

การเสริมสร้างกระบวนการฟื้นคืนสภาพด้วยกลุ่มบำบัดที่เน้นการหา ทางออกในเยาวชนชายไทยที่ใช้สารเสพติด : การศึกษานำร่อง

Enhancing Recovery Process using Solution-Focused Group Therapy in Thai Male Youth Substance Abusers: A Pilot study

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บทคัดย่อ

การวิจัยกึ่งทดลองแบบกลุ่มเดียวัดผลก่อนและหลังการทดลองร่วมกับการติดตามผลครั้งนี้ มีวัตถุประสงค์เพื่อศึกษาผลของการเสริมสร้างกระบวนการฟื้นคืนสภาพในเยาวชนชายไทยที่ใช้สารเสพติดด้วยกลุ่มบำบัดที่เน้นการหาทางออก กลุ่มตัวอย่าง คัดเลือกแบบเจาะจง จำนวน 8 คน เป็นเยาวชนชายไทยที่ใช้สารเสพติดในโรงเรียนวิวัฒน์พลเนื่อง จังหวัดชลบุรี เครื่องมือวิจัยได้แก่ แบบวัดกระบวนการฟื้นคืนสภาพ มีค่าความเชื่อมั่นเท่ากับ .74 กลุ่มตัวอย่างได้เข้าร่วมกลุ่มบำบัดที่เน้นการหาทางออกเป็นระยะเวลา 6 สัปดาห์ๆ ละ 1 ครั้งๆ ละ 60-90 นาที ร่วมกับกิจกรรมตามปกติของโรงเรียน วิเคราะห์ข้อมูลโดยสถิติพรรณนาและสถิติ nonparametric ผลการศึกษาพบว่ากลุ่มตัวอย่างมีค่าเฉลี่ยของกระบวนการฟื้นคืนสภาพในระยะหลังการเข้าร่วมกลุ่มบำบัดและระยะติดตามผลเพิ่มขึ้นกว่าในระยะก่อนเข้าร่วมกลุ่มบำบัดอย่างมีนัยสำคัญทางสถิติ จากผลการศึกษานี้มีข้อเสนอแนะว่ากลุ่มบำบัดที่เน้นการหาทางออกน่าจะเป็นอีกทางเลือกที่เหมาะสมเพื่อสร้างเสริมและคงสภาพของกระบวนการฟื้นคืนสภาพในเยาวชนชายไทยที่ใช้สารเสพติด

คำสำคัญ : กระบวนการฟื้นคืนสภาพ กลุ่มบำบัดที่เน้นการหาทางออก ผู้ใช้สารเสพติด เยาวชนชายไทย

Abstract

A quasi-experimental design with one-group pretest-posttest with follow-up study aimed to determine the effect of enhancing recovery process in Thai male youth substance abusers by using Solution-Focused Group Therapy (SFGT). Purposive sampling for the pilot study was used to recruit eight Thai male youths with substance abuse in Wiwat Pollamuang school, Chon Buri province. A Thai version of the Recovery Process Inventory (RPI) was developed with Cronbach's alpha of .74. The participants participated in a weekly SFGT for six weeks, 60-90 minutes per week and received the usual activity of the school. Descriptive statistics and two nonparametric tests were used to analyze the data. Results revealed that the participants had significantly higher RPI scores at posttest and follow-up periods than pretest. These findings indicate that SFGT may be an appropriate alternative way to enhance and maintain recovery process among Thai male youths with substance abuse.

Keywords : Recovery process, solution-focused group therapy, substance abusers, Thai male youths

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Introduction

Substance abuse is the detrimental behavioral pattern of the recurrent use of addictive drugs leading to significantly negative or harmful effects.¹ It is a global public health concern that affects individuals, families, and communities.² In 2012, 234 million people between 15 and 64 years of age had used an illicit substance.² Thai substance abusers among 18-to 24-year old have remained relatively stable.³ For three years, from 2012 to 2014, the number of Thai youth with substance abuse in drug treatment centers was approximately 125,922, 126,036, and 90,048, respectively.⁴ The prevalence of substance use among 18- to 24-year olds is viewed as an inappropriate and maladaptive adolescent response to personal and interpersonal circumstances. Young males tend to be more experienced with substance abuse than females.^{4,5,6} Recidivism among all youth is high after 90 days of drug treatment, at about 60%-70%.^{7,8} Two-thirds of this age group will have moved in and out of recovery programs during the subsequent year.^{7,9}

