 8.00% belongs to >3000 Rs ,8.00 % belongs to 2001-3000Rs, 12.00% belongs to 1001 -2000 Rs , 40.00% belong to 501-1000 Rs and 32 % belongs to below 500 Rs.

Table 5.8: Frequency and percentage distribution of Marital Status

Marital Status	Frequency (f)	Percentage (%)
Single	10	20.0%
Married	31	62.0%
Divorced	5	10.0%
Separated	4	8.0%
Total	50	100.0%

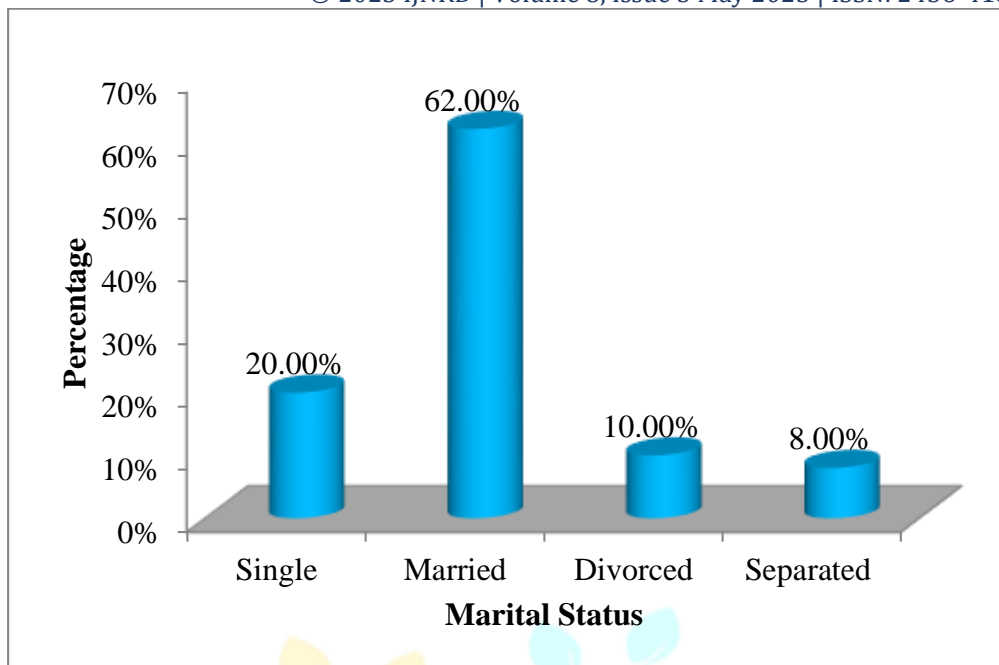


Fig. 10: Percentage distribution of sample according to the marital status.

Percentage distribution of alcohol dependent adult males according to their marital status shows 62% were married, 20.00% were single, 10.00% were divorced and 8.00% were separated.

Table 5.9: Frequency and percentage distribution of History of alcoholism in the family

History of alcoholism in the family	Frequency (f)	Percentage (%)
Yes	35	70.0%
No	15	30.0%
Total	50	100.0%

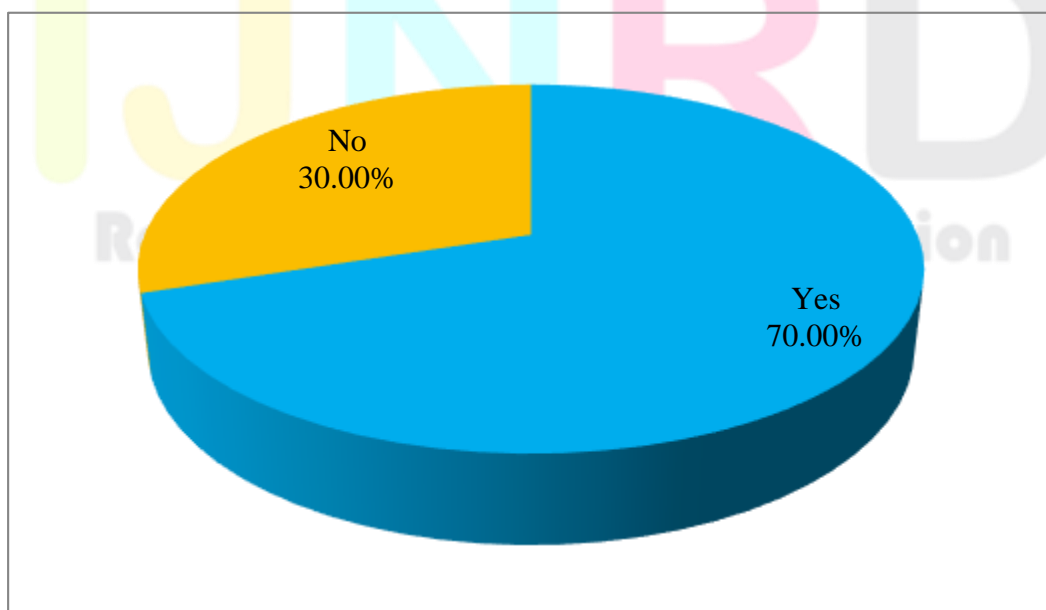


Fig. 11: Percentage distribution of sample according to the history of alcoholism in the family.

Percentage distribution of alcohol dependent adult males according to history of alcoholism in their family shows 70% were having the history of alcoholism in their family and 30 % were not having the history of alcoholism in their family. **Table 5.10: Frequency and percentage distribution of Duration of drinking alcohol (in years)**

Duration of drinking alcohol (in years)	Frequency (f)	Percentage (%)
1-5 years	23	46.0%
6-10 years	18	36.0%
11-15 years	9	18.0%
16 and above	-	-
Total	50	100.0%

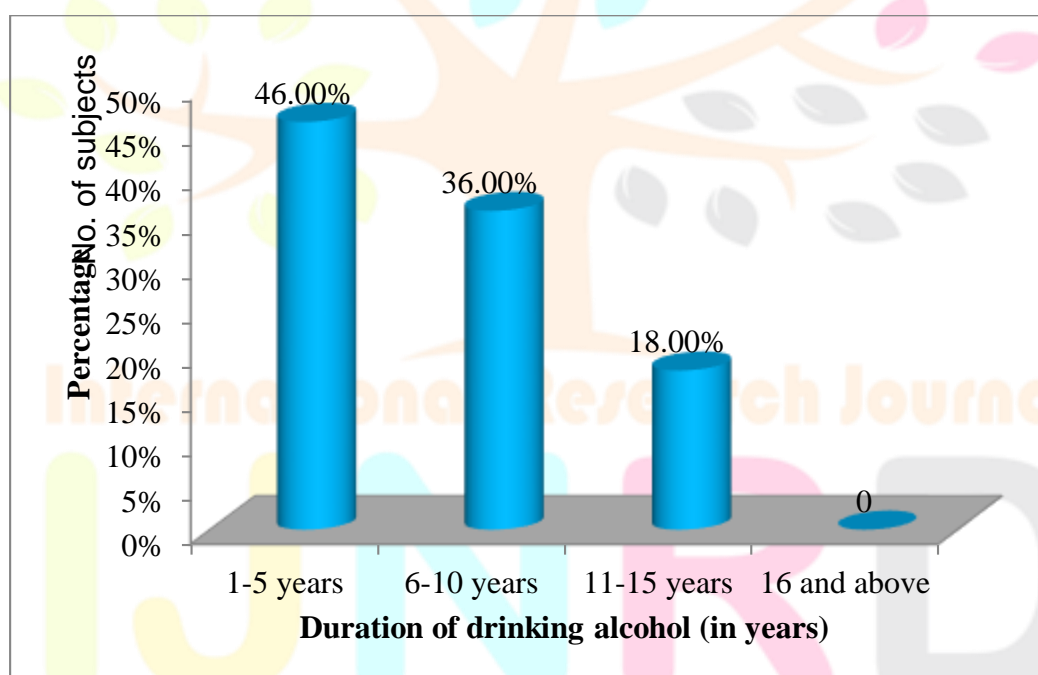


Fig. 12: Percentage distribution of sample according to the duration of alcoholism.

Percentage distribution of the subjects according to the duration of consumption of alcohol reveals 46.00 % had 1-5 years, 36% had 6-10years and 18% had more than 8 year.

SECTION 2

Table No. 5.11: Analysis of the effectiveness of self-motivation package among 50 male adults from Selected Rural Community Area of Indore (M.P.).

Variables	Pre/	No. of	Mean	SD	t value	df	Critical Value of P	Significance Level

	Post Test	Male					at $\alpha=0.05$	
Pre- contemplation	Pre Test	50	22.58	1.67	23.00	49	3.75	Significant
	Post Test	50	18.98	1.63				
Contemplation	Pre Test	50	27.22	1.60	-21.12	49	3.75	Significant
	Post Test	50	30.70	1.26				
Action	Pre Test	50	28.32	1.23	-57.18	49	3.75	Significant
	Post Test	50	32.20	1.29				
Maintenance	Pre Test	50	27.22	1.60	-21.12	49	3.75	Significant
	Post Test	50	30.70	1.26				

Table 5.11 shows the analysis of URICA scale questionnaire.

The study variables were divided into pre contemplation, contemplation, action and maintenance stage.

Mean scores of pre contemplation pretests are 22.58 and post test are 18.98, reduction in pre contemplation score in post test signifies the effectiveness of nursing intervention package.

Mean scores of contemplation pre test are 27.22 and post test are 30.70, increase in post test scores signifies that contemplation i.e. the decision to make change from alcohol dependence.

Mean score of action pre test are 28.32 and post test are 32.20; increase in scores signifies the actions taken to stop alcohol dependence.

Mean score of maintenance stage pre test are 27.22 and post test are 30.70; increase in scores signifies the maintenance of abstinence from alcohol dependence.

Maintenance stage requires long duration to assess the effectiveness of the nursing intervention to maintain long term sobriety.

Final analysis of pretest motivational readiness scores is 60.83 and post test motivational readiness scores 76.37. Increase in 15.54 scores signifies the effectiveness of Self motivation package in motivating alcohol dependent adult males to maintain their abstinence from alcohol dependence. Therefore, H_1 is accepted and the above analysis of self-motivation package to maintain abstinence in alcohol dependent adults was effective in terms of reduction in pre contemplation score, increase in contemplation, action and maintenance score.

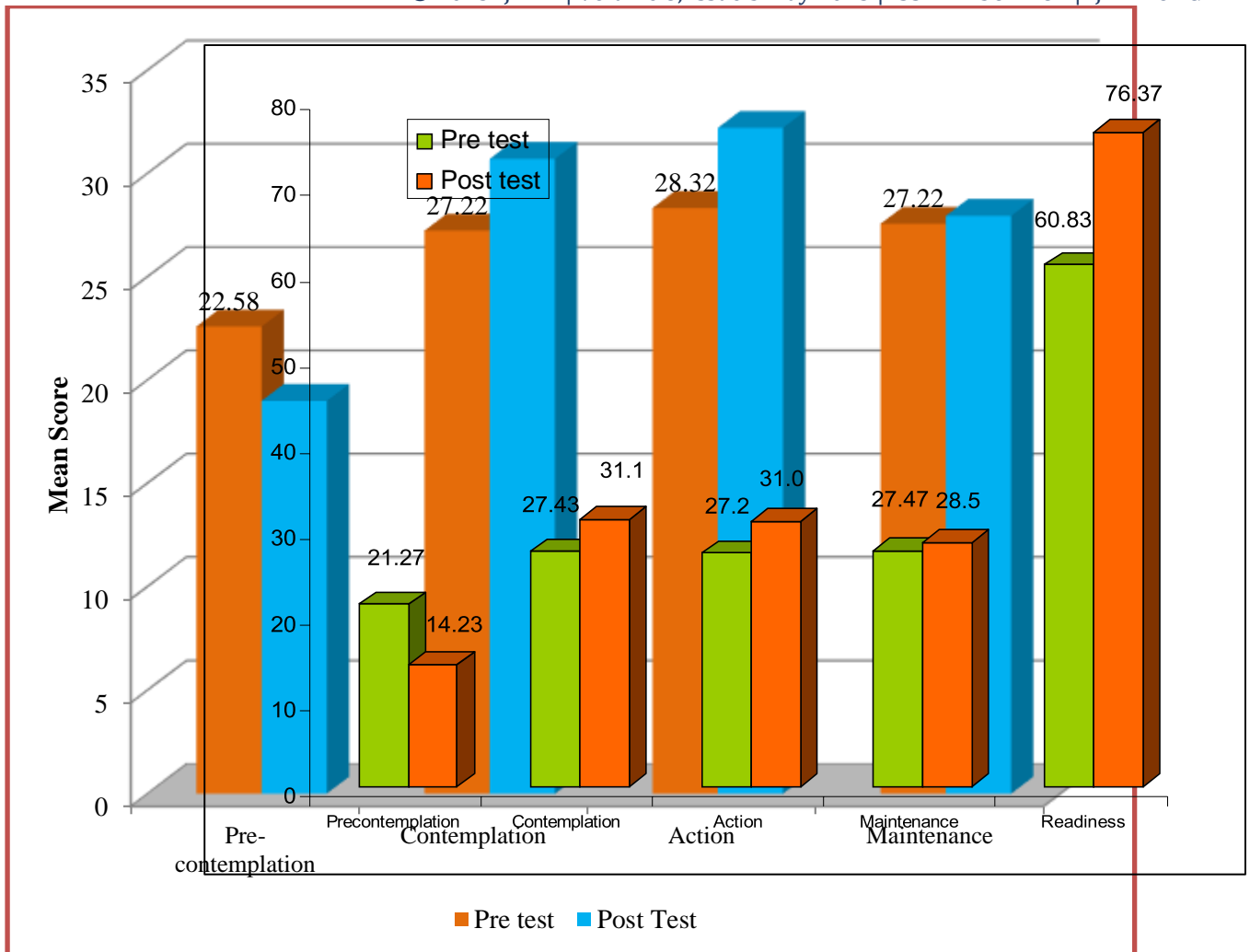


Fig. 13: Mean score distribution of pre test and post test.

Fig. 1 shows the representation of mean pre test and post test scores. Mean pre contemplation scores of pre test is 22.58 and mean pre contemplation scores of post test is 18.98. Reduction in pre contemplations scores in the post test signifies the effectiveness of nursing intervention package. Mean scores of contemplation, action, and maintenance increased respectively from pre test to post test signifies the effectiveness of nursing intervention. Finally motivational readiness scores of pre test is 60.83 and post test is 76.37. The increase in the scores that is 15.54 signifies the effectiveness of nursing intervention to motivate the alcohol dependent individuals to remain abstinent from alcohol consumption.

