

Efficacy of Family Counselling Therapy on Patient Relatives of Drug Abusers: A Case of Psychiatric Ward, Specialist Hospital Jalingo, Taraba State Nigeria.

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Abstract

The study examined the efficacy of family counselling therapy on patient relatives of drug abusers in psychiatric unit of Specialist Hospital Jalingo, Taraba State. The design involved pre-test and post-test quasi experimental. The study used 12 drug abusers admitted in the psychiatric ward of the hospital as at the time of the study. All the family relation of the 12 drug abuse patients was used for the study sample. The sample were either parents, siblings or care-givers of drug abusers known as “Patient Relative” (PR) at the Psychiatric ward. A four-point scale questionnaire was used in the study. The pre-test result ($M= 34.50$, $SD= 7.20$) revealed that family relatives and care givers had little or no idea on how effectual the family counselling therapy could change behaviour of drug abusers before intervention. After intervention, it was discovered that the family counselling therapy has significant effect ($M= 60.17$, $SD= 6.70$) on drug abuse patients in psychiatric unit of specialist hospital, Jalingo, Taraba State with $t(22) = -9.038$, $p = 0.000$. Based on this findings, it was recommended that counsellors should adopt family counselling therapy to train families who will afterward intervene on drug abuse, antisocial and other behavioural issues because those who were exposed to teaching helped drug abuse patients improve significantly on their behaviour and were discharged from the unit to comply with two therapeutic regiments (chemotherapy and psychotherapy).

Keywords: Drug Abusers, Efficacy, Family Counselling Therapy and Psychiatric ward

Introduction

The focus of family counselling therapy treatment is to intervene in complex relational patterns and to alter them in ways that bring about productive change for the entire family. Family therapy rests on the systems perspective, which proposes that changes in one part of the system can produce changes in other parts of the system, and these changes can contribute to solutions. Family therapy in drug abuse treatment has two main purposes. First, it seeks to use the family's strengths and resources to help find or develop ways to live without drug abuse. Second, it reduces the impact of chemical dependency on both the patient and the family. In family counselling therapy, the focus of treatment is the family, and/or the individual within the context of the family system. The person abusing drugs is regarded as a subsystem within the family unit; the person whose symptoms have severe

repercussions throughout the family system. The familial relationships within this subsystem are the points of therapeutic interest and intervention (Ahluwalia, Anand & Suman, 2018).

Family is a key resource in the care of one another in good and bad moments. It is the first care giver before help is assessed from other sources. The family has an impact in the lives of each member. This impact can then lead to a chain of events which can not only harmonize but also mar if care is not taken properly. Family members are burden bearers that are to moderate severe challenges within the family with the aim of solving them without minding the cost. These burden are characterized by disruption of family interactions, disruption of family routine, disruption of family leisure and financial burden. It must be noted that family can play an important role in preventing drug abuse among adolescents through maintaining close ties, providing care, nurturance and ensuring adequate monitoring and supervision. The family can also ensure a drug free lifestyle by conforming to social norms and practicing religion. It has been found that adolescents also perceive the need for parental guidance and family support in their journey of recovery from drug abuse. It is evident that the family can be a risk factor as well as a protective factor. Additionally, the family can facilitate recovery or impede recovery (Ahluwalia *et al*, 2018).

Obiechina and Isiguzo (2016) revealed that family influences such as a genetic predisposition to alcoholism, acceptance of drugs, family conflicts, and distant family relationships influence adolescent use of illicit drug. Therefore, parents should be part of the Family Counselling Therapy programme, through building awareness and educating families about the ill effects of drug abuse. Preventive measures should be designed to include training parents in appropriate ways of dealing with children and providing a friendly and safe environment. Children should be discouraged from buying or patronizing cigarettes, alcohol, and proprietary drugs that are responsible for adolescent exposure to drug use.

Guidance and counselling is an educational construct which involves those experiences that assist an individual to understand and accept him or herself to live effectively in his/her society. It involves a range of processes designed to enable individuals to make informed choices and transitions related to their educational, vocational and personal-social development (Chand, 2008). According to Chand (2008), mentoring and accommodative leadership styles have successfully been used in some schools in dealing with social problems like drug and substance abuse. Kin'gendo (2007), found that peer counselling by trained fellow peer and rehabilitated youth was effective in some schools. The social influence model that targets adolescent drug-use believes that drug abuse can be tackled successfully using guidance and counselling. The programs have been used world over and have shown significant changes among drug abusers', attitude and behaviour. They

employed strategies such as role-playing, group feedback, peer counselling, and mentoring to reshape adolescent attitudes about drug use (Botvin, 2000). This is to say that, guidance and counselling is a necessity and the life wire of day to day affairs of mankind in which it clears up one's confusion and spreads out range of choices to help decision making much easier through building of self-confidence skills and positive change in behaviour with self and significant others.