Recovery refers to a process or stages of change of people with mental illness or addiction experience who try to deal with symptoms and effects to maintain their meaningful life.¹⁰ Recovery is a voluntarily sustained control over substance use, health and well-being, and participation in society.¹¹ This process may be considered as a reduction in substance misuse accompanied by increasing life functioning.¹² It is highly individual and takes place over time.¹³ It is about what people believe and do not believe, do and does not do. Recovery will become real and possible when people involved change both their minds and behaviors, which will link their internal and external conditions. The internal conditions are attitudes, experiences, and individualized process of hope, healing, empowerment, and connection. While external

conditions mean environment, events, and activities that contribute to an individual's recovery.^{13,14}

On the way to recovery from substance abuse, substance abusers particularly youths put loads of their effort to overcome internal barriers that disturb their recovery process.¹⁵ The internal obstacles that disturb the recovery process among youths include insufficient motivation to change substance use, emotional distress, and interpersonal conflict.¹⁶ An insufficient motivation to change substance use is a significant component of recovery from drug addiction, especially in cases of involuntary engagement with treatment programs.^{12,16} The change in motivation, confidence, and belief play an important role in the recovery processes of youths. Youths who are unintentionally engaged with treatment might need to put more efforts to overcome substance abuse than those who are motivated or ready to change.^{16,17,18} Regarding emotional distress, youths experiencing substance abuse have to deal with feeling unable to cope with negative emotions without drugs.^{16,19} During these stages, youths cannot go forward but ruminate on past conflicts. These emotions together with an inability to reduce their stresses lead youths to return to drugs.¹⁹ Equally important, youths who have interpersonal conflicts are not able to connect with others or to be part of group settings.¹² Moreover, life conflicts led many youths, who lack self-confidence and control, to helplessness and substance dependent which related to their maladaptive behaviors as aggressive.^{20,21}

There are several types of drug treatment programs to deal with the high rate of youth involved with drugs and who cannot overcome substance abuse.²² One recovery-oriented program is Solution-Focused Group Therapy (SFGT). It is an approach that nurses may incorporate into their clinical practice to assist people to overcome substance abuse. Using a group setting with a facilitator, SFGT focuses on

creating solutions to problems.²³ SFGT stimulates group members to help each other find solutions, giving rise to increased optimism, support, and learning. Nurses, as therapists, encourage group members to recognize their internal strengths and learn how to use resources related to their concerns, such as academic and behavior problems, mental health issues, marital challenges, and family difficulties.^{23,24,25} SFGT has been recommended because of its record of achievement, using less time and cost than other approaches. It can function as a stand-alone procedure or in conjunction with traditional drug treatment programs.²³ SFGT has been employed in a range of settings, including schools, child protective services, and with crisis intervention.^{23,24} Moreover, this approach has been used for working with involuntarily placed populations, such as youth probationers²¹ and mental health patients.^{26,27} Compared to standard psychoeducational interventions, it has been successfully used for maintaining abstinence from substances^{28,29} and improving attitudes of adolescent substance abusers in aspects of interpersonal functioning, symptom distress when.³⁰

A systematic review of the SFBT found that there were few studies examined the effectiveness of the SFGT in substance abusers.²⁴ Moreover, it was also found from the literature search that this approach was limited in the area of nursing intervention aimed to enhance recovery process in this population in Thailand. Therefore, findings from this pilot study would be beneficial for nurses and

other health care providers whose clinical practice is with Thai youth with substance abuse. Specifically, this pilot study aimed to determine the effect of SFGT on enhancing the recovery process in Thai male youth with substance abuse.

Conceptual Framework for the Study

The conceptual framework of this study was the recovery model developed by Jacobson.¹³ Recovery refers to the attitudes, experiences, and processes of change that people with mental illness encounter. Jacobson¹³ defined the complex and multidimensional concept of recovery as a process and journey. The recovery model is constructed by linking internal and external conditions. These two conditions have a mutually shared effect that leads to recovery. People who experience recovery recognize the significance of the internal conditions of hope, healing, empowerment, and connection. External conditions are the factors that facilitate recovery. These include the organizational implementation of societal values that support a culture of healing, and recovery-oriented practices and services predicated on a positive culture.

