

## การดูแลผู้รับบริการที่ติดยาเสพติด โดยนักสังคมสงเคราะห์ชุมชนชาวสวีเดน\*

### Caring for Addicted Clients by Swedish Community Social Workers, Sweden

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#### บทความวิจัย

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#### บทคัดย่อ

วัตถุประสงค์ของการศึกษาค้นคว้าครั้งนี้ คืออธิบายประสบการณ์ การดูแลผู้ป่วยยาเสพติดของนักสังคมสงเคราะห์ในเขตเทศบาลเมืองขนาดกลาง ประชากร 130,000 คน โดยใช้การศึกษาเชิงคุณภาพ เลือกตัวอย่างแบบเฉพาะเจาะจงกลุ่มตัวอย่างคือนักสังคมสงเคราะห์ ชาวสวีเดน 7 รายที่มีประสบการณ์ในการบำบัดรักษาเสพติดในชุมชน ตั้งแต่ 10-29 ปี และมีความเต็มใจที่จะสื่อสารด้วยภาษาอังกฤษ เก็บข้อมูลโดยการสัมภาษณ์แบบมีโครงสร้าง มีการจดบันทึก และการบันทึกเทป ระหว่างวันที่ 21 กุมภาพันธ์ ถึงวันที่ 23 มีนาคม 2554 วิเคราะห์ข้อมูลโดยการวิเคราะห์เนื้อหา ผลการศึกษาพบประเด็นหลักทั้งหมด 2 ประเด็น คือ วิธีการปฏิบัติต่อผู้ป่วย และวิธีการดูแลผู้ป่วย โดยในประเด็นแรกนั้นพบว่าการปฏิบัติต่อผู้ติดยาเสพติดนักสังคมสงเคราะห์ชาวสวีเดน ใช้วิธีการพูดคุยจูงใจ การเคารพสิทธิผู้ป่วย ส่วนประเด็นหลังนั้นพบว่า นักสังคมสงเคราะห์ใช้วิธีการมาตรฐานในการบำบัดผู้ติดยาเสพติดคุณภาพของการดูแลผู้ติดยาเสพติด และความร่วมมือระหว่างระบบสาธารณสุข และระบบสวัสดิการสังคมของประเทศสวีเดน

คำสำคัญ: นักสังคมสงเคราะห์ ผู้ติดยาเสพติด วิธีการดูแลผู้ติดยาเสพติด

#### Abstract

The aim of this study was to explore and describe the Swedish social workers' experiences in caring for addicted clients in the middle-sized municipality with a population of about 130,000 inhabitants. Qualitative descriptive study was applied. Purposive sampling was used to recruit the participants. Seven Swedish social workers participated in the study. These participants had extensive experiences and were able to communicate in English. The structured interviews, field notes, and the tape recorder were used during data collection process during February 21<sup>st</sup> to March 23<sup>rd</sup> 2011. Content analysis was used for data analysis. The results disclose that two themes emerged including ways of encountering and ways of caring. The first theme way of encountering, social workers encourage their drug addicted clients to sustain abstinence by using motivation talk and showing respect for human rights. In another theme, way of caring, social workers applied standardize methods in the caring process and collaboration between the health care and social welfare systems.

**keywords:** social workers, addicted clients, way of care

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## Background

The National institute of health defines addiction as a chronic disease. Addiction is a complicated condition that involves biological, psychological, behavioural, physiological and spiritual factors.<sup>1</sup> Two key elements that define addiction include loss of control and continued use despite negative consequences. From a medical perspective, addiction is a matter of chemicals in the brain that affect the individual's behaviour. In term of medical treatment a number of treatments exist that can help manage or treat the addictive behaviour.<sup>2</sup>

