



Assessing Change Readiness and Treatment Eagerness among Psychoactive Substance Users in Northern Nigeria[☆]



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ABSTRACT

Studies on psychoactive substance use in Nigeria had focused on prevalence and rarely on treatment implication(s) of large rates reported. Further challenge was to find suitable instruments to monitor change readiness as well as predict treatment outcomes along motivation continuum and according to resilience characteristics. Such ability will not only help to match treatment strategy with stage of change but also come with a more satisfactory outcome. This study therefore provided psychometric properties of one of such measuring scales: Stage of Change Readiness and Treatment Eagerness Scale version 8 (SOCRATES-8) and the accompanying change in resilience among Nigerians using psychoactive substances. Participants were 111 psychoactive substance dependent users in three treatment centers in Northern Nigeria. All respondents filled sociodemographic questionnaire, SOCRATES-8 and 14-item Resilience Scale. The study found overall motivation for change among participants to be medium on the three subscales of SOCRATES-8: ambivalence (median = 14.00; range = 7–20); recognition (median = 31.00; range = 7–35); and taking steps (median = 35.00; range = 12–40). More than half (61.3%) scored moderately on resilience. The Internal reliability of SOCRATES-8's subscales fell into acceptable range (ambivalence = 0.54; recognition = 0.87; taking steps = 0.84). Pearson correlation coefficients of subscales with resilience are positive and in moderate range except for ambivalence with very low coefficient. Hierarchical cluster analysis based on participants' resilience characteristics yields five distinct profiles corresponding to five stages of motivational change. ANOVA of these five profiles based on SOCRATES' 3 subscales was significant. The study demonstrates utility of SOCRATES-8 to assess change readiness and treatment eagerness of psychoactive substance abusers according to stages of change and their resilience characteristics. This will aid treatment planning and can also measure treatment outcome.

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1. Introduction

In descending order, the report of a population wide study of psychoactive substance use in Nigerian revealed the following as the four leading substances of abuse: drinking alcoholic beverages (57.6%), tobacco smoking (16.8%), using non-prescriptive hypnotics (13.6%) and smoking cannabis (2.7%) (Gureje et al. 2007). This study like earlier ones (Abiodun et al., 1994; Adamson and Akindele, 1994; Omigbodun and Babalola, 2004; Onifade et al., 2011) in Nigeria focused more on the prevalence of substance use and dependence and slightly on the treatment implication(s) of the large rates reported. A major treatment implication was to find suitable treatment methods with high compliance and low relapse rate. These onerous tasks appeared surmountable with ability to utilize instruments to monitor change readiness along the motivation continuum (DiClemente and Hughes, 1990; Prochaska et al., 1992) and be able to predict treatment outcomes

like growth in resilience. Such ability to match treatment strategy with the stage of change comes with a more satisfactory outcome (Blissmer and McAuley, 2002).

The motivation continuum according to the trans-theoretical model (TTM) comprised of five phases with distinct cognitive and behavioral elements (Prochaska et al., 1992). The five phases are pre-contemplation, contemplation, preparation, action and maintenance. In other words, the TTM being a cognitive-behavioral cycle starts with no plan to commence the journey of stopping psychoactive substance use (i.e. precontemplation) to thinking and behaving in ways to bring about abstinence (i.e. contemplation, preparation and action) and sustaining it (maintenance). This growth along the motivational stages of change often termed recovery, should consequently boost resilience and hence wellbeing (Recovery and Recovery Support, 2014).

Resilience is the adaptable ability to endure life trauma, and to blossom and attain worthiness from it (Wagnild, 2009a, 2009b). In the context of psychoactive substance use and recovery, resilience surges or depletes for substance abusing individuals based on the level of their motivational change readiness (Recovery and Recovery Support, 2014). Hence, the ability to measure and influence motivational change

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and resilience among Nigerian substance users should impact treatment planning and outcome in more quantifiable positive ways. In Nigeria, at least a resilience tool has been validated for use and handy (Abiola and Udofia, 2011), but this is not true of any change readiness measuring scale.

All the five phases of motivational change according to the TTM are well represented in the 'Stage of Change Readiness and Treatment Eagerness Scale' i.e. SOCRATES (Miller and Tonigan, 1996). Giving the lack of utilization of instruments that measure and monitor motivational changes and treatment eagerness among psychoactive substance users in Nigeria. This study therefore aimed at providing the psychometric properties of SOCRATES-8 among Nigerians using psychoactive substances. Specifically the study provided the internal reliability, concurrent validity and hierarchical profiles for SOCRATES-8 among substance users in Nigeria. In addition, the study also provided the participants' overall motivational levels on SOCRATES-8 and for the first time, respondents' resilience characteristics based on their motivational change profiles.

