A STUDY ON THE EFFECT OF THE SOLUTION FOCUSED APPROACH IN THE TREATMENT OF PSYCHOACTIVE SUBSTANCES DEPENDENCE DURING THE PHASE OF DETOXIFICATION

Vanya Dineva
Pedagogy, Psychology and History Department, University of Ruse, Bulgaria
Psychologist, Mental Health Center, Ruse, Bulgaria vdineva@uni-ruse.bg

Abstract: The paper addresses the pragmatic aspects and the effect of the Solution Focused Approach (directed to patients' individual targets, resources, skills, abilities, strong points, and successes) in the treatment of psychoactive substances dependence during the phase of detoxification conducted at the Mental Health Center in Ruse, Bulgaria. For the period of 8 months 55 addicts participated in two one-hour individual sessions having no other psychological interventions. Thirteen persons (5 women and 8 men) of the age between 19 and 25 years are diagnosed with "Syndrome of opioids dependence" (F11.2), and 42 persons (8 women and 34 men) of the age between 35 - 42 years are diagnosed with "Syndrome of alcohol dependence" (F10.2). The tested persons have intellectual quotient within the average norm and they are without cognitive disorders. In the solution-focused process, a major part of the opioid dependent persons (30.77 %) formulates a target to undergo a subsequent long-term treatment according to a daily/resident program and make steps for raising their educational degree (23.08 %). Probably, because of the higher social maturity, the professional qualification (19.05 %) and the necessity of labor activities (38.10 %) are the leading targets for people with alcohol dependence. The impression is that the percentage of the tested persons with F10.2 (23.80 %) and F11.2 (23.08 %), who are oriented to calling a professional help in case of a collapse or relapse, is approximately equal. It is suggested that these individuals have in mind the chronic relapsing running of the disorder and that the treatment is an opportunity for a better new beginning grounded on their experience.
The treatment of people included in the program is on a voluntary base. They were signed out from the hospital and after three months, they were personally contacted in order to monitor and get a feedback about their revealed potential for changes occurring in living aspects. Newly occurring problems were also discussed, as well as the ways of solving them. The results show the achievements on clients' way to reaching their personal goals. The biggest percentage is that of the alcohol dependent persons (66.67 %) who have succeeded to achieve the formulated personal target. In that aspect, the percentage of opioid dependent persons is considerably smaller (15.38 %). Partially achieved targets are observed for 21.43 % of the alcohol dependent and 23.08% of the opiate dependent individuals. In comparison with the alcohol dependent individuals (11.90 %) the percentage of the opiate dependent persons, who did not succeed to achieve a change, is higher. The percentage of people who did not set up another target is comparatively high: 38.09 % of the alcohol dependent and 84.62 % of the opiate dependent persons. 61.91 % of the alcohol dependent persons reported their readiness for setting up a further goal but only 40.48 % of them succeeded to reach it, while the rest of them had a partially achieved result. In this aspect the percentage of the opioid dependent persons is significantly smaller. It can be seen that within two sessions conducted during the phase of detoxification, the individually formulated targets, being detailed in steps of activities, help the addicts implement their personal preferences, make a certain progress and part of them be inspired for setting up new goals for realization. The act of monitoring by itself, including discussions on possible new problems and the ways of coping with them, can be regarded as an additional follow-up reminder session about the solution focused activities. It is probable that some side factors may influence the output data like: individual personality peculiarities; level of personal, emotional and social maturity/immaturity; environmental, family or other factors. In this context, a follow-up in-depth study on the relationships, their correlations, and therapeutic results is obviously necessary.
Keywords: Solution Focused Approach, psychoactive substances dependence, detoxification.