One of the reasons that people use drugs is to relive suffering and negative feelings in themselves. The persons induce drunkenness since they want to cope with their insecurity and low-self esteem. It seems that alcohol helps them feel better for a while.<sup>3</sup> However, in the long term drug abuse does not relieve feelings of guilt, loneliness, shame, confusion, and the feeling they are cut off from their lives.<sup>4</sup> When individuals stop using drugs or alcohol it feels like they have just lost the best friend they have in life. They become uncomfortable from feelings of shame, guilt and suffering. The psychosocial factors such as withdrawal symptoms, low self-esteem, stress, sadness, loneliness, and frustration determine the success or failure of the treatment. Moreover, social perspective stigmatization from illicit drug used also determines treatment success or failure. The public perceptions of addicted persons are that they are dangerous deviants who have moral and undesirable problems.<sup>5,4</sup> In addition, the addicted individuals also lack motivation that cause them not to maintain their abstinence.<sup>6,7,3</sup>

The health providers, who have to deal with addiction, should encourage them to grow by linking them to the positive side of their life and helping them gain strength and deal with their negative feeling in

a new way.<sup>8</sup> Some studies have focused on nurses or other health professionals who work with the addicted persons and require specialty training to handle addictive behaviours. Two important competency nurses or other health professionals need to have a high degree of patience and the ability to be nonjudgmental.<sup>5,9</sup> However the studies are not enough for professions to work with the addiction because it remains unclear how they work with their clients in various situations and what they often do as part of their role of therapist.

The treatment system evaluation in Thailand reveals that the process of drug treatment is controversial. For example, the treatment lacks data to effectively support treatment; the treatment is not focused or individualized; the follow up focuses on using drugs rather than holistic care and addressing the issue of lack social support.<sup>10</sup> It seems that the problems of treatment in Thailand have arisen although Thailand provides universal coverage for all individuals suffering from addiction.

While Thailand has more problems about alcohol and addiction, these problems in Europe, America and Africa are now decreasing.<sup>11</sup> Sweden has adopted a policy that promotes successful drug control. The continuing decrease of drug abuse in Sweden is probably an outcome of this policy, law enforcement, and social support.<sup>12</sup> Nevertheless Sweden still widely provides treatment for addiction.

The success from high quality care is very rewarding because people often need long-term, high quality care to maximize their health and quality-of-life. Sweden has a successful drug-control policy that facilitates successful care for these people. Community professionals have methods and strategies to ensure their treatment programs for clients with addiction problems are successful and meet their optimal treat-

ment goals.<sup>13</sup> Swedish community social workers are key persons for success in caring for these people. Their experiences in methods of caring for addicted clients in this area can be helpful to health care professionals in Thailand and other societies.

Despite this, their methods of treatment have not been systematically studied. Therefore, an understanding of the Swedish community social workers' methods of care for addicted clients is needed. The aim of this study was to illustrate methods that were used by the Swedish health care social workers in promoting successful care to their addicted clients in Sweden. The results of the study are expected to be the basic information as successful examples of care that health professionals who cared for addicted clients can apply in their communities in the future.

## Method

The qualitative descriptive design using naturalistic inquiry was applied. A purposive sampling was used to recruit the social workers from a community care in a medium-sized municipality with a population of about 130 000 inhabitants. Seven social workers participated in this study. These social workers had experience in treating and caring for individuals with addiction problems. They were asked to participate in the study by a gatekeeper working as a social worker in the municipality. The inclusion criteria were that they had extensive experience in caring individual with addiction problems and were willing to be interviewed in English.<sup>14,15</sup> The participants' age was ranged from 42-61 years. There were five women and two men with the social work experience that was ranged from 10-29 years.

## Data Collection

After receiving approval from IRB from Mälardalen University, the data collection began and was collected during February 21<sup>st</sup> to March 23<sup>rd</sup> 2011. The interview appointments were made through email contacts with the gatekeepers. Interviews were conducted in English as this was the second language of the author and the participants. All interviews were carried out in a private room at a time that was convenient for the participants. The data was gathered by a structured interview and note taking. All interviews were tape-recorded with the permission of the participants and were conducted by the author. Participants were told they could stop the interview at any time or decline to answer questions. The author also noted the description of interviewees and their behaviour during the interview. Each interview lasted about 60 minutes. The data saturation was when no substantially new data emerged from the interviews.

