

# Intervention Activities Model Development for Drinking Behaviors

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## **Abstract**

The purposes of this study were to develop and evaluate the effectiveness of the activities model for drinking behaviors changes in alcoholic patients. Activity model is based upon the Buddhist Psychological Counseling, and Occupational Therapy. The model activities had an aggregate IOC of 0.18

The effectiveness of the activity model was assessed using 40 purposively selected alcoholic patients from the Chiang Mai Thanyarak Hospital. Data were collected three times, before the experimental, after the experimental 4 weeks and follow-up 4 weeks, and were analyzed by means, standard deviation, MANOVA with repeated measures, at the statistical significance level of 0.05. The results showed that the activities model the average scores of attitude and practice of the experimental were significantly different at 0.05 level from those of the control groups. Continue of the experimental and control groups were different a significantly at the 0.05 level. Experimental group had drinking behaviors change from baseline in severe alcohol misuse to low-level alcohol use.

**Keywords:** Develop and of the Activities Model; Buddhist Psychological Counseling; Occupational Therapy; Drinking behaviors changes

## Introduction

The purposes of this study is based upon the interesting in intervention activities model development for drinking behaviors since the traditional treatment model found that the alcoholic patients, after having been treated, they were back to re-drink alcohol, and got body's complications, therefore, they have to back to treat again and again. In the past, alcoholic patients who have been treated and back to home, after have been treated, mostly they cannot abandon alcohol drinking and have to back to hospital to treat again at the 45.0-60.0 average (Thanyarak Institute, 2007) And at 55.00 averages of those alcoholic patients have discharge from hospital re-drink alcohol in the second three monks of hospital leaving.( Psychiatry Hospital Rachaseema Rachanakhareen, 2010). From the case study of Phannapa Kittiratphaiboon and her groups (4) there are five risk places making alcoholic patients want to re-drink alcohol:

(1) Bad emotions such as frustration, angry, worries, repression, bored. Those emotions may be a kind of the psychiatry of patients leading to relapse 35%.

(2) Relation with problems such as the problems with spouses, friends, family members, employees, colleagues. These cause the argument leading to relapse 16%.

(3) Social pressure. This is a kind of influence from colleagues or environments making patients want to re-drink alcohol, it may be both directly and indirectly. In directly, friends persuade them to drink. In indirectly, seeing friends who are drinking. These lead to relapse 20%.

(4) Confrontation the stimulus that want to drink. Having been considering the deviation of the relation in re-drinking alcohol will be seen the integration as following

1) Buddhist Psychological Counseling that emphasize on process counselors who possess the state of good friend, use the principle, process, and method in Buddhism as the tools to help people who have problems or sufferings. The duty of counselors is to help patients to understand problems that are suffering, causes of suffering as they are and can solve problems or sufferings according to the middle path (Phokeaw, 1997). Therefore, to give the counseling will solve the problem re-addicted to alcohol in point (1) bad emotions and point (2) relation with problems.

2) The basic concept of the occupational therapy that emphasizes the main strategy to change lifestyle of patients. It is the holistic prevent them to re-drink alcohol by changing their lifestyle to be balance such as making life schedule, reduce worries, sanitation of sleep, nutrient eating, and exercise. (Rebeiro, 1998)

3) Theories of motivation for decease prevention that emphasize the hazard perception and the risk of drinking disease and perception the effectiveness in promotion to avoid the threat and capability to follow that particular alternative.( Boer & Seydel, 1996)

4) Theories of reason that emphasize the faith, concept, reference group norms and motive to follow that reference group norms (Ajzen, 2002) and

5) stage of change theory that focus on the consciousness stimulation, creation of appreciation, vents of feelings, environmental assessment, self-assessment, reinforcement, control of stimulus that want to drink alcohol. The researcher uses these theories to develop activities model for alcoholic patients by process of behaviors changes. It must be start at the knowledge and good attitude leading to actions are to reduce, to avoid, and quit drinking.

## Research objectives

To develop and evaluate the effectiveness of the activities model for drinking behaviors changes in alcoholic patients.

