

EXPERIENCES OF METH-DEPENDENT PATIENTS UNDERGOING CONTINGENCY MANAGEMENT (CM) THERAPY

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Abstract: *This study explored the experiences of meth-dependent patients to gain insight on their thoughts and feelings on the Contingency Management (CM) intervention used during their three-month therapeutic session at a rehabilitation center in Dengkil, Malaysia. This basic qualitative research interviewed seven participants who had just finished undergoing the CM intervention process as the main therapeutic approach. The results indicate eight major themes from three research questions: (a) increased strength to turn their life around, (b) provide positive feelings, (c) application of knowledge, (d) reward as an afterthought, (e) realization of correcting past mistakes, (f) continuous encouragement to change, (g) more confidence in their ability to change, and (h) happy seeing positive rewards to their actions. Results of the study indicate that they found CM to be successful in their recovery process from meth dependence, especially in strengthening their intrinsic motivation. Patients also feel that the reward-based system used in CM has been beneficial in making them feel more happier and realizing the past mistakes that they have made.*

Keywords: *Psychology; Contingency Management; Meth Addiction; Drug Rehabilitation; Application of Psychology In Teaching*

Introduction

The treatment and rehabilitation of substance use disorder is primarily a challenge for all especially for clinician, psychologists, counsellors, psychiatrists and social workers. Many approaches have been introduced to help treat addiction such as the used of substitution drugs (Kirby and Lamb, 1995), military-style approach (Mahmood, Shuaib, Lasimon, Rusli & Md. Zahir, 1999), homeopathy, spiritual healing and purification (Mahmood, Shauib & Ismail, 1998), behaviour modification (Monty & Rohsenow, 1997), psychology rehabilitation (Calaghan, Benton, Bradley, 1995), psychotherapy (Curran, Helene & Stephen, 2000) and a variety of other approaches. Latest approach includes medical assisted therapy or pharmacology and other psychosocial best practice approach. Medicine was also used in reducing harm through drug substitution therapy using Methadone.

Drug addiction has become a menace in the Malaysian society. According to the National Anti-Drug Agency (NADA, 2015), in 2015 drug addiction cases has reached 26,668 cases, a worrying trend that has steadily risen over the years. However, in discussing the problem of drug addiction, focus should be on the behaviour modification aspect of an addict. Drug addiction is a disease that causes an impact on biopsychosocial of an individual. To help treat an addict, the behaviour element is the most crucial yet difficult part to treat rather than the physical or biological element which generally can be treated using medical approach.

According to most studies, drug abuse is a disease resulting from a process of learning and strengthening to a response as stated in the Operant Conditioning Theory and Classic Behavioural Theory (Carroll et al., 2005). To treat the behaviour, the behaviour modification approach is needed. The approach has varieties of type, beginning with psychotherapy-based such as Cognitive-Behavioural Therapy (CBT), Motivational Enhancement Therapy (MET), Couple or Family Therapy and Contingency Management (CM) therapy. These approaches attempt to change the behaviour of a drug addict and the ability to manage stress and conflict productively. Addicts will be trained to say "no" to drugs, hate drugs, find a way to replace drugs, build a defence wall from drug, and manage all stress and pressure without the use of drugs. In the process of recovering from this behaviour, it's often touched on the aspect of self-esteem and self-concept, immature personality and unproductive defence mechanism performed by the individual (Mahmood et al., 1998).

CM interventions (also known as motivational incentives) is designed based on the principles to establish a behaviour using reward or sometimes punishment. The procedure started from the economy token approach developed in the United States for over 40 years ago given to prisoners and detainees and are still being used to date. According to Higgins (2008), CM have shown impressive levels of efficacy across a wide range of Substance Use Disorder (SUDs) (Higgins et al., 2008). Many researchers have agreed that CM have a high level of efficacy in treatment and rehabilitation of substance use disorders (Davis et al., 2016). Determination of the appropriate standard magnitude of reinforcer is important to gauge the efficacious of rewards being given (Petry, Alessi, Barry & Carroll, 2015). Behaviour modification is important because most substance abusers were put in rehabilitation centres across Malaysia due to court orders, which makes their self-motivation to change to be very low (Ting Chie, Lian Tam, Bonn, Minh Dang, & Khairuddin, 2016).

CM treatment rearranges the environment to directly detect drug use and encourage client participation in activities that promote recovery. This treatment provides a clear reinforcement or reward for proof of abstinence and a commitment to drug-free activities (Higgins *et al.*, 1994; Petry, 2000). In most CM studies, reinforcement is given in the form of vouchers that can be exchanged with daily goods and services (Higgins *et al.*, 1991, 1993, 1994, 2000a). To make the CM treatment even more attractive to stakeholders, innovative ideas such as making it cost effective is important to make sure it's implementation can be done seamlessly in a society (Rash, Stitzer, & Weinstock, 2016).