## Data Analysis

The interviews were transcribed verbatim in English. Data underwent content analysis paying attention to the trustworthiness of the data analysis. Credibility, dependability and transferability were assessed according to the procedure advocated by Graneheim & Lundman.<sup>16</sup> The first stage author read the data several times to identify and note themes and units of meaning. The data was cross checked for accuracy by listening to the taped interview and reading the transcription and field notes. The next step of data analysis was the process of meaning unit.

The condensed meaning units were therefore, an abstraction or the original text. Such abstraction units were referred to as a code, category or theme. Such coding aimed to improve understanding and its

relevance to the aims of the study. The categories were created by exploring with the group the methods that the social workers used to deal with their clients. The meaning unit fit only one category. A category answered the question of what were the experiences of Swedish social workers during the care of addicted clients. Creating the theme that was considered to be underlying the meaning of the categories. The concept of theme was multiple meaning and answered the question of how Swedish social workers applied their methods in taking care of drug addicted clients.

## Results

Two themes were found, including ways of encountering and ways of caring. Themes' characteristics were presented in categories and sub-categories.

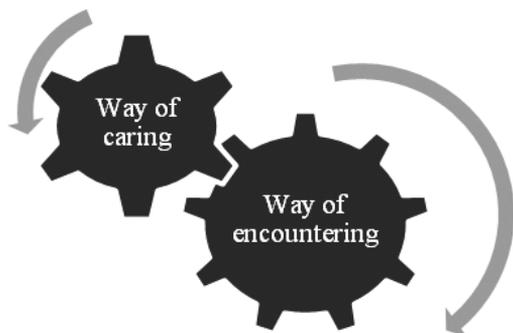


Figure 1 Illustrating the theme of Ways of encountering and Ways of caring

## Ways of Encountering

The first theme showed the social worker ways of encountering the drug addicted clients by using motivation talk and by respecting their human rights. The social workers used these methods of engagement when working with drug addicted clients.

### Motivation Talk

The social workers described their engagement with the client and by helping them to stop using drugs by active listening and encouragement. Major obstacle in caring clients with addictions was that the clients did not accept their illness and make excuses for using drugs at any time. Social workers used active listening, empathy and feedback to motivate the drug addicted clients to accept their illness and support them. The following exemplar illustrates this sub-category: *They are not closing the door to drugs and I think that it is very important to listen.*

Major obstacle in caring clients with addictions was that the clients did not accept their illness and make excuses for using drugs at any time. Social workers used active listening, empathy and feedback to motivate the drug addicted clients to accept their illness and support them. The way of listening and supporting told by one participant : *It is the person who will have to do the job to get drug free and get free from the addiction. So you have to listen, empathy and have to be very clear and put up. This is what we are going to work with addiction. The person has to do the job by himself.*

The social workers used the motivation talk to recover the clients and gave them hope in their treatment process. One social worker showed how to use this approach with the client. *The strict part you need to clear and listen about thing and start. I can help you. Your voice is work if you willing, the message was be clear, If you came to this place to this group, we could help you to feel better.*

Encouragement was used in the treatment process when the social workers enhanced the clients' ability to start thinking of their situation and to deciding a change in their life. The social worker used questions and reflection in their conversation to motivate the cli-

ent. As stated by Bee “ We try to ask questions that make them think about their situation and try to give hope and help to them”. Change occurred when the clients was encouraged to consider and discuss with the social worker. The social workers strengthened the clients by encouraging them to make the decision of change by their own. As a social worker told: *It is all a process and you have really to support the process and find the motivation in them. I can never decide for all of them. I have to help them but they have to change by their own.*

#### *Respect of Human Rights*

The main performance in caring for the drug addicted clients was underpinned by respect for human rights, thus; almost all clients were to be treated by their own willingness. One social worker said that: *Here in Sweden we see addiction as an illness, and it is disease and nobody comes to the jail because of addiction. Mainly, the people in this country come to treatment by their own accord or free will.*