SECTION-III

Association level of motivation with selected socio-demographic variables.

Study variables	Observation time	Chi- square value	df	Critical value at $\alpha=0.05$	Inference
Age (yrs)	Pre test	14.642	3	7.81	Not significant

Religion	Pre test	9.458	2	5.99	Not significant
Type of family	Pre test	0.475	1	3.48	Not significant
Education status	Pre test	17.02	6	0.0092	Significant
Occupations	Pre test	5.605	3	7.81	Not significant
Income	Pre test	9.458	2	5.99	Not significant
Area of residence	Pre test	0.053	1	3.84	Not significant
Marital status	Pre test	0.433	1	3.84	Not significant
History of alcoholism	Pre test	6.563	1	3.84	Not significant
Duration of alcoholism	Pre test	0.948	2	5.99	Not significant

Table 5.12 shows the association of socio demographic variables like age, religion, type of family, education, status, occupation, area of residence, marital status, history of alcoholism, duration of alcoholism, no. of times treats, duration of treatment, type of reference with motivational level.

This chapter had dealt with analysis and interpretation of the results of the study. Descriptive and inferential statistics were employed to analyze the data. The analysis was carried out on the basis of objectives and hypothesis of the study and has been presented on the sample characteristics and motivational level. Frequency and percentage were used to represent the sample characteristics and level of motivation were analyzed through mean score percentages. The associations of the level of motivation with selected demographic variables were assessed by using chi square test.

CHAPTER-VI

6. DISCUSSION

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of self motivation package on enhancing self motivation to maintain abstinence in alcohol dependent adult males in a selected community area Indore (M.P.)”.

2.6 OBJECTIVES OF THE STUDY

1. To assess the pre – intervention level and post interventional level of motivation in maintaining abstinence from alcohol among the adult male clients.
2. To evaluate the effectiveness of self motivation package to maintain abstinence from alcohol among adult male clients.
3. To find out association of pre interventional score of motivation with selected demographic variables.

2.3 HYPOTHESIS

H₁: There will be significance difference between mean score of pre intervention score and post intervention score of adult male clients.

H₂: There will be significant association between pre intervention score and selected demographic variables.

DISCUSSION

The present study was conducted to assess the effectiveness of self motivation package on enhancing self-motivation to maintenance abstinence in alcohol dependent adult males in a selected rural community area Indore. In order to achieve the objectives of the study a Pre experimental study approach was adopted. Purposive sampling technique was used to select the sample. The data was collected from 50 alcohol dependent adult males. The findings were discussed under the following sections.

SECTION I: Socio-demographic characteristics of alcohol dependent adult males **SECTION II:**

Analysis of the effectiveness of self-motivation package

SECTION III: Association of self-motivation with selected demographic variables.

SECTION I: Socio-demographic characteristics of alcohol dependent adult males

Percentage distribution of the sample according to their age shows that 24% of the sample belongs to the age group between above 32 years, 20% of them were in the age group between 27-31 years, 28 % of them belongs to the age group between 22-26 years and 28% of them belongs to the age group between 17-21 years.

Percentage distribution of alcohol dependent adult males according to their area of residence shows 8.00% belongs to urban area and 92.00% belongs to rural area.

Percentage distribution of the sample according to the type of the family shows that 54 % belongs to joint family, 30.00 % belongs to nuclear family and 16.00% belongs to extended family.

With regards to the religion it reveals that 62.00 % of the samples were Hindus, 10.00 % of them were Christians, and 18.00 % of the samples were Muslims and 10.00 % others.

Percentage distribution of alcohol dependent adults males according to the educational status reveals 36.00 % illiterate, 36.00 % studied primary, and 22.00 % studied secondary and 6.00% belongs to graduate professional.

Percentage distribution of alcohol dependent adults males according to occupation shows 4.00% belongs to private service, 6.00% belongs to government service, 6.00% belongs to Business, 26 % of the sample belongs to agriculture, 8% others, 18.00% daily wagers , and 32 % belongs to unemployment.

Percentage distribution of alcohol dependent adult male according to their income shows 8.00% belongs to >3000 Rs ,8.00 % belongs to 2001-3000 Rs, 12.00% belongs to 1001 -2000 Rs , 40.00% belong to 501-1000 Rs and 32 % belongs to below 500 Rs.

Percentage distribution of alcohol dependent adult males according to their marital status shows 62 % were married , 20.00% were single , 10 .00 % were divorced and 8.00 % were separated.

Percentage distribution of alcohol dependent adult males according to history of alcoholism in their family shows 70% were having the history of alcoholism in their family and 30 % were not having the history of alcoholism in their family.

Percentage distribution of the subjects according to the duration of consumption of alcohol reveals 46.00 % had 1-5 years, 36% had 6-10years and 18% had more than 8 year.

SECTION II: Analysis of the effectiveness of self motivation package

The study variables were divided into pre contemplation, contemplation, action and maintenance stage.

Mean scores of pre contemplation pretest are 22.58 and post test are 18.98, reduction in pre contemplation score in post test signifies the effectiveness of nursing intervention package.

Mean scores of contemplation pre test are 27.22 and post test are 30.70, increase in post test scores signifies that contemplation i.e. the decision to make change from alcohol dependence.

Mean score of action pre test are 28.32 and post test are 32.20; increase in scores signifies the actions taken to stop alcohol dependence.

Mean score of maintenance stage pre test are 27.22 and post test are 30.70; increase in scores

Final analysis of pretest motivational readiness scores is 60.83 and post test motivational readiness scores 76.37. Increase in 15.54 scores signifies the effectiveness of nursing intervention package in motivating alcohol dependent adult males to maintain their abstinence from alcohol dependence. Therefore, H₁ is accepted and the above analysis of self-motivation package to maintain abstinence in alcohol dependent adults was effective in terms of reduction in pre contemplation score, increase in

contemplation, action and maintenance score.

SECTION III: Association of self motivation with selected demographic variables.

The association of socio demographic variables like age, religion, type of family, educational status, occupation, area of residence, marital status, history of alcoholism, duration of alcoholism with motivational level gives no significance at a critical value ($\alpha = 0.05$).

CHAPTER - VII

CONCLUSION

2.2 STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of self motivation package on enhancing self motivation to maintain abstinence in alcohol dependent adult males in a selected community area Indore (M.P.)”.

2.7 OBJECTIVES OF THE STUDY

1. To assess the pre – intervention level and post interventional level of motivation in maintaining abstinence from alcohol among the adult male clients.
2. To evaluate the effectiveness of self motivation package to maintain abstinence from alcohol among adult male clients.
3. To find out association of pre interventional score of motivation with selected demographic variables.

2.3 HYPOTHESIS

H₁: There will be significance difference between mean score of pre intervention score and post intervention score of adult male clients.

H₂: There will be significant association between pre intervention score and selected demographic variables.

CONCLUSION-

The overall analysis of the level of motivation shows that all the participants had the moderate level of motivation. None of the participants had low motivational level to maintain abstinence from alcohol consumption. The motivational readiness score in the pre test was (60.83). The post test motivational readiness score was (76.37). The increase in the post test score of (15.54) signifies the effectiveness of nursing interventional package. Regarding the selected socio-demographic variables none of the variable had significance in relation to level of motivation of the participants.

7.1 NURSING IMPLICATIONS

The findings of the study have various implications in different areas of nursing i.e. Administrations, education and service. Some of the implications are as follows.

NURSING EDUCATION

1. Integrating the concept of substance abuse and its importance in to various levels of nursing curriculum.
2. Planning for need based an effective in-service programme for the psychiatric nursing.
3. Continuing education and up grading of knowledge regarding substance abuse treatment and motivation enhancement techniques.

NURSING SERVICE

1. The finding of the study reveals that there is a need for understanding motivation level of alcohol dependent to influence their abstinence from alcohol.
2. Similarly, the nurses working in psychiatric hospitals and de-addiction unit setting needs to focus a special emphasis in meeting the motivation enhancement needs of alcohol dependent in addition to other therapeutic measures.
3. The nurses working in the hospital and community setting should give special emphasis in providing education on various physical, mental, and social problems caused by alcohol addiction.

NURSING ADMINISTRATION

1. Special endeavors by nursing administrators and educators to develop standards of care for institutionalized alcohol dependents.
2. There is a need for organizing specialized services to the alcohol dependents who fail to attend de-addiction treatment.
3. The nursing administrators working in hospital and community setting should take up keen interest in developing policies which are very essential in the core of Substance abuse individuals especially alcohol dependents.

7.2 LIMITATIONS

1. Since the scale used for the presence study is a self-report questionnaire the illiterates were excluded in the study.
2. The findings of the study were limited to 50 samples who reported to rural community area during the time of data collection.

7.3 RECOMMENDATIONS

Based the findings of the present study and keeping in mind the limitations of study few recommendations are offered for further research.

1. The self-administered questionnaire of URICA could be modified into an interview schedule to enable the investigators to use the tool for both literate and illiterate population.

2. Similar study could be conducted on a larger sample for the generalization of findings.
3. An experimental study can be conducted with control group and study group.
4. A comparative study to assess the motivation enhancement between different motivation enhancement techniques can be considered.
5. Mass and individual counseling sessions and education through regional language can be conducted to resolve the alcohol dependence syndrome among adults.
6. Educate nursing personnel regarding motivation enhancing techniques.

CHAPTER VIII

7. SUMMARY

STATEMENT OF THE PROBLEM

“A study to assess the effectiveness of self motivation package on enhancing self motivation to maintain abstinence in alcohol dependent adult males in a selected community area Indore (M.P.)”.

7.3 OBJECTIVES OF THE STUDY

1. To assess the pre – intervention level and post interventional level of motivation in maintaining abstinence from alcohol among the adult male clients.
2. To assess the effectiveness of self motivation package to maintain abstinence from alcohol among adult male clients.
3. To find out association of pre interventional level of motivation with selected demographic variables.

2.3 HYPOTHESIS

H₁: There will be significance difference between mean score of pre intervention score and post intervention score of adult male clients.

H₂: There will be significant association between pre intervention score and selected demographic variables.

SUMMARY

A Pre experimental study approach was under taken to assess the effectiveness of self motivation package on enhancing self motivation to maintain abstinence in alcohol dependent adult males in a selected Rural Community area Indore M.P.

Purposive sampling technique was used to select a sample of 50 alcohol dependent adult males using an URICA questionnaire. The data obtained was analyzed using both descriptive and inferential

statistics.

8.1 RESULTS:

The findings are summarized as follows, Percentage distribution of the sample according to their age shows that 24% of the sample belongs to the age group between above 32 years, 20% of them were in the age group between 27-31 years, 28 % of them belong to the age group between 22-26 years and 28% of them belong to the age group between 17-21 years.

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Percentage distribution of alcohol dependent adults males according to the educational status reveals 36.00 % illiterate, 36.00 % studied primary, and 22.00 % studied secondary and 6.00% belongs to graduate professional.

Percentage distribution of alcohol dependent adults males according to occupation shows 4.00% belongs to private service, 6.00% belongs to government service, 6.00% belongs to Business, 26 % of the sample belongs to agriculture, 8% others, 18.00% daily wagers , and 32 % belongs to unemployment.

Percentage distribution of alcohol dependent adult male according to their income shows 8.00% belongs to >3000 Rs ,8.00 % belongs to 2001-3000 Rs, 12.00% belongs to 1001 -2000 Rs , 40.00% belong to 501-1000 Rs and 32 % belongs to below 500 Rs.

Percentage distribution of alcohol dependent adult males according to their marital status shows 62 % were married , 20.00% were single , 10 .00 % were divorced and 8.00 % were separated.

Percentage distribution of alcohol dependent adult males according to history of alcoholism in their family shows 70% were having the history of alcoholism in their family and 30 % were not having the history of alcoholism in their family.

Percentage distribution of the subjects according to the duration of consumption of alcohol reveals 46.00 % had 1-5 years, 36% had 6-10years and 18% had more than 8 year.

The study variables were divided into pre contemplation, contemplation, action and maintenance stage.

Mean scores of pre contemplation pretest are 22.58 and post test are 18.98, reduction in pre contemplation score in post test signifies the effectiveness of nursing intervention package.

Mean scores of contemplation pre test are 27.22 and post test are 30.70, increase in post test scores signifies that contemplation i.e. the decision to make change from alcohol dependence.

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Mean score of maintenance stage pre test are 27.22 and post test are 30.70; increase in scores.

Final analysis of pretest motivational readiness scores is 60.83 and post test motivational readiness scores 76.37. Increase in 15.54 scores signifies the effectiveness of nursing intervention package in motivating alcohol dependent adult males to maintain their abstinence from alcohol dependence. Therefore, H_1 is accepted and the above analysis of self-motivation package to maintain abstinence in alcohol dependent adults was effective in terms of reduction in pre contemplation score, increase in contemplation, action and maintenance score.

The analysis of self motivation package to maintain abstinence in alcohol dependent adults was effective in terms of reduction in pre contemplation score, increase in contemplation, action and maintenance score.

The association of socio demographic variables like age, religion, type of family, educational status, occupation, area of residence, marital status, history of alcoholism, duration of alcoholism, no. of times treated, duration of treatment, type of reference with motivational level gives significance and non significance at a critical value ($\alpha = 0.05$).

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ANNEXURE A

Letters seeking permission for conducting the Pilot study



INDEX NURSING COLLEGE
(Unit of Mayank's Welfare Society)
Approved by Indian Nursing Council, New Delhi
Madhya Pradesh Nurses Registration Council, Bhopal, (M.P.)
and Affiliated to Malwanchal University, Indore (M.P.)

LETTER SEEKING PERMISSION TO CONDUCT THE PILOT STUDY

To,

Mr. Mukesh Choudhary
darpanch of Binodiyar
Indore (M.P.)

Subject: - To conduct Pilot research study.
Reference:

Respected Sir/Madam,

I, Ms. Shivani Bhadouriya M.Sc. Nursing (Mental Health Nursing) Final year student of Index Nursing College, Indore doing dissertation work on the following topic for the partial fulfillment of the requirement of Malwanchal University, Indore (M.P.)


"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF NURSING INTERVENTION ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE IN ALCOHOL DEPENDENT ADULTS IN A SELECTED COMMUNITY AREA INDORE, (M.P.)"

I, Ms. Shivani Bhadouriya is in need of your esteemed help and cooperation as I am interested in conducting pilot study in community area.


All the information provided by the subject will be kept extremely confidential and it will be used only for research purposes.

