



ISSN: 0976-3031

Available Online at <http://www.recentscientific.com>

CODEN: IJRSFP (USA)

*International Journal of Recent Scientific Research*  
Vol. 10, Issue, 03(F), pp. 31540-31542, March, 2019

**International Journal of  
Recent Scientific  
Research**

DOI: 10.24327/IJRSR

## Research Article

### DECISIONAL BALANCE AND TREATMENT MOTIVATION AMONG SUBSTANCE ABUSERS IN REHABILITATION CENTERS

**Humera Shafi, Iqra Amin, Parvez Ahmad, Gousia Nabi,  
Farheen Zameer, Aamina Ali and Nuseeba Khan**

Department of Psychology, University of Kashmir

DOI: <http://dx.doi.org/10.24327/ijrsr.2019.1003.3281>

#### ARTICLE INFO

##### Article History:

Received 13<sup>th</sup> December, 2018

Received in revised form 11<sup>th</sup>

January, 2019

Accepted 8<sup>th</sup> February, 2019

Published online 28<sup>th</sup> March, 2019

##### Key Words:

Decisional Balance, Treatment motivation,  
Substance Abuse

#### ABSTRACT

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome – a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use. Substance abuse is a chronic disease; people simply cannot stop using drugs for a few days and be cured. Most patients need long-term or repeated care to stop using and get back to normal functioning, whether they succeed in that depends on their level of motivation and the way they weigh the pros and cons of substance abuse. The present study entitled “Decisional Balance and Treatment Motivation among Substance Abusers in Rehabilitation centers” was aimed to understand the relation between decisional balance and treatment motivation. The objectives of the study were to assess the Decisional Balance and Treatment Motivation among substance abusers in rehabilitation centers, to examine the relationship between Decisional Balance and Treatment Motivation among substance abusers in rehabilitation centers and to study the difference in Decisional Balance and Treatment Motivation among substance abusers with respect to domicile. The study was conducted on a sample of 100 patients aged 15 – 64 years old of Kashmir valley. The data was collected from two main hospitals of Kashmir namely Shri Maharaja Hari Singh Hospital (SMHS) and Institute of Mental Health and Neurosciences, Kashmir (IMHANS-K) using Decisional Balance Scale (DBS) by Janis and Mann (1977) and Treatment Motivation Questionnaire (TMQ) by Ryan, Plant and O’Mally (1995). The data was put to various statistical measures by using Statistical Product and Service Solutions (SPSS) version 20.0. The collected data was analyzed by various statistical techniques like descriptive statistics, co-relational analysis and comparative analysis. The results of co-relational analysis revealed that there is a significant positive correlation between Decisional Balance and Treatment Motivation. The comparative analysis revealed that there is no significant difference in Decisional Balance and Treatment Motivation with respect to domicile.

**Copyright © Humera Shafi et al, 2019**, this is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

#### INTRODUCTION

The increasing production, distribution, promotion and easy availability of substance together with the changing values of society has resulted in rising substance abuse related problems emerging as a major public health concern in India. Sociologist, social worker, psychiatrists, other mental health professionals, educators, and politicians are ever more identifying substance use and abuse as a critical public health problem. Substance abuse refers to the harmful or hazardous use of psychoactive substance (those drugs that affect mental functioning) including alcohol and illicit drug (WHO, 2011).

The first key factor in reducing the substance abuse among the abusers is motivation. Motivation has been accorded as a

central place in many theoretical approaches to addiction (Kopetz, Lejuez, Wiers, & Kruglanski, 2013). Motivation is an important and first step towards any action or change in behavior (Diclemente, Bellino & Neavins, 1999). Research studies have highlighted that motivation appears to be a critical dimension in influencing substance abusers to seek, comply with and complete treatment as well as to make successful long-term changes in their abusing behavior (Diclemente & Scott, 1997).

Self-Determination theory (Deci & Ryan, 1985) provides a theoretical frame work for understanding internal as external factors of motivation and also checks the influences of type of motivational factors on treatment outcomes. The organism integration theory (OIT), is an important aspect of Self-

