

**TRAINING FOR PLANNING AND SOLUTIONS FOR CLIENTS  
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**Abstract:** The current paper presents training for planning and solutions for clients with alcohol dependence, which is realized at the stationary of the Ward for Treatment of Addictions at the Center for Mental Health in the town of Ruse, Bulgaria. The goal is for the participants to gain support for their further lives by training their planning and solution-making skills as a step in learning new behavior. The core training methodology is based on the Solution Focused Approach, according to whose philosophy the reality of each person is born in his own thoughts. The participation in the above mentioned one is a voluntary principle based on a motivated choice after a psychological assessment of the intellectual and cognitive abilities. The closed group includes alcohol addicts from 6 to 8 men and women with balance to age, education and social experience. With average stays of 20 days in the clinic, the training starts on the 8th day after the acute abstinence, psychological and somatic symptoms were mastered. Classes are counted in six sessions with duration of 120 minutes, 15 minutes of regular break, and are held at a constant hour every other day under the conditions of the hospitalization. The main methods used are individual work, discussion, work in a small group, brainstorming. At the end of the last session together with the sharing of the performance/non-fulfillment of the initially expressed expectations, the participants are provided with an anonymous questionnaire to get feedback on the immediate results of the training. By the data processing, a statistically significant interdependence has been established ( $p < 0.01$ ) between the acquisition of new skills and the age, education, employment, the satisfaction from the training. About the strength of the interdependence, the coefficient values of correlative type, ranging from 0.535 to 0.810 and justifying it to be interpreted as moderate to high, are indicative. It can be assumed that the established interdependencies are specifically related to the training methodology as the Solution Focused Approach applies to the participants in the group process a unique pragmatic approach based on cooperation while respecting personal autonomy and freedom of choice in terms of personal behavior. Within 12 months after the end of the training session, two phone calls (at the end of the 6<sup>th</sup> and 12<sup>th</sup> months) were conducted with the participants to get feedback on the personal results achieved by each of them. The gathered data show that: during the first 6 months 48.7 % from the people have partially achieved their goal; at the end of the 12<sup>th</sup> month the goal was achieved entirely by 45.3 %; 59.8 % of the participants share that they have achieved other goals as well; presence of new interests and engagement by 25.6 %; by 34.2 % - making full use of time; with regard to alcohol use - a collapse of 29.9 % of people with post-coping in the situation and lack of relapse; none of the respondents are reported with stationary stays for the treatment of alcohol dependence. It can be concluded from the outlined results that the training has a positive influence on the alcohol addicts in their functioning by reaching their personal goals.

**Keywords:** Solution Focused Approach, training for planning and solutions, alcohol dependence.

**1. INTRODUCTION**

Alcohol dependence is a chronic recurrent disorder whose treatment requires specialized assistance to stop the use and achieve productive functioning in the family, workforce and society. This is a long and multi-directional process, part of which is based on psychosocial interventions. The goal of the latter is to achieve positive behavioral changes in the lives of the addicted and the choice of a particular method is directly related to the severity of the problems, the specific needs and the readiness to change. Therefore, at the first meeting, it is important to understand what the client's goals are and what he wants to do, and later, with different techniques, he is helped to achieve these goals.

Among the variety of practical modalities of dependence on alcohol, applied in practice, with certain pragmatism can be distinguished the training form of group work that takes place in an interactive format in the context of a realistic concept, which is adequate to the situation.

**2. EXPOSITION**

According to the clinical practice at the stationary of the Ward for Treatment of Addictions at the Center for Mental Health in the town of Ruse, the healing process for alcohol addicts going through the detoxification phase is focused

both on the management of withdrawal symptoms and on psychological support and motivation work oriented towards the formation of a quest for behavioral change. Moreover, in the process of preparing for the actual treatment, the need arises not only for the clients to successfully pass the initial healing stage but also to get support in planning their further lives. For this purpose, the implementation of interventions concerning planning and solution-making skills as a step in the acquisition of new behavior is of great importance. In this context, within the framework of the stationary healing program, behavioral oriented group training is realized with practicable character. The participation in the above mentioned one is a voluntary principle based on a motivated choice after a psychological assessment of the intellectual and cognitive abilities. The closed group includes alcohol addicts from 6 to 8 men and women with balance to age, education and social experience. With average stays of 20 days in the clinic, the training starts on the 8<sup>th</sup> day after the acute abstinence, psychological and somatic symptoms were mastered. Classes are counted in six sessions with duration of 120 minutes, 15 minutes of regular break, and are held at a constant hour every other day under the conditions of the hospitalization.