Further details of the proposed study, if required, will be furnished by personally.

Thanking you

Recommended By

Principal
Index Nursing College
Indore (M.P.)

Shot on realme 1

Yours Sincerely

Shivani Bhadouriya
Index Nursing College
Indore (M.P.)

मुकेश चौधरी
SHREYAS
प्रशासकीय सचिव
ग्राम पंचायत, वादा-वास्तुई
मालवा विश्वविद्यालय, इंदौर (म.प्र.)

ANNEXURE -B

Permission to conduct research study

INDEX NURSING COLLEGE
(Unit of Mayank's Welfare Society)
Approved by Indian Nursing Council, New Delhi
Madhya Pradesh Nurses Registration Council, Bhopal, (M.P.)
and Affiliated to Malwanchal University, Indore (M.P.)

LETTER SEEKING PERMISSION TO CONDUCT THE MAIN STUDY

To,
Mr. Sehan Singh
Sarpanch of Malwanchal
Indore (M.P.)

Subject: - To conduct main research study.
Reference:

Respected Sir/Madam,

I, Ms. Shivani Bhadouriya M.Sc. Nursing (Mental Health Nursing) Final year student of Index Nursing College, Indore doing dissertation work on the following topic for the partial fulfillment of the requirement of Malwanchal University, Indore (M.P.):

"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF NURSING INTERVENTION ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE IN ALCOHOL DEPENDENT ADULTS IN A SELECTED COMMUNITY AREA INDORE, (M.P.)"

I, Ms. Shivani Bhadouriya is in need of your esteemed help and cooperation as I am interested in conducting main study in community area.

All the information provided by the subject will be kept extremely confidential and it will be used only for research purposes.

Further details of the proposed study, if required, will be furnished by personally.

Thanking you

Recommended By
Principal
Index Nursing College
Indore (M.P.)

शिवनी भदौरिया
ग्राम पंचायत, मोरोदहाट
जनपद पंचायत, इन्दौर (म.प्र.)

Yours Sincerely
Shivani Bhadouriya
Index Nursing College
Indore (M.P.)

20/05/2023

ANNEXURE -C

Letter seeking opinion on validity of the tool



INDEX NURSING COLLEGE

(Unit of Mayank's Welfare Society)

Approved by Indian Nursing Council, New Delhi
Madhya Pradesh Nurses Registration Council, Bhopal, (M.P.)
and Affiliated to Malwanchal University, Indore (M.P.)

LETTER REQUESTING FOR THE OPINION AND SUGGESTION OF THE EXPERTISE

From,

Ms. Shivani Bhadouriya

M.Sc. (N) Final year (Mental Health Nursing)

Index Nursing College Indore-452016

To,

Subject: - Letter requesting for the opinion and suggestion of the expertise.

Respected Sir/Madam,

I, Ms. Shivani Bhadouriya M.Sc. Nursing (Mental Health Nursing) Final year student of Index Nursing College, Indore doing dissertation work on the following topic for the partial fulfillment of the requirement of Malwanchal University, Indore (M.P.).

"A QUASI EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF NURSING INTERVENTION ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE IN ALCOHOL DEPENDENT ADULTS IN A SELECTED COMMUNITY AREA INDORE, (M.P.)"

I request you to kindly go through the content of tools on nursing intervention on enhancing self motivation to maintain abstinence in alcohol dependent and give your valuable suggestion based on criteria checklist. Your kind co-operation and expert judgment will be highly appreciated.

Thanking you in anticipation

Recommended By

Principal

Index Nursing College
Indore (M.P.)

INDEX NURSING COLLEGE
INDORE (M.P.)



Shot on Realme

Yours Sincerely

Shivani Bhadouriya
Index Nursing College
Indore (M.P.)

Statement and objective of the study

City Office : 104, Transil Apartment 5, Sanghi Colony, A.B. Road, INDORE-05 Ph : 0731-2345733
E-mail : nursing@indexgroup.co.in • Visit us : www.indexgroup.co.in

1. To assess the pre – intervention level and post interventional level of motivation in maintaining abstinence from alcohol among the adult male clients.
2. To assess the effectiveness of self motivation package to maintain abstinence from alcohol among adult male clients.
3. To find out association of pre interventional level of motivation with selected demographic variables.

Along with this I am enclosing

- a. URICA motivational scale questionnaire, a standardized tool for motivational assessment in alcohol dependent adults.
- b. Self motivation package.
- c. Scoring key
- d. Criteria check list for validation.
- e. Certificate of content validity.

I request you to give your expert opinion and suggestion on the appropriateness of the items, need for modification or deletion, by using the evaluation criterion enclosed. This will help me in the systematic conduction of the study.

Kindly sign the certificate of validation stating that you have validated the tool

Thanking you

Yours faithfully

Shivani Bhadouriya

Date:

Place:

ANNEXURE –D

Tool for the Study

University of Rhode Island change assessment (URICA) Scale, a standardized scale for assessment of motivation level in adult alcohol dependent clients is used for the study.

It is a motivational scale consisting of 32 items. It has four subscales measure the stages of change. Pre contemplation, contemplation, Action and maintenance.

The tool is comprised of two parts, part "A" deals with the Socio-Demographic Data of the Sample. Part "B" contains a Likert type of motivational scale developed by URICA (1990), Responses are given on a 5-point Likert Scale ranging from (1=strongly disagree to 5= strongly agree).

The URICA Scale could be used to assess clinical process and motivational readiness for change as well as to measure process and outcome variables a for variety of health and addictive behaviors.

Target Population	:	Adults
Number of Items	:	32 Items with 4subscales.
Mode of administration	:	Pencil and paper self-administered.
Time required administering	:	5 to 10minutes

URICA – 32 – item version Table Scoring

	Pre contemplation	Contemplation	Action	Maintenance
	1	2	3	6
	5	4	7	9
	11	8	10	16
	13	12	14	18
	23	15	17	22
	26	19	20	27
	29	21	25	28
Total	31	24	30	32
8	8	8	8	8
Mean				

To obtain a readiness to change score, first sum items from each sub scale and divide by 7 to get the mean for each sub scale. Then sum the means from the contemplation, action and maintenance. Sub scale and sub-tract the pre contemplation mean (C+A+M-PC=readiness).

Annexure -E

TOOLS OF THE STUDY

The tools of the study consist in two section

Section –I: - Demographic Variables

Section –II: - Multiple choice question

PART-A

SOCIO-DEMOGRAPHIC DATA

CODE NUMBER

AGE (IN YEARS)

- A) 17-22
- B) 23-26
- C) 27-32
- D) 32-above

PLACE OF DOMICILE

- A) Urban
- B) Rural

TYPE OF FAMILY

- C) Nuclear family
- D) Joint family
- E) Extended Family

RELIGION

- F) Hindu
- G) Muslim
- H) Christian
- I) Other(Specify)

EDUCATION

- J) Illiterate
- K) Primary

L) Secondary

M) Graduate/Professional

OCCUPATION

N) Unemployed

O) Daily Wager

P) Business

Q) Government Service

R) Private Service

S) Agriculture

T) Others (Specify)

INCOME (per month)

A) Below Rs.500

B) Rs. 501-1000

C) Rs. 1001-2000

D) Rs.2001-3000

E) Rs. 3001 -above

Marital Status

A)Single

U) Married

V) Divorced

W) Separated

2. History of alcoholism in the family

A) Yes

B) No

10 Duration of drinking alcohol (in years)

A) 1. 1-5

B) 6-10

C) 11-15

D) 16 and above

ANNEXURE -F

URICA SCALE QUESTIONNAIRE

In this Questionnaire, each statement describes how a person might feel when starting therapy. Please indicate the extent to which you tend to agree or disagree with each statement.

There are FIVE possible responses to each of the Items in the Questionnaire: Strongly disagree, disagree, undecided, agree and strongly agree. Circle the Number that best describes how much you agree or disagree with each statement

There are FIVE possible responses:	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
1. As far as I'm concerned, I don't have any problems that need changing.	1	2	3	4	5
2. I think I might be ready for some self-improvement.	1	2	3	4	5
3. I am doing something about the problems that had been bothering me.	1	2	3	4	5
4. It might be worthwhile to work on my problem	1	2	3	4	5
5. I'm not the problem one. It doesn't make much sense for me to be here.	1	2	3	4	5
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	1	2	3	4	5
7. I am finally doing some work on my problem.	1	2	3	4	5
8. I've been thinking that I might want to change something about myself.	1	2	3	4	5
9. I have been successful in working on my problem, but I'm not sure, I can keep up the effort on	1	2	3	4	5
10. At times my problem is difficult, but I'm working on it.	1	2	3	4	5

11. Being here is pretty much of a waste of time for me because the problem doesn't Have to do with me.	1	2	3	4	5
12. I'm hoping this place will help me to better understand myself.	1	2	3	4	5
13. I guess I have faults, but there's nothing that I really need to change.	1	2	3	4	5
14. I am really working hard to change.	1	2	3	4	5
15. I have a problem and I really think I should work on it.	1	2	3	4	5
16. I'm not following through with what I had already changed as well as I had hoped, and I'm here to prevent lapse of the Problem.	1	2	3	4	5
17. Even though I'm not always successful hanging, I am at least Working on problem.	1	2	3	4	5
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling With it.	1	2	3	4	5
19. I wish I had more ideas on how to solve my problem.	1	2	3	4	5
20. I have started working on my problems but I would like help.	1	2	3	4	5
21. Maybe this place will be able to help me.	1	2	3	4	5

22. I may need a boost right now to help me maintain the changes I've already made.	1	2	3	4	5
23. I may be part of the Problem, but I don't really think I am.	1	2	3	4	5
24. I hope that someone here will have some good advice for me.	1	2	3	4	5
25. Anyone can talk about changing; I'm actually doing something about it.	1	2	3	4	5
26. All this talk about Psychology is boring. Why can't people just forget about their problems?	1	2	3	4	5
27. I'm here to prevent myself from having a relapse of my problem.	1	2	3	4	5
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I had resolved.	1	2	3	4	5
29. I have worries but so does the next guy. Why spend time thinking about them?	1	2	3	4	5
30. I am actively working on my problem.	1	2	3	4	5
31. I would rather cope with my faults the entry to change them.	1	2	3	4	5
32. After all I had done to try and change my problem, everything now and again it comes back to haunt me.	1	2	3	4	5

ANNEXURE -G**Criteria Checklist for Validity**

Item no	Agree	Agree to some extent	Not Agree	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
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12				
13				
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31				
32				



अध्ययन के उपकरण

अध्ययन के उपकरण में दो खंड होते हैं

खंड –I: - जनसांख्यिकीय चर

खंड –II: - बहुविकल्पी विकल्प

भाग-ए

सोसाइटी-डेमोग्रैफिक डेटा

कोड अंक

1. आयु (वर्ष में)

ए) 17-22

बी) 23-26

सी) 27-32

डी) 32-ऊपर

2. रहने का स्थान

ए) शहरी

बी) ग्रामीण

3. परिवार का प्रकार

ए) अलग परिवार

बी) संयुक्त परिवार

सी) विस्तारित परिवार

4. धर्म

ए) हिन्दू

बी) मुस्लिम

सी) ईसाई

डी) अन्य (निर्दिष्ट करें)

5. शिक्षा

ए) निरक्षर

बी) प्राथमिक

सी) माध्यमिक

डी) ग्रेजुएट / प्रोफेशनल

6. रोजगार

ए) बेरोजगार

बी) दैनिक दांव

सी) व्यवसाय

डी) सरकारी सेवा

ई) निजी सेवा

एफ) कृषि

जी) अन्य (निर्दिष्ट करें)

7. सैलेरी (प्रति माह)

ए) 500 रुपये से नीचे

बी) रु। 501-1000

सी) रु। 1001-2000

डी)। 2001-3000

ई) रु। 3001 -बॉव

8. वैवाहिक स्थिति

ए) अविवाहित

बी) विवाहित

सी) तलाकशुदा

डी) द्वारा अलग किया गया

9. परिवार में शराब का इतिहास

ए) हाँ

बी) नहीं

10. शराब पीने की अवधि (वर्षों में)

ए) 1-5

बी) 6-10

सी) 11-15

डी) 16 और ऊपर

भाग-बी

उरिका स्केलेस्ट क्वेश्चनइयर

इस प्रश्नावली में, प्रत्येक कथन का वर्णन है कि चिकित्सा शुरू करते समय कोई व्यक्ति कैसा महसूस कर सकता है। कृपया इंगित करें कि आप प्रत्येक कथन से किस हद तक सहमत या असहमत हैं।

प्रश्नावली में प्रत्येक आइटम के लिए पांच संभावित प्रतिक्रियाएं हैं: दृढ़ता से असहमत, असहमत, अनिर्णीत, सहमत और दृढ़ता से सहमत। उस सर्किल को सर्किल करें जो यह बताता है कि आप प्रत्येक कथन से कितना सहमत या असहमत हैं।

पांच संभावित प्रतिक्रियाएं हैं: दृढ़ता से असहमत, असहमत, अनिच्छुक, सहमत

मजबूत रूप से सहमत हैं

पांच संभावित प्रतिक्रियाएं हैं	दृढ़ता से असहमत	असहमत	अनिच्छुक	सहमत	मजबूत रूप से सहमत हैं
1. जहाँ तक मेरा सवाल है, मुझे कोई समस्या नहीं है जिसे बदलने की आवश्यकता है।	1	2	3	4	5
2. मुझे लगता है कि मैं कुछ स्व-सुधार के लिए तैयार हो सकता हूँ।	1	2	3	4	5
3. मैं उन समस्याओं के बारे में कुछ कर रहा हूँ जो मुझे परेशान कर रही थीं।	1	2	3	4	5
4. मेरी समस्या पर काम करना सार्थक हो सकता है	1	2	3	4	5
5. मुझे कोई समस्या नहीं है। मेरे लिए यहाँ होना बहुत मायने नहीं रखता।	1	2	3	4	5
6. यह मुझे चिंतित करता है कि मैं समस्या पर वापस आ सकता हूँ जिसे मैंने पहले ही बदल दिया है, इसलिए मैं मदद लेने के लिए यहां हूँ।	1	2	3	4	5
7. मैं आखिरकार मेरी समस्या पर कुछ काम कर रहा हूँ	1	2	3	4	5
8. मैं सोच रहा था कि मैं अपने बारे में कुछ बदलना चाह सकते हैं।	1	2	3	4	5
9. मैं अपनी समस्या पर काम करने में सफल रहा हूँ, लेकिन मुझे यकीन नहीं है, मैं प्रयास जारी रख सकता हूँ	1	2	3	4	5