For the pilot study, the procedures of Solution-Focused Group Therapy (SFGT) were used as the external conditions from Jacobson's recovery model to enhance the internal conditions of the recovery process in Thai male youth with substance abuse. A framework model of the study is illustrated in figure 1.

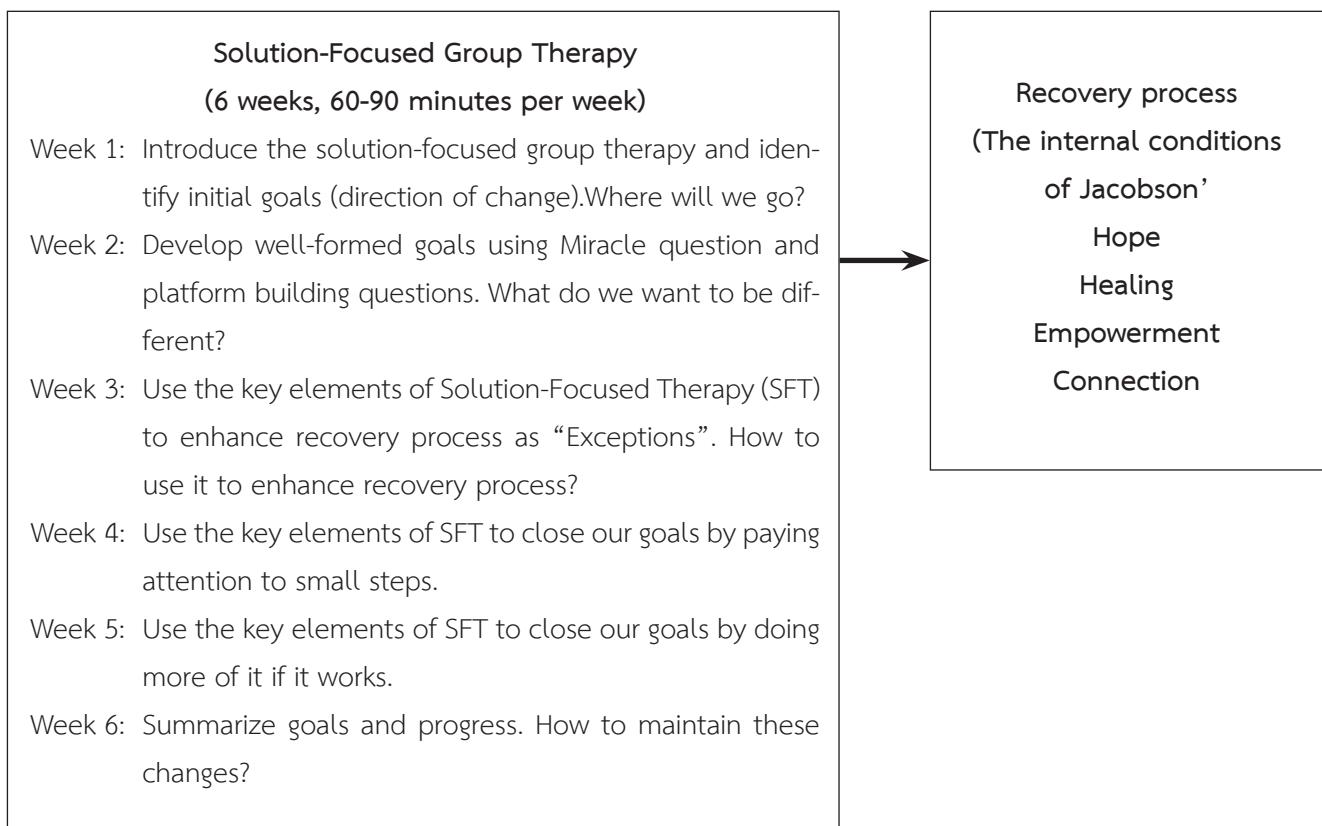


Figure 1 A framework model

Methods

This quasi-experimental one-group pretest-posttest with follow-up study was designed to determine the effect of SFGT in Thai male youths with substance abuse.

Population and sample: Population in this study was Thai male youth substance abusers who were admitted in 2016 at Wiwat Pollamuang School, a drug treatment center run by the Royal Thai Navy in Sattahip district, Chon Buri province. This setting was selected because the admitted male substance abusers aged between 17 to 65 and would receive drug treatment programs for four months. A month or two after completing the programs, they have two appointments with the officer from the local probation office to report their progress.