2. Methodology

2.1. Participants and study procedure

This cross-sectional study was carried out among 111 psychoactive substance dependent users who were either undergoing rehabilitation as residents in government owned rehabilitation centers or receiving treatment as outpatients visiting the centers. The residents were 77 (69.4%) of which 29 were recruited from a Rehabilitation Home located in Kano-State, and the remaining 48 were from a Drug and Alcohol Treatment Education and Rehabilitation (DATER) unit located in Kaduna-State. The non-residential participants totaled 34 (30.6%). Twenty-six (26) of these outpatients were seeking treatment in Kaduna center and the remaining 8 were being treated at a tertiary hospital in Kano State. All the participants met the ICD-10 diagnostic criteria of dependence for at least one substance of abuse, despite the majority being multiple substance users. Ethical approval was obtained from the ethical committee of FNPH, Kaduna State. All the participants who consented to participate in the study were given the study instruments to fill during treatment. All the residents filled the instruments from the middle of treatment, but for the outpatients it was during the next follow-up visit. These participants focused on the psychoactive substance they were dependent on when filling the SOCRATES-8.

2.2. Study instruments

The data collected were from three study instruments comprising sociodemographics, the 19-item SOCRATES (version 8) and the 14-item Resilience Scale. The sociodemographics also incorporate question on the type(s) of substance used.

The SOCRATES-8 is a 19-item shortened instrument of the original 39-item measuring scale (Miller and Tonigan, 1996). This experimental instrument is used for assessing the change readiness and treatment eagerness among psychoactive substance users. It was scored on a five point Likert scale from strongly disagree to strongly agree and scores yielded three derived dimensions of Recognition (Re), Ambivalence (Am) and Taking Steps (Ts). The minimum and maximum possible score range for Am is (4–20); Re is (7–35); and Ts is (8–40). The Re corresponds to the pre-contemplation and preparation stage, Am to the contemplation stage and Ts to the action and maintenance stage (Lua et al., 2001). The internal reliability of the SOCRATES-8 range for Re is 0.85–0.95; Am is 0.60–0.88; and Ts is 0.83–0.96 (Miller and Tonigan, 1996). The Pearson correlation coefficients of the shortened 19-item with the longer 39-item are 0.96, 0.88 and 0.94 respectively for the Re, Am and Ts dimensions. Generally, each of the dimensions' score can be ranged into low (Am = 4–14; Re = 7–31; Ts = 8–32), medium (Am = 15–16; Re = 32–34; Ts = 33–35) and high (Am = 16–20; Re = 35; Ts = 36–40) motivation (Miller and Tonigan, 1996).

The 14-item resilience scale (RS-14) is a measure of psychological resilience. This short version (Wagnild, 2009a, 2009b) was a spinoff of the original 25-item psychological Resilience Scale (RS) of Wagnild and Young (Wagnild, 2009a, 2009b). The RS and its short form had good validity and reliability (Cronbach's α range of 0.72–0.94) from several western studies (Wagnild, 2009a, 2009b; Wagnild and Young, 1993). Both instruments had also been validated for use in Nigeria by Abiola and Udofia (2011) (Cronbach's α s for RS and RS-14 were 0.87 and 0.81 respectively). Both instruments (RS and RS-14) were scored on a Likert scale of 1 to 7 yielding scores that group respondents into: low, moderate and high resilience scores. The RS-14 scores ranged from 14 to 98 and scores lower than 64 imply very-low to low resilience, between 65 to 81 as moderately-low to moderate resilience and above 82 as moderately-high to high resilience.

2.3. Data analysis

Data collected were analyzed using IBM-SPSS version 21. Frequency distributions were used to describe the sociodemographic variables of age, gender, marital status, level of education, employment status, treatment receiving status and number of psychoactive substance(s) abused. Measures of central tendency were used to determine the overall motivation level. Cronbach's alphas were used to determine the internal consistency of the SOCRATES-8 sub-scales and Pearson's product moment correlation coefficients to determine its concurrent validity. Two-Step cluster analysis was performed to identify subjects profile according to the five stages of the Trans-Theoretical Model of change based on their resilience differences. This was because, the Two-Step clustering explored dataset to perform hierarchical agglomeration and provided outputs' model summary, dataset indicators' cluster quality, plots' box of cluster comparison and clusters' numbering per participants. It also allowed outputs to be subjected to more evaluations according to participants' other variables which in this case was resilience.

3. Results

The sociodemographic distribution of participants is shown in Table 1. The mean age of participants is 28.23 years (SD = 1.24 years) with majority being under 30 years of age. Males constitute more than four-fifth (94.6%) of the participants, majority are currently single (92.8%) and close to half of them (47.7%) had more than 12 years of

Table 1
Sociodemographic distributions of participants.

| Variables | Frequency (N = 111) | Percent (100%) |
|--|------------------------|-------------------|
| Age | | |
| <30 years | 67 | 60.4 |
| 30 years and above | 44 | 39.6 |
| Mean (Standard Deviation) = 28.23 (1.24) | | |
| Gender | | |
| Male | 105 | 94.6 |
| Female | 6 | 5.4 |
| Marital Status | | |
| Single | 103 | 92.8 |
| Married | 8 | 7.2 |
| Educational Status | | |
| Nil Formal Education | 24 | 21.6 |
| <13 years Formal Education | 34 | 30.6 |
| 13 year and above Formal Education | 53 | 47.7 |
| Employment Status | | |
| Employed | 45 | 40.5 |
| Unemployed | 66 | 59.5 |
| Treatment Receiving Status | | |
| In-patient | 74 | 66.7 |
| Out-patient | 37 | 33.3 |
| Number of Substance Abused | | |
| One | 34 | 30.6 |
| More than one | 77 | 69.4 |

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