To maintain and protect the rights of the client importance of mutual trust between social worker and the client was necessary, as one social worker said: *I think important what I should say as clear and distinct as possible.* Clients who were treated voluntarily had likely more favourable prognosis in their treatment. Thus, the social workers dealt with drug addicted clients by understanding the nature of their clients, respecting them as human beings, and taking into account of the individual differences. This were illustrated in the following exemplar: *For the persons that I meet, they need to be a human being so that they think I am not a robot but a person that is important.*

#### *Respecting Integrity*

The social worker treated their clients by using dialogue and counseling as a tool, so they conveyed caring warmth and honesty to their clients. As

one respondent noted: *I think clients want to hear the voice of someone caring to talk to. They need to hear a voice that is warm and respectful during the meeting. It is good not to be too tough with clients; strict but warm.* The social workers believed in the potential of the client’s ability to change their mind and wait for this changing process even though it would take a long time. One of the interviewees expressed it this way: *I believe if people want to have a good life, I have to take some responsibility. That drugs cause sickness in the brain so I always believe when an addict says to me although, they are high on drugs the addict is still a real person.*

The social workers’ ways of encountering have shown that the abilities of social worker in caring for drug addicted persons consist of motivation talk and respect for human rights. They are all using these methods of engagement when working with drug addicted persons.

### **Ways of caring**

The second theme “ways of caring” showed the social workers accountability within the health care service by using collaboration and by using standardized methods. This theme had a number of categories such as collaboration and using the standard method. This theme consisted of the characteristics within categories as:

#### *Collaboration*

The clients had some other social problems such as homelessness, lack of jobs, problems of own children with addiction. Here, the social workers coordinated with the social welfare unit for supporting the clients by more ways. However, the main social welfare done by social workers encouraged clients who using alcohol or drug to initiate treatment for their addiction to improving their health and well-being. This required

collaboration between various treatment units and social welfare, as noted in this exemplar: We have colleagues working, social workers who do not work in treatment. *They work with people who need help for treatments and also send people to a different place.*

The mental illness or withdrawal symptoms appeared in the treatment process. The social worker mentioned that the drug addicted had to be admitted to the hospital to take medications and manage their withdrawal symptoms. The professionals, who were engaged in this process, were doctors, nurses, and psychiatric teams. They worked closely with the social workers as this participant noted: *Hospitals are used more than before because they are planning to make special centres for addiction in the hospitals. Nurses who used to work here are now working in the hospitals but, they come here for a few days so now we work closer with them than before. We are hoping to get good cooperation and good collaboration with them.*

Moreover, the social workers described that they were also collaborating with other organizations, such as insurance institutes, family centre, the Institute of Employment, criminal institutes, and housing organizations. They worked together in the collaborative way to ensure that the drug addicted clients got the maximum benefit from such agencies. This point was outlined by the following participant: *The officials come from different places. The social workers who are working with growing ups, the other social workers who are working with the families send mail or telephone to me and the probation officers also do that.*

During the treatment process, social workers had to collaborate with clients across the whole process; the first stage started by running the goals of treatment and then making a treatment plan based on these goals. *We work very much with practice manuals and we have*

*a manual for addiction problems. When clients come to us we first start to investigate together. What is the problem; all addicted people have other problems on top of their addiction. Some people have anxiety, depression, no place to live, so first we investigate and set up some goals.*

The treatment plan was made jointly between the social worker and used to support the result from it. The general way was through discussion during the process of treatment about how best to achieve the goals, how many meetings to have, and what was their responsibility. The treatment plan showed how to collaborate between social workers and clients. One participant explained: *We have discussion with the people and set up goals together. We plan how many meetings to have, are they ready now or shall we go on, and what shall we do. What is the problem? So we have it with us all the time.*

In addition to cooperation within treatment units, there was also close teamwork in order to improve their performance and as a means of communicating within the team as shown in this example: *We collaborate with supervisors and job practice. We do this together for the benefit of the drug addicted person. We then have the meeting with the person at a housing agency and talk together.*

In the working process, problems in working with clients were supervised by counsellors each month, as shown in this example: *They have time to share problems with us, and every second or third week we work here with a counselor and we take up problems with the persons or say let's get together when next work.*