1. INTRODUCTION

Healing of people with psychoactive substances (PAS) dependence is a long and multi-directional process related to somatic, psychiatric, psychological, family, and social problems and it includes biological (inclusion of medications), psychological and social interventions [3]. The treatment is conducted in various conditions and it requires a multidimensional psychiatric test, assessment, diagnosis, detoxification. To achieve a sustainable behavior change, it is necessary to develop and apply a relevant strategy for a long-term therapy including medications and psychosocial methods [6, 7]. Detoxification is only a step in the dependence treatment and practically it does not lead to a sustainable new behavior. Detoxification allows coping with the sharp physical symptoms of the abstinent state. To some individuals it is a preceding stage of the efficient healing, but to others, it is insufficient for achieving a lasting abstinence from PAS [22]. The duration of detoxification depends on the heaviness of the abstinent syndrome and on the availability of somatic/psychiatric disorders, but the goal of its

application is to obtain patients' physical/mental stability and motivation for subsequent treatment after symptoms resolution [6]. The healing process is mostly effected by an adequate medication therapy and interventions that provoke a possible change of the status quo. Specialized literature sources describe numerous investigations concerning detoxification, which are mostly psychopharmacologically oriented [10, 16, 19]. The number of publications on the influence of psychosocial interventions is considerably smaller [11, 21], including the Solution Focused Approach (SFA) that is associated with the addicts' personal choice, available individual resources and responsibility for one's own behavior.

2. EXPOSITION

In the beginning of a voluntary detoxification, the addicts usually declare their desire for coping with the dependence and for a change of behavior stating various healthy, financial, family, social, professional, legal, and other problems. Nevertheless, many of them cease the treatment by their own before the scheduled time and in most cases, the decision is followed by a relapse. The results from the investigations show that during the first week of detoxification 30% - 40% of the patients relapse [9], but the readiness for a subsequent treatment is a predictor for its positive effect [18]. In this aspect, it is appropriate to introduce SFA directed to patients' individual targets, resources, skills, abilities, strong points, and successes [4]. SFA is efficiently applied in the treatment of addicts at the specialized Mental Health Center (MHC) in Ruse, Bulgaria.

In the clinic drug practice, after getting familiar with an addict and recording the sociodemographic data, the solution-focused conversation starts with understanding patient's expectations and underlines the potential benefits from the treatment during the detoxification phase asking the following questions:

”What are your expectations from the healing program?”

”What results do you want to achieve so as to accept that your treatment is successful at this stage?”

Some of the most typical answers related to a concrete result might be, “I want to be healed…I want to feel good…I want to stop drinking…I want to stop the use of drugs…then I will feel good… after the treatment I expect to start on a clean slate…to lead a normal life like other people…” This is the beginning of the change – a process started yet with the desire to enter the healing program. Quite often, the individuals announce similar intentions but do nothing after that and they are in a state of hesitation for a long time. They doubt whether they can or cannot change because the decision for a new behavior type is entailed with drugs' stopping and it is hard to make it.

The conversation continues with the question:

“When you stop drinking/using drugs and you feel good - how will your life look like and what different things are you going to do?”

The conversation must be directed to make the client visualize their drug-free future. The goal is to help them construct their vision as:

- something important, desired and meaningful for their own life;
- a sequence of real concrete things they are going to do;
- a set of visualized and notable events;
- availability of something, vs. the lack of it;
- beginning vs. end of something;
- something that requires making efforts in order to cope with;
- something that is clear, reachable and realistic and depending solely on their abilities and resources.

In fact, the well-formed goals represent the activities that can be undertaken, fulfilled and timed (e.g. frequency, deadlines, durability).

The addict's goal can be defined with regard to:

1. The solution of their problem/difficulty;
2. Identification of the time of collapse and relapse;
3. Satisfactory assessment of the healing progress for concluding the entire treatment, not only the detoxification phase.

When there is a description of a concrete future behavior, the goal is set and it is time for asking scaling questions like:

“From 0-10, where 0 means things were the worst and 10 means things shall be possibly the best and you'll be free from that problem, where are you today according to this scale?”

“Where would you like to get to?”

“What will be the first thing that you can do?”

“What is different when you are a step forward?”

The conversation is directed to the understanding of the distance between the goal and the addict's current state by settling the moment or period to which the questions refer, i.e. now, today, the last hour, or the last week. The details help to uncover the difference and notice the signs of changes compared to the time when things have seemed monotonously same. Every next step that is discussed and thoroughly examined makes the

addicts feel more self-confident for coping with the difficulties. Thus, they can notice and evaluate their progress and visualize the next small step they can undertake in the direction of the goal.

During the conversation, the therapist and the client return to the time when the problem was not so big or even missing.