## Research Method

The evaluation the effectiveness of the activities model was assessed using 40 purposively selected alcoholic patients from the Chiang Mai Thanyarak Hospital. The research method was semi-experimental with two groups and the dependent variable was measured in three times: before the experimental, after the experimental in four weeks, and durability was measured after finishing the experimental in four weeks respectively. The data were collected in eight weeks in which the dependent was studied as following

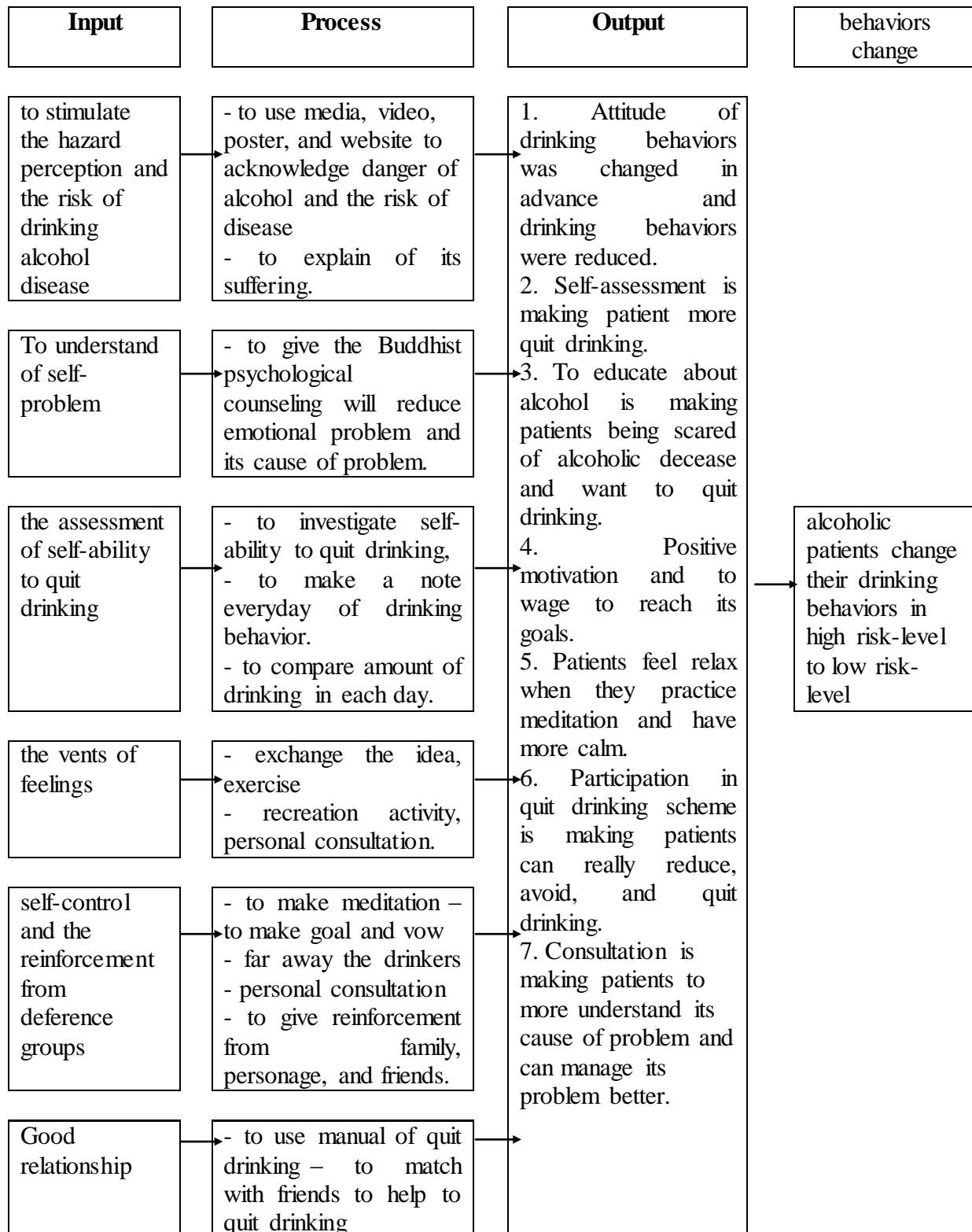
- 1) Independent variable that is activities model that affect the drinking behaviors changes in patients. It included the 9 dimensions, 5 days in a week, 3.5 hours in a day.
- 2) Dependent variable is the attitude and drinking behaviors in alcoholic patients, and means were analyzed, standard deviation, MANOVA with repeated measures, at the statistical significance level of 0.05.