#### *Using Standard Methods*

Drug addicted person got pleasurable experiences when taking drugs and alcohol because it helped

them relax and avoid mental suffering. Cognitive Behaviour Therapy (CBT) was used to help the client learn about alcohol or drugs affected the brain and their body. Learning from experiences of individuals who used drug was practiced in CBT in order to help them understand their thinking and behaviour. As one participant described it: *The way CBT is for me is a way to learn and understand information between thoughts, behaviour and situations in their real world context.* Relapse prevention (RP), was a treatment method derived from CBT. It was used to help clients face up to the risk situations which might lead to relapse by taking drugs or alcohol and how to avoid such situations.

Alcoholics anonymous (AA) was an approach to treatment that used AA meetings in order to care persons who abuse alcohol. There were two kinds of treatment that were used. The twelve-step model, the AA approach to treatment that was done by social workers and AA meetings ran by individuals who were former alcoholics. Such meetings were usually conducted in the community. AA meeting was the method that social worker usually encouraged client to participate in because the meetings were ongoing and widely available everywhere.

Work practice was combined with psychosocial therapy for treating the clients who had lost a number of social skills such as work skills and communication skills towards other persons. Work practice training consisted of cleaning, laundry, snow cleaning, and skilled work practice such as carpentry, painting, baking, bus driving and repairing bicycles. The social workers used the work practice training to discuss with the clients their attitude toward other people when the clients worked in the work training environment.

## Discussion

The Swedish social workers reflected on the methods that use when encountering with drug addicted clients. Through this study, it was possible to gain an insight in what way the social workers performed their role and the way they cared for drug addicted clients. Motivation talk is the method that the social workers used to help drug addicted clients. This included listening reflectively and engagement to obtain motivational statements from clients. During interactions care was taken not to push the clients to change prematurely. This approach is supported by Miller and Rollnick.<sup>17</sup> Active listening is used for exploring the real problems of clients to help them meet their needs in the treatment process.

Furthermore, encouragement is the method of motivation talk that is used to enhance the drug addicted clients' ability to bring about lifelong change in their addictive behaviour. The purpose is to promote clients in making decisions about his/her life and enable them to understand the need to take responsibility for their actions and recognize the consequences of their behaviour. Intrinsic motivation for change is enhanced by illustrations from the client's own perceptions, goals, and values. During the process of treatment the social workers encouraged and motivated the patients to achieve and sustain abstinence. This finding is similar to the report of McGovern<sup>18</sup> and Miller & Rollnick<sup>17</sup>.

The most effective programs are based on the essential treatment availability, dignity and respect, voluntary and involuntary equivalence and standardization.<sup>19</sup> This study, the social workers stressed the importance of treating the drug addicted clients as human beings. In turn, the clients were expected to show a willingness to undertake treatment and recognising the social workers' integrity. Similarly, the drug addicted

person should be treated with the same respect as other clients. Using a nonpunitive and nonjudgmental approach to clients is a practice that supports the development of an honest interaction between the professional and clients. The social workers also understood the importance of treating clients as individuals and protecting the client's rights, capacity for self-direction and facilitating the clients to make informed decisions.

The Swedish policy toward drug dependency promotes the patient's rights, provides comprehensive care for drug addicted clients, and states that "everyone living in Sweden shall receive care on equal terms." "Care shall be good, safe and in line with the assembled bank of knowledge and experience". The goal is to improve care and offer services that are equal in all parts of Sweden. Thus, the client's have the right to choose their treatment program such as detoxification, rehabilitation and the place that suitable for them if they want to treatment. The Social Service Act is responsible for providing care for drug addicted clients and dealing with economic problems.<sup>20</sup>

The study by Hallam<sup>21</sup> reported consistent with this study that the role of social worker is important in the Swedish addiction treatment system because these professionals provide a link in care chain for clients. The results of this study point up that the social workers are applying best practice in community health care settings when caring for drug addicted clients in Sweden. The ways of caring by the Swedish social workers are illustrated through this study, in particular how the social workers have to mediate the information for different addiction treatments to allow for individual differences. They adhere closely to the guidelines set out in the Social Services Act. In particular dealing with the client's economic problems and collaborating with health care professionals such as the doctors, psychiatrists and

nurses about physical or psychological symptom of their clients.

