

Assessment of Socio-psychological Activities for Addicts in Rehabilitation Centers of Kyiv, Ukraine

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ABSTRACT

Aims Ukrainian legislation does not provide different regulations for socio-psychological rehabilitation services to addicts; only medical and social rehabilitation consolidated. This study aimed to assess the socio-psychological activities for addicts in rehabilitation centers of Kyiv, Ukraine.

Participants & Methods This qualitative study was conducted in 2021 in eighteen rehabilitation centers of various forms of ownership and subordination (6 centers of state subordination, 6 public, and 6 private) in Kyiv City, Ukraine. The study sample comprised 93 people; 35 specialists of the centers and 58 clients who were undergoing rehabilitation at the time of the study. The structured interviews and content analysis were chosen as the methods of studying the socio-psychological activities of the rehabilitation institutions.

Findings The socio-psychological rehabilitation services for addicts were represented in three themes; Placebo-suggestive techniques (coding, filing, torpedo, hypnosis); Services of spiritual-oriented communities; and Socio-psychological services.

Conclusion Most centers that assist addicts (regardless of ownership and subordination) are not focused on the socio-psychological aspects of rehabilitation.

Keywords Addictive Behavior; Psychology; Personality; Licensing

CITATION LINKS

[1] Teenage narcology [2] Guide to addictology [3] Acupuncture treatment of alcoholic recidivism: a pilot study [4] Department of Health and Human Services [5] Healing soul and body: Rehabilitation centre for drug addicts [6] Improving the cognitive performance of addicted persons: Cognitive rehabilitation in occupational therapy – an update [7] Practices and therapeutic strategies of the psychosocial care centers alcohol and drugs [8] Group psychotherapy for addictions [9] Alcohol problems and approaches: theories, evidence and Northern practice [10] The Role of evaluation in clinical practice: overview and group treatment illustration [11] Evidence-based practice of psychological treatments: a Canadian perspective [12] Rates and correlations of psychiatric drug administration in a rehabilitation center [13] Deaths at rehabilitation centers [14] Sobering centers, emergency medical services, and emergency departments: A review of the literature [15] Effectiveness of Powell's cognitive rehabilitation with neurofeedback in improving executive functions, memory, and attention to veterans with post-traumatic stress disorder [16] Comparison of mature, immature, and neurotic defense mechanisms in veterans and normal people [17] Effect of selective home-based exercises on chronic low back pain in unilateral below knee amputees [18] Effect of unilateral transcranial direct current stimulation on reaction time in veterans and athletes with disabilities [19] Relationship between self-efficacy and depression among family caregivers of chemical warfare elderly veterans [20] Effect of cognitive rehabilitation on reduction of attention bias to frightful stimuli in adolescents with post-traumatic stress disorder

Introduction

Ukraine has many institutions operating on a state, public, and private basis that help people fight their addiction to alcohol, drugs, and other addictions. Ukrainian legislation does not provide different regulations or legislative acts governing socio-psychological rehabilitation services to persons addicted to chemical substances; only medical and social rehabilitation consolidated.

The state healthcare system provides medical treatment of persons addicted to alcohol and drugs, where treatment is carried out by drug treatment institutions (dispensaries, hospitals), specialized outpatient, or inpatient facilities. In the legislative field, assistance to such persons focused on medical methods of treating chemical addictions. Due to the lack of a system of accreditation and verification of socio-psychological rehabilitation institutions, rehabilitation services activities to dependent persons are not factually controlled. This study covers the specifics of the rehabilitation centers' operation in accordance with their forms of ownership and subordination and the development of a model for evaluating their activities. The model for evaluating the performance of rehabilitation centers must meet certain general requirements and criteria; since then, it can become the basis for their licensing. The socio-psychological rehabilitation of addicts is underdeveloped in the Ukrainian scientific literature in the theoretical and methodological aspects. Most Ukrainian researchers describe only the medical and social aspect of rehabilitation of people with dependent behavior, which is only part of the rehabilitation process [1, 2].