\*Corresponding author: **Humera Shafi**

Department of Psychology, University of Kashmir

Determination theory, defines motivation as "six categories from a motivation to internal motivation, as an extension of internal and external motivation. The categories allow for a combination of internal and external motivation rather than having purely internal or external motivation (Ryan, Plant & Malley, 1995; Zeldman, Ryan & Fiscella, 2004). Self-Determination theory is based on an 'organismic dialectical perspective'(Reeve, Ryan & Deci, 2004). Decisional balance is a method by which presentation of the benefits (i.e. pros) and costs (i.e. cons) of different choices and has been used to enhance decision - making of an individual. Decisional balance is motivational tool which was given by Janis and Mann (1977). Initially decisional balance was used as a descriptive representation of cognitive -motivational aspects of decision - making process (Janis, 1959; Janis & Mann, 1977). According to the reports of drug de-addiction and rehabilitation centre Srinagar, the total number of patients seen in the OPD from February 2008 to Dec 2016 is 15324. Among 15324 patients, 472 were alcohol abusers, 1359 as opioid abusers, 7860 as cannabis abusers, 352 cocaine abusers, 1080 as benzodiazepines users, 460 volatile abusers and 3741 were poly abusers. Motivation is a very important factor in psychological treatments. Clinical findings and research in a variety of clinical domains, including drug abuse, recognize its importance in a person's readiness to go and engage in treatment procedure (Prochaska & DiClemente, 1983). There has been focus of clinicians on motivation of the patients. Motivation among patients is pre-requisite condition for treatment. Results showed that internal motivation, confidence in treatment process and interpersonal relationship motivates an individual for treatment process (Baker,2010). Also, Decisional balance has been used in clinical setting to help clients resolve ambivalence by taking into consideration both pros and cons of change (Miller & Rose, 2015). The major objective of using decisional balance is to build motivation among individuals to avoid risky behaviors and engage in healthy behaviors (Janis & Mann, 1977).

**Objectives**

- To assess the Decisional Balance among substance abusers in rehabilitation centers.
- To assess the Treatment Motivation among substance abusers in rehabilitation centers.
- To study the relationship between Decisional Balance and Treatment Motivation among substance abusers in rehabilitation centers.
- To study the difference of Decisional Balance and Treatment Motivation among substance abusers with respect to domicile.

**METHODOLOGY**

**Sample Techniques:-** For the present study, Purposive sampling technique has been used.

**Sampling description:-** The present study was carried out on (100) substance abusers chosen from Shri Maharaja Hari Singh Hospital (SMHS) and Institute of Mental Health and Neurosciences, Kashmir (IMHANS-K). Proforma was used to obtain information regarding Age, residence, type of abuse, reason for taking drug, drug reason for seeking treatment.

**Tools used**

**Decisional Balance Scale:-** The scale was first developed by James and Mann (1977). Decisional Balance is a 20-item scale with two dimensions. The answer to the questions is expressed in number according to a Likert scale ranging from “extremely to not at all”.

**Treatment Motivation Questionnaire:** - This Questionnaire was constructed by Ryan, Plant and O’Mally (1995) to study of Motivation for entering treatment. The TMQ consists 26 items and uses Likert scale or 07-point scale that offers or range of answer options from one extreme attitude to another like “Very strongly agree to very strongly disagree”. This questionnaire concerns people’s reasons for entering treatment and their feelings about treatment.

**Data collection procedure:-** Various hospitals like Shri Maharaja Hari Singh Hospital (SHMS) and Institute of Mental Health and Neurosciences, Kashmir (IMHANS-K) were approached through formal consent mentioning the purpose of study. After taking permission from the hospital, firsthand information regarding the number of substance abuse patients from each hospital. Treatment Motivation Questionnaire (TMQ) and Decisional Balance Scale (DBS) were translated from English to Kashmiri in case of illiterate people.

**Operational definition of the variables:** - The variables under the study has been defined by many researchers, however in our present study these variables have been operationally defined as

**Treatment Motivation:** In present study treatment motivation will mean a state of readiness or eagerness to change, which may fluctuate from one time to situation to another (Miller & Rollnick 2002).

**Decisional Balance:** In present study decisional balance will be defined into two ways, firstly decisional balance was used to describe a measure of the relative weight of pros (i.e. benefits) and cons (i.e. costs) of change (Janis & Mann, 1977) and secondly, will be described as „clinical procedure” to have clients discuss both positive and negative aspects of change (Miller & Rollnick, 1991).

**RESULT**

**Table 1.1** Showing ranges of scores with respect to dimensions of Decisional Balance.

Dimension	MEAN	S. D	LL-UL	LOW	AVERAGE	HIGH
PROS	3.266	1.02	2.24-4.29	≤2.24	2.25-4.28	≥4.29
CONS	3.53	.70	2.84-4.24	≤2.84	2.85-4.23	≥4.24

**Table 1.2** Showing number and percentage of the sample in the three levels (low, average &high) with respect to the dimensions of Decisional Balance

Decisional Balance	LOW		AVERAGE		HIGH	
	f	%	f	%	f	%
Pros	19	19%	64	64%	17	17%
Cons	16	16%	71	71%	13	13%

Table 1.2 reveals the percentage of respondents on dimensions of decisional balance namely PROS and CONS among substance abusers. The table shows that out of total sample of 100; 19% of respondents were found to have low level of pros;

64% were found to have average and 17% were found to have high Levels of Pros dimension of Decisional Balance. 16% of respondents were found to have low; 71% were found to have average and 13% were found to have high levels of CONS Dimension of Decisional Balance.

**Table 1.3** Showing ranges of scores with respect to Treatment Motivation.

Construct	MEAN	S. D	LL-UL	LOW	AVERAGE	HIGH
<b>Treatment motivation</b>	5.35	.67	4.68-6.03	<4.68	4.69-6.02	>6.03

**Table 1.4** Showing number and percentage of the sample in the three levels (low, average& high) with respect to Treatment Motivation.

