Readiness to Change of Motivation in Substance Abuse Patients, Egyptian Study

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Date received: 2/3/2011
Date accepted: 28/5/2011

Background: Awareness of substance abuse problems and readiness to receive treatment are salient patient characteristics that have an impact on treatment-seeking behavior and treatment adherence. Change is a process that unfolds over time through a series of stages.

Objectives: To detect factors that might affect motivation of addicted patients and the relation between the stage of change readiness and motivation.

Subjects & Methods: Sixty five patients from governmental hospital aged 18-45 years, and 30 matched patients from private hospital were selected. Informed consent was taken. Patients were diagnosed by a lecturer of psychiatry according to DSM-IV-TR criteria. Psychometric procedure: Addiction Severity Index, University of Rhode Island Change Assessment Scale, Circumstances, Motivation, Readiness, and Suitability Scale, Stage of Change Readiness and Treatment Eagerness Scale.

Results: All of the patients abuse opiates and cannabis as the main substance of abuse and 88.4% of the patients take alcohol, 20% take cocaine, 11.6% take amphetamines, 22.1% take hallucinogen, 69.5% take more than one substance at one time, 55.8% had history of abstinence in response to voluntary effort, and 54.7% of them had a history of abstinence in response to treatment. Three percent of the patients are on probation by the law, 35.8% have charged in cases of possession and dealing of drugs, 24.2% have been charged for driving while intoxicated, 10.5% have been charged for crimes of violence, and 10.5% have been incarcerated before. Motivation was positively correlated with recognition stage and readiness stage and negatively correlated with homelessness, committing crimes, and ambivalence stage. No significant correlation was detected between motivation and gender, age, marital status, family history of addiction, employment status, being on probation and duration of substance abuse.

Conclusion: Homelessness and committing crimes of violence in our subjects represented a low motivation to change. This refers to the importance of paying attention to this sector of addicts that would help in raising their motivation to change. The more our subjects were recognizing their addiction problem and its consequences, the more motivated they were to change. In our subjects the more ready they were to change the more they were motivated to take positive steps in their change process.

Keywords: Substance abuse, Motivation, Readiness, Change.

Abbreviations:
DSM-IV TR: The fourth edition of Diagnostic and Statistical Manual of Mental Disorders

ASI: Addiction Severity Index

INTRODUCTION

Motivation is often the missing dimension in addiction treatment, but it must be a treatment focus. Motivation is a modifiable, dynamic process, a state of readiness to change that may be substance-specific or behavior-specific, and is a substantial predictor of treatment participation and change (Velasquez, et al. 2000). Awareness of substance abuse problems and readiness to receive treatment are salient patient characteristics that have an impact on treatment-seeking behavior and treatment adherence (Bertholet, et al. 2009b). Hospitalized substance-abuse psychiatric patients are at increased risk of denial of their substance abuse problem (Lawn, et al. 2009). Change is a process that unfolds over time through a series of stages: pre-contemplation, in which the individual does not intend to take action in the foreseeable future. Contemplation is a stage in which the individual intends to take action within the ensuing six months. Preparation is a stage in which the individual intends to take action in the immediate future (ensuing month). Action is a stage in which the individual has made specific overt modification in his or her life style within the preceding six months. Maintenance is a stage in which the individual is working to prevent relapse. Termination is the stage in which the individual has zero temptation and 100% self efficacy (Prochaska and DiClemente, 1992 and Weiner, 2009). Identification of key factors that may affect treatment compliance among this high risk clinical population (such as sex, age, marital status, employment status, family history of substance abuse, number of years of abuse, medical co-morbidity, accessibility to health care and treatment program) would affect the efficacy of clinical intervention and optimize treatment matching efforts (Demmel, et