Studies by United Nations Office for Drug and Crime (UNODC) (2011) and Cheloti (2015) show that factors such as prolonged or traumatic parental absence, harsh discipline, and failure to communicate on an emotional level, and parental use of drugs could lead to or intensify drug abuse among young people. Globally, cases of rebellion, truancy, bullying, violence and other antisocial behaviours in the society have been linked to drug and substance abuse among students (United Nations, 2000). Also, a study by National Agency for the Campaign Against Drug Abuse (NACADA)(2007) indicates that there is shortage of drug abuse counsellors, treatment and rehabilitation services and lack of knowledge among the people on such services. Similarly, further study by NACADA (2008) shows an upward trend in consumption of both licit and illicit drugs by the youths. Hence the need to establish comprehensive strategies to deal with drug abuse problems in our societies. Consequently, many studies showed that the shattering effects of drug abuse has left the abuser in a more devastating state of mental health leading to indiscriminate criminal activities posing security threat, disruption of public peace, public health and other social vices which in the end they become unproductive and end up roaming the streets with severe mental disorder.

Drug abuse is on increase globally among the youth. The increasing rate remains a scourge to the growing population of youths in Nigeria and Jalingo metropolis in particular. It is observed that many families are not aware that they have a stake and the will power to help curb this menace especially when a family member is involved in abusing drug and other substances. This is why the psychiatric ward of the Specialist Hospital Jalingo has played host to a lot of youths who have in one way or the other abused drugs that are harmful to their mental health and the environs they leave in. This could result into chronic behavioural disorders and other antisocial behaviours. This study explores Family Counselling Therapy (FCT) and how it could help families, drug abusers, government and the general public overcome the problems and other vices associated to drug abuse. The objective of the study is to determine the efficacy of family counselling therapy on patient relatives of drug abusers in the psychiatric ward of Specialist hospital Jalingo, Taraba State, Nigeria.

Research Question

What is the effect of family counselling therapy on family relatives of drug abuse patients in psychiatric ward of Specialist hospital Jalingo, Taraba State, Nigeria?

Research Hypothesis

H₀: Family counselling therapy has no significant effect on family relatives of drug abuse patients in psychiatric ward of Specialist hospital Jalingo, Taraba State, Nigeria.

Theoretical Framework

This study is anchored on the behavioural family counselling theory. John B. Watson in 1913 propounded the behavioural family counselling theory. The theory identifies the behavioural family therapy as essentially systematic. The general assumption of the behavioural therapy includes: all behaviour is learned and that people including families act according to how they have been reinforced earlier, that behaviour is maintained by its consequences and will continue, unless more rewarding consequences result from new behaviour, maladaptive behaviour and not underlying causes should be focus of change by the family therapist, the primary concern of the family therapist is based on effecting positive changes on the present behaviour problems, inappropriate behaviour can be changed or reduced with new forms of acceptable behaviour patterns. Watson believes that cognitive behavioural therapy which is a family new treatment procedure for managing family issues has been very effective for working with family. Therefore, based on the factors identified by Watson, the family counselling therapy as a model will be of immense benefits in the entire family and family member who abuse drugs and are exhibiting antisocial behaviour and other forms of maladaptive behaviour within and outside the family. For instance, a family member interacts with other siblings, he/she learn new behaviours and also receiving family counselling brings about family stability within the family system.

Behaviourism has proven to be effective in life situations. For example, in the rehabilitation process of a patients with mental disorder by operationalizing the acquisition of new behaviour. A central strength of behaviourism is that results can be reliably reproduced experimentally. Secondly, a behaviourist perspective cannot explain how people make procedural decisions or negotiate between various types of potential rewards and goals. Most of human behaviour is not based on conditioned, convergent reflexes on a single task, but correlates to preceding mental processes that are divergent and collaborative in nature (Funke, 2014; Eseryel, Ifenthaler & Ge, 2013; Hung, 2013). The major limitation of this theory is that reflexes are strictly defined as physiological interactions, behaviourism cannot explain individual differences in human learning, variations in learning- styles and the influence of personality on learning (Rosander, 2013; Kamarulzaman, 2014). Behavioral studies and therapies in clinical settings also run into ethical problems on how to obtain legal consent for behaviour modification, such as for patients with mental disorders and neurological impairments (Digdon, Powell & Harris, 2014).