## Conclusion

1. Development of the activities model for drinking behaviors changes in alcoholic patients

The effectiveness of the activities model for drinking behaviors changes in alcoholic patients consisted of six inputs and process lead to results as following, the first inputs are to stimulus the hazard perception and the risk of drinking alcohol disease through process of media, Video, Poster, and Website to acknowledge danger of alcohol and the risk of disease and its suffering. The second input is the assessment of self-ability to quit drinking through the process of self-ability investigation in quit drinking, make a note everyday of drinking behavior comparing to amount of drinking in each day. The third input is the vents of feelings through exchange the idea, groups, Buddhist psychological counseling, and personal consultation. The fourth input is the assistant relationship through the process of using manual's quit drinking, continually quit drinking scheme, in perceptual activity to practice for patients to have its manual to quit drinking. The fifth input is self-control through process of making meditation, vow to far away the drinkers and personal consultation. The sixth input is the reinforcement from deference groups through process of motivation from family, friends, personage, input and mentioned process lead to the six results that making alcoholic patients change their drinking behaviors in high risks to low risks that are: 1. Attitude of drinking behaviors was changed in advance and drinking behaviors were reduced. 2. Self-assessment is making patient more quit drinking. 3. To educate about alcohol is making patients being scared of alcoholic decease and want to quit drinking. 4. Positive motivation and to wage to reach its goals. 5. Patients feel relax when they practice meditation and have more calm. 6. Participation in quit drinking scheme is making patients can reduce, avoid, and quit drinking. 7. Consultation is making patients to more understand its cause of problem and can manage its problem better, as diagram shows

Diagram 1. the activities model for drinking behaviors changes in alcoholic patients.



2. the study of the effectiveness of the activities model for drinking behaviors changes in alcoholic patients found that the result of comparing the average scores of attitude and assessment of drinking problem between experimental group and the control groups. After the experimental and follow-up output found that after the experimental and follow-up

output, the experimental patient indicated that the average scores of attitude were higher than control groups. However, assessment scores of problem drinking were lower than control groups a significantly at the 0.05 level.

### **Conclusion and Recommendations**

The result of study showed that the activities model for drinking behaviors changes in alcoholic patients can make alcoholic patients have development in the average scores of attitude and practice of alcohol. It can change their drinking behaviors in high risk-level to low risk-level in follow-up output at 100%. Therefore, the researcher has suggestions from as following:

Recommendations for hospital administrators.

- 1) Administrators should support the therapist of alcoholic patients to have knowledge, understanding, good attitude, skills, and potentiality to take care of alcoholic patients integrally according to its context and institute.
- 2) Administrators should support the research for develop the service of quit drinking of alcoholic patients.
- 3) Administrators should act themselves good example and promote and support personnel in its institute to quit drinking and drugs as motto said a good example is the best teaching.

Recommendations for therapist of alcoholic patients.

- 1) To use the activities model for drinking behaviors changes in alcoholic patients should focus on media that is used in operative teaching and activities in order to stimulate the alcoholic patients' interesting. In this cast, the multimedia from internet can be downloaded and used.
- 2) To choose the issues or situation of issues related to health in order to give a chance for patient to explain together should choose these issues in their lifestyle to have appreciation and good attitude and lead to quit drinking.
- 3) Reinforcement, compliment, and listening to their point of view are the main key for them to be quit drinking.
- 4) Characteristics of therapist is friendly, compatible, straightforward and have appropriate reinforcement to alcoholic patients

Recommendations for next research.

- 1) To study the result of activities as the activities model for drinking behaviors changes in alcoholic patients at other Thanyarak Hospitals such as Thanyarak Hospital in Mea Hong Son, Khonkean province, Udonthanee Province and Pattanee Province.
- 2) To study the result of activities as the activities model for drinking behaviors changes in alcoholic patients by dividing the alcoholic patients with analytical study to solve alcohol drinking.
- 3) To comparative study the result of the activities model for drinking behaviors changes in alcoholic patients of men and women.
- 4) To study the following result in each month continually in order to see the durability of drinking behaviors changes.

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