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Alcohol Use Disorders: The Role of Employment Status and the Effectiveness of Occupational Therapy

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Abstract

Alcoholism is an addiction that has a high prevalence in Central and Eastern Europe, alongside tobacco use and obesity, being recognized as one of the major factors contributing to disability and premature death. The economic pressure caused by alcohol consumption is significant, and national economies suffer major deficits due to this widely propagated phenomenon. Understanding the consumption behavior, from its origins to the development of the behavior itself, and the treatment of alcohol dependence, falls within the purview of psychiatric and psychological practice. The multitude of facets of alcohol consumption makes it both attractive to a wide range of individuals and difficult to define in terms of its influence on the person as a whole: physiologically, temperamentally, characterologically, and psychosocially. The effects of alcohol on consumers are specific to a versatile substance: disinhibition, reduction of anxiety, alteration of somatic sensations, speech rate and fluency, motor skills, and other cognitive-behavioral dimensions. The addictiveness of alcohol is closely related to its impact on consumers, especially in terms of the relationship that develops between the individual and the behavior of consumption. As the literature shows, the development of alcohol addiction is linked to deep emotional aspects specific to humans, giving it a psychosocial and cultural component that transforms it into a characteristic human construct.

Keywords: addiction, alcoholism, alcohol abuse, abstinence, recovery

Introduction

An important clarification in the discourse about alcoholism is that it primarily represents a level of alcohol consumption. One cannot discuss ethanol addiction in the absence of consumption. The latter precedes and accompanies it as a dimension but not as the exclusive, defining factor. The path from alcohol consumption to dependence is as follows: Regular alcohol consumption (commonly referred to as "moderate" consumption in social terms), with its quantitative escalation (whether manifested as brief episodes of abuse or extending over several consecutive days during which a person is intoxicated), falls under the category of problematic consumption. Regular alcohol consumption escalates to a substance use disorder when it leads to specific functional, psychological, somatic, familial, or social problems.

Returning to the previous assertion, that alcohol consumption is a factor of alcoholism, the characteristics of this disorder extend far beyond it to explain the true extent of the pathology. Most importantly, the decisive factor is not whether a person drinks but how they drink, or the difference between functionality and dysfunctionality.

Moderate alcohol consumption (defined as one alcoholic drink per day for women and two alcoholic drinks per day for men*) is considered to be free from risks, and there have even been documented potential benefits for healthy consumers (Stockwell & Chikritzhs, 2013; French &

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Zavala, 2007), such as reducing the risk of developing circulatory diseases or heart pathologies, ischemic strokes, and diabetes. Additionally, self-reported health status among individuals with moderate alcohol consumption is better than that of abstinent individuals with a history of alcohol abuse. Moderate alcohol consumption has also been found to be associated with a reduced risk of atherosclerosis and osteoporosis in women over 45 years of age (Dufour, 1999).

Although the quantity of alcohol that falls within the parameters of moderate consumption is subjective and culturally dependent, there are accepted parameters at the societal level that define "one drink." However, in some societies, the per capita alcohol consumption is higher, influencing the acceptance of the concept of moderate alcohol consumption among the population.

Consistency is a defining factor for categorizing and maintaining consumption behavior within moderation limits. It refers to low or moderate consumption that remains constant without polarized tendencies, especially in terms of increased quantity or frequency. If there is a reduction in consumption, psychosomatic imbalances do not necessarily occur. However, if there is a quantitative increase, it is necessary for the individual to analyze and monitor it so that it does not exceed their self-management capacity and does not pose real health problems.

The personal consumption evolution of each ethanol user occurs when they exceed moderate consumption in accordance with the societal perception in which they live. Abuse or maladaptive use of ethanol represents an upward stage in this negative evolution. A change in consumption behavior occurs through its amplification in terms of quantity and/or frequency. At this point of consumption, its effects can have a greater or lesser impact on other aspects of a person's life (Nutt, 1999) - related symptoms or adverse effects of alcohol consumption may occur: intoxication with affective and somatic symptoms - emotional hyperplasia, susceptibility (Stappenbeck & Fromme, 2014), loquacity (Adachi et al., 1991), disinhibition (Yeomans, Hails & Nesic, 1999), retrograde memory disorders (White, 2003), orthostatic balance disorders, or locomotion disorders. In addition, those close to the individual may notice a change in their behavior, either regarding their consumption or their conduct. Any of these manifestations can be causes for concern and can guide the person towards controlling or discontinuing their consumption. In the absence of voluntary control over consumption at this point, there are some premises for it to develop into addiction. Addictive alcohol consumption is defined by the difficulty of conscious control by the consumer, among other factors.