Materials and Methods

Quasi-experimental design was chosen as the most appropriate choice for this study. The purpose of this study was to explore the effect of Family Counselling Therapy in the treatment and rehabilitation of drug abusers. A Group Family Mental Health Talk, (this involves family relation(s) or drug patient care giver) was organized for family members of drug abuse patients twice a week, while family relations who benefitted from the teaching were encouraged to apply same teaching to their sick sibling for the remaining five days in the week for improved results. (The activity started on 12th of February, 2018 and was concluded on 23rd April, 2018.) The Group Family Counselling Therapy is designed to help family members whose sibling abused drugs so they will have the knowledge on how to intervene in drug abuse situation and other behavioural issues that will help a family member accept their situation and learn new behaviour that will replace the former, restore hope and emotional healing in the family rather than to remind them of their ordeal. As at the time of this study, there were 12 drug abusers admitted in the psychiatric ward of the hospital. All the family relation of the 12 drug abuse patients was used for the study sample. The sample were either parents, siblings or care-givers of drug abusers known as “Patient Relative” (PR) at the Psychiatric ward. Group mental health teaching was carried out on the 12 family members and/or care-givers of drug abusers (4 males and 8 females) for 10 weeks. The age range was 30 – 65 years.

Instrument

The study designed a 4-point Family Mental Health Behaviour Teaching scale for both pre-teaching and post-teaching to elicit information from participants of the study. The respondents were required to respond Strongly Agreed = SA (4), Agreed = A (3), Disagreed = D (2) and Strongly Disagreed =SD (1) for pre-test and post-test responses.

The Group Family Counselling Therapy (Mental Health Talk or Teaching)

The counsellors taught the family Relations of drug abusers general facts about drugs and their effects on abusers:

- i. Types of drugs commonly abused by the youths
- ii. Classification of drugs and methods of usage
- iii. Causes of drug abuse
- iv. Prevention and cure
- v. General wellbeing
- vi. Personal hygiene
- vii. Maniac behaviour
- viii. Violent behaviour
- ix. Anti-social behaviours
- x. Physical and verbal aggression
- xi. Echolalia
- xii. Craving agitation

- xiii. Waxy flexibility
- xiv. Delusion
- xv. Unkempt attitude
- xvi. Refusal to feed due to lack of substance to abuse
- xvii. Hallucinations (auditory, visual, tactile and olfactory) and
- xviii. Insomnia (lack of sleep)

Table 1: Classification, Types, Purpose and Methods of Drugs Commonly Abused by Drug Abuse Patients in Psychiatric Ward.

	Classification	Types	Purpose of abuse	Method of usage
A	Portent Analgesics	Tramadol Pentazocine	For extra energy, reduce and eliminate stress	Orally and parenteral
B	Artane (anti Parkinson)	Benzhexole		
C	Stimulants	Pakalin Tutolin Anafranil	Enhance sexual ability, boost confidence, courage and boldness, to be alert and active	Orally
D	Hallucinogens (Depressants & stimulants)	Cocaine Heroin Hemp Zakkami Jikko Tobacco Snuff Suck & Die Solution gum Petrol Shisha Lizard dung	Depressants, Mood swing, Enhance sexual performance, Boost confidence, courage and boldness Mental alertness and active, Complex combination to give extra effects, Cravings, Improve retention ability, Relaxant, Trend, Feel among peers	Orally, parenteral, sniffed, inhaled

Source: Psychiatric Ward, Specialist Hospital Jalingo 2018.

Result of the Findings

Research Question: What is the effect of family counselling therapy on family relatives of drug abuse patients in psychiatric ward of Specialist hospital Jalingo, Taraba State, Nigeria?

The Family Counselling Therapy proved to be an effective source in intervention and rehabilitation of drug abusers in Specialist Hospital, Jalingo Taraba State. This is because family members share the same family bond and will do anything to protect the image of the family. More so, the rapport between sibling and parent-child relationship was key to helping the patients adjust to new positive behaviours by exiting drug abuse, behavioural maladjustments and other forms of antisocial behaviours.

Table 2: Mean and Standard Deviation Rating of Efficacy of Family Counselling Therapy on Drug Abuse