A purposive sampling was recruited with inclusion criteria of 1) age 18-24 years, 2) first admission to drug treatment center, and 3) have to report the progress at the local probation office after

completing treatment programs with the center.

Research instruments: There were three research instruments used in the study.

1. A demographic questionnaire included age, marital status, educational level, occupation, income per month, and information about drug used background.

2. A modified 22-item Recovery Process Inventory (RPI-Thai version) measured the extent that participants believed they had achieved the process of recovery. The original self-report RPI was developed by the South Carolina Department of Mental Health (SC DMH).³¹ With a 5-point response option of agreement, it consists of six subscales: anguish, connection to others, confidence and purpose, others care and help, living situation, and hopeful/cares for self. Jerrell et al.³¹ reported Cronbach's alphas for internal consistency ranging from .71 to .81 for both total and subscale scores.

The RPI was translated by using a back-translation method based on guidelines for the cross-cultural adaptation process.³² For the Thai version, the total score can range from 22 to 110. A high total score represented a more positive view of one's recovery. The internal consistency reliability of Cronbach's alpha of the RPI (Thai version) was .74. The content validity index (CVI)³³ was used to compute the appropriate language of the RPI (Thai version). The CVI of each item (I-CVI) and overall scale (S-CVI) were computed from the proportion in agreement on the relevance of experts giving a rating either 3 or 4. The I-CVI of the RPI (Thai version) ranged from 0.80 (4/5) to 1.00 and S-CVI was 91.81. Confirmatory factor analyses (CFA) was conducted on the six-factor model of the RPI based on a prior study.³¹

3. Knowledge and skill acquisition: The first author (Lakthong) attended a 6-day course to learn Solution-Focused Therapy (SFT). Organized by the Academy of Solution Focused Training (Singapore), the didactic and training course aimed to prepare a group facilitator with a foundation for understanding the key assumptions, philosophy, mind-set, techniques, tools, and SFT structure and process. Additional learning came from 100 training hours to practice and develop the key skills in live demonstrations. A SFT supervisor oversaw three hours of guided clinical exercises. An oral examination with an actual counseling session was required for successful completion of the course.

The intervention: The Solution-Focused Group Therapy (SFGT) consisted of six sessions, 60-90 minutes per session. Each session was divided into three phases as an initial, working, and terminal phase. The initial phase (10 minutes) included brief checking in with group members by asking them about their feelings/ hopes/ concerns and reviewing progress/ focusing on change. Working phase (60 minutes) included session activities and discussions. Terminal

phase (20 minutes) included therapeutic break (5 minutes) to prepare feedback and compliments, and bridging statement and a task. The group outline of the SFGT was as follows:

Session 1: The beginning of recovery road: Introduced SFGT and identified initial goals (direction of change). "Where will we go?" activity/The scaling questions. Homework: 1) Noticed pre-session changes, 2) Started the vegetable activity

Session 2: Everyday solution for recovery: Observed pre-session changes/Reviewed homework/ Developed well-formed goals/Miracle question. Homework: 1) Noticed pre-session changes, 2) Selected a kind of vegetables they wanted to grow.

Session 3: Recovery to be possible: Observed pre-session changes/Reviewed homework /Used the key elements of Solution-Focused Therapy (SFT)/ Exception questions. How to use the exceptions to enhance recovery process? Homework: 1) Noticed pre-session changes, 2) Started to grow vegetables that they selected.

Session 4: Step-by-step on recovery road: Observed pre-session changes and review homework/ Used the key elements of SFT to close our goals/ Focused on small steps/ EARS technique. Homework: 1) Noticed pre-session changes, 2) How to take care of vegetables.

Session 5: Pitfall during recovery path: Observed pre-session changes and review homework /Used the key elements of SFT to close our goals by if it works do more of it/ EARS technique. Homework: 1) Noticed pre-session changes, 2) How to learn from growing and take care of vegetables.

Session 6: We are ready to move forward: Observed pre-session changes and reviewed homework/Summarized goals and progress. How to maintain these changes/Scaling question. Evaluation/ Celebration party

Protection of human subjects: This study was approved by the Faculty of Nursing, Burapha University Research and Ethics Committee (IRB # 05-09-2559) The participants were informed about the study including the purpose of the research, procedures, duration, briefly activities, potential benefits and harm, and confidentiality of participants in the study in private room. The participants could refuse to participate in the research at any time without any penalty. Opting out of the study would not effect on the evaluation of a participant's performance in the drug treatment program. Code numbers replaced names and address to protect the right to privacy and confidentiality of participants.