VARIABLE	LOW		AVERAGE		HIGH	
<b>Treatment Motivation</b>	f	%	f	%	f	%
	17	17%	71	71%	12	12%

Table 1.4 reveals the percentage of respondents with respect to treatment motivation.17% of respondents were found to have low; 71% were found to have average and 12% were found to have high treatment motivation.

**Table 1.5** Presents Pearson’s correlation between Treatment Motivation and dimensions of Decisional Balance.

Decisional Balance	Treatment Motivation
Decisional Balance	.874**
Pros	.227**
Cons	.338**

\*\* Significant at 0.01 level.

Table 1.5 shows the correlation between Decisional Balance and Treatment Motivation among substance abusers. A significant positive correlation was found between Treatment Motivation and Decisional Balance (.874\*\*); Treatment motivation and PROS (.227\*\*) and Treatment Motivation and cons (.338\*\*).

**Table 1.6** Comparison of mean scores of Decisional Balance on Treatment Motivation with respect to their domicile.

Variables	Domicile	N	Mean	S.D	d	t-value	Significance
<b>PROS</b>	Rural	46	3.46	.99	98	1.800	.695
	Urban	54	3.09	1.01	96.05		
<b>CONS</b>	Rural	46	3.51	.66	98	-242	.085
	Urban	54	3.55	.74	97.67		
<b>Treatment Motivation</b>	Rural	46	5.34	.57	98	0.072	.94
	Urban	54	5.33	.75			

TABLE 1.6 represents an overview of t-values of Decisional Balance on Treatment Motivation with respect to domicile of substance abusers. As is evident from the table, the t-value of PROS (t= 1.800,p=.694) is insignificant at p < 0.05 level of significance. The t-value of CONS (t =-2.42,p=.085) is insignificant at p< 0.05 level of significance. This indicates that there is no significant difference among substance abusers from rural area and urban areas.

## DISCUSSION AND CONCLUSION

The results of correlation analysis revealed that treatment motivation has significant positive correlation with decisional balance and its dimensions treatment motivation and pros and treatment motivation and cons. The result is in line with Krigel, Grobe, Goggin, Harris, Moreno and Catley (2017). From the

comparison of mean scores of Decisional Balance on Treatment Motivation with respect to domicile. The result indicated that t-value of Pros (t=1.800, p=.694) is insignificant at p< 0.05 level of significance. Also, t-value of Cons (t=2.42, p=.085) is insignificant at p <0.05 level of significance. This indicates that there is no significant difference among substance abusers with respect to domicile.

## References

Baker, A. S. (2010). *What Motivates People for Substance Abuse Treatment? An Analysis of Self-Determination Theory and its Relation to Treatment Outcomes*. University of California, Santa Barbara.

Deci, E. L., & Ryan, R. M. (1985). The general causality orientations scale: Self-determination in personality. *Journal of research in personality, 19*(2), 109-134.

DiClemente, C. C., & Scott, C. W. (1997). Stages of change: Interactions with treatment compliance and involvement. *NIDA Res Monogr, 165*, 131-56.

DiClemente, C. C., Bellino, L. E., & Neavins, T. M. (1999). Motivation for change and alcoholism treatment. *Alcohol Research & Health, 23*(2), 86-86.

Janis, I. L. (1959). Motivational factors in the resolution of decisional conflicts.

Janis, I. L., & Mann, L. (1977). *Decision making: A psychological analysis of conflict, choice, and commitment*. Free press.

Köpetz, C. E., Lejuez, C. W., Wiers, R. W., & Kruglanski, A. W. (2013). Motivation and self-regulation in addiction: A call for convergence. *Perspectives on Psychological Science, 8*(1), 3-24.

Krigel, S. W., Grobe, J. E., Goggin, K., Harris, K. J., Moreno, J. L., & Catley, D. (2017). Motivational interviewing and the decisional balance procedure for cessation induction in smokers not intending to quit. *Addictive behaviors, 64*, 171-178.

Miller, W. R., & Rose, G. S. (2015) Motivational interviewing and decisional balance: contrasting responses to client ambivalence. *Behavioural and cognitive psychotherapy, 43*(2), 129-141.

Prochaska, J. O., & Di Clemente, C. C. (1983). Stages and processes of self-change of smoking: toward an integrative model of change. *Journal of consulting and clinical psychology, 51*(3), 390.

Reeve, J., Deci, E. L., & Ryan, R. M. (2004). Self-determination theory: A dialectical framework for understanding socio-cultural influences on student motivation. *Big theories revisited, 4*, 31-60.

Ryan, R. M., Plant, R. W., & O'Malley, S. (1995). Initial motivations for alcohol treatment: Relations with patient characteristics, treatment involvement, and dropout. *Addictive behaviors, 20*(3), 279-297.

World Health Organization (2011). Substance Abuse. Retrieved from <http://www.who.int/topics/substance-abuse/en>.

Zeldman, A., Ryan, R. M., & Fiscella, K. (2004). Motivation, autonomy support, and entity beliefs: Their role in methadone maintenance treatment. *Journal of Social and Clinical Psychology, 23*(5), 675-696.