Addiction encompasses both consumption (the first stage) and abuse (the second stage) of alcohol, surpassing them through its major psychosocial dimension. Alcohol dependence often hinders daily activities, both professionally and in fulfilling family obligations. A significant component of addiction is the search for the substance, especially the personal resources (time, money, volitional and motivational energy) invested in seeking and obtaining the substance - a significant part of a person's time is dedicated to searching for, obtaining, and consuming the substance.

On the other hand, individuals who engage in addictive alcohol consumption may have a real or formal awareness of the seriousness of the pathological circumstances, and in some cases, they may completely reject the idea of having maladaptive consumption. This is the most challenging category to address, with the lowest success rate attributed to non-compliance with treatment, defective impulse control, and lack of commitment to treatment. This illustrates how the stage-wise progression of alcohol consumption (Moussas, Christodoulou & Douzenis, 2009) tends to elude voluntary control because the boundaries between the various levels of consumption are extremely fragile. Under the influence of personal physiological and personality factors, as

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well as social factors, uncontrolled alcohol consumption constitutes microsocial distress for the individual and those close to them, but it also represents a social risk factor that impacts national economies and significantly affects the international economy each year with substantial sums.

This phenomenon is attributed to the adjacent problems that result from this maladaptive behavior: absenteeism in the workplace, decreased productivity, unemployment, medical costs related to somatic pathologies favored by alcohol consumption, etc.

According to records of organizations dealing with this phenomenon, among individuals facing alcohol consumption disorders, only a limited number seek specialized help to combat them. One in 6 consumers with consumption disorders sought treatment. Globally, 1.4% of the population is affected by an alcohol-related disorder. Among those seeking help to control their consumption, the success rate is around 36%, leaving a significant percentage of affected individuals with a recurrent chronic condition that affects their lives and their families.

In 2019, alcohol consumption affected 58 million Europeans (abuse, harmful consumption, or excess), of which 28 million were alcohol-dependent (with a preference for the male population), and many of them were not under treatment. In Romania, it was noted in 2020 that the per capita alcohol consumption decreased by approximately 35% compared to 2010. However, this does not imply a decrease in the number of heavy alcohol consumers in our country. Thus, among the Romanian population of alcohol consumers, 67% of men and 31% of women engage in abusive consumption. Currently, 2% of the male population and 0.6% of the female population suffer from alcohol dependence.

A strategy for combating maladaptive ethanol consumption adopted by most government agencies focuses on the cost of the product (resorting to price increases), limiting its availability to the general public (granting licenses for the sale of alcoholic beverages to a limited number of commercial entities), and restricting or even prohibiting its promotion in public spaces (posters, TV commercials). These measures have proven somewhat effective and are included in the recommendations of the World Health Organization for combating alcohol abuse (WHO, 2011). However, they do not address the underlying issue, which arises at both the collective and individual levels: once consumption becomes maladaptive (abuse, intoxication, addiction, somatic, mental, and behavioral disorders due to alcohol consumption), the person will continue to invest their resources in seeking, obtaining, and consuming it.

As a result, measures to reduce the availability and attractiveness of alcoholic beverages have no effect on this risk category since constant alcohol consumers have the availability to invest substantial personal resources in this substance, as their intrinsic motivation is directed towards it. Thus, there is a need for community-based therapeutic interventions that address alcohol consumption issues, making it easier for individuals dealing with them to realize the magnitude in their lives and identify ways to quit this maladaptive behavior.

Currently, treatments for addiction and maladaptive alcohol consumption exist and yield results, whether delivered in the form of Falkowski group therapy (2021), cognitive-behavioral psychotherapy (Chen et al., 2019), psychoeducation, or interventions like Alcoholics Anonymous. Success rates for these interventions vary depending on the specific characteristics of each patient from a social, familial, and psychological perspective. In the case of Alcoholics Anonymous, the success rate ranges from 50% to over 75% of cases (often, percentages between 50 and 75 are attributed to individuals who recover after several relapses).