10. मेरी समस्या मुश्किल है, लेकिन मैं इस पर काम कर रहा हूँ।	1	2	3	4	5
11. यहाँ होने के नाते मेरे लिए बहुत समय बर्बाद होता है क्योंकि समस्या नहीं है मेरे साथ करना है।	1	2	3	4	5
12. मुझे उम्मीद है कि यह जगह मुझे खुद को बेहतर ढंग से समझने में मदद करेगी।	1	2	3	4	5
13. मुझे लगता है कि मेरे पास दोष हैं, लेकिन वहाँ है कुछ भी नहीं है कि मैं वास्तव में बदलने की जरूरत है।	1	2	3	4	5
14. मैं वास्तव में बदलने के लिए कड़ी मेहनत कर रहे हूँ	1	2	3	4	5
15. मुझे एक समस्या है और मुझे लगता है कि मुझे इस पर काम करना चाहिए।	1	2	3	4	5
16. मैं किस चीज से पीछा नहीं कर रहा हूँ पहले से ही मेरे पास भी बदल गया	1	2	3	4	5
17. भले ही मैं हमेशा लटका हुआ सफल नहीं हूँ, लेकिन मैं कम से कम हूँ समस्या पर काम करना।	1	2	3	4	5
18. मैंने सोचा था कि एक बार जब मैंने इस समस्या को हल कर लिया तो मैं इससे मुक्त हो जाऊंगा, लेकिन कभी-कभी मुझे लगता है खुद इससे जूझ रहा है।	1	2	3	4	5

19. मेरी इच्छा है कि मेरी समस्या के समाधान के बारे में मेरे पास अधिक विचार हों।	1	2	3	4	5
20. मैंने अपनी समस्याओं पर काम करना शुरू कर दिया है लेकिन मैं मदद करना चाहूंगा।	1	2	3	4	5
21. शायद यह जगह मेरी मदद कर सकेगी।	1	2	3	4	5
22. मुझे पहले से किए गए परिवर्तनों को बनाए रखने में मेरी मदद करने के लिए अभी एक बढ़ावा की आवश्यकता हो सकती है।	1	2	3	4	5
23. मैं समस्या का हिस्सा हो सकता हूँ	1	2	3	4	5
24. मुझे आशा है कि यहाँ किसी ने मेरे लिए कुछ अच्छी सलाह दी होगी।	1	2	3	4	5
25. कोई भी बदलने के बारे में बात कर सकता है; मैं वास्तव में इसके बारे में कुछ कर रहा हूँ।	1	2	3	4	5
26. यह सब बात करते हैं मनोविज्ञान उबाऊ है। लोग सिर्फ अपनी समस्याओं के बारे में क्यों नहीं भूल सकते?	1	2	3	4	5
27. मैं यहाँ हूँ अपनी समस्या का निवारण करने	1	2	3	4	5

से खुद को रोकने के लिए।					
28. यह निराशाजनक है, लेकिन मुझे लगता है कि मुझे एक समस्या का पुनरावृत्ति हो सकता है जिसे मैंने सोचा था कि मैंने हल किया है।	1	2	3	4	5
29. मुझे चिंता है लेकिन अगले आदमी की है। उनके बारे में सोचने में समय क्यों खर्च करें?	1	2	3	4	5
30. मैं अपनी समस्या पर सक्रिय रूप से काम कर रहा हूँ।	1	2	3	4	5
31. मैं अपने दोषों का सामना करना चाहूंगा, फिर उन्हें बदलने की कोशिश करूंगा।	1	2	3	4	5
32. आखिरकार मैंने अपनी समस्या को आजमाने और बदलने के लिए किया था, अब हर चीज फिर से मुझे परेशान करने के लिए आती है।	1	2	3	4	5

Annexure –H

List of experts

1. Dr. Manish Jain
M.D in Psychiatric
2. Mrs. S. Andal
Professor of Rama University, Kanpur U.P
3. Mr. Mohammad Mohsin Khan H.O.D. cum Asso. Professor of Amaltash Institute of Nursing, Dewas (M.P)
4. Mr. Vimlesh Vyas
Asso Professor
Patidar Nursing College Ujjain (M.P)
5. Mr. Anumon Murali
Asst. Professor BIMTS College of Nursing Bhuranpur (M.P)
6. Mr. Ankit Kumar Sharma
Professor of Sai College of Nursing, Khandwa (M.P)



ANNEXURE –I

EVALUATION CRITERIA CHECKLIST FOR VALIDATION OF SELF MOTIVATION PACKAGE ON ALCOHOL ABSTINENCE

TOOL: Self motivation package on alcohol abstinence

Respected Madam / Sir,

Kindly go through the content of self motivation package and put marks in yes and no columns. Where modification is required kindly give your constructive suggestion in the remark column.

S.No.	Contents	Yes	No	Remark
1.	Self Motivation package <ul style="list-style-type: none"> • General and specific objectives are stated in terms nurses performance, which are : • Relevant • Realistic • Feasible • Attainable 			
2.	The Content <ul style="list-style-type: none"> • Reflects the objectives • Coverage is adequate for the purpose • Technique used is appropriately • Interesting and useful for the patient. 			

ANNEXURE -J

Consent from of the respondents

Dear Participants,

I **Ms. Shivani Bhadouriya** II year M.Sc. Nursing student of Index nursing college. As part of the partial fulfillment of the course, I have to conduct a research, and the problem selected is “**A STUDY TO ASSESS THE EFFECTIVENESS OF SELF MOTIVATION PACKAGE ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE IN ALCOHOL DEPENDANT ADULT MALES IN A SELECTED COMMUNITY AREA INDORE (M.P)**”. I would like to get some the information regarding your personal data, alcohol dependence and abstinence. The information will be kept confidential and will be only used for the study purpose. This is for your information and kind participation.

I am willing to participate in the study and I am aware that the information provided will be kept confidential and used only for the study purpose.

Signature of the Participant

Date:

Place:



ANNEXURE -K
CERTIFICATE OF ENGLISH EDITING

ANNEXURE -K
CERTIFICATE OF ENGLISH EDITING

This is to certify that the dissertation done by Ms. Shivani Bhudouriya, Final year M.Sc. Nursing student of Index Nursing College on **A STUDY TO ASSESS THE EFFECTIVENESS OF SELF MOTIVATION PACKAGE ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE IN ALCOHOL DEPENDANT ADULT MALES IN A SELECTED COMMUNITY AREA INDORE (M.P.)**

This copy was edited for English language appropriateness by me.

Date: 7/10/2020
Place: Bhind (M.P.)


Signature



ANNEXURE -L

हिंदी शिक्षा का प्रमाण पत्र

ANNEXURE -L

हिंदी शिक्षा का प्रमाण पत्र

यह प्रमाणित करना है कि सुश्री शीवानी अर्दीरिया द्वारा किया गया शीघ्र प्रबंध, अंतिम वर्षे M.A. इंटीग्रेटिड नर्सिंग कॉलेज के नर्सिंग छात्र एक अर्ध-प्रायोगिक "अध्ययन पत्र" आत्म-प्रेरणा बढ़ाने पर नर्सिंग हस्तक्षेप की प्रभावशीलता का आकलन करे एक प्रयत्नित समुदाय में शराब पर निर्भर व्यक्तियों में संवर्धन बनाए रखने के लिए क्षेत्र इटीर (म.प.) "

यह प्रतिनिधि भेदे द्वारा हिंदी भाषा की उपयुक्तता के लिए सत्यापित की गई थी।

तिथि 7/5/2020

हस्ताक्षर

स्थान : Blind (m.p)

ANNEXURE –M

**CERTIFICATE TO CONTENT VALIDATION OF SELF
MOTIVATION PACKAGE**

This is to certify that I have validated the self motivation package developed of Ms. Shivani Bhadouriya, M.sc Nursing final year student (Psychiatric Nursing) from Index Nursing College, who is undertaking the following study:

“A STUDY TO ASSESS THE EFFECTIVENESS OF SELF MOTIVATION PACKAGE ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE, IN ALCOHOL DEPENDENT ADULT MALES IN A SELECTED COMMUNITY AREA INDORE (M.P)”.

DATE:

PLACE:

SIGNATURE



ANNEXURE-N

CERTIFICATE OF STATISTICAL EVALUATION

ANNEXURE-N

CERTIFICATE OF STATISTICAL EVALUATION

This is to certify that the dissertation entitled "A STUDY TO ASSESS THE EFFECTIVENESS OF SELF MOTIVATION PACKAGE ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE IN ALCOHOL DEPENDANT ADULT MALES IN A SELECTED COMMUNITY AREA INDORE (M.P)".

Conducted by Ms. Shivani Bhadouriya final year M.sc Nursing student of Indus Nursing College Indore has produced the statistical calculation and required material was checked by me and found Appropriate.

Date: 11/09/2020


Signature

Place: Indore (m.p)

Research Through Innovation

ANNEXURE –O

ACCEPTANCE LETTER FOR SELF MOTIVATION PACKAGE

STATEMENT OF ACCEPTANCE / NON ACCEPTANCE

I give my acceptance / non acceptance to validate the tools.

TOPIC :- “A STUDY TO ASSESS THE EFFECTIVENESS OF SELF MOTIVATION PACKAGE ON ENHANCING SELF MOTIVATION TO MAINTAIN ABSTINENCE, IN ALCOHOL DEPENDENT ADULT MALES IN A SELECTED COMMUNITY AREA INDORE (M.P)”.

DATE:

PLACE:

SIGNATURE



ANNEXURE-P

STATISTICAL FORMULA

Mean and standard Deviation

$$\text{Mean } \bar{x} = \frac{1}{N} \sum_{i=1}^N x_i \quad \text{and S.D. } s = \sqrt{\frac{\sum (x - \bar{x})^2}{n-1}}$$

Formula for standard deviation (SD), where x is a data item, \bar{x} is the mean and n is the sample size.

$$SE = \frac{SD}{\sqrt{n}}$$

Formula for standard error (SE), where SD is the standard deviation and n is the sample size.

Paired 't' test:

$$t = \frac{\sum d}{\sqrt{\frac{n(\sum d^2) - (\sum d)^2}{n-1}}}$$

In all work with two-sample t-test the degrees of freedom or df is:

$$df = n_1 + n_2 - 2$$

The formula for the two sample t-test is:

$$T = \frac{\bar{X} - \bar{Y}}{S_p \sqrt{\frac{1}{n_1} + \frac{1}{n_2}}}$$

Chi-square Test:

$$\chi^2 = \sum_{i=1}^n \frac{(O_i - E_i)^2}{E_i}$$

where

χ^2 = Pearson's cumulative test statistic, which asymptotically approaches

a χ^2 distribution.

O_i = an observed frequency;

E_i = an expected (theoretical) frequency, asserted by the null hypothesis;

n = the number of cells in the table

The chi-squared statistic can then be used to calculate a p-value by comparing the value of the statistic to a chi-squared distribution.



ANNEXURE -Q

SELF MOTIVATION PACKAGE
ON
ABSTINENCE FROM ALCOHOL



Prepared By,

Shivani Bhadouriya

IIndYear M.Sc. (N)

Index Nursing College Indore M.P

International Research Journal
IJNRD
Research Through Innovation

LESSON PLAN ON SELF MOTIVATION PACKAGE

Name of student	- Shivani Bhadouriya
Subject	- Mental Health Nursing
Topic	- Self Motivation package for alcohol abstinence
Place	- Community area
Date and time	- 12-9-2020
Duration	- 30 min.each session
Method of teaching	- Learning cum Discussion
A.V. Aids used	- Black Board, chart, Flip card



GENERAL OBJECTIVE: At the end of session the audience will be able to apply their knowledge & skill in self motivation for maintain alcohol abstinence.

SUBJECTIVE DATA:

- Introduction of self motivation package.
- Introduction of alcohol drugs.
- Myths and facts about alcohol.
- Effects of alcohol-short term &
Long term effect on organ/ system.
- Self motivation technique.



SELF MOTIVATION PACKAGE

Total Number of Sessions- 3

Duration of each session - 30 Min.


Session–1 Topic - Introduction to alcohol-a drug.
Myths and facts about alcohol.

Session–2 Topic - Effects of Alcohol – short term & long term.
Effects on organ /systems.

Session–3 Topic - Self motivation Technique



SNO	TIME	SPECIFIC OBJECTIVE	CONTENT	A.V.AIDS	TEACHING AND LEARNING ACTIVITIES	EVALU-ATION
1.	5MIN.	Explain the introduction of self motivation package	<p>Introduction- Self motivation package is an educational package prepared to influence the alcohol dependent adults to remain abstinent from alcohol. The package includes topics on alcohol and its harmful effects on the consumer after assessing the pre-interventional level of motivation to remain abstinent from alcohol consumption. Nursing intervention in the form of “Self Motivation Package” is administered to a selected group of adults and post interventional level of motivation is assessed by using URICA change assessment scale. The material is divided into three sessions and administered to a selected group of alcohol dependent adults who are living in selected community area.</p> <p>Lecture, Discussion and Group Discussion methods are used in the administration of “Self Motivation Package”. Appropriate diagrams are used to help better understanding.</p>		Lecture cum discussion	What is the meaning of self motivation package?

2.	25MIN.		<p>Session I</p> <p>Introduction to Alcohol – a drug</p> <p>Over the years the alcoholic drinks once used for pleasure or for ceremonial occasions in limited quantities by groups of people belongs to certain section of the society has now come to be consumed by large number of people in the community. The consumption of alcohol has increased markedly in recent years by all age group of individuals. Alcohol denotes many things to many people to the chemist alcohol is a very toxic/poisonous substance unfit for human consumption.</p> <p>Ex: Spirit, Varnish etc. pure ethyl alcohol is used in the intoxicating beverages that people drink. Alcohol is produced by the action of yeast, fungi, ethyl alcohol or its distillery. Generally people do not know that alcohol is also a drug which can be injurious to life and cause health, economic and social problems on a large scale both short</p>		Lecture cum discussion	What do u mean by alcohol?
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cough and cold, it causes some amount of dilation of the blood vessels and heat sensation in the body.

This is wrongly understood as relieve cold and cough.

2. **Alcohol increases thinking power.** It is wrong to believe alcohol helps in increasing thinking power.


But alcohol makes a sense of well being and causes problem in Judgment this is wrongly understood as helps in thinking.

3. **Alcohol increases sexual activity and sexual satisfaction.** Some people believe alcohol increases

sexual activity and sexual satisfaction but on the other hand duration of consumption of alcohol decreases sexual interest and causes problem in sexual activity.