Data collection procedures: Data collection was started after completed the researcher completed the training course, received IRB approval from the Faculty of Nursing, Burapha University Research and Ethics Committee, and permission from the Royal Thai Navy. At the drug treatment center, the first author approached the voluntary participants who were interested in this study and work with them in private room. After the participants had been willing to take part in this study, they were asked to sign the consent form. The participants have been invited to complete demographic information and pretest of the RPI (Thai version). It took about 15 minutes. During six weeks of intervention, the participants received the usual treatment programs from staff at the center and SFGT once a week (60-90 minutes per week) consecutively from the first author. This pilot study was started in the third month of their usual treatment. After finishing SFGT at week 6 and week 10, the participants were asked to complete post-test and follow-up measures of the RPI (Thai version).

Data analysis: Descriptive statistics were used to describe the characteristics and substance abuse background of the sample. Two nonparametric

statistical tests were used because of the small sample size and the ordinal data from the RPI (Thai version). The Friedman test for repeated measures compared differences in effects pre-and post intervention across three-time measures. The post hoc Wilcoxon signed-rank test examined for differences in treatment between paired time periods. Participants' experiences of their treatment and progress were collected informally in field notes. Descriptive analysis was recorded as to what participants felt, thought, and did in each group session.

Results

The participants' characteristics

Eight participants consented to participate in the pilot study and met inclusion criteria. All of them completed six sessions of SFGT and three-time measures. The mean age was 22 years (SD = 1.69). Most were single (n = 5) and completed their education at a primary school level (n = 5). Half of participants were employed (n = 4) and had monthly incomes of more than 10,000 Thai Baht (Mean = 11,750; SD = 6,755.95). Most were living with a single parent (either father or mother). Most of the participants used cigarettes (n = 7) and alcohol (n = 6). They used 1-3 kinds of drugs/substances. All participants used methamphetamine. Marijuana and ICE were used as the second and the third drug of choice. Their age of drug initiation ranged from 13 to 18 years old (Mean = 15.8 years; SD = 1.49). Most had tried to quit before admission (n = 5).

The Recovery Process Inventory scores

Table 1 shows the increasing values of the mean and median scores of the RPI (Thai version) at pre-intervention, post-intervention, and follow-up phase, respectively. The Friedman test indicated that there was a significant difference in the median recovery process scores of the 8 participants who

Table 1 Mean, standard deviations, and medians of the RPI scores at three-time measures and the Friedman test results

RPI scores	N	M	SD	Md	Friedman	
					χ^2	p
Pre-intervention (week 0)	8	80.8	2.82	81.5		
					8.09	.018
Post-intervention (week 6)	8	84.0	2.27	84.5		
Follow-up (week 10)	8	89.9	5.84	89.0		

Table 2 Within-group difference in the Recovery Process Inventory scores at three-time periods using the Wilcoxon signed rank test for post hoc comparisons.

	Pre-intervention	Post-intervention	Follow-up phase
Pre-intervention	-	$\chi^2 = -2.12, p = .034$	$\chi^2 = -2.38, p = .017$
Post-intervention	-	-	$\chi^2 = -2.12, p = .034$
Follow-up phase	-	-	-

took part in SFGT over the three-time measures.

Post hoc analyses using Wilcoxon signed rank test indicated that the median score at post-intervention was statistically higher than pre-intervention (Table 2). Moreover, the median scores at the follow-up phase were statistically higher than post-intervention and pre-intervention.

The results of SFGT process

Participants provided group qualitative feedback about their experiences during the recovery process. Descriptive analysis of field notes showed that during the first session, the participants were allowed to take ownership of their treatment outcomes, even if the outcomes were not directly related to substance abuse issues. Participants set their own directions by drawing pictures that represented the person they wanted to become after completing the intervention. For example, some want

to be a good sons of their parents and others wanted to be good fathers of their sons or daughters. They described how those directions were important to them. Participants rated their scale of the position range from 1 to 10 to present how far from the goal that they want to change. The scale at the first session ranged from 1 to 2. They explained that they had just only started thinking about a goal in their lives. Then, the pre-session change was used to explore the participant's strength and resources to help themselves to meet their goals.