The specificity of psychotherapeutic interventions involving psychoeducation and cognitive-behavioral therapy significantly overlaps with that of the Alcoholics Anonymous

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program (Marcovitz et al., 2020). Most often, therapeutic intervention is syncretic, with recommendations to combine individual psychotherapy with therapy groups and Alcoholics Anonymous meetings. Over the past few years, especially during the COVID-19 pandemic, with the expansion of activities in the online environment, psychotherapy has not been an exception to this trend, becoming both a tool in combating social isolation and an accessible means of continuing the treatment of chronic disorders such as alcohol dependence. Online therapy for alcoholism has been considered for logistical reasons and to maximize the efficiency of intervention (Chen et al., 2019).

Of those with consumption disorders in 2021, one in six consumers was under treatment, with even lower engagement rates in developing and low-income countries (Mekonen et al., 2021). Given the legality of alcohol sales and consumption in most European societies and cultures, the pathological nature of consumption behavior becomes increasingly difficult to argue, as alcohol use for recreational purposes is generally accepted and, in some cases, even promoted within specific circles, as an aid for emotional tension relief or as a facilitator of social interactions. This highlights the "solution to emotional problems" aspect attributed to alcohol consumption.

Methodology

The aim of this study is to identify the effectiveness of occupational therapy intervention in reducing alcohol consumption among patients hospitalized in the psychiatric hospital, with at least one admission during the current year (including the one they participate in as part of the psychoeducational therapy program). Additionally, it aims to identify the relationship between the number of days worked and the number of relapses resulting in hospital admissions recorded during the current year.

To achieve this goal, five participants (N=5) were selected from patients hospitalized in the psychiatric hospital, aged between 33 and 50 years.

Inclusion criteria for the study:

- Diagnosis of alcohol use disorder.

Exclusion criteria:

- Diagnosis of psychotic disorders such as schizophrenia or delusional disorder.

The majority of participants come from rural areas (N=3). The occupational therapy intervention consisted of participating in creative workshops (manual work, weaving, modeling, painting) conducted over 10 sessions, each lasting 90 minutes, with a 2-day break after the first 5 sessions (weekend).

The evaluation instruments used include:

1. ERQ (Emotion Regulation Scale - 12 items): This scale measures emotion regulation abilities. It was administered both before the therapy sessions and at the end of the hospitalization (which did not necessarily coincide with the end of the therapy sessions).
2. AUDIT (Alcohol Use Disorders Identification Test): This is an instrument used to assess the severity of alcohol consumption. It was also administered before the therapy sessions and at the end of hospitalization.

In addition to the variables directly relevant to the study, each participant underwent standard psychological testing as part of their individual assessment.

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Elaborate presentation of the 4 Case Studies

Case Study 1 - CZ

Identification Data: Male, 47 years old, unmarried, no children in care.

Education: Completed 10 years of school without a diploma.

Occupation: Engaged in various unskilled occupations - arranging goods, low-risk security, day labor in agriculture.

Family Background: Second-born in a family of two children. Both parents were deceased in the last 10 years. Lives alone in a two-room apartment left to him by his parents.

Heredocollateral Background (HCB): Father exhibited maladaptive alcohol consumption in the last 20 years of his life, with multiple admissions to psychiatric units. The cause of death was liver cirrhosis.

Medical and Psychiatric History: The patient has had multiple psychiatric admissions in the last 10 years due to chronic ethanol abuse combined with episodes of varying intensity of depression.

Number of Relapses in the Last Year:

Hospitalizations: 3

Days Worked: 84 (held three different jobs, remaining employed for 2 months at one).

Circumstances of the Last Hospitalization: CZ presented himself for admission following a relapse lasting 3 days. He reports that his employer, for whom he worked without legal formalities, delayed payment for more than 14 days. When he finally received payment, the money was less than agreed, which led to an outburst of anger. He claims to have spent the money he received from his employer on alcohol on the first day, subsequently borrowing money. "When no one would lend me money anymore, I knew there was nothing left to do but come here for treatment."