"Tell me about the time when this problem did not exist."

"How did you manage to cope with the difficulties then?"

"What was your most successful initiative?

"Who helped you and how did they do it?"

These exceptions aim to clarify what the client was doing before the problem confrontation, when and what has happened, who else was present, who was the most surprised by the lack of the problem, who was the first to notice the different behavior, etc. The therapist stimulates working out the details of the reactions, actions, and the relationships of the people from the social circle. Generally, it is a key to the description of the solution because the exceptions are instances of the desired goal already achieved in the addict's past. Thus, the client is motivated to develop their self-confidence for coping with the problem, and generally, they find the ways and the means to move forward to their goals by themselves. In this aspect, it is essential to focus on things, which the client used to do before the problem occurrence.

"How could you manage it?

"How did you make it?"

"How did you achieve it?"

"How can you do it again?

Almost everything can seem a sign of success, so the aim is to be emphasized that the responsibility is personal and the opportunities for coping with the problems are at one's disposal. Unveiling the success is part of the SFA creativity.

For PAS dependent individuals the collapses and relapses are the rule rather than the exception. They are frequently encountered in the process of client's recovering. In case of a collapse/relapse, the conversation is directed to a detailed identification of similarities and differences with regard to previous key places, events, people, quantity of PAS used, etc. The conversation is led in the following directions:

- What has been learnt from the personal experience;
- How to apply the knowledge previously gained to the current life situation;
- Identifying the probable measurable behavior changes.

Collapses/relapses are not a failure but an opportunity for a better new beginning based on previous experience. They are certainly preceded by a successful period without which they could not exist. This is why the accent is on the potential repetition of the successful attempts, their solidifying and turning into a rule.

In the end of every solution-focused conversation, the therapist compliments the client for the progress to the moment in result of the attempts they have made to solve the problematic situation. The therapist acknowledges the difficulties and makes suggestions for possible specific behavior activities.

Practically, the average hospital treatment within the stationary program of detoxification of addicts at MHC in Ruse lasts 20 days. SFA included in the individual therapeutic plan is conducted in one or two sessions according to patient's needs. For the period of 8 months 55 addicts participated in two one-hour individual sessions (after evaluating their intellectual and cognitive abilities) having no other psychological interventions. Thirteen persons (5 women and 8 men) of the age between 19 and 25 years are diagnosed with "Syndrome of opioids dependence" (F11.2), and 42 persons (8 women and 34 men) of the age between 35 – 42 years are diagnosed with "Syndrome of alcohol dependence" (F10.2).

The major part of the tested patients have graduated from high schools (53.85% of opiate dependent and 73.81% of alcohol dependent), the rest being educated at primary schools. Only 19.05% of all (with diagnosis F10.2) are permanently employed.

Unlike the tested persons with "Syndrome of opioids dependence" who are single, the major part of those with "Syndrome of alcohol dependence" includes divorced (50.00%) people, followed by married (40.48%) and single (9.52%).

Most of the addicts (47.61% of the alcohol dependent and 61.54% of the opiate dependent) have been registered with three hospitalizations for the latest 12 months, the remaining ones - two hospitalizations. The availability of chronic somatic diseases is reported only for 16.67% of the people with F10.2.

The tested persons have intellectual quotient within the average norm and they are without cognitive disorders.

In the solution-focused process, the addicts' personal targets generally formulated were reduced to those described in Table 1.

Table 1. Distribution of addicts according to their personal targets

Target	Personal target formulated in the process of detoxification (n=55)			
	F10.2 (n=42)		F11.2 (n=13)	
	frequency	percentage	frequency	percentage
Conducting a long-term treatment acc.to a daily/resident program	1	2.38	4	30.77
Conducting a treatment for somatic problem	7	16.67	-	-
Looking for professional help at collapse/relapse	10	23.80	3	23.08
Participating in a course for professional qualification	8	19.05	1	7.69
Reaching a higher degree of education	-	-	3	23.08
Carrying out labor activities	16	38.10	2	15.38

Obviously, a major part of the opioid dependent persons formulates a target to undergo a subsequent long-term treatment according to a daily/resident program and make steps for raising their educational degree. Probably, because of the higher social maturity, the professional qualification and the necessity of labor activities are the leading targets for people with alcohol dependence. The impression is that the percentage of the tested persons with F10.2 and F11.2, who are oriented to calling a professional help in case of a collapse or relapse, is approximately equal. It is suggested that these individuals have in mind the chronic relapsing running of the disorder and that the treatment is an opportunity for a better new beginning grounded on their experience.