In subsequent sessions (week 2 to week 5), the Miracle question was used to help the participants to envision how the future would be different if their problems were gone. They were encouraged to find a small meaningful thing in lives that would help them set a direction to step ahead. Participant's response to this session was they thought it was not a too

difficult thing to do, but they never gave it a thought before this.

Participants were persuaded to develop a well-formed goal and seek small steps to achieve their goals. The exception questions were used later to empower the participants to seek and identify solutions for their problems. During these six sessions, the participants were invited to select and grow vegetables of their choice. This process would empower the participants by gradually increasing hope via growing vegetables which was a way to demonstrate how to use the SFGT to deal with group members' obstacles.

In the final session (week 6), the participants were asked to rank their position again to evaluate changes occurred during these six weeks. They rated their positions ranged from 3 to 7. All of them had shown more positive way of thinking as indicated in the following quotation:

“I have learned that if I want to change, I could do it.”

“I learned that there were many ways to be a different person through the process of selecting kinds of vegetables.”

“I just knew that I could overcome my problems the other way round.”

Discussion

This pilot study aimed to determine the effect of SFGT for enhancing recovery process in young Thai males with substance abuse. Jacobson's recovery model provided the study's theoretical underpinnings. Under the viewpoint of the recovery model of Jacobson, the recovery process was assessed by the RPI-Thai version RPI with items reflecting the model's internal conditions for recovery including hope, healing, empowerment, and connection. The results showed that SFGT increased and bettered the recovery process scores of the participants in all

phases; pre-intervention, post-intervention, and follow-up phase. Moreover, the results from group feedback in each session confirmed that SFGT could strengthen and improve the elements of internal conditions of the recovery process in this population. SFGT strengthens the collaborative atmosphere among the group by placing emphasis on the individual's expertise rather than the group facilitator's.

To enhance hope during the group intervention, group members were encouraged to imagine a stage in which their problems were solved. Moreover, they were convinced to imagine what kind of person they wanted to be and how different they wanted to be. A healing element was enhanced by using SFGT process to assure group members that they were not alone in their struggles against drug abuse. SFGT process urged group members to help the others, give helpful feedback, be supportive, and learn together. The empowerment and connection between group members were enhanced by these procedures to prepare them to connect with the others in the real world. During involvement with SFGT, group members had changed both their minds and actions to set a new direction to achieve their recovery path, create strategies for reaching their goals, and have their own choices of living. They learned to overcome their obstacles with a small step in order to achieve their goals.

The group facilitator would act as someone who did not know anything about group members' backgrounds which allowed them to be the experts of their lives. It also went along with the assumption of the Solution-Focused Brief Therapy which stated that people had strength and resources to change in the way they want. In brief, during these six sessions, group members gradually increased hope and been empowered via the process of growing many types of vegetables which demonstrated the use of the

solution-focused therapy to deal with obstacles.

Other studies of SFGT with substance abusers have reported consistent results.^{27,30,34} Proudlock and Wellman²⁸ proposed that the SFGT increases the progress towards recovery among individuals with mental health problems including substance abuse. Comparing traditional approaches with SFGT, Smock et al.³¹ found that SFGT could be an effective approach to improve attitudes of level I substance abusers in aspects of interpersonal functioning, symptom distress. Lambert et al.³⁵ also found that after substance abusers received two sessions of SFGT, 36% reached recovery compared to 2% of the control group.

Conclusion and Implication

Evidence from this small pilot study suggests that SFGT may be an effective approach to enhance and maintain recovery for young Thai males with substance abuse. Although the sample size was small, SFGT may be a viable option for decreasing the typical resistance to drug treatment programs. Findings from the study have benefits for nurse practitioners and nursing researchers. Nurses with appropriate specialized education and training the SFGT can incorporate the intervention as part of their clinical practice with clients with substance abusers and with others who have obstacles in life. Nurse researchers can use the newly translated version of the RPI to assess and evaluate outcomes related to SFGT. Jacobson's recovery model is a useful theoretical model to undertake this type of research. Future studies, however, should incorporate additional measure to assess all aspects of the recovery process. The RPI (Thai version) should undergo psychometric analysis. A larger sample size will be required for statistical analysis of the instrument and the outcomes it measures. Besides, the period of follow-up should be extended to demonstrate more clearly the

long-term effectiveness of SFGT in maintaining recovery.

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