Mental Status: Oriented to self, time, and place; unaffected working memory.

Psychological Examination:

Purpose: Clinical evaluation of current cognitive and affective processes.

Methods and Techniques Used in Psychological Clinical Assessment: Psychological observation, semi-structured clinical interview (SCID V), psychometric method.

I. GENERAL AND BEHAVIORAL ASPECTS DURING EXAMINATION:

The patient establishes psychological contact spontaneously and maintains it easily.

Mood: moderate, with mobile facial expressions and gestures. Speech: coherent under psychiatric medication, focused on the reason for admission and facilitating events. Oriented in space and time

Personal History:

Education: Completed 10 years of school.

Occupation: Unskilled jobs.

Psychiatric History: The patient has a psychiatric history related to problematic alcohol consumption and mood disorders.

The patient shows interest in psychometric tests and engages with them easily.

Verbal comprehension time: congruent with the average witness.

Perceptions: No productive perceptual manifestations**.**

II. EVALUATION OF COGNITIVE PROCESSES (MAB II, Rey Memory Test):

Attention (Prague): Psychomotor initiation is good. The activity curve is slightly disorganized. Global prosexic performances show a subclinical decrease in significance**.**

Memory (Rey): Attitude toward tests: cooperative. Recall control: stable. Slight hypermnesia for negative events, and memory fixation falls within reference parameters. Overall mnemonic performance is clinically insignificant.

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Thinking (MAB II):
Quantitative: General cognitive performance and GMA are clinically insignificant.
Rhythm and ideational flow: slightly accelerated.
Qualitative: depressive tendencies (feelings of helplessness, “feeling like nobody cares outside of this hospital”, “nobody wants to help me”, negative overgeneralization).
III. PERSONALITY AND AFFECTIVE LEVEL ASSESSMENT (SCID V):
Personality presents a maladaptive pattern of ethanol use (currently showing long periods of abstinence with consumption activated by depressive reactions).
Affective: shows mild affective regression, moderate depressive symptoms (diminished under treatment), emotional instability, and behavioral impulsivity.
BURNS-27 (moderate depression)
Global Assessment of Functioning Scale (GAFS): 55 - impulsive episodes with reactive background, limited social relationships, mixed insomnia (responds positively to treatment).
Conclusions:
Psychometric changes due to depressive and anxious symptomatology (currently of moderate intensity, controlled by medication).
Emotional imbalance favoring relapses into alcoholism, low frustration tolerance, and behavioral impulsivity.

Case Study 2 - PC
Identification Data: Male, 34 years old, unmarried, no children in care.
Education: Completed 12 years of school without obtaining a bachelor's degree.
Occupation: Until recently, he worked in a factory in Spain.
Family Background: An only child, his parents are separated and live in Bucharest. Currently, the patient lives with his mother.
Heredocollateral Background (HCB): Unspecified (possibly nonexistent). The patient mentions an aunt who committed suicide.
Medical and Psychiatric History: PC has had multiple psychiatric admissions, starting from adolescence, due to alcohol abuse and certain behavioral disorders.
Number of Relapses in the Last Year: 1 (current)
Hospitalizations: 1
Days Worked: 126 (as a factory worker in Spain)
Circumstances of the Last Hospitalization: PC was brought to the hospital by ambulance after a 9-day episode of alcohol abuse. He claims that the relapse occurred immediately after returning from Spain (where he had a reduced work schedule and no longer found it worthwhile to stay) following a breakup with his partner, who discovered that the patient was still in contact with another woman. From his account, it appears that he managed to spend all the money he had saved in Spain (approximately 4000 euros) during the 9 days of consumption, "I treated others, lent money, and bought things for myself." Upon realizing that he had spent his savings, he suffered a panic attack and called for an ambulance, directing the crew to bring him to the psychiatric hospital. Upon admission, the patient is in alcoholic intoxication.
Mental Status: Oriented to self, time, and place. Presents restlessness, agitation, and tremors specific to alcohol withdrawal.
Psychological Examination:
Purpose: Clinical evaluation of current cognitive and affective processes.

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Methods and Techniques Used in Psychological Clinical Assessment: Psychological observation, semi-structured clinical interview (SCID V), psychometric method.