This study focuses on understanding the experiences of meth-dependent patients who went through CM intervention in their recovery process. The study focuses on understanding what they have learned throughout their three-month therapy session, including changes that have occurred to their intrinsic motivation.

Purpose of the Study

The purpose of this study was to explore the experiences of meth-dependent patients undergoing CM therapy. This research focused on understanding the lived experiences of patients who are in recovery process from meth dependency by looking at the what they have gained from their 3-month experience in CM therapy. The three-research question were:

- What are the experiences of meth-dependent patients undergoing Contingency Management (CM) Therapy?
- What changes occur to their intrinsic motivation after undergoing Contingency Management (CM) Therapy?
- How do they feel after undergoing Contingency Management (CM) Therapy?

Research Design

This qualitative study employed a basic qualitative approach and focuses on the meaning of their experiences as participants in a CM intervention group, or in Merriam's (2009) words "the essence of the meaning of the interaction" (p. 3). This qualitative approach provides a unique perspective on the participants in the research (Creswell, 2007) within their setting and culture that they are in (Ary, Jacobs & Sorensen, 2010).

This study is part of a larger study conducted to view the efficacy of CM. The larger study consists of an experimental study by using both CM and treatment-as-usual (TAU) to look at the efficacy of CM when compared with TAU. Both groups were given their respective interventions for a period of three months. This study focuses on the experiences of seven of the participants in the study, all of which were randomly chosen by the researchers. The interviews were conducted one month after the CM group sessions ended.

Participants

Seven participants were interviewed in the study. The participants were interviewed once, with the interview ranging from 37 minutes to 58 minutes. The inclusionary criteria for the participants include: (1) participants who have undergone a 3-month Contingency Management (CM) intervention at a drug rehabilitation centre, (2) have ability to articulate experiences, and (3) willingness to participate in the research. A purposeful sampling procedure was used to find participants who matched the above characteristics.

Although there has been no real consensus about the exact number needed for a qualitative study, Boyd (2001) has suggested that any number of participants from two to ten is considered good enough to reach a point of saturation in a qualitative study. The researchers interviewed

seven participants for the study, and it was widely agreed among all researchers in this study that the point of saturation was already reached at six participants.

Findings

Research Question One:

What Are the Experiences of Meth-Dependent Patients Undergoing Contingency Management (CM) Therapy?

The qualitative findings indicate three themes in this category: The three themes are: (a) increased strength to turn their life around, (b) provide positive feelings, and (c) application of knowledge.

Theme One: Increased strength to turn their life around

Five of the participants mentioned that they now find more strength within themselves to turn their life around after undergoing CM. The major reasons being given is that CM has given them the strength to achieve what they feel was not possible previously. For example, one of the participants mentioned that he felt that it would be hard to move away from his meth-dependence, however now he feels that nothing is impossible.

With support, I can do it. Just, sometimes I don't have support (from family and strength). This session is where I learn new knowledge to help myself.

Meanwhile, another participant talked about how he feels valued after getting rewarded for his positive actions during the course of therapy. However, he also mentioned that after some time, it was not the reward itself that he was after but rather the strength that he found within himself.

I still feel OK if there is no reward, but it does provide me with some extra strength to do more. You know, it's like working and you get a salary, it will give you the extra push.

Theme Two: Provide positive feelings

Six of the participants shared that they had positive feelings when attending their therapy sessions. Participants stated that the positive feelings came from looking forward to attending the sessions as that had the goal of completing the task given by their rehabilitation officers. Besides that, participants also shared positive feelings such as happy, grateful, and enjoyment during their sessions.

For example, one of the participants shared that he felt apprehensive at first about being rewarded if they managed to complete certain tasks or objectives, but after being given the reward he felt grateful and happy.

I feel happy even after being given homework, I don't feel stressed out by the homework, I look forward to completing the task being given.

Theme Three: Application of knowledge

Five of the participants mentioned that they feel more confident of being able to apply knowledge that they have learned in their classes after doing CM. This is because they feel that they will be rewarded for their good behaviors if they continue doing so after leaving the rehabilitation center. One of the participants stated that the reward-based

system has made him realize that he can still change despite his previous addiction to meth.

Now that I am here (rehabilitation center), I know that I have to apply all the knowledge that I have learned. That if I act well, I will be rewarded for my actions, my future actions.

Meanwhile, another participant stated that the knowledge learned was helped by the use of reward using CM.

To get the reward, we work harder. At night, we would help each other in doing homework. So, this way we learn more about the topic that the teacher (rehabilitation officers) is teaching.