Moreover, this study illustrates that collaboration in the healthcare team is required to aid communication and share information with each other. This not only improves their work but also allows them to consult with their supervisors. This study shows that all of the social workers collaborate with clients in the whole process of treatment. The problems and goals are identified together and go towards making a joint treatment plan such as the frequency of meetings for follow-up appointments, such as once a week or once a fortnight.

During the treatment process, most of the social workers used some standard treatment methods, such as Cognitive Behavioural Therapy (CBT), AA in-patient treatment or AA meetings and ASI in the community. A CBT program is effective in reducing the severity of relapses. Social workers employ CBT to help clients learn about how alcohol or drugs affect the brain and the body.<sup>22</sup> Addicted clients learn to recognize their experiences and become more aware of the problematic behaviours involved in substance abuse. It has been shown that CBT is a flexible, individualized treatment approach that can be adapted to a wide range of patients as well as a variety of settings, such as inpatient or outpatient settings and a variety of group formats. Moreover, social workers have experience with the other methods such as AA in-patient treatment and AA meetings in the community. These methods are further supported by the Aftercare program.

Many treatments in the municipalities are followed by aftercare when they return home. The municipality may distribute its own aftercare in group processes, by individualised conversations or work practice.<sup>20</sup>

In treatment process suggested effective treatment should address the multiple needs of the individual, not just the drug abuse problem. A mental illness problem in drug abusing clients is a concern and treating these problems should be a part of the overall treatment and management plan. Furthermore, managing economic, family or criminal problems were also identified as roles performed by the social workers.<sup>23</sup> In this study, the social workers demonstrated their ability in caring by exploring the client's needs and helping the patients to achieve their unmet needs.

The results illustrate that the methods of motivation talk, respect for human rights, using standard treatment methods and collaboration with other agencies to care for their clients are also best practice treatment. Furthermore, the Swedish policy on drug dependency allows clients to seek voluntary treatment. This broadens the treatment options and allows clients to choose the right treatment for them.

A limitation of the study is that the interviews were conducted in a second language of both the interviewer and participants. At times, this caused misunderstandings. The findings are limited because it only used seven community social workers from one medium size town. This possibly limited information about the full range of treatment methods that they usually use, for example, AA meetings and AA in-patient treatment.

A limited transferability in this study may stand to benefit most from the communities where have been established with addicted treatment and welfare system.

Further studies on health provider in caring addicted clients from difference towns, treatment centres, hospitals, and aftercare units. That would probably shed further light on the role and experiences of social

workers in Sweden dealing with the problem of drug and alcohol abuse.

## Suggestion

What has been learned from this Swedish social worker study is that a model exists that may be appropriate to the Thai context. These changes can be developed in the primary health care centers, in Thailand as will be discussed below.

1) The development of a caring model for addicted clients in primary health care in Thailand should focus on nurses who work directly with clients and their families in the community. Motivation talk should be promoted throughout the treatment even if the clients come to treatment setting involuntarily.

2) The nurses or health professionals should be concerned about the dignity of individuals and try to view the positive aspects of their lives. A positive attitude should also be encouraged in health providers in Thailand. In particular, to respect human dignity when caring for addicted clients.

3) It should be recognised that the methods that apply to voluntary and involuntary clients can benefit from treatments such as motivation interviewing, relapse prevention, and individual counselling.

4) Community health care centres should be encouraged to increase their options in the treatment of addiction by increasing the expertise in healthcare providers working in the area of drug addiction.

5) The results demonstrate that co-morbid mental illnesses occurred during the drug dependency treatment process would benefit by increasing the collaboration between primary health care and psychiatric hospitals. Such collaboration would benefit from improved and more efficient communication between primary care providers and mental health services.

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