Considering approaches to socio-psychological rehabilitation of people addicted to alcohol in world scientific thought, first, it is worth noting that there are many approaches to work with this client group, which vary within particular countries [3-5]. Western authors define socio-psychological rehabilitation as an effective tool in fighting against alcohol abuse and restoring the lives of people affected by it. Socio-psychological rehabilitation is defined as a dynamic process, the content components of which are as follows: diagnosis and assessment, the individuality of the type of rehabilitation, the complexity of rehabilitation services (financial, legal, and psychological), relapse prevention (strategies to combat "triggers"), accountability of the rehabilitation program, social reintegration of the client [6, 7]. In the authors' opinion, this approach to the content of socio-psychological rehabilitation is more effective because it provides a full recovery of the individual, focusing on the preliminary diagnosis, the following individual rehabilitation program, providing an arsenal not only of psychosocial services but also of legal, material, and full-fledged reintegration. Socio-psychological rehabilitation of alcohol addicts is based on the following principles:

- 1) Consideration of the problem of rehabilitation in the context of a biopsychosocial approach;
- 2) Early short-term intervention by healthcare facilities and alcohol addiction consultants;
- 3) Strategies for developing customer motivation to change;
- 4) Coordinated interdisciplinary team;
- 5) Support, follow-up observation, and a supportive community;
- 6) Professional training of consultants on overcoming addictions.

Analysis of individual international rehabilitation programs and treatment of alcoholism [8-12] allowed identifying several ways to classify programs in the context of rehabilitation work with alcohol addicts. The components and elements used in rehabilitation programs based on a behavioral or psychosocial basis are as follows:

- Self-help programs;
- Individual consultation;
- Group consultations/treatment;
- Family therapy;
- Behaviour modification.

Analyzing the above components in the structure of socio-psychological rehabilitation of addicts, it is worth focusing on the fact that the family of an addicted person is involved in the rehabilitation. The level of involvement is not formal, and the emphasis is placed on teaching and training family members to interact with addicts during and after socio-psychological rehabilitation [13-15]. This is an effective way to prepare the family for life and communicate with an addict in remission; secondly, to prevent relapse due to interaction in the family system. Comparing researchers' approaches from different countries to the main elements and components of socio-psychological rehabilitation of people dependent on alcohol [16-19], American researchers define such approaches in social rehabilitation as controlled self-change, the main emphasis of which is on clients taking responsibility for decisions, treatment plan, and motivational interviewing. Having analyzed the approaches of researchers to determining the content of components of socio-psychological rehabilitation of persons with addictive behavior, it can be concluded that researchers from different countries have developed a more thorough approach to rehabilitation. This is reflected in the complexity of the approach to provide socio-psychological rehabilitation, in contrast to Ukrainian researchers, who predominantly focus on narrowing the components of rehabilitation of addicts or emphasizing the medical aspect of rehabilitation. This study aimed to assess the socio-psychological activities for addicts in rehabilitation centers of Kyiv, Ukraine.

Participants and Methods

This qualitative study was conducted in 2021 in eighteen rehabilitation centers of various forms of

ownership and subordination (6 centers of state subordination, 6 public, and 6 private) in Kyiv City, Ukraine. The study sample comprised 93 people; 35 specialists of the centers and 58 clients who were undergoing rehabilitation at the time of the study. The sample of the study is conditioned by the fact that practitioners working in rehabilitation centers with addicts were aware of the specific features of rehabilitation in the corresponding center, the implementation of forms and methods of rehabilitation, and can highlight the key aspects of providing and receiving rehabilitation services. Persons undergoing rehabilitation in these centers were chosen because of their ability to describe the rehabilitation process as recipients of social services.

A study was approved by the Ethics Committee of the Bogomolets National Medical University. The structured interviews and content analysis were chosen as the methods of studying the socio-psychological activities of the rehabilitation institutions. The specialists' interviews were done separately in 15 to 30-minute sessions according to the following topics;

1- Organizational aspects of rehabilitation (the duration and method of rehabilitation, quantitative indicators of groups and meetings, conditions of admission to the institution, and ways to disseminate information about the center);

2- Program details (the orientation of the rehabilitation program, the structure of classes, the topics of classes, homework for persons undergoing rehabilitation and working with their relatives and families);

3- The technological component of the correction program provides techniques for working with addicts, forms, and methods;

4- Support and control after passing the correction program (this refers to the features of the implementation of support, family involvement in support, and the duration of remission for the person); and

5- The evaluation of personal activities by the center's specialists (an evaluation of the effectiveness of the rehabilitation program, an evaluation of the effectiveness of specialists' work and activities of the social and psychological rehabilitation program, the qualifications of specialists who conduct the programs, and possible ways to improve the center's program and its activities according to specialists).

The Interview parameters for people undergoing rehabilitation were aimed at evaluating the effectiveness of the institution's rehabilitation program from the clients' standpoint and contain four blocks. The first three blocks were similar to those intended for specialists, and the fourth block defined the evaluation of specialists' activities, the effectiveness of rehabilitation measures and

included suggestions for improving the center's work.