The main objectives of the training are in the following direction:

1. Improving the communication skills of the participants by doing exercises in a controlled environment;
2. Developing skills for:
  - listening/hearing;
  - determining of realistic, concrete and achievable goals, which make sense for the personal life situations;
  - organizing the existing resources for the achievement of the envisaged goals;
3. Focusing on realistic, concrete and effective solutions;
4. Increasing the self-assessment and self-confidence;
5. Supporting and increasing of the motivation about the necessity for personal planning, stopping the use of alcohol and achieving a long-term remission.

The specific training principles and rules both for the conducting of the group and for the communication in it are applied in the work process:

- addressing one another to "you" and by name;
- communication on the principle "here and now";
- use of self-speaking;
- trust and openness in communication;
- respect toward the speaker;
- confidentiality of the personal information;
- participants' activity.

The training leader is a psychologist, who is specially trained in the area of group work with dependences and dependent behaviors. His basic role is connected with:

- provoking the participants to be active;
- clarity of utterance, so that the trainer can be understood by the participants;
- directing and guiding the participants in the required context;
- giving a constructive and relevant to the situation feedback;
- showing a personal example in terms of starting time for classes, adherence to the accepted group rules and norms, way of communication.

In the structural plan, the standard logic is followed in conducting the socio-psychological training, containing the following basic components - mutual presentation (self-presentation) of the participants and the trainer (at the first session); sharing expectations and concerns; creating working rules; conducting the actual training; sharing feedback.

The second and subsequent sessions begin and end with the same procedure. The group ranks in a circle and each participant shares:

- their mood and expectations at the moment;
- on what they specifically thought after the previous session (at the beginning);
- what he/she has learned during the current session job (at the end);
- what troublesome situations he/she has encountered between the two sessions, how he/she did, what he/she would like to do differently at the present moment.

At the same time, supporting activities (energizing, "breaking the ice", ending, etc.) are implemented in the course of the work, the results of which are discussed by everybody. Then the group's work continues in the upcoming session.

The core training methodology is based on the Solution Focused Approach, according to whose philosophy the reality of each person is born in his own thoughts. In doing so, we are looking for achievable changes in the behavior of the participants and the realization of different solutions based on them. Emphasis is placed on formulating and reformulating of goals and finding practical steps to accomplish them, as much as possible in the described solution - what, where, when, who, how, by whom, in what way. The main methods used are individual work, discussion, work in a small group, brainstorming. In general, exercises include:

1. *"My hope"* - the objective aims at understanding the expectations about the potential benefits from the coming sessions. This is the beginning of the process of change, which has already started with the wish for the participation in the training.

2. *"My dream"* - the main emphasis is on specifying the goals and focusing on them; building an assumption that success will happen; discovering the interests of the participants, the things that attract them. The Trainer asks the question about the miracle (specific of the Solution Focused Approach), future-oriented when the problem of alcohol is no longer present. This question diverts the interaction aside (in the direction of the solution) to the time that may be from the following week and creates a convincing idea of change. Everyone is given the opportunity to describe in a realistic way in specific details his favorite future and to create it in a drawing in the way one imagines it.

3. *"What is the use of my dream?"* whose objective is building the persuasion for the realization of the preferred future. Each participant describes the potential benefits (personal and significant for the other people), which one considers that one will have by achieving one's dream (goal).

4. *"Who would support me?"* - each support which is given, generates the aspiration and confidence of people to move forward. It has a great importance especially by people with dependence on alcohol. For those who have attempted a small step towards achieving behavioral change with new behavior, there is always a need to maintain it in time. In this sense, each participant in the training tells how and to which people in his or her environment (who would believe in him/her) will turn for support in achieving his/her goal.