I. GENERAL AND BEHAVIORAL ASPECTS DURING EXAMINATION:

The patient establishes and maintains psychological contact easily.

Mood: moderate, with reduced facial expressions and gestures. Speech: coherent, focused on the issue of interest (motivation for admission, current symptoms), with mild dysarthria. Cooperative attitude; appearance - hospital attire, well-groomed, adequate hygiene. Oriented to self, time, and place.

Personal History:

Educational situation: Not specified.

Occupation: Worked in construction, both legally and informally. Currently holds seasonal jobs or works daily.

The patient lives with his mother, has no children, and has never been married.

Psychiatric History: Multiple previous admissions for harmful alcohol consumption and related symptoms (instability due to intoxication, episodes of aggression, marked anxiety, depressive symptoms).

II. EVALUATION OF COGNITIVE PROCESSES (MAB II, MMSE):

Attention (Prague): Psychomotor initiation is good. The activity curve is U-shaped. Global prosexic performances fall within the reference range.

Memory (Rey): Ambivalent attitude toward tests, overestimates the task's amplitude. Mnemonic performances show subclinical changes.

Thinking (MAB II):

Quantitative: General cognitive performances are clinically insignificant.

Ideational rhythm: Moderate.

Qualitative: Ideation exhibits slight monopolar negative affective modularity (ideas of depressive nature - worthlessness, low self-esteem, episodes of sadness and hopelessness).

III. PERSONALITY AND AFFECTIVE LEVEL ASSESSMENT (SCID V):

Disharmonious personality structure, due to chronic harmful alcohol consumption. Currently, he experiences periods of abstinence ranging from several months to a year. Relapses are rare and short-lived.

Affective - regression and affective immaturity, moderate depressive-anxious symptoms (sometimes I don't know how to cope, I can't find a solution).

Illness insight - present

GAFS 65 - no longer employed.

Limited social relationships

Reduced functional capacity, especially in relation to alcohol consumption

Conclusions:

The maladaptive behavioral pattern of ethanol use, currently experiencing significant periods of abstinence; depressive symptomatology, social risk factors (lack of stable employment). Protective factors: desire for rehabilitation**.**

Case Study 3 - KB

Identification Data: Male, 33 years old, unmarried, no children in care.

Education: Completed 12 years of school without a bachelor's degree.

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Occupation: Worked as a security guard (certified) until 10 years ago when he obtained a disability pension, which he currently lives on.
Family Background: An only child, lives with his parents.
Heredocollateral Background (HCB): None.
Medical and Psychiatric History: The patient has had multiple psychiatric admissions in the last 12 years due to chronic alcohol abuse and organic personality disorder.
Number of Relapses in the Last Year: 4 (including the current one)
Hospitalizations: 4
Days Worked: 0 (does not wish to work)
Circumstances of the Last Hospitalization: KB presented for admission, by his own will, affirmatively "to see the folks at the hospital" and because "he drank again and did stupid things." He has low motivation to quit drinking, which is concealed. He downplays the severity of his symptoms.
Mental Status: Oriented to self, time, and place. Memory is unaffected.
Psychological Examination:
Purpose: To evaluate current cognitive and affective processes.
Methods and Techniques Used in Psychological Clinical Assessment: Psychological observation, semi-structured clinical interview (SCID V), psychometric method.
I. GENERAL AND BEHAVIORAL ASPECTS DURING EXAMINATION:
The patient establishes psychological contact relatively spontaneously. Well-groomed appearance, expressive facial expressions, and gestures. Mood: negative. Speech: repetitive, emotionally poorly modulated, focused on the reason for admission (father called the police following a domestic conflict, the patient was intoxicated at the time), no productive perceptual disturbances.
Personal History:
Educational situation: Completed high school.
Occupation: Worked as a security guard for 10 years. Has not worked for 3 years due to medical retirement. Lives with his parents. Has never been married and has no children.
Psychiatric History: Multiple psychiatric admissions; assessment and establishment of a therapeutic approach are requested in the context of addictive symptomatology: lack of any useful activity ("I just stay at home, listen to music, or go drinking with my buddies, my father does all the work in the yard, they don't let me do anything, and I don't have much motivation to work because I have a pension"), reduced prosexic performance, no delusional ideas, behavior accentuated by irritability and impulsivity favored by chronic alcoholism, long episodes of alcohol consumption.
Interest in psychometric tests is captured and maintained easily. Verbal understanding time: within average witness limits. Engagement in psychometric tasks: arrhythmic.
Perceptions: no productive perceptual disturbances.
II. EVALUATION OF COGNITIVE PROCESSES (MAB II):
Attention (Prague): Psychomotor initiation is slow. The activity curve is slightly disorganized. Global prosexic performance: subclinically significant. Significant deficit predominantly in voluntary concentration on organized imposed stimuli.
Memory (Rey): Ambivalent attitude toward tests. Fixation requires operational processing effort of stimuli. Fixation is focused on the first and last stimuli in the series. Evocation control: unstable. Acquisition curve: unstable, revealing significant motivational and attitudinal dynamic disorders.