After writing the recorded interviews, the primary codes were extracted by content analysis and categorized into secondary codes and themes.

Findings

The market of socio-psychological rehabilitation services for people addicts was represented by the following types of services:

- Placebo-suggestive techniques (coding, filing, torpedo, hypnosis);
- Services of spiritual-oriented communities;
- Socio-psychological services.

All placebo-based methods were based on instructions for performing certain exercises or performing direct suggestions regarding the patient's symptoms and behavior. These methods are ineffective and short-lived; they violate ethical principles in working with clients because they deprive a person of subjectivity. These types of services were not supported by the global scientific community. The rehabilitation program in community centers was based on spiritual and religious principles. Specialists of community centers are mostly former addicts, that is, rehabilitators and volunteers. There is no differentiation in the approach to customers. As for the services of spiritual-oriented communities, they were aimed at replacing alcohol addiction with religious addiction. They often refer to their organizations as re-socialization centers. These communities focus on the fact that they have a Christian-oriented paradigm. According to this paradigm, passion (addiction) was considered a moral flaw, a pathological phenomenon in behavior, a disease of the human soul. Today, spiritually oriented psychotherapy is widely used to rehabilitate people suffering from alcohol and drug addiction. This approach is especially effective for religious people who do not trust traditional psychotherapy.

It turned out that psychologists, addiction consultants, and social workers work in state centers in the context of providing socio-psychological rehabilitation services. In the structure of national drug treatment services, there is only one socio-psychological rehabilitation program for people addicted to alcohol, namely in the Rehabilitation Drug Treatment Department, "Sociotherapy". This situation was explained by the fact that the national drug treatment service focused only on providing medical care; socio-psychological support was not considered specialized in the activities of such institutions. An analysis of the services provided by private rehabilitation institutions for persons dependent on chemicals indicated that they differ only in the pricing policy of each institution. The types of services were

distinguished as follows: withdrawal treatment, withdrawal from binge drinking, rehabilitation (hospital, isolation; psychotherapeutic coding), drug (chemical) coding. Private centers mostly do not have a social and psychological rehabilitation program. Rehabilitation of private centers is based on the medical component of treatment. Analyzing the market of services that operate in Ukraine for the socio-psychological rehabilitation of addicts, it is worth noting that none of the services described above was complex in the rehabilitation of addicts because neither the focus on the medical aspect of rehabilitation nor the replacement of alcohol dependence with religious, nor the methods of suggestion was effective and long-term in achieving remission and returning to a full sober life.

In the authors' opinion, one of the reasons for assistance to dependent persons in the context of socio-psychological rehabilitation work to be in this situation is the lack of a system of accreditation, licensing, and verification of the work of socio-psychological rehabilitation institutions of public and private subordination. The operation of these centers cannot be verified for compliance with certain professional standards. Therefore, the attribute of professionalism can be essentially formal in these centers. A situation has developed where every interested organization can call itself a "rehabilitation center", "re-socialization center" and offer "treatment from alcoholism and drug addiction" without having sufficient experience, level of knowledge, and proper training. In the situation that has developed in working with persons dependent on chemicals, it is necessary to introduce socio-psychological rehabilitation programs. The expediency of the socio-psychological orientation of such programs was dictated by the fact that the need for socio-psychological support at the stage of remission of a dependent person far exceeds the need for medical care. The priority of psychological and personal aspects in the disease requires the transfer of emphasis in the complex treatment of addictions from biological therapy and treatment to the methods of socio-psychological rehabilitation. Improving the effectiveness of assistance to people with addictive behavior requires the creation of socio-psychological rehabilitation programs, the main purpose of which should be the development of strategies for the formation of a healthy personality with acceptable forms of response, socially positive behavior models. These problems necessitate the development of a model for evaluating the activities of socio-psychological rehabilitation centers for people addicted to alcohol. This model, according to the authors of this study, provides for an evaluation of the work of rehabilitation institutions according to the following parameters:

- Single request window;
- Getting information for the database;

- Working methods customized to the specific features of the client who applied;
- Diagnostics of the addiction stage;
- choosing the method of completing the rehabilitation program.

It is advisable to determine the mandatory content components of rehabilitation:

- Conditions of completion;
- Professional staff of specialists of the centers;
- Openness of the center;
- Social support after rehabilitation.

