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## **PRACA ZESPOŁU TERAPEUTYCZNEGO Z OSOBAMI UZALEŻNIONYMI OD ALKOHOLU I NIKOTYNY W DOMU POMOCY SPOŁECZNEJ - *STUDIUM PRZYPADKU***

### **The work of a therapeutic team with persons addicted to alcohol and nicotine at a social welfare home – case study**

#### **Streszczenie**

##### **Wstęp**

Alkoholizm jest chorobą społeczną, która dotyczy również osób przebywających w domach pomocy społecznej. Podopieczni tych placówek, trafiający tam różnych środowisk społecznych oraz grup, niejednokrotnie nadużywają alkoholu, który stanowi dla nich drogę ucieczki od problemów dnia codziennego, z którymi nie potrafią się zmierzyć. Kolejnym dość często spotykanym problemem wśród podopiecznych domów pomocy społecznej jest uzależnienie od nikotyny, która wpływa w szkodliwy sposób na zdrowie człowieka.

##### **Cel pracy**

Celem pracy jest ukazanie metod pracy zespołu terapeutycznego w domu pomocy społecznej nad pacjentem, który uzależniony jest od alkoholu i nikotyny.

##### **Prezentacja przypadku**

Mieszkaniec domu pomocy społecznej od 5 lat. Podopieczny, lat 55. Pacjent ze stwardnieniem rozsianym oraz niewydolnością żylną kończyn dolnych. Podopieczny przemieszcza się na wózku inwalidzkim. Po spożyciu alkoholu mieszkaniec staje się agresywny słownie, lekceważy polecenia personelu. W stanach napięcia nerwowego odmawia przychodzenia na posiłki, występują u mieszkańca organiczne zaburzenia osobowości i nastroju.

##### **Dyskusja**

Motywowanie osoby uzależnionej od alkoholu i nikotyny do podjęcia terapii alkoholowej i nikotynowej jest zadaniem bardzo trudnym, które wymaga ogromnego zaangażowania zespołu terapeutycznego składającego się z wyspecjalizowanych osób. Ważną rolę w procesie zmiany osób uzależnionych jest przeprowadzenie dialogu motywującego. Motywacja jest fundamentem, który wpływa w bezpośredni sposób na proces zmiany.

##### **Wnioski**

Alkoholizm i nikotynizm są uzależnieniami, które wymagają dużego wkładu pracy w proces zmiany osoby, która boryka się z powyższymi problemami. W procesie przemiany mieszkańca kluczową rolę odgrywają rozmowy motywujące, które ukazują, co klient może osiągnąć, dokonując zmian w swoim życiu.

**Słowa kluczowe:** alkoholizm, nikotynizm, terapia, studium przypadku, mieszkaniec domu pomocy społecznej.

#### **Abstract**

##### **Introduction**

Alcoholism is a social disease, which might as well affect social welfare home residents. They come from different environments, backgrounds and communities and happen to escape from daily life problems they find hard to tackle through alcohol abuse. Another quite a common problem among social welfare home residents is nicotine addiction, which is harmful to health.

### **Aim of the study**

The aim of the study is to present methods of work of the therapeutic team at a social welfare home with the patient who is addicted to alcohol and nicotine.

### **Case study**

A social welfare home resident for five years. A man, aged 55, with multiple sclerosis and venous insufficiency of the lower limbs. A wheelchair user. After alcohol consumption, becomes verbally aggressive, ignores personnel's requests. Under nervous tension, rejects joining the meals and suffers from organic personality and mood disorders.

### **Discussion**

Motivating an addicted to alcohol and nicotine person to join a therapy is a difficult task, which involves a huge commitment of a therapeutic team consisting of highly specialised staff. A motivational dialogue is an important factor in the process of an addict transformation. Motivation is fundamental in the process of transformation and affects it directly.

### **Conclusions**

Alcoholism and nicotinic are addictions which require a huge commitment in the process of an addict transformation. In the process of a resident's transformation, motivational dialogues play a key role as they show what the person may achieve through the transformation in their life.

**Key words:** alcoholism, nicotine addiction, therapy, case study, a social welfare home resident.

## **Introduction**

Alcoholism is a social disease, which also applies to persons residing in social welfare homes. Those residing in such institutions, coming there from different social environment and groups and, often abuse alcohol, which is for them a way to escape from the problems of everyday life, which cannot be faced with. The reason for such behavior is sometimes the impact of the environment, in which they functioned or alcohol habits that prevailed in their homes. Residents' addiction is diagnosed based on the occurrence of at least three of the following symptoms within the period of the least 12 months or persistence of such symptoms for a period of one month. According to the Xth version of the International Classification of Diseases, Injuries and Causes of Death (ICD-10), they include:

1. strong will