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Thinking

Quantitative: General cognitive performances are clinically insignificant.

Ideational rhythm: Slightly slowed. Ideation: coherent under psychiatric medication. Qualitative: Slight decrease in self-esteem, lack of responsibility.

III. PERSONALITY AND AFFECT LEVEL ASSESSMENT (SCID V, MCMI III, Burn):

Disharmonious personality structure due to long-term alcohol consumption. Currently presents clinically significant scores on the alcohol consumption subscales of MCMI III. Unstable motivational dynamics regarding quitting. Ambivalence.

Burn Test - indicates mild depression.

Conclusions:

Psychometric changes against the background of a structured personality due to alcohol consumption. Motivational disorders.

Case Study 4 - GS

Identification Data: Male, 38 years old, unmarried, legally adopted his concubine's daughter at the age of one.

Education: Completed 12 years of school and obtained a bachelor's degree.

Occupation: Works as an unskilled laborer in a furniture factory.

Family Background: An only child. His father passed away when he was 15 years old. His mother remarried legally 9 years later. For the past month, he has been living in his parental home with his mother and stepfather, after ending a concubine relationship of 16 years.

Heredocollateral Background (HCB): Mother diagnosed with dysthymia**.**

Medical and Psychiatric History: The patient has had multiple psychiatric admissions in the last 6 years due to chronic alcohol abuse and behavioral disorders.

Number of Relapses in the Last Year: The patient is currently in his first admission and first attempt to quit drinking.

Hospitalizations: 1

Days Worked: 130

Circumstances of the Last Hospitalization: GS came for admission accompanied by his mother after a conflictual episode with his stepfather: he had an explosive outburst and threatened the latter to leave "his father's house." The conflict arose due to financial pressure exerted by the patient on his family and was resolved by his mother, who convinced GS to go to the hospital.

Mental Status: Oriented to self, time, and place, with unaffected working memory.

Psychological Examination:

Purpose: To evaluate current cognitive and affective processes.

Methods and Techniques Used in Psychological Clinical Assessment: Psychological observation, semi-structured clinical interview (SCID V), psychometric method.

I. GENERAL AND BEHAVIORAL ASPECTS DURING EXAMINATION:

Medical History: The patient is known to have diabetes. Assessment and establishment of a therapeutic approach are requested in the context of the following symptomatology: chronic alcohol consumption, dysphoric mood, decreased prosexic performance, easy catharsis, lamentation, negative overgeneralization.

Interest in psychometric tests is captured and maintained with difficulty and submissiveness. Verbal understanding time: within average witness limits. Engagement in psychometric tasks: arrhythmic**.**

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Perceptions: No productive perceptual disturbances.

II. EVALUATION OF COGNITIVE PROCESSES:

Attention (Prague): Psychomotor initiation is slow. The activity curve is slightly disorganized. Global prosexic performance: situated below the average witness, with subclinical significance. Significant deficit predominantly in voluntary concentration on organized imposed stimuli.

Memory (Rey): Cooperative attitude toward tests. Fixation requires operational processing effort of stimuli. Fixation is focused on the first and last stimuli in the series. Evocation control: slightly unstable. Acquisition curve: unstable, revealing disorders in motivational and attitudinal dynamics.

Thinking (MAB II)):

Quantitative: No clinical significance. Ideational rhythm: moderate. Ideation: coherent under psychiatric medication.