4. **Alcohol relives body pain.** It is generally believed that alcohol decreases various kinds of body pains

		Describe about the importance	<p>and helps in reducing tiredness and weakness. This is wrong alcohol only creates a sense of well being and altered sesorium which is wrongly understood as reducing pain and tiredness.</p> <p>5. Alcohol increases strength, power and enhances body built. Some people in the community believe that regularly consuming alcohol increases strength and power and enhances body built. This is also a wrong believe. Alcohol does not increase strength or body built or power. The general public after seeing individuals in a drunken state keeps away from him and hesitates to talk to him. This is wrongly understood that other people go away from him, because he is powerful by consuming alcohol.</p> <p>6. Alcohol helps to restful sleep. Some people in the community believed that by taking alcohol they can sleep well and it increases sleep. This is also wrong belief; on the other hand alcohol disturbs the natural sleeping habits of the</p>			
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3.	30MIN.	of alcoholic problem	<p>individual and causes tiredness and drowsiness in the morning.</p> <p>SECTION II</p> <p>Effects of Alcohol Short Term and Long Term</p> <p>Immediate effect or short term effects of alcohol</p> <ol style="list-style-type: none"> Under intoxication the drunker loses co-ordination of limbs, he finds it difficult to stand on his own and walk without support. He suffers from headache nausea and decreased appetite The individual may injure himself in a state of intoxication. <p>The driving skill is affected at blood alcohol concentration level of 50 mg % and it is seriously affected at 80 mg % where he cannot drive consciously.</p> <p>Long term effects</p> <ol style="list-style-type: none"> The alcoholic individual neglects his diet and suffers with consequential nutritional deficiencies leading to malnourishment and general debilitation, anemia 		Lecture cum discussion	What is intoxication?
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etc.

b) The general neglect of health lowers body resistance and may fall a prey to vulnerable to infections and frequent illnesses like tuberculosis, liver problematic.

c) It can have direct adverse effect on the body tissues and leads to liver damage, with a risk of suffering from cirrhosis of liver which reduces life span. Reports from individual drinkers suggest that 10 – 20 % of them die of cirrhosis of liver.

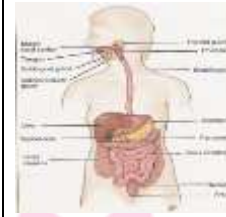
d) More than 30% of the people who drink likely to develop gastritis and peptic ulcer. Regular drinking aggravates stomach ulcers and other problems like cancer of stomach etc.

e) Alcohol in small quantities of 1 -2 drinks May works as stimulant of the brain and in large quantities causes depression of CNS and not as



stimulant as it is generally wrongly believed.

- f) When a person often drinks more or is a heavy drinker will have “blackouts”, which means he is not able to remember anything behind certain point, after his drinking.
- g) The other serious problem that arises due to consumption of alcohol is heart attack, which often leading to death.
- h) Long term consumption of alcohol causes wasting of muscles, limbs, anemia cancer of throat, esophagus and stomach etc.
- i) Alcohol in women causes damage to fetus before birth due to alcohol from the mothers blood can pass through the placenta to the blood circulation in the fetus in the uterus. Babies born to heavy drinking mothers have mild to moderate mental retardation. The head of the baby is abnormally small in addition to other brain deformities.
- j) Withdrawal or stopping of alcohol from a chronic



drinker leads to tremors of the hands, shaking of the whole body, not able to stand or walk. The individual will have confusions, disorientation, misinterpretation of objects, hearing frightening voices and seeing of objects which are unreal but imaginary leads to fear and anxiety.



- k) It also causes severe variation in temperature pulse rate, blood pressure, severe cold swatting, and severe imbalance in body fluids leading to dehydration. When not taken care individual might end up in serious consequences leading to death.
- l) Long term consumption of alcohol causes fits/convulsions and damage to brain cells.
- m) Due to damage caused on the brain cells the individual will have changes in behaviours like talking to self, laughing to self, not able to make proper thinking and decision making and suffers from serious mental disorders.

		<p>Explain the effects of alcohol short term long term</p>	<p>n) Due to damage or gradual destruction of the brain cells the individual suffers from problems in intelligence that is not able to do simple calculation, deviation in personality, serious problem in self care activities and daily routines and becomes dependent on others.</p> <p>o) Alcohol consumption causes many social problems he is not able to perform his jobs as an employee, home maker or house hold duties, parental and husband roles. He loses his job because his frequent absent from work.</p> <p>p) He neglects his wife and children and family in general which lowers the family's social status in the community.</p> <p>q) Because of continuous drinking he becomes a public nuisance involves in quarrels and causes problems to others and public property. Because he needs money to drink he borrows money or pledges household</p>			
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4.	30MINT	Describe self motivation techniques	<p>articles, jewelers etc. Further he may involve in stealing, robe ring, and assault another criminal activities also.</p> <p>r) Alcohol has adverse effect on reproduction in men and women. It decreases the male sex hormone causing damage to testicles like shrinking of testicles which gradually leads to decreased sperm count and may lead to sterility/infertility. Further it causes sexual problems like impotency, erectile problems and premature ejaculation etc.</p> <p>In women it causes increased rate of menstrual and other gynecological and sexual problems. It adversely affects female sex hormone leading to infertility and the rate of miscarriage/ stillbirth and birth defects are high.</p> <p>SECTION -III</p> <p>Self Motivation techniques-</p> <p>1.Relaxation technique:</p>		Lecture cum discussion	How will relax your mind?
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Whenever you get anxiety to drink alcohol, think about the alcohol as the temporary relaxer of your anxiety. Prefer more permanent method of relieving your anxiety. Start from upwards i.e. from head to foot or from foot to head, whichever convenient to you. Don't be panic lie down on a comfortable firm surface, or sit down on comfortable chair and avoid external distractions of noise and disturbance. Now divert your mind on your body parts. Each part of the body is tensed and holds in the same state for about 15 seconds and now relaxes the muscles of that part slowly. Continue to tense and relax the muscles of your different body parts as told above. At the end of the session your anxiety to drink alcohol disappears and a new fresh feeling generate in you. Perform this relaxation technique whenever you find anxiety to consume alcohol. Continuous practice of relaxation technique brings long term effects to maintain abstinence from alcohol.



2.Cue control and covert sensitization technique-

Identify the cues or stress full events or activities which provoke for drinking alcohol. Whenever you get an idea or cue of consuming alcohol divert your mind to other activities which are beneficial to your body and your family and society. Change your leaving style, change your drinking company or friends and places which encourage drinking. Imagine a typical drinking situation and remember the unpleasant scene, like you having nausea and vomiting. Pair the drinking with unpleasant scene as described above whenever you think of drinking alcohol. Practice it each time calmly and quietly. This could bring you success in maintaining abstinence from alcohol.

3. Leisure time technique-

Carefully plan your day to day activities, reduce the availability of extra time. Identify your hobbies or interests that are useful to you and society. Spend more time like your



wife, children and significant others. You might experience a number of problems in making changes in your life style. Don't be afraid off. To begin with plan for being sober each day and involve you self with alternate activities like gardening, reading books, listening to music, involve actively in your home activities. Attend prayer meetings with your family members.

4. Create empowering beliefs. The only limitations in our lives are the ones we put on ourselves. If you don't have enough self-motivation, it comes down to a simple reason: you don't see yourself as a self-motivated person. Change your negative beliefs into positive ones by conditioning your mind and altering your self-talk. Catch yourself when you think negatively about yourself and transform those thoughts into empowering ones.

5. Create a massive action plan. How to self-motivate can be as simple as writing down what it is you want, identifying your purpose behind it and creating a series of steps to help you reach



your goal. Once you have your plan documented, you can refer to this for additional motivation when things get challenging along the way.

6. Look to the success of others. Turning to inspirational quotes for motivation or looking toward a mentor for advice can help you on your path to success. Read more about famous role models or leaders you look up to and see how they utilize self-motivation. You may be able to pick up some techniques or gain some inspiration as you read about their strategies and struggles.

7. Use the power of music. Our brains are hardwired to respond to music. Tapping into the types of beats and rhythms that boost your mood and energy levels is a great way to get yourself out of a slump and more focused on the task at hand. Always have a pair of ear buds and your favorite playlist nearby so you can harness the power of music when you need a jolt of self-motivation.



8. Schedule outdoors time. Even the most energized people will eventually get run down if they spend too much time in cramped spaces with artificial light. When trying to learn how to self-motivate and reach your goals, don't make the mistake of burning the midnight oil and staying confined to your office. Getting outside and spending time in nature every day is a perfect way to take a break, boost energy and replenish your self-motivation.

9. Banish multi tasking. You may think that working on three projects at the same time is the best way to get things done and that your self-motivation will soar when you can simultaneously check multiple to-dos off your list. You're wrong. Multi-tasking diminishes focus, and as Tony says, where focus goes, energy flows. Select the most important task you need to work on and concentrate solely on that until you've accomplished what you need to, then move on to the next one.



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Self-motivation is challenging because it comes from you. You can rely on external factors and friends for motivation, but at the end of the day, you're the one who has to put in the work. By learning early on how to self-motivate and stay on track, you'll ultimately experience greater successes sooner.

10. Get moving. Self-motivation becomes much easier when you're already in motion. It doesn't matter whether you are figuring out how to self-motivate toward working out, tackling your tasks at work or preparing for that big presentation; the more you move, the more energy you will have. Movement doesn't have to be limited to the gym. You can easily incorporate movement throughout your day by taking the stairs, walking around your home while on the phone .

11. Visualize your self-motivation. Having trouble taking those first steps toward a goal? Try visualizing yourself as already active in that part of your life, when the goal is achieved. Use this priming exercise first thing in the morning:

When you do this, you bridge that gap from inaction to action just by priming yourself for success.

12. Focus on gratitude. It can be very difficult to learn how to self-motivate when you get caught up in negativity. Focus on gratitude and adopt an abundance mindset. Be thankful for all the good things in your life and steer your focus from all the things you wish you had. Stop comparing yourself to others and understand that life is happening for you, not to you. The more you look at everything good in your life, the more of it you will attract and the easier it will be to self-motivate to attract even more.

Conclusion

No one technique is holds good for all. Carefully think and actively plan for the technique you adopt to change your alcohol dependent behavior. Success will come to those who try and try again. Nothing is impossible; everything is possible if you try sincerely.

S. NO.	TIME	SPECIFIC OBJECTIVE	CONTENT	A.V.AIDS	TEACHING AND LEARNING ACTIVITIES	EVALUATION
			<p>परिचय-</p> <p>स्व प्रेरणा पैकेज शराब पर निर्भर वयस्कों को शराब से दूर रहने के लिए प्रभावित करने के लिए तैयार एक शैक्षिक पैकेज है। पैकेज में शराब पर विषय शामिल हैं और शराब के सेवन से परहेज रखने के लिए प्रेरणा के पूर्व-पारंपरिक स्तर का आकलन करने के बाद उपभोक्ता पर इसके हानिकारक प्रभाव। “सेल्फ मोटिवेशन पैकेज” के रूप में नर्सिंग हस्तक्षेप वयस्कों के एक चयनित समूह को प्रशासित किया जाता है और यूआरआईसीए परिवर्तन मूल्यांकन पैमाने का उपयोग करके प्रेरणा के पोस्ट इंटरवेंशनल स्तर का मूल्यांकन किया जाता है। सामग्री को तीन सत्रों में विभाजित किया जाता है और शराब पर निर्भर वयस्कों के एक चयनित समूह को प्रशासित किया जाता है जो चयनित सामुदायिक क्षेत्र में रह रहे हैं।</p> <p>व्याख्यान, चर्चा और समूह चर्चा के तरीकों का उपयोग "स्व प्रेरणा पैकेज" के प्रशासन में किया जाता है। उचित चित्र का उपयोग बेहतर समझ में मदद करने के लिए किया जाता है।</p> <p>सत्र I</p> <p>शराब का परिचय - एक दवा वर्षों से लोगों के समूहों द्वारा सीमित मात्रा में आनंद के लिए या औपचारिक अवसरों के लिए उपयोग किए जाने वाले मादक पेय समाज के कुछ वर्गों के हैं जो अब समुदाय में बड़ी संख्या में लोगों द्वारा सेवन किए जाने लगे हैं। हाल के वर्षों में सभी आयु वर्ग के व्यक्तियों में शराब की खपत में उल्लेखनीय वृद्धि हुई है। शराब कई चीजों को दर्शाता है बहुत से लोगों को केमिस्ट शराब मानव उपभोग के लिए एक बहुत ही विषाक्त / जहरीला पदार्थ है।</p>			

Ex: स्पिरिट, वार्निश आदि शुद्ध एथिल अल्कोहल का उपयोग नशीले पेय पदार्थों में किया जाता है जो लोग पीते हैं। शराब का उत्पादन खमीर, कवक, एथिल अल्कोहल या इसके आसवनी की क्रिया से होता है। आम तौर पर लोग यह नहीं जानते हैं कि शराब भी एक ऐसी दवा है, जो जीवन के लिए हानिकारक हो सकती है और स्वास्थ्य, आर्थिक और सामाजिक समस्याओं को बड़े पैमाने पर दोनों छोटी और लंबी शर्तों के कारण पैदा कर सकती है। लिक्विड एक ऐसी दवा है जिसमें एक लत को प्रेरित करने की क्षमता है। यह पानी के रूप में हल्के रूप में लेने के लिए कुछ नहीं है। जब व्यक्ति शराब पीता है, तो यह पेट में और बाद में छोटी आंत में प्रवेश करता है, यह भी पेट से रक्त में अवशोषित होता है। फिर यह यकृत और फिर शरीर के बाकी हिस्सों में जाता है। चूंकि मस्तिष्क में सामान्य रूप से समृद्ध रक्त की आपूर्ति होती है, यह नशे की भावना के कारण तुरंत प्रभावित होता है और समन्वय, सुस्त भाषण आदि की कमी होती है। किसी व्यक्ति पर शराब का प्रभाव शराब की खपत की मात्रा और शराब के दर पर निर्भर करता है। भस्म हो गया है। शराब के बारे में मिथक और तथ्य शराब के उपयोग के विभिन्न दुष्परिणामों को समझने और दुरुपयोग करने के बावजूद, शराब के बारे में कई गलत मान्यताएं हैं और इसके उपयोग से कुछ मिथक शराब के हैं:

1. ऐसा माना जाता है कि शराब सर्दी और खांसी को कम करने में मदद करती है। यह गलत है, अल्कोहल खांसी और सर्दी से राहत नहीं देता है, यह रक्त वाहिकाओं के कुछ मात्रा में फैलाव और शरीर में गर्मी की सनसनी का कारण बनता है। यह गलत तरीके से सर्दी और खांसी से राहत क रूप में समझा जाता है।
2. शराब से सोचने की शक्ति बढ़ती है। यह मानना गलत है कि शराब सोच शक्ति को बढ़ाने में मदद करती है। लेकिन शराब अच्छी तरह से समझ में आता है और निर्णय में समस्या का कारण बनता है यह गलत

तरीके से समझा जाता है जैसा कि सोचने में मदद करता है।

3. शराब से यौन क्रिया और यौन संतुष्टि बढ़ती है। कुछ लोगों का मानना है कि शराब यौन क्रिया और यौन संतुष्टि को बढ़ाती है लेकिन दूसरी ओर शराब के सेवन की अवधि में यौन रुचि कम हो जाती है और यौन गतिविधि में समस्या पैदा होती है।

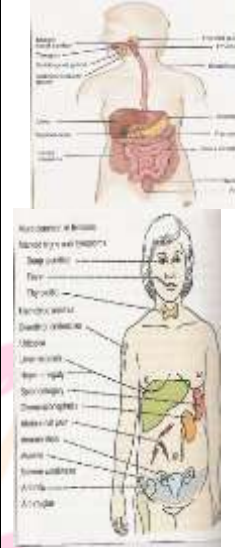
4. शराब शरीर के दर्द से राहत दिलाती है। आमतौर पर यह माना जाता है कि शराब से शरीर के विभिन्न प्रकार के दर्द कम हो जाते हैं और थकान और कमजोरी को कम करने में मदद मिलती है। यह गलत अल्कोहल है जो केवल भलाई और परिवर्तित सेसोरियम की भावना पैदा करता है जिसे गलत तरीके से दर्द और थकान को कम करने के रूप में समझा जाता है।

5. शराब शक्ति, शक्ति को बढ़ाती है और निर्मित शरीर को बढ़ाती है। समुदाय के कुछ लोगों का मानना है कि नियमित रूप से शराब का सेवन करने से शक्ति और शक्ति बढ़ती है और शरीर का निर्माण होता है। यह भी एक गलत विश्वास है। शराब से ताकत या शरीर का निर्माण या शक्ति नहीं बढ़ती है। आम जनता एक शराबी अवस्था में व्यक्तियों को देखकर उससे दूर रहती है और उससे बात करने में संकोच करती है। यह गलत तरीके से समझा जाता है कि अन्य लोग उससे दूर चले जाते हैं, क्योंकि वह शराब का सेवन करके शक्तिशाली है।

6. शराब नींद में आराम करने में मदद करती है। समुदाय के कुछ लोगों का मानना था कि शराब लेने से वे अच्छी नींद ले सकते हैं और इससे नींद बढ़ती है। यह भी गलत धारणा है; दूसरी ओर शराब व्यक्ति की प्राकृतिक नींद की आदतों को बिगाड़ देती है और सुबह थकान और उर्नीदापन का कारण बनती है।

खंड II

अल्कोहल शॉर्ट टर्म और लॉन्ग टर्म के प्रभाव शराब के तुरंत प्रभाव या



अल्पकालिक प्रभाव

क) नशे के तहत शराबी अंगों का समन्वय खो देता है, उसे अपने दम पर खड़ा होना और समर्थन के साथ चलना मुश्किल लगता है।

बी) वह सिरदर्द की मिचली से पीड़ित है और भूख में कमी आई है

ग) व्यक्ति नशे की हालत में खुद को घायल कर सकता है।

ड्राइविंग कौशल 50 मिलीग्राम% के रक्त शराब एकाग्रता स्तर पर प्रभावित होता है और यह 80 मिलीग्राम% पर गंभीरता से प्रभावित होता है जहां वह सचेत रूप से ड्राइव नहीं कर सकता है।

दीर्घकालिक प्रभाव-

a) शराबी व्यक्ति अपने आहार की उपेक्षा करता है और परिणामी पोषक तत्वों से पीड़ित होता है

d) 30% से अधिक लोग जो गैस्ट्रिटिस और पेट्टिक अल्सर विकसित करने की संभावना पीते हैं। नियमित रूप से पीने से पेट के अल्सर और पेट के कैंसर जैसी अन्य समस्याएं आदि हो जाती हैं।

ई) 1-2 पेय की छोटी मात्रा में शराब मस्तिष्क के उत्तेजक के रूप में काम कर सकती है और बड़ी मात्रा में सीएनएस के अवसाद का कारण बनती है और उत्तेजक के रूप में नहीं क्योंकि यह आमतौर पर गलत माना जाता है।

च) जब कोई व्यक्ति अक्सर अधिक शराब पीता है या भारी पीने वाला होता है, तो उसे "ब्लैकआउट्स" होगा, जिसका अर्थ है कि वह अपने पीने के बाद कुछ बिंदु के पीछे कुछ भी याद नहीं कर पा रहा है।

जी) शराब के सेवन से होने वाली दूसरी गंभीर समस्या है दिल का दौरा, जो अक्सर मौत का कारण बनती है।

ज) शराब के लंबे समय तक सेवन से मांसपेशियों, अंगों, गले के एनीमिया कैंसर, अन्नप्रणाली और स्टामाचेट का विनाश होता है।

i) महिलाओं में शराब जन्म से पहले भ्रूण को नुकसान पहुंचाती है, माताओं से शराब के कारण रक्त गर्भाशय में भ्रूण में रक्त परिसंचरण के

लिए प्लेसेंटा से गुजर सकता है। भारी पीने वाली माताओं से पैदा होने वाले शिशुओं में मध्यम से मध्यम मानसिक मंदता होती है। मस्तिष्क के अन्य विकृति के अलावा बच्चे का सिर असामान्य रूप से छोटा है।

j) पुरानी शराब पीने वाले से शराब वापस लेने या रोकने से हाथ कांपना, पूरे शरीर का हिलना, खड़े होने या चलने में सक्षम नहीं होता है। व्यक्ति को भ्रम, भटकाव, वस्तुओं की गलत व्याख्या, भयावह आवाजों को सुनना और ऐसी वस्तुओं को देखना होगा जो अवास्तविक हैं लेकिन काल्पनिक भय और चिंता का कारण बनते हैं।

k) इससे तापमान पल्स रेट, ब्लड प्रेशर, गंभीर कोल्ड स्वेटरिंग और शरीर के तरल पदार्थों में गंभीर असंतुलन के साथ डिहाइड्रेशन की समस्या भी बढ़ जाती है। जब ध्यान नहीं दिया जाता है, तो गंभीर परिणाम मृत्यु तक पहुंच सकते हैं।

एल) शराब के लंबे समय तक सेवन से फिट / ऐंठन और मस्तिष्क कोशिकाओं को नुकसान होता है।

m) मस्तिष्क कोशिकाओं पर होने वाले नुकसान के कारण व्यक्ति पर स्वयं से बात करने, स्वयं पर हंसने, उचित सोच और निर्णय लेने में सक्षम नहीं होने और गंभीर मानसिक विकारों से पीड़ित होने जैसे व्यवहारों में आरोप होंगे।

n) मस्तिष्क की कोशिकाओं को नुकसान या धीरे-धीरे नष्ट होने के कारण व्यक्ति बुद्धि में समस्याओं से ग्रस्त होता है जो सरल गणना, व्यक्तित्व में विचलन, स्वयं की देखभाल की गतिविधियों में गंभीर समस्या और दैनिक दिनचर्या में सक्षम नहीं होता है और दूसरों पर निर्भर हो जाता है।

o) शराब का सेवन कई सामाजिक समस्याओं का कारण बनता है जो वह एक कर्मचारी, गृह निर्माता या हाउस होल्ड इयूटी, माता-पिता और पति की भूमिका के रूप में अपनी नौकरी करने में सक्षम नहीं है। वह अपनी नौकरी खो देता है क्योंकि काम से लगातार अनुपस्थित रहता

है।

पी) वह सामान्य रूप से अपनी पत्नी और बच्चों और परिवार की उपेक्षा करता है जो समुदाय में परिवार की सामाजिक स्थिति को कम करता है।

q) लगातार पीने के कारण वह सार्वजनिक उपद्रव करता है और झगड़े में शामिल होता है और दूसरों और सार्वजनिक संपत्ति की समस्याओं का कारण बनता है। क्योंकि उसे पीने के लिए पैसे की ज़रूरत होती है, वह पैसे उधार लेता है या घर के सामान, जौहरी आदि की प्रतिज्ञा करता है। आगे वह चोरी करना, घूसना और अन्य आपराधिक गतिविधियों में भी शामिल हो सकता है।

r) शराब का पुरुषों और महिलाओं में प्रजनन पर प्रतिकूल प्रभाव पड़ता है। यह पुरुष सेक्स हार्मोन को कम करता है जो अंडकोष को सिकोड़ने जैसे अंडकोष को नुकसान पहुंचाता है जो धीरे-धीरे शुक्राणुओं की संख्या में कमी लाता है और बाँझपन / बांझपन का कारण बन सकता है। आगे यह यौन समस्याओं जैसे नपुंसकता, स्तंभन समस्याओं और शीघ्रपतन आदि का कारण बनता है। महिलाओं में यह मासिक धर्म और अन्य स्त्रीरोगों और यौन समस्याओं की वृद्धि दर का कारण बनता है। यह बांझपन के लिए अग्रणी महिला सेक्स हार्मोन को प्रतिकूल रूप से प्रभावित करता है और गर्भपात / स्टिलबर्थ और जन्म दोष की दर अधिक होती है।

खंड-III

स्व प्रेरणा तकनीक-

1. Relaxation तकनीक:

जब भी आपको शराब पीने की चिंता हो, तो शराब के बारे में अपनी चिंता के अस्थायी आराम करने वाले के बारे में सोचें। अपनी चिंता दूर

करने का अधिक स्थायी तरीका पसंद करें। ऊपर से शुरू करें यानी सिर से पांव तक या पांव से सिर तक, जो कभी भी आपके लिए सुविधाजनक हो। एक आरामदायक फर्म की सतह पर लेट जाओ, या आराम कुर्सी पर बैठ जाओ और शोर और अशांति के बाहरी विकर्षण से बचें। अब अपने दिमाग को अपने शरीर के अंगों पर मोड़ें। शरीर का प्रत्येक भाग थका हुआ है और लगभग 15 सेकंड तक उसी अवस्था में रहता है और अब धीरे-धीरे उस हिस्से के मसल्स को आराम देता है। ऊपर बताए अनुसार अपने अलग-अलग शरीर के अंगों के मसल्स को तनाव और आराम दें। सत्र के अंत में शराब पीने की आपकी चिंता गायब हो जाती है और आप में एक नई ताजगी का एहसास होता है। जब भी आपको शराब का सेवन करने की चिंता लगे तो इस विश्राम तकनीक को करें। विश्राम तकनीक का निरंतर अभ्यास शराब से संयम बनाए रखने के लिए दीर्घकालिक प्रभाव लाता है।

2. नियंत्रण और गुप्त संवेदीकरण तकनीक-

संकेत या तनाव पूर्ण घटनाओं या गतिविधियों की पहचान करें जो शराब पीने के लिए उकसाते हैं। जब भी आपको शराब का सेवन करने का विचार या संकेत मिलता है, तो अपने दिमाग को अन्य गतिविधियों में बदल दें जो आपके शरीर और आपके परिवार और समाज के लिए फायदेमंद हैं। अपनी छोड़ने की शैली बदलें, अपनी पीने की कंपनी या दोस्तों और स्थानों को बदलें जो पीने को प्रोत्साहित करते हैं। पीने की विशिष्ट स्थिति की कल्पना करें और अप्रिय दृश्य को याद रखें, जैसे आपको मतली और उल्टी हो रही है। जब भी आप शराब पीने के बारे में सोचते हैं तो ऊपर वर्णित अप्रिय दृश्य के साथ पीने को बाँधें। हर बार शांति और संयम से इसका अभ्यास करें। यह आपको शराब से संयम बनाए रखने में सफलता दिला सकता है।

3. समय सीमा तकनीक-ध्यान से अपने दिन की गतिविधियों की योजना बनाएं, अतिरिक्त समय की उपलब्धता को कम करें। अपने शौक या हितों

की पहचान करें जो आपके और समाज के लिए उपयोगी हैं। अपनी पत्नी, बच्चों और अन्य लोगों की तरह अधिक समय व्यतीत करें। आपको अपनी जीवन शैली में बदलाव करने में कई समस्याओं का अनुभव हो सकता है। डरो मत। प्रत्येक दिन शांत रहने की योजना के साथ शुरू करने के लिए और आपको बागवानी, किताबें पढ़ने, संगीत सुनने, अपने घर की गतिविधियों में सक्रिय रूप से शामिल करने जैसी वैकल्पिक गतिविधियों के साथ स्वयं को शामिल करना चाहिए। अपने परिवार के सदस्यों के साथ प्रार्थना सभा में भाग लें।

4. सशक्त विश्वासों को बनाएं। हमारे जीवन की एकमात्र सीमाएं हैं जिन्हें हम खुद पर डालते हैं। यदि आपके पास पर्याप्त आत्म-प्रेरणा नहीं है, तो यह एक साधारण कारण के लिए आता है: आप स्वयं को स्वयं-प्रेरणा व्यक्ति के रूप में नहीं देखते हैं। अपने दिमाग को कंडीशनिंग करके और अपनी स्वयं की बातों को बदलकर अपनी नकारात्मक मान्यताओं को सकारात्मक में बदलें। जब आप नकारात्मक रूप से अपने बारे में सोचते हैं और उन विचारों को सशक्त बनाने में स्वयं को पकड़ लेते हैं।

5. बेहतर समय प्रबंधन रणनीतियों को जानें। कभी-कभी आत्म-प्रेरणा की कुंजी आपके बेल्ट के तहत आवश्यक उपकरण और रणनीति है। आप अपना समय कैसे प्रबंधित कर रहे हैं? धरोहर को रोकने और प्रगति करने के तरीके ढूंढना शुरू करें, जैसे कि चर्किंग, आरपीएम और एन.ई.टी. समय।

6. एक विशाल कार्य योजना बनाएं। स्व-प्रेरित कैसे हो सकता है कि आप जो चाहते हैं उसे लिखने के रूप में सरल हो सकता है, इसके पीछे अपने उद्देश्य की पहचान करना और अपने लक्ष्य तक पहुंचने में मदद करने के लिए चरणों की एक श्रृंखला बनाना। जब आप अपनी योजना को प्रलेखित कर लेते हैं, तो आप अतिरिक्त प्रेरणा के लिए इसका उल्लेख कर सकते हैं जब चीजें रास्ते में चुनौतीपूर्ण हो जाती हैं।