S/No.	Statement	N	Mean	Std dev	decision
1.	I now have good knowledge of types of drugs commonly abused	12	3.42	0.51	SA
2.	My understanding on the classification of drugs and methods of usage is good	12	3.33	0.49	SA
3.	I am quite knowledgeable of the causes of drug abuse	12	3.25	0.45	A
4.	My awareness on the signs and symptoms of drug abuse is good	12	3.33	0.49	SA
5.	My experience on strategies involved in prevention and cure of drug abuse is good	12	3.08	0.51	A
6.	Drug abuse patient no longer display violent behaviour	12	3.17	0.58	A
7.	Drug abuse patient display of maniac behaviour is low	12	3.17	0.58	A
8.	Drug abuse patient don't display other forms of antisocial behaviour	12	3.00	0.60	A
9.	Drug abuse patient has reduced physical and verbal aggression	12	2.83	0.72	A
10.	Drug abuse patient hardly display craving agitation for drug	12	2.75	0.75	A
11.	Drug abuse patient barely display withdrawal syndrome	12	2.92	0.67	A
12.	Unkempt behaviour is scarcely seen among drug abuse patient	12	2.83	0.58	A
13.	Drug abuse patient has improved personal hygiene	12	2.75	0.62	A
14.	Refusal to feed due to drug dependence is minimal by patient	12	2.92	0.51	A
15.	Insomnia (lack of sleep) is no longer common in patient	12	2.92	0.67	A
16.	General wellbeing of patient has improved a lot	12	3.00	0.60	A
17.	Echolalia (repetition of words or action by someone) is low	12	3.00	0.74	A
18.	Waxy flexibility not observed in patient	12	2.75	0.62	A
19.	Hallucinations (auditory, visual, tactile and olfactory actions) no longer common among drug abuse patient	12	2.83	0.72	A
20.	Delusion (persecutory, grandeur) barely observed in patient	12	2.92	0.79	A
Grand Mean/Std dev.		12	3.01	0.61	A

Source: Researchers' field survey 2018.

The findings of the study from Table 2 show that the family counselling therapy had effects on drug abuse patients. As seen in items 1, 2, and 4, the result revealed that there was a strong agreement from patient relatives who participated in the counselling therapy session. The study findings reveal that the training gave them advantage which was later useful and helped in improving their drug abuse patient condition. Similarly, results in items 3, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19 and 20 indicated that the effect of family counselling therapy on patient relatives of drug abuse patient had positive effect. The grand mean from the result above 3.01 means it is above benchmark of 2.5. This means that the result is significant.

Hypothesis: Family counselling therapy has no significant effect on patient relatives of drug abuse patients in Psychiatric ward of Specialist Hospital Jalingo, Taraba State, Nigeria.

Table 3: Test of difference between ratings of pre-test and post-test scores on the effect of Family Counselling Therapy on patient relatives of drug abusers.

Test	N	Mean	Std. dev.	SEM	df	T	P	Remark
Pretest	12	34.50	7.20	2.08	22	-9.038	0.000	Significant
Posttest	12	60.17	6.70	1.93				

Result of independent-samples t-test in Table 2 shows that there is a significant difference in the pre-test scores ($M = 34.50$, $SD = 7.20$) and the post-test scores ($M = 60.17$, $SD = 6.70$) on effect of family counselling therapy on patient relatives of drug abuse patients; $t(22) = -9.038$, $p = 0.000$. Thus, the null hypothesis that family counselling therapy has no significant difference on patient relatives of drug abusers in Psychiatric Ward of Specialist Hospital Jalingo, Taraba State, Nigeria is rejected. This implies that family counselling therapy had significant effect on patient relatives of drug abusers.

Discussion of Results

The result of this study is in agreement with the findings of Baharudin, Hussin, Sumari, Mohammed, Zakaria and Sawai (2013), who carried out a study on family intervention for the treatment and rehabilitation of drug addiction: an exploratory study. Baharudin *et al* (2013) found out that family intervention programme has positive effect in supporting family members in the treatment and rehabilitation of drug addiction. The results of the findings also agree with the findings of Ahluwalia *et al* (2018), in their study, on marital and family counselling which established that family therapy was found to be effective in adequately not only treating drug abuse disorder, but also in treating co-morbid mental health conditions. In a related development, this study finding agrees with the findings of the National Institute on Drug Abuse (2018) which carried out study on the principles of drug addiction treatment. The findings revealed that family behaviour therapy (FBT) is effective in the treatment of drug abuse in both adults and adolescents. The findings were aimed at addressing not only substance use problems but other co-occurring problems as well, such as conduct disorders, child mistreatment, depression, family conflict, and unemployment.

Conclusion

The study has examined the efficacy of family counselling therapy on patient relatives of drug abusers, using the case of psychiatric ward of Specialist Hospital Jalingo, Taraba State, Nigeria. The study findings revealed that patient relatives now have good knowledge of types of drugs commonly abused, signs and symptoms of drug abuse and the classification of drugs and the methods of abuse. The study concluded that family

counselling therapy has effects on improving and changing behaviour of drug abuse patients.

Recommendation

Based on the findings of the study, the following recommendations were suggested;

- i. Counsellors should adopt family counselling therapy regiments to train and retrain family members in who are patient relatives or care givers taking care of their patients to reduce or eradicate drug abuses. Same approach should be extended to schools, religious place of worship, club, communities and other social organisations.
- ii. Family Centres should be encouraged and supported by government so as to have access to proper psychological tests that would aid in improving positive behaviour among drug abusers. Both family relations who were trained and drug abuser should comply with all therapeutic regiments in other to enhance prevention or relapse of drug abuse among patients.

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