III. PERSONALITY AND AFFECT LEVEL ASSESSMENT (SCID V, BPRS, MCMI III, BRDS, Burn):

Disharmonious personality pattern due to alcohol consumption. The Burn Test highlights mild depression with subclinical significance.

Social insertion/Functionality - GAFS: 60/100

Conclusions:

Psychometric changes against the background of a structured personality due to alcohol consumption and depressive symptoms.

Results and Discussion

A negative relationship has been observed between the number of days worked and the number of relapses resulting in hospital admissions in the past year among the patients included in the study (see Table 1).

Additionally, following participation in occupational therapy sessions, patients with alcoholism reported a subjective improvement in their well-being and an increase in activity (spending more time outside of the hospital room, socializing, or assisting staff in various activities) and openness (reporting that they have met more people). Furthermore, emotional regulation has improved.

The level of alcohol consumption reported on the AUDIT questionnaire did not change significantly, a situation primarily explained by the timeframe to which the questions refer ("over the past few months").

Patients self-report an increase in subjective motivation to quit alcohol.

These findings suggest that occupational therapy has had a positive impact on the patients' overall well-being, social engagement, emotional regulation, and subjective motivation to quit alcohol. It's important to note that the lack of significant change in reported alcohol consumption could be due to the relatively short timeframe of the AUDIT questionnaire, and longer-term changes may become more apparent over time.

Continued therapy and support for these patients, along with strategies to address their alcoholism, will be crucial in helping them maintain their progress and improve their overall quality of life. Further research and longer-term follow-ups may provide more insight into the effectiveness of these interventions.

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Table1. Relationship between number of worked days and number of hospital admissions

Participant No.	No. of worked days in 2023	No. of hospital admissions 2023
1.	84	3
2.	126	1
3.	0	4
4.	130	1

Table 2. ERQ Comparative scores pretest-posttest

Participant No.	ERQ PRETEST	ERQ POSTTEST
1.	30	45
2.	35	41
3.	28	50
4.	26	40

Conclusions

Common psychobehavioral patterns are observed among alcohol consumers who experience relapses. Individuals who exhibit an addictive or maladaptive pattern of consumption and successfully quit tend to maintain this state of abstinence for longer periods in conditions of stability and emotional balance. In cases where external circumstances or intrapsychic phenomena disrupt internal equilibrium and promote relapse in substance use by reducing the capacity for delayed gratification, this is manifested at the cortical level through the activation of dopaminergic pathways in the mesolimbic system, primarily located in the accumbens nucleus within this cortical area. These phenomena underscore the profound connection that maladaptive alcohol consumption has with motivational psychic structures and volitional processes. Their voluntary orientation is suppressed by the disruptions caused by ethanol in the dopaminergic system, on the one hand, and by the numerous psychosocial effects that alcoholism has on the lives of consumers, on the other hand.

Recovery from an addictive pattern of alcohol consumption is a longitudinal and dynamic process that depends on the continuous assessment of the person's biopsychosocial condition and involves sustained efforts to anticipate and counteract the impulse to resume consumption. For this purpose, a less conventional but potentially effective secondary treatment option is occupational therapy.

Lastly, an individual facing alcohol use disorder particularly benefits from a holistic approach that takes into account all personal, intrinsic, and environmental aspects. Such an approach considers intervention on multiple fronts to prevent relapses. Additionally, psychoeducation aimed at raising awareness of the pathological nature of consumption, as well as the resources available to counter it, forms a healthy foundation for stable and enduring recovery.

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References

Adachi, J., Mizoi, Y., Fukunaga, T., Ogawa, Y., Ueno, Y., & Imamichi, H. (1991). Degrees of alcohol intoxication in 117 hospitalized cases. *Journal of studies on alcohol*, *52*(5), 448-453.

Beutler, L. E., Consoli, A. J., & Lane, G. (2005). Systematic treatment selection and prescriptive psychotherapy: An integrative eclectic approach. *Handbook of psychotherapy integration*, *2*, 121-143.

Brower, K. J., Blow, F. C., & Beresford, T. P. (1989). Treatment implications of chemical dependency models: An integrative approach. *Journal of Substance Abuse Treatment*, *6*(3), 147-157.