7. दूसरों की सफलता के लिए देखो। प्रेरणा के लिए प्रेरणादायक उद्धरण

की ओर मुड़ना या सलाह के लिए एक संरक्षक की ओर देखना आपको सफलता की राह पर ले जा सकता है। प्रसिद्ध रोल मॉडल या नेताओं के बारे में अधिक पढ़ें जो आप देखते हैं और देखें कि वे स्व-प्रेरणा का उपयोग कैसे करते हैं। आप कुछ तकनीकों को लेने में सक्षम हो सकते हैं या कुछ प्रेरणा प्राप्त कर सकते हैं जैसा कि आप उनकी रणनीतियों और संघर्षों के बारे में पढ़ते हैं।

8. संगीत की शक्ति का उपयोग करें। संगीत का जवाब देने के लिए हमारे दिमाग कठोर हैं। अपने मनोदशा और ऊर्जा के स्तर को बढ़ाने वाले धड़कनों और लय के प्रकारों में दोहन अपने आप को एक मंटी से बाहर निकालने और हाथ में काम पर अधिक ध्यान केंद्रित करने का एक शानदार तरीका है। हमेशा कान की एक कली और आपकी पसंदीदा प्लेलिस्ट पास में होनी चाहिए ताकि आप संगीत की शक्ति का उपयोग कर सकें जब आपको आत्म-प्रेरणा का झटका चाहिए।

9. बाहर का समय निर्धारित करें। यहां तक कि सबसे ऊर्जावान लोग अंततः कृत्रिम प्रकाश के साथ तंग स्थानों में बहुत अधिक समय बिताने पर भाग जाएंगे। यह जानने की कोशिश करें कि अपने लक्ष्यों को कैसे प्रेरित करें और कैसे पहुँचें, मध्यरात्रि के तेल को जलाने और अपने कार्यालय तक सीमित रहने की गलती न करें। बाहर निकलना और हर दिन प्रकृति में समय बिताना, ब्रेक लेने, ऊर्जा बढ़ाने और अपने आत्म-प्रेरणा को फिर से भरने का एक सही तरीका है।

10. मल्टी टास्किंग। आप सोच सकते हैं कि एक ही समय में तीन परियोजनाओं पर काम करना चीजों को प्राप्त करने का सबसे अच्छा तरीका है और यह कि आपकी आत्म-प्रेरणा उस समय बढ़ेगी जब आप एक साथ कई-डॉस को अपनी सूची से हटा सकते हैं। तुम गलत हो। मल्टी-टास्किंग से फोकस कम हो जाता है और जैसा कि टोनी कहता है, जहां फोकस जाता है, ऊर्जा प्रवाहित होती है। उस सबसे महत्वपूर्ण कार्य का चयन करें जिस पर आपको काम करने की आवश्यकता है और

उस पर पूरी तरह से ध्यान केंद्रित करें, जब तक कि आपको वह पूरा करने की आवश्यकता नहीं है, तब तक अगले एक पर चले जाएं। स्व-प्रेरणा चुनौतीपूर्ण है क्योंकि यह आप से आता है। आप प्रेरणा के लिए बाहरी कारकों और दोस्तों पर भरोसा कर सकते हैं, लेकिन दिन के अंत में, आपको वह काम करना होगा। स्वयं को प्रेरित करने और ट्रैक पर बने रहने के बारे में जल्दी सीखने से, आप अंततः जल्द ही अधिक सफलताओं का अनुभव करेंगे।

11. चलते जाओ। जब आप पहले से ही गति में हो, तो स्व-प्रेरणा बहुत आसान हो जाती है। इससे कोई फर्क नहीं पड़ता है कि क्या आप यह पता लगा रहे हैं कि काम करने की दिशा में स्वयं को प्रेरित कैसे करें, अपने कामों को निपटाएं या उस बड़ी प्रस्तुति के लिए तैयारी करें; जितना अधिक आप आगे बढ़ेंगे, आपके पास उतनी अधिक ऊर्जा होगी। आंदोलन को जिम तक सीमित नहीं होना चाहिए। आप अपने दिन भर की सीढ़ियों को आसानी से शामिल कर सकते हैं, फोन पर रहते हुए अपने घर पर घूम सकते हैं या दिन में इन डेस्क अभ्यासों को शामिल कर सकते हैं।

12. अपने आत्म-प्रेरणा की कल्पना करें। एक लक्ष्य की ओर उन पहले कदम उठाने में परेशानी हो रही है? लक्ष्य प्राप्त होने पर अपने जीवन के उस हिस्से में पहले से ही सक्रिय होने की कल्पना करें। इस प्राइमिंग एक्सरसाइज का प्रयोग सुबह सबसे पहले करें: जब आप ऐसा करते हैं, तो आप सफलता के लिए खुद को भड़काने के लिए निष्क्रियता से लेकर कार्रवाई तक की खाई को पाट देते हैं।

13. आभार पर ध्यान दें। यह सीखना बहुत मुश्किल हो सकता है कि नकारात्मकता में फंसने पर आत्म-प्रेरणा कैसे करें। कृतज्ञता पर ध्यान दें और बहुतायत मानसिकता अपनाएं। अपने जीवन में सभी अच्छी चीजों के लिए आभारी रहें और उन सभी चीजों से अपना ध्यान केंद्रित करें जो आप चाहते हैं। बंद करो सह दूसरों से अपनी तुलना करना बंद करें और समझें कि जीवन आपके लिए हो रहा है, आपके लिए नहीं।

		<p>जितना अधिक आप अपने जीवन में सब कुछ अच्छा देखते हैं, उतना ही आप इसे आकर्षित करेंगे और इसे आकर्षित करने के लिए स्वयं को प्रेरित करना जितना आसान होगा। निष्कर्ष कोई भी तकनीक सभी के लिए अच्छी नहीं है। शराब पर निर्भर व्यवहार को बदलने के लिए आपके द्वारा अपनाई जाने वाली तकनीक के लिए सावधानीपूर्वक सोचें और सक्रिय रूप से योजना बनाएं। कोशिश करने वालों को सफलता मिलेगी और फिर से प्रयास करेंगे। कुछ भी असंभव नहीं है; अगर आप पूरी ईमानदारी से कोशिश करेंगे तो सब कुछ संभव</p>			
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DEMOGRAPHIC MASTER SHEET

S.NO.	AGE	PLACE OF DOMICILE	TYPE OF FAMILY	RELIGION	EDUCATION	OCCUPATION	INCOME	MARITAL STATUS	HISTORY OF ALCOHOLISM IN FAMILY	DURATION OF DRINKING ALCOHOL
1	A	B	A	A	A	A	A	A	A	A
2	B	B	A	B	A	B	A	A	A	B
3	C	B	A	A	A	A	A	B	A	A
4	A	B	B	A	B	A	A	B	A	A
5	B	B	B	A	B	F	B	B	A	A
6	C	A	B	A	B	F	B	B	A	C
7	D	B	B	A	B	A	C	C	A	A
8	D	B	B	A	B	A	A	C	B	B
9	B	B	B	D	C	A	A	B	B	C
10	B	B	B	D	D	B	A	B	B	C
11	A	B	B	B	A	F	B	B	A	A
12	C	B	A	B	A	F	B	A	A	A
13	B	A	C	B	A	G	B	A	A	B
14	D	B	C	A	C	F	B	A	A	B
15	A	B	A	A	C	H	A	B	A	B
16	A	B	B	A	C	F	A	B	A	A
17	A	B	A	B	B	F	A	B	A	A
18	B	B	B	C	B	A	B	B	A	B
19	B	B	B	C	B	A	B	B	A	B
20	D	B	C	C	B	A	B	C	A	A
21	D	B	C	D	A	B	A	B	A	A
22	A	B	C	A	A	B	A	B	A	A
23	B	B	C	B	B	B	B	B	B	A
24	A	B	A	C	A	F	C	B	B	B
25	A	B	A	C	A	F	D	B	B	B
26	A	B	B	D	A	G	D	A	B	B
27	B	B	B	A	B	E	A	A	B	C
28	A	B	B	A	B	A	B	B	A	C
29	B	B	B	A	B	A	B	B	A	C
30	A	B	B	A	A	A	B	B	A	A
31	C	B	B	A	A	B	E	B	A	B
32	D	A	B	A	A	E	D	C	B	B
33	D	B	A	A	A	F	E	B	B	A
34	C	A	A	A	B	F	B	B	B	A
35	B	B	C	A	C	G	B	D	A	A

36	B	B	B	A	C	C	C	D	A	B
37	A	B	B	A	C	C	C	C	A	B
38	B	B	A	B	B	D	A	B	A	A
39	A	B	B	A	A	D	B	B	A	C
40	B	B	A	B	A	C	C	B	A	C
41	C	B	B	A	C	A	D	A	A	A
42	C	B	B	A	D	A	E	A	A	A
43	D	B	B	A	D	B	E	B	B	B
44	D	B	C	A	C	F	A	B	B	B
45	D	B	A	A	C	B	B	B	B	A
46	C	B	B	B	B	A	C	D	A	A
47	C	B	A	D	B	A	B	D	A	B
48	D	B	A	A	B	F	B	A	B	B
49	C	B	B	A	C	B	B	B	A	A
50	D	B	B	A	A	D	A	B	A	C

AGE	PLACE	TYPE OF FAMILY	RELIGION	EDUCATION	OCCUPATION	INCOME	MAEITAL STATUS	HISTORY OF ALCOHOLISMIN THE FAMILY	DURATION OF DRINKING ALCOHOL
A-14	A-04	A-15	A-31	A-18	A-16	A-16	A-10	A-35	A-23
B-14	B-46	B-27	B-09	B-18	B-09	B-20	B-31	B-15	B-18
C-10		C-8	C-09	C-11	C-03	C-06	C-05		C-09
D-12			D-05	D-03	D-03	D-04	D-04		
					E-02	E-04			
					F-13				
					G-03				
					H-01				
					I-01				

PRE-TEST MASTER SHEET

SUB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
1	3	1	1	1	4	1	1	1	3	1	4	1	5	1	1	1	1	4	1	1	1	1	5	1	1	5	1	1	1	1	1	4
2	3	1	2	1	5	2	1	1	3	1	3	1	4	2	1	1	1	5	1	1	1	1	4	1	1	4	1	1	1	1	1	4
3	4	2	1	1	4	2	1	1	3	1	4	1	5	1	1	1	1	5	1	1	1	1	5	1	1	5	1	1	1	1	1	4
4	5	1	1	2	4	1	1	1	3	1	3	2	4	1	1	1	1	5	1	1	1	1	5	2	1	4	1	1	1	1	1	4
5	3	1	1	1	4	2	1	1	3	1	3	1	4	1	1	1	1	5	1	1	1	1	5	2	1	4	1	1	1	1	1	4
6	4	1	2	1	5	1	2	1	3	1	3	1	4	1	1	1	1	5	2	1	1	1	5	3	1	4	1	1	1	1	1	3
7	4	1	1	1	4	2	1	1	3	2	3	1	4	1	1	1	2	5	2	1	1	1	5	3	1	5	1	1	1	1	1	3
8	4	1	1	1	4	1	1	1	4	2	3	1	5	1	1	1	2	4	2	1	1	1	3	1	1	5	1	1	1	1	1	3
9	4	2	1	1	4	1	2	1	3	2	3	2	5	1	2	1	2	5	1	1	1	1	4	1	1	5	1	1	1	1	1	3
10	5	2	2	2	4	2	2	1	3	2	3	1	5	1	2	1	2	5	1	1	1	1	4	1	1	5	1	1	1	1	1	3
11	5	2	1	2	5	1	1	2	3	2	3	1	5	2	2	1	2	5	1	1	1	1	3	1	1	5	1	1	1	1	1	3
12	5	1	1	3	4	1	1	1	3	1	3	1	5	2	2	1	2	5	1	1	1	1	1	1	1	4	1	1	1	1	1	3
13	5	3	1	3	4	1	2	1	4	1	3	1	5	2	2	1	2	5	1	1	1	2	1	1	4	1	1	2	1	1	3	
14	3	3	1	1	4	1	3	1	3	1	3	1	4	2	2	2	2	5	2	3	1	2	1	1	4	1	1	2	1	1	3	
15	3	3	2	1	4	1	1	1	4	1	3	2	4	2	1	1	2	5	2	3	1	2	2	1	4	1	1	3	1	1	4	
16	4	1	3	1	3	1	1	1	3	1	4	1	4	1	1	1	2	5	2	3	1	1	5	1	2	4	1	1	3	1	1	4
17	5	2	2	2	3	1	1	1	3	1	4	1	4	1	1	1	2	4	2	2	1	1	5	2	2	4	1	1	1	1	2	5
18	4	1	3	1	3	1	1	1	3	1	3	1	4	1	1	1	2	4	2	2	1	1	4	1	1	5	1	1	1	1	1	5
19	4	1	1	1	3	1	1	1	3	1	3	1	4	1	1	1	2	4	1	2	1	1	5	2	1	5	1	1	1	1	1	5
20	4	2	1	1	3	2	1	2	3	1	2	1	4	1	1	1	1	4	1	1	2	1	5	1	1	5	1	1	1	1	1	3
21	4	2	1	1	3	3	1	2	3	1	3	2	4	1	1	1	1	4	1	1	2	1	4	1	1	5	1	1	1	1	1	3
22	5	2	2	2	3	3	1	2	3	2	4	1	5	2	1	3	1	4	1	1	1	1	5	1	1	5	2	1	1	1	1	3
23	3	3	2	2	3	3	1	1	3	2	4	1	5	2	1	3	1	4	1	1	1	1	5	1	1	5	2	1	1	2	1	3
24	3	3	1	2	4	3	1	1	3	2	4	1	5	2	1	1	1	4	1	1	1	1	5	1	1	5	2	1	1	1	1	4
25	4	3	1	2	5	2	1	1	3	2	4	1	5	2	1	1	1	5	1	2	1	1	4	1	1	5	1	1	1	1	1	3
26	5	1	1	1	5	2	1	1	3	2	4	1	5	2	1	1	1	3	1	2	1	1	4	1	1	4	1	1	1	1	1	3
27	5	1	2	3	5	2	3	1	3	2	4	1	5	1	1	1	1	3	1	2	1	1	5	1	1	5	1	2	1	2	1	2
28	5	1	1	1	4	2	3	2	3	1	4	1	5	1	1	1	1	3	1	1	1	1	4	1	1	3	1	1	1	1	2	3
29	5	1	1	1	4	2	3	2	3	1	4	2	5	1	2	1	1	4	1	1	1	2	2	1	1	3	1	1	1	1	1	3
30	4	1	1	1	4	1	2	2	3	1	4	2	4	1	2	1	1	4	1	1	1	2	5	1	1	3	1	1	1	1	1	3
31	4	1	2	1	4	1	1	1	3	1	4	2	4	1	3	1	1	5	1	1	1	1	4	1	1	3	1	1	1	1	1	3
32	3	1	3	1	4	1	1	1	3	1	4	1	3	1	3	1	1	5	2	1	1	1	3	1	1	4	1	1	1	1	1	3
33	2	1	3	1	4	1	1	1	4	1	5	1	3	1	1	1	1	4	1	2	1	1	2	1	1	4	1	1	1	2	1	3
34	2	2	2	1	4	2	1	1	4	1	5	1	4	1	1	2	1	4	1	2	1	1	5	1	1	2	1	1	1	1	1	3
35	3	2	2	1	5	2	1	1	3	1	3	1	5	3	1	2	1	5	1	2	1	1	4	1	1	2	1	1	1	1	1	3
36	4	2	2	1	5	2	2	2	3	1	3	1	4	1	1	2	1	5	1	2	1	1	3	1	1	1	1	1	1	1	2	3
37	5	1	2	1	5	1	2	2	3	2	3	1	4	1	1	2	1	5	1	1	1	1	5	1	1	1	1	1	1	1	2	3