Next, the study took a closer look at the components of this model. The presence of a single window of requests will allow both co-dependents and the addicts themselves to apply. It is mandatory to receive information from the person applying. Information obtained considering a person is a right to anonymity. This means that regardless of who applies, either co-dependent or addicted, it is mandatory to indicate the name, period of use, contact phone number, and date of the request, after which the record of the request is entered in the data bank, where the person who applied assigned their code. This is done to maintain further communication with clients. At the same time, the human right to anonymous appeal is preserved. Creating a data bank is necessary so that a person can be identified during the next request. The next component specified in the model is the differentiation of working with the client, depending on who applied to the center. If it is co-dependent, then the work will be based on crisis intervention; if the crisis intervention is unsuccessful, the co-dependent continues to work in the center. If the crisis intervention is successful, work with the client occurs parallel, which lies in motivational and psychological counseling. If the work is successful, the client is involved in rehabilitation. If the addict immediately applies independently, the work is built in the context of motivational and psychological counseling.

Discussion

Most Ukrainian researchers describe only the medical and social aspect of rehabilitation of people with dependent behavior, which is only part of the rehabilitation process [1, 2]. Considering approaches to socio-psychological rehabilitation of people addicted to alcohol in world scientific thought, first, it is worth noting that there are many approaches to work with this client group, which vary within particular countries [3-5]. Western authors define socio-psychological rehabilitation as an effective tool in fighting against alcohol abuse and restoring the lives of people affected by it. Socio-psychological rehabilitation is defined as a dynamic process, the content components of which are as follows: diagnosis and assessment, the individuality of the type of rehabilitation, the complexity of rehabilitation services (financial, legal, and

psychological), relapse prevention (strategies to combat "triggers"), accountability of the rehabilitation program, social reintegration of the client [6, 7].

The rehabilitation method involves evaluating the center's work according to the following criteria: the duration of rehabilitation, the stages of rehabilitation, and the possibility of an individual choice of classes during rehabilitation. Such flexibility will help consider the specifics of a particular client's desire to participate in a certain type of activity, thereby increasing the effectiveness of their rehabilitation program [5, 6, 8]. This means that in the rehabilitation center, apart from mandatory and structured classes and groups, the option of visiting groups by the client is provided, considering their desire [7, 10]. The ability to choose the type of classes will contribute to the controllability of the rehabilitation process on the part of the client, their activity and initiative upon rehabilitation, feeling like a subject of their life activity [9]. The possibility of a positive evaluation of the center's activities implies the mandatory availability of a rehabilitation program in the center. The center's activities relating to this parameter can be verified according to the following criteria: the validity of the rehabilitation program; the range of activities and groups included in the rehabilitation program; the orientation of the rehabilitation program to the features of clients with different types of addictions, which implies consideration of their specific features and a differentiated approach. The criterion for the variability of classes is necessary because the wider the range of classes and groups, the more thorough the approach to rehabilitation of each client. Rehabilitation programs should include a variety of methods. The variability of methods demonstrates the complexity of the approach of the center's specialists to interact with clients. The next evaluation parameter is the conditions for completing the program. The professional composition of rehabilitation centers should be evaluated according to the following criteria: quantitative composition, which presupposes a sufficient number of specialists for the number of participants in the rehabilitation group to provide rehabilitation services effectively; qualitative composition, which includes a set of certified specialists in the field of providing rehabilitation services (social worker, psychologist, psychotherapist); professional training of specialists of the center, which provides for the presence of supervision in the centers, participation of specialists in training sessions and programs [11, 14-16].

The openness and well-established connections of rehabilitation centers with other institutions indicate the transparency of their activities, readiness for well-coordinated work, and exchange of experience, which is an important aspect of

evaluating their activities. Assessment of social support includes criteria such as conducting a catamnesis of the client and monitoring their life [19, 20]. A social support procedure is provided, which includes such criteria as conducting a catamnesis of the client and accompanying the client and family after rehabilitation. If socio-psychological rehabilitation is carried out, it is considered an additional area of assistance and does not have a clearly defined goal, subject, tasks, or stages. It is impossible to determine the effectiveness of the examined centers since the catamnesis procedure is not provided there. There is also no social support for rehabilitators. Most rehabilitation centers do not work with the client's family during rehabilitation and accompany the client after its completion. High prices for the services of these centers are mostly not available to people who are addicted to alcohol or drugs.

Conclusion

Most centers that assist addicts (regardless of the form of ownership and subordination) are not focused on the socio-psychological aspect of rehabilitation. With this approach, experts ignore the fact that the main causes of drug and alcohol abuse have psychological origins, and the formation of addiction accompanied by the appearance of a strong mental attraction in the dependent, which leads to a deformation of the motivational sphere, negatively affecting all areas of the person's mental life.

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