Chen, J., Qian, M., Sun, C., Lin, M., & Tang, W. (2019). Clinical effectiveness of cognitive behavioural therapy on alcohol-dependent patients: an observation with the WeChat platform. *General Psychiatry*, *32*(5).

Davies, J. (2018). Addiction is not a brain disease. *Addiction Research & Theory*, *26*(1), 1-2.

Dufour, M. C. (1999). What is moderate drinking?: Defining "drinks" and drinking levels. *Alcohol Research & Health*, *23*(1), 5.

Egervari, G., Siciliano, C. A., Whiteley, E. L., & Ron, D. (2021). Alcohol and the brain: from genes to circuits. *Trends in Neurosciences*, *44*(12), 1004-1015.

Foxall, G. (2016). *Addiction as consumer choice: Exploring the cognitive dimension*. Routledge.

Falkowski, W. (2021). Group psychotherapy for alcoholics and drug addicts. *The International Handbook of Addiction Behaviour*, 244-248.

French, M. T., & Zavala, S. K. (2007). The health benefits of moderate drinking revisited: alcohol use and self-reported health status. *American Journal of Health Promotion*, *21*(6), 484-491.

Graham, M. D., Young, R. A., Valach, L., & Alan Wood, R. (2008). Addiction as a complex social process: An action theoretical perspective. *Addiction Research & Theory*, *16*(2), 121-133.

Heilig, M., MacKillop, J., Martinez, D., Rehm, J., Leggio, L., & Vanderschuren, L. J. (2021). Addiction as a brain disease revised: why it still matters, and the need for consilience. *Neuropsychopharmacology*, *46*(10), 1715-1723.

Heyman, G. M. (2009). *Addiction: A disorder of choice*. Harvard University Press.

Leshner, A. I. (1997). Addiction is a brain disease, and it matters. *Science*, *278*(5335), 45-47.

Lewis, M. (2017). Addiction and the brain: development, not disease. *Neuroethics*, *10*, 7-18.

Marcovitz, D. E., McHugh, R. K., Roos, C., West, J. J., & Kelly, J. (2020). Overlapping mechanisms of recovery between professional psychotherapies and alcoholics anonymous. *Journal of addiction medicine*, *14*(5), 367.

Mekonen, T., Chan, G. C., Connor, J., Hall, W., Hides, L., & Leung, J. (2021). Treatment rates for alcohol use disorders: a systematic review and meta-analysis. *Addiction*, *116*(10), 2617-2634.;

Miller, W. R., & Heather, N. (Eds.). (2013). *Treating addictive behaviors: Processes of change* (Vol. 13). Springer Science & Business Media.

Nutt, D. (1999). Alcohol and the brain: pharmacological insights for psychiatrists. *The British Journal of Psychiatry*, *175*(2), 114-119.

Randolph Haber, J., B Koenig, L., & Jacob, T. (2011). Alcoholism, personality, and religion/spirituality: an integrative review. *Current Drug Abuse Reviews*, *4*(4), 250-260.

Reinarman, C., & Granfield, R. (2014). Addiction Is Not Just a Brain Disease: Critical Studies of Addiction 1. In *Expanding addiction: Critical essays* (pp. 1-21). Routledge.

Riessman, F., & Carroll, D. (1996). A new view of addiction: Simple and complex. *Social Policy*, *27*(2), 36-47.

Satel, S., & Lilienfeld, S. O. (2014). Addiction and the brain-disease fallacy. *Frontiers in psychiatry*, *4*, 141.

Stappenbeck, C. A., & Fromme, K. (2014). The effects of alcohol, emotion regulation, and emotional arousal on the dating aggression intentions of men and women. *Psychology of addictive behaviors*, *28*(1), 10.

Stockwell, T., & Chikritzhs, T. (2013). Commentary: Another serious challenge to the hypothesis that moderate drinking is good for health?. *International journal of epidemiology*, *42*(6), 1792-1794.

West, R., & Brown, J. (2013). Theory of addiction.

White, A. M. (2003). What happened? Alcohol, memory blackouts, and the brain. *Alcohol Research & Health*, *27*(2), 186.

Yeomans, M. R., Hails, N. J., & Nesic, J. S. (1999). Alcohol and the appetizer effect. *Behavioural pharmacology*, *10*(2), 151-161.