The treatment of people included in the program is on a voluntary base. They were signed out from the hospital and after three months, they were personally contacted in order to monitor and get a feedback about their revealed potential for changes occurring in living aspects.

SFA applies the method of questionnaire whose main advantage is the collection of relevant information and the evaluation of the achieved target, and respectively, the assessment of compliance and incompliance with the preliminarily set up expectations. The questionnaire includes issues, familiar to the addicts, in order to assess their current state with respect to:

- the degree of achieving their personal targets formulated during the sessions;
- the degree of achieving other targets.

Newly occurring problems were also discussed, as well as the ways of solving them.

Table 2. Distribution of addicts according to achieved personal targets

Target	Personal target formulated during the detoxification (n=55)				Independently set up personal target after the detoxification (n=55)			
	F10.2 (n=42)		F11.2 (n=13)		F10.2 (n=42)		F11.2 (n=13)	
	frequency	%	frequency	%	frequency	%	frequency	%
Achieved	28	66.67	2	15.38	17	40.48	1	7.69
Partially achieved	9	21.43	3	23.08	9	21.43	1	7.69
Not achieved	5	11.90	8	61.54	-	-	-	-
Not available	-	-	-	-	16	38.09	11	84.62

The summed up data (Table 2) shows:

- the biggest percentage is that of the alcohol dependent persons (66.67%) who have succeeded to achieve the formulated personal target. In that aspect, the percentage of opioid dependent persons is considerably smaller (15.38%);
- partially achieved targets are observed for 21.43% of the alcohol dependent and 23.08% of the opiate dependent individuals;
- in comparison with the alcohol dependent individuals (11.90%) the percentage of the opiate dependent persons, who did not succeed to achieve a change, is higher;
- the percentage of people who did not set up another target is comparatively high: 38.09% of the alcohol dependent and 84.62% of the opiate dependent persons;
- 61.91% of the alcohol dependent persons reported their readiness for setting up a further goal but only 40.48% of them succeeded to reach it, while the rest of them had a partially achieved result. In this aspect the percentage of the opioid dependent persons is significantly smaller.

It can be seen that within two sessions conducted during the phase of detoxification, the individually formulated targets, being detailed in steps of activities, help the addicts implement their personal preferences,

make a certain progress and part of them be inspired for setting up new goals for realization. The act of monitoring by itself, including discussions on possible new problems and the ways of coping with them, can be regarded as an additional follow-up reminder session about the solution focused activities. It is probable that some side factors may influence the output data like:

- individual personality peculiarities;
- level of personal, emotional and social maturity/immaturity;
- environmental, family or other factors;
- correlated pathophysiological changes owed to the syndrome of dependence as a disease disorder, etc.

They all have a direct effect on human behavior. In this context, a follow-up in-depth study on the relationships, their correlations, and therapeutic results is obviously necessary.

3. CONCLUSION

In conclusion, it can be summarized that the formulation of goals within the solution-focused approach is acceptable and attractive, as the participants can formulate their own targets and it is evident by the digital representation of addicts' readiness to undertake concrete steps of activities. Goal formulation is closely related to everything realistic that a person desires to happen in their life, and to the ways for implementing it, in order to proceed in the chosen direction. Nevertheless that this study on SFA is carried out with a limited number of 55 persons having PAS dependence and included only two sessions during the phase of detoxification, the results demonstrate the changes of behavior obtained by the tested persons on their way to target achievement. Focusing the conversation on what is significant and useful for the addicts involved in the treatment process provoking them to find out their own decisions on the basis of their personal needs, has an influence on the things they believe in and perform. For getting sustainable results in healing a chronic state like the PAS dependence, the future investigations should include a sequence of therapeutic cycles involving knowledge impartment, maintenance and support of new behaviors aiming to improve the ability of psychosocial functioning.

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