5. *"A guide to my story"* - exploring of the exceptions to the problem as examples of the desired goal achieved in the past and aimed at developing self-confidence and coping capabilities. The participants discuss their previous attempts to abstain from alcohol - *"When was it?"*, *"For how long?"*, *"Who supported me?"*, *"What was the different then?"*, *"Who noticed the difference first?"*, *"What was the use for me and for the others around me?"* and so on – explanations including behavioral details like reactions, interactions, including the maximum number of points of view - who, where, when, how, with whom, what has he/she done when the problem has been solved.

6. *"My achievements"* - the focus is on outlining the steps for achieving the objective and evaluation of the achieved change. Under the leadership and the instructions of the trainer, the participants contribute to understanding what progress they have made towards their goal even before the first group meeting. It is necessary for them to return back in time and to remember past events and experiences which are connected with the goal, chosen by them - *"How did you manage?"*, *"How did you do it?"*, *"How did you achieve it?"*, *"How can you do that again?"* (in very particular details). Similar issues provoke to taking personal responsibility for the achieved success and support the activities which everybody does and which are good for himself/herself.

7. *"My confidence"* - the main emphasis is on increasing of the self-evaluation and self-confidence. Under the leadership of the Trainer, they are helping to find as many reasons as possible for the upcoming achievements - on the basis of their previous successes, the progress made so far on the way to the goal, the support from others, the resources they have (talents; skills; strengths; what they are best at).

8. *"My expected achievements"* - the focus is on generating of practical ideas about the ways in which a particular achievement allows to reach the envisaged objective. Each of the participants tries to describe in behavioral details his/her expected progress - *"How far would you like to go?"*, *"How will things look like when you are there?"*, *"What will be the first thing that you can do?"*, *"What will be more different when you move on with one step forward?"*, *"What is this that will show you that you are with one step higher?"*, *"How will the others understand?"*, *"When you move with one step higher, what will you do then, what you are not doing now?"*.

9. *"My ways for managing"* - preparation of the participants for different difficulties and obstacles on the way for achieving the goal, which is set. Each of them expresses assumptions about the possible difficulties which one can encounter. In such a way it is emphasized on recalling the coping strategies in similar situations in previous cases by drawing up a contingency plan.

10. *"My road map"* – according to the envisaged goal each of the participants describes in a written form of a table:

- the "intermediate stops"(from the personal "road map"), which are on the way to the personal goal;

- the actions which one can undertake in order to reach each “stop”;
- the duration term for accomplishing the activities;
- the possible expected difficulties and the ways for coping with them;
- the personal resources which are at one’s disposal;
- the people from whom one will seek support;
- the signs which can show the movement from one “stop” to the other.

11. *“Steps for actions”* - the objective is to internalize the readiness of the participants for action. Pre-cut footboards (of actual size) are placed in a straight line (one step apart) on the floor in the room where the group work is carried out. The participants stand on the most detached "foot". Everyone shares the sequence of actions they are going to accomplish after completing the hospitalization, moving one step ahead on the placed "feet". When they finish, the guide focuses their attention on having taken the first important step, connected with the readiness to do something new and different.

The main task of the trainer in the course of the training is to be able to construct the idea in the participants that from the problem to the solution there is a "path", a sequence of small and concrete steps. In this respect, the use of scaling questions that provide a basis for comparison of the past with the present or the present with the future is of paramount importance. They introduce evaluation criteria (from 0 to 10) applied to measure everything that is important for the individual participants - progress achieved, readiness to act, probability of success (hope), and so on.

*“On the scale from 0 to 10, in which 0 means that ..., and 10 ..., where are you positioned on this scale?”*

This concretization not only helps to identify the difference, but also enables change and progress to become more real to the participants themselves.

After the accomplishment of each exercise, the achieved results are discussed by the whole group, giving supportive personal feedback from both the participants and the trainer. At the end of the first five sessions (until the next), assignments are assigned to specific behavioral activities (in the conditions of the hospitalization) with a hidden message for a specific change. They can, in a certain form, repeat what is done at the end of the session or the preparation of materials for the upcoming session.

