

Cognitive-behavioural
psychotherapy of alcohol abuse. A
case study of moderately
intellectually disabled man's
addiction

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Rinnekeoti Foundation

- Rinnekeoti was founded in 1927
- Services: habilitation, medical and psychological treatment of people with intellectual disability in the province of Uusimaa in Southern Finland, population 1,2 million
- Polyclinic/outpatient clinic, open care and institutional care units and family care, sheltered work

”Tom”

- 35 years, when psychotherapy started
- Moderately intellectually disabled
- Cannot read or write
- Skills of calculation very limited, deals with small amount of money by himself
- Daily living skills are moderate (washing, eating, dressing ok, cannot cook)
- Learned to use busses in certain routes
- Physically in a good shape

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Life situation

- Living in a group home (day time personnel)
- Work in a storehouse as an assistant for 5 years (minimum wage)
- 10 years history of gradually growing alcohol consumption
- Girlfriend (1 year dating) has problems with alcohol consumption, occasional dating with other men, sheltered work

Before therapy

- Serious injury of his left arm hitting through a glass window damaging a tendon during a jealous fight with his girlfriend – both were drunk
- After surgical operation sick-leave
- Contact to a psychologist in order to estimate the situation

Beginning of the psychotherapy

- Tom was ashamed, had suicidal thoughts and was depressed
- Worried about his work and health - will he be able to go back, will the functions of the hand be alright after sick leave
- He was motivated for change
- No earlier experiences of psychotherapy

Plan

- What is psychotherapy, what we are doing together?
Discussing the problems, what went wrong, what to do in the future in order to avoid the troubles.
Clarifying thoughts, emotions and bodily feelings related to alcohol consumption
Meaning of choices.
- Structure of the therapy: once a week, lasted 7 months

Objectives

- Right now, short term (3 mths), long term (1 year)?
 - Not to harm myself,
 - Stay out of trouble/alcohol
 - To keep the job and start working again
 - To achieve emotional balance /dating
- What I want, what choices I have to make in order to reach the goals?

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Therapy themes

- Discussions concerning the traumatic event
- Depression
- Alcohol consumption
weekly 2-6 pints beer (usually) at a time
weekends, paydays + extras
often alone, with a girlfriend, paydays with other workers
- Riskfactors (1. payday 2. others are teasing)
- Relapse prevention
- Disability

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Methods

- Discussions: analysing thoughts, emotions and bodily feelings
- Relaxation training: how to discriminate tense and relaxed, helped also to make images more vivid
- Assertiveness training and role play: especially the paydays; how to say "No, I won't go to the bar", "it's your turn to buy coffee and cake, beer and chips"
- Contact to the foreman to stop the verbal and financial abuse of low-educated fellow-workers

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Methods 2/Disability

- Disability

”What if others call me a coward, dummy...”

-> ”admitting that I am disabled, I can´t help it”

- thoughts and feelings concerning worthiness,
loneliness

”I can do lots of things in my work, I can concentrate
what I do, I can use public transport etc.”

” I have money to buy what I want = something else
than alcohol”

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Question of spare time

- What to do instead of drinking?
- What has been the "program" on those days he was not drinking?
- How to date if girlfriend want's go to the pub?
- Is it possible to drink non-alcohol drinks in the pub? What do the others say? Do they tease me?
- Cinema, music, meeting friends

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Results

- At the beginning no alcohol (plaster = good reminder) 2,5 months
- Relapses with regret, resentment and anxiousness
- That's not the end of the world, I can try again
- If I feel thirsty, can I drink something else than alcohol (beer) -> Yes I can!
- New coping skills, new ways of interpreting bodily feelings
- Depression diminished/decreased gradually – no signs at the end of the psychotherapy wich lasted 7 months
- At the end no alcohol consumption

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Follow up

- After the therapy only few relapses followed by booster sessions f-up 3 months
- After that no more relapses in three years

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Conclusion

- Cognitive-behavioural psychotherapy can be applied also for moderately intellectually disabled persons in the treatment of alcohol abuse

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