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39	5	1	1	2	4	1	2	1	4	1	4	1	4	1	2	1	1	4	1	1	1	1	3	2	1	5	1	1	1	1	1	1	4
40	4	4	4	1	4	1	2	1	3	1	3	1	5	1	2	1	1	4	1	1	1	1	4	2	1	5	1	1	1	1	1	4	
41	4	1	4	1	5	1	2	1	3	1	3	2	5	1	2	1	1	4	1	1	1	1	5	1	1	5	1	1	2	1	1	3	
42	4	5	5	2	5	2	2	1	3	1	3	1	4	1	1	1	1	4	1	1	1	1	4	1	1	4	1	1	1	2	1	3	
43	4	1	5	1	5	2	2	1	3	1	3	1	4	1	1	1	1	4	1	1	1	1	5	1	1	4	1	1	1	2	1	3	
44	5	1	1	1	5	2	1	1	3	1	3	2	4	1	1	1	1	4	1	1	1	1	5	1	1	4	1	1	1	2	1	3	
45	5	2	5	1	5	2	1	1	3	1	3	1	5	1	1	1	1	5	1	1	1	1	4	1	1	4	1	1	1	1	1	3	
46	5	2	4	1	5	1	1	1	3	1	3	1	5	1	1	1	1	5	1	1	1	1	3	1	1	3	1	1	1	1	1	3	
47	4	1	1	1	5	3	1	1	3	1	4	1	4	1	1	2	1	5	1	1	1	1	4	1	1	3	1	1	1	1	1	3	
48	3	1	1	1	5	3	1	1	3	1	3	1	4	1	1	1	1	5	1	1	1	1	5	1	1	4	1	1	1	1	1	3	
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50	3	1	2	1	4	3	1	1	4	1	3	1	4	1	1	1	1	4	1	1	1	1	3	1	1	4	1	1	1	1	1	3	
TO TA L	2 0 1	8 3 1	9 4 1	6 6 9	2 0 1	8 4 1	7 1 0	6 0 0	15 8	62	17 0	59	21 9	63	63	60 63	22 3	59	68	53	55	19 8	60	52 3	20 3	53	51	57	56	54	16 6		

S.NO.	PRECONTEMPLATION	CONTEMPLATION	MAINTANCE	ACTION
1	201	83	84	94
2	209	209	158	71
3	170	60	60	62
4	219	59	223	63
5	198	63	55	63
6	203	59	53	68
7	57	53	51	52
8	54	60	166	56
TOTAL	1,311	503	850	529

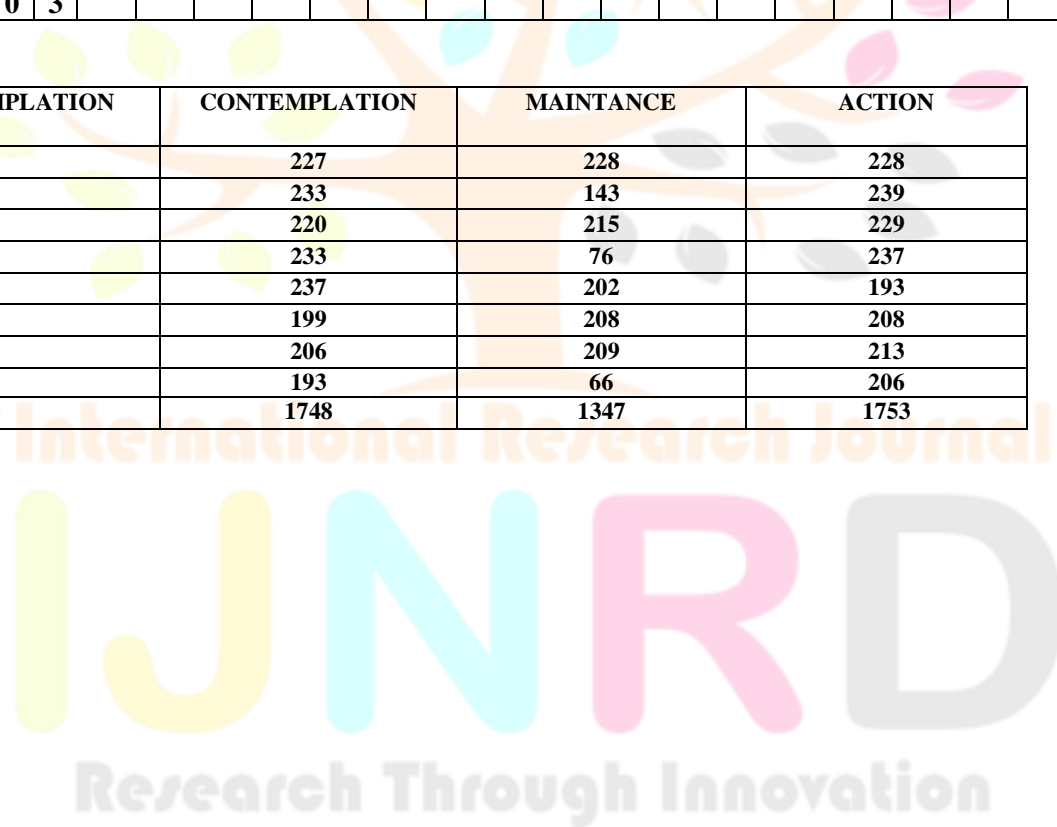


POST TEST MASTER SHEET

SUB	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	
1	1	4	4	4	1	4	4	4	4	4	1	4	1	5	4	4	5	1	5	5	5	5	1	4	5	1	5	4	1	4	1	2	
2	1	5	4	4	1	4	5	5	3	4	1	5	1	5	5	5	4	2	4	5	5	4	2	4	4	1	4	5	1	5	1	2	
3	1	5	5	5	1	4	5	4	3	5	1	5	2	5	4	5	5	1	3	4	4	4	1	4	3	1	4	4	1	4	2	2	
4	1	5	5	5	1	5	5	4	3	5	1	5	1	5	5	5	5	3	5	3	3	5	1	5	3	2	5	5	1	5	1	1	
5	2	5	5	5	1	5	5	5	4	5	2	5	2	5	5	5	5	3	4	4	3	5	1	5	4	2	4	3	1	5	1	1	
6	2	4	5	5	1	5	5	5	4	5	2	5	1	5	5	5	4	3	5	4	2	5	1	5	4	2	5	2	1	5	1	1	
7	2	4	5	5	1	5	5	5	4	5	2	4	1	5	5	5	3	1	5	4	5	5	1	5	5	3	5	1	3	5	1	1	
8	2	4	4	5	2	5	5	5	5	4	1	4	1	4	5	5	3	1	4	5	2	5	1	5	5	3	5	4	4	5	1	1	
9	2	4	5	5	2	5	4	5	4	4	1	5	1	5	5	5	4	1	3	5	3	4	1	5	5	3	4	5	5	3	2	1	
10	2	5	5	5	2	3	5	5	5	4	1	5	1	5	5	5	4	1	3	4	4	3	1	5	5	3	4	5	1	3	1	2	
11	2	5	5	5	2	4	5	4	4	4	1	4	1	5	5	5	3	1	3	4	5	3	1	4	4	2	5	5	1	3	1	2	
12	3	5	5	4	1	4	5	4	5	4	1	5	1	5	5	5	3	2	4	4	5	3	1	4	5	3	5	5	1	4	1	2	
13	1	5	4	5	2	4	5	4	3	5	1	5	2	5	4	4	4	2	5	4	4	3	1	4	3	2	3	5	2	4	1	1	
14	1	5	4	4	1	5	5	5	1	5	1	5	2	5	5	5	5	1	5	5	4	4	2	3	5	2	3	4	1	4	1	1	
15	1	5	4	5	1	5	5	5	2	4	2	5	1	4	5	5	5	1	3	5	5	5	1	3	4	3	3	4	1	5	1	1	
16	2	5	5	5	1	5	5	5	2	4	2	4	1	4	5	5	5	1	2	3	5	5	1	2	5	1	4	4	2	5	1	1	
17	2	4	5	5	1	5	5	5	4	4	2	5	1	4	5	4	4	2	1	2	5	5	1	1	5	1	4	5	1	5	1	1	
18	2	4	4	5	1	5	5	5	5	5	2	5	1	4	5	5	4	2	2	2	4	5	1	1	5	1	4	5	1	5	1	1	
19	3	4	4	5	1	4	4	5	2	5	2	5	1	4	5	5	3	2	1	3	4	3	1	1	4	2	5	5	1	5	1	1	
20	3	5	4	5	2	4	4	5	2	5	1	5	1	5	5	5	2	1	1	4	4	3	2	1	3	2	4	5	3	3	2	1	
21	2	5	5	5	2	4	5	5	1	5	1	5	1	5	5	5	2	1	1	5	5	2	1	2	3	2	5	5	1	3	1	1	
22	2	4	5	4	3	4	5	5	1	5	1	5	1	5	5	5	1	1	2	5	5	2	1	2	3	1	4	5	1	4	1	2	
23	2	4	5	4	2	4	5	4	5	5	1	5	2	5	5	4	2	2	2	3	5	1	1	2	4	1	4	4	2	4	1	1	
24	1	3	4	4	3	4	5	4	1	5	1	5	1	5	4	4	4	2	4	5	5	5	1	2	5	1	5	4	1	4	1	1	
25	1	3	4	4	2	5	5	4	1	5	1	5	1	5	4	4	4	2	4	5	5	5	1	2	5	1	5	4	1	4	1	1	
26	1	4	4	4	1	5	5	4	1	5	1	5	1	4	4	5	4	2	5	5	5	5	1	2	5	1	4	4	1	5	1	1	
27	1	5	4	4	1	5	4	4	1	5	1	5	1	4	5	5	5	2	5	5	5	4	1	5	5	1	4	5	1	5	1	1	
28	2	5	5	4	2	5	4	5	1	5	1	4	1	5	5	5	5	2	5	4	2	4	1	5	5	1	5	5	2	5	1	1	
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31	2	4	5	5	3	4	5	5	5	4	1	4	1	5	5	3	4	1	3	5	5	5	5	1	4	4	1	3	5	1	4	1	1
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33	3	5	5	5	2	4	5	5	4	5	2	5	1	4	5	2	4	2	5	4	5	5	1	4	5	1	4	3	1	3	2	1	
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35	3	5	4	5	1	5	5	5	2	4	1	4	1	5	5	4	5	2	5	2	5	5	1	5	2	1	4	2	1	2	1	1	
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37	1	5	4	5	1	5	5	4	5	5	1	4	1	5	4	5	4	1	5	3	2	4	1	5	4	1	2	3	3	1	1	2	
38	1	5	5	5	1	5	5	4	2	5	1	5	1	5	4	4	3	1	4	4	2	4	1	4	5	1	1	4	2	4	1	1	

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40	1	4	4	5	2	5	4	4	4	5	1	5	1	5	5	3	2	1	5	5	5	3	1	5	5	1	5	4	2	4	4	1	
41	1	5	4	5	1	5	5	4	1	5	1	5	1	5	5	2	4	2	5	5	5	2	1	5	4	1	4	4	1	4	1	1	
42	1	4	4	5	1	4	5	4	1	4	1	5	1	5	5	2	5	1	5	5	4	2	1	5	5	1	5	5	2	5	1	1	
43	1	4	4	4	1	5	5	4	1	4	1	4	1	5	5	2	5	1	5	5	5	5	1	4	4	1	5	5	1	5	1	2	
44	1	4	5	4	1	4	5	4	5	4	1	4	1	4	5	4	4	1	5	4	4	5	1	5	2	1	5	5	1	4	1	2	
45	2	4	5	4	1	4	5	4	2	4	1	4	1	4	4	5	5	1	5	5	5	4	2	5	4	1	4	5	1	5	2	1	
46	2	5	5	5	1	4	4	3	2	4	1	4	1	5	4	5	4	2	4	5	2	4	1	4	5	2	4	4	1	4	1	1	
47	1	5	5	4	1	5	5	3	3	4	1	5	1	5	4	5	3	1	4	5	5	5	1	5	5	1	3	4	1	5	1	2	
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50	1	5	4	5	1	5	5	4	3	5	1	5	1	4	5	4	5	1	5	4	3	5	1	4	4	2	4	5	2	4	2	2	
TO TA L.	82	227	228	2	7	2	2	2	1	22	61	23	58	23	23	21	19	76	19	20	20	20	56	19	21	76	20	20	73	206	61	66	
				3	3	2	3	2	4	9		3		7	7	5	3	9	8	6	2		3	3		8	9						
				3	8	9	0	3																									

S.NO.	PRECONTEMPLATION	CONTEMPLATION	MAINTANCE	ACTION
1	82	227	228	228
2	73	233	143	239
3	61	220	215	229
4	58	233	76	237
5	56	237	202	193
6	76	199	208	208
7	73	206	209	213
8	61	193	66	206
TOTAL	540	1748	1347	1753





Certificate

This is to certify that

Shivani Bhadouriya

Successfully obtained a Certificate in

Motivation -Power Guide To Motivating Yourself &Others

Revised



1502-17355605

Dr. Eric Corbett
Director of Certification



13 August2020
Date of Award