At the end of the last session together with the sharing of the performance/non-fulfillment of the initially expressed expectations, the participants are provided with an anonymous questionnaire to get feedback on the immediate results of the training. In this context, the summarized data from the trainings conducted show that:

1. All the participants are 117 people in total, diagnosed with “Alcohol dependence syndrome” with 55.6 % from them are men, and 44.4 % women, divided into three age groups – between 20-29 years (25.6 %), 30-39 years (32.5 %) and 40-49 years (41.9 %);

2. The larger part of them is with secondary education (68.4 %), and the rest are with higher education;

3. Only 32.5 % have permanent employment;

4. The largest share is that of the married ones (49.6 %), followed by the unmarried (26.5 %) and the divorced (23.9 %);

5. For a period of 12 months most of them (60.7 %) have two registered hospitalizations for alcohol dependence, followed by those with one stationary treatment (21.4 %) and with four such treatments (17.9 %);

6. By 72.6 % it is reported sufficient satisfaction with the training, and by 25.6 % - complete satisfaction. There are no registered responses in the categories “insufficient” and “entire dissatisfaction”;

7. In relation to the mastering of new skills, the participants are asked an open question whose answers can be summarized in the following way:

- for normal communication with the others - 8.5 %;
- for taking into account the opinion of the others - 6.8 %;
- for sharing - 8.5 %;
- for giving support to the others - 6.0 %;
- for seeking support from the others - 15.4 %;
- for setting goals - 8.5 %;
- for anticipation of difficulties - 9.4 %;
- for faith in oneself - 4,3 %;
- for assessment of personal achievements - 4,3 %;
- for planning one’s own life - 28,2 %.

8. Expressing their personal opinion, the participants stated that the most useful that they could apply in a real situation is the following:

- “my road map” - 32.5 %;
- the ways for coping in a difficult situation - 17.9 %;
- to evaluate from 0 to 10 everything that is important for me - 49.6 %.

By the data processing, a statistically significant interdependence has been established ( $p < 0.01$ ) between the acquisition of new skills and the age, education, employment, the satisfaction from the training. About the strength of the interdependence, the coefficient values of correlative type, ranging from 0.535 to 0.810 and justifying it to be interpreted as moderate to high, are indicative.

It can be assumed that the established interdependencies are specifically related to the training methodology as the Solution Focused Approach applies to the participants in the group process a unique pragmatic approach based on cooperation while respecting personal autonomy and freedom of choice in terms of personal behavior.

Within 12 months after the end of the training session, two phone calls (at the end of the 6th and 12th months) were conducted with the participants to get feedback on the personal results achieved by each of them. The gathered data show that:

- during the first 6 months 48.7 % from the people have partially achieved their goal;
- at the end of the 12<sup>th</sup> month the goal was achieved entirely by 45.3 %;
- 59.8 % of the participants share that they have achieved other goals as well;
- presence of new interests and engagement by 25.6 %;
- by 34.2 % - making full use of time;
- with regard to alcohol use - a collapse of 29.9% of people with post-coping in the situation and lack of relapse;
- none of the respondents are reported with stationary stays for the treatment of alcohol dependence.

From the outcomes presented, it can be summarized that the training for planning and solutions (based on the Solution Focused Approach) under the conditions of stationary treatment has a positive influence on alcohol addicts in their functioning by reaching their personal goals. The latter are always due to the things, which people want to achieve in their lives and the ways in which they can do that in order to follow the desired.

### 3. CONCLUSION

In conclusion, it can be stated that the form of Solution Focused Training of group work is related both to the personal choice of the participants and to their available personal resources and their responsibility for their own behavior. Applying a research approach to what works in each unique case helps to the alcohol addicts to discover and implement in practice realistic and appropriate to their context strategies for improving the quality of their lives. Also in the real training group there is a focus on creating a better reality for the people, looking for achievable changes in their behavior and the existing opportunity to monitor and develop the process of their recovery by themselves. In this sense, providing a structured framework through a focus on discourse, supports personal involvement with a high degree of reflexivity to own life functioning.

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