Research Question Two:

What Changes Occur to Their Intrinsic Motivation after Undergoing Contingency Management (CM) Therapy?

The qualitative findings indicate three themes for the category. The three themes are: (a) reward as an afterthought, (b) realization of correcting past mistakes, and (c) continuous encouragement to change.

Theme One: Reward as an afterthought

All participants mentioned that while the reward itself is helpful as an added incentive for them, they felt that they were not really after the reward itself but rather what they have learned during their classes is more important. For them, reward is just an afterthought and that their intrinsic motivation to change increased regardless of the rewards.

For example, one of the participants stated that he did not really seek the reward after some time and realized that the ultimate reward would be to stop taking meth once he finishes his time at the rehabilitation center.

For me, it's not a problem (with no reward). Even if I don't get any reward it is fine. (But) the knowledge that I learned, that is more important so that I stop (taking meth).

Theme Two: Realization of correcting past mistakes

Four of the participants mentioned that that they have realized their past mistakes during their CM therapy sessions. They reported that their motivation to change have increased because they have realized about the problematic life that they lived previously and want to stay away from meth after this. This provides them strength within themselves to change their lifestyle and behavior after leaving the rehabilitation center.

For example, one of the participants stated that he has found an inner strength to correct the past mistakes that he has done. He stated that he needs to think not just about himself but also others around him.

When I look at my family, my brother (who takes care of me), I realize my errors. I know I have not done well, (so) I want to correct the mistakes. I know I can (beat addiction).

Another participant also discussed about the effect that the CM intervention has had in his intention to move forward with his life.

Being here (rehabilitation center) is new (for me). I don't want to be here. I realized that I was wasting my life before, enjoying without thinking of God, you know. And also my family. I think more about them now.

Theme Three: Continuous encouragement to change

The intervention given has given participants extra encouragement to change their addiction patterns. Five of the participants mentioned that the continuous support given by their peers and rehabilitation officers has provided them with further encouragement that they can change. Encouragement is provided through the rewards being given, which gives them extra intrinsic motivation to complete the tasks being given to them.

For example, one of the participants mentioned about seeing the reward as an encouragement that he could strive for.

It feels good to be given (reward). It's like when you are fasting when you are young, your parents will give you reward after Ramadan. That gives me that encouragement to do more.

Another participant mentioned that the continuous encouragement helped him to focus on improving himself as an individual.

I am just a human, so I make mistakes. But, the most I learned here is to never give up on being a better person. God willing, this (CM intervention) has helped.

Research Question Three:

How Do They Feel After Undergoing Contingency Management (CM) Therapy?

The qualitative findings indicate two themes for the category. The two themes are: (a) more confidence in their ability to change, and (b) happy seeing positive rewards to their actions.

Theme One: More confidence in their ability to change

All participants stated that they feel more confident in their own recovery process in dealing with meth addiction after undergoing CM therapy. This comes after being satisfied with the CM intervention used throughout a three-month period. They feel that they have learned a lot throughout their time in the group and understand that good behavior will be equally rewarded in their daily life.

One of the participants stated that he understood the concept of CM and looks forward to applying it to his daily life. Another participant mentioned that the reward is just a tool, but that the activities has helped him to be more confident in his ability.

Being given the rewards, I feel thankful. But, it's not about the reward, it's about being given the motivation to change. That is (more) important.

I am still scared (of relapse), but also confident. Because, the knowledge I learned have been valuable, if it's good knowledge then it will be beneficial to me.

Theme Two: Happy seeing positive rewards to their actions

A recurrent theme among five of the participants is a sense of happiness about the intervention used in the study. The words happy are uttered about 18 times between the five participants, signifying its importance to the participants. They discussed their happiness with the positive rewards being given to the activities that they have accomplished during the sessions. For them, they feel happy as they are rewarded for making positive changes in their life.

One of the participants stated he feels happy about the outcome of the sessions he attended, especially with the use of CM.

I feel very happy because the knowledge I learned can be used. It makes me think more about what I want to do next, because I don't want to forget about the knowledge I learned.

Another participant shared about the reward being important part of him doing well in the CM intervention process and making him feel happier in the process.

For me, it's different from the other help usually given (types of therapy). I hope it continues, maybe it will be beneficial for others.

Conclusion

Findings of the study supported previous research which indicated that CM would be beneficial for patients struggling with drug addiction. Higgins et al. (1994) stated that rewarding patients for proof of their abstinence would be beneficial for their recovery process, and this study have further solidified that statement. From the research, it was found that CM has managed to improve their intrinsic motivation in their recovery process. The knowledge that they learned in their therapy group has been aided by the use of CM, especially with improving their confidence in beating their meth addiction, and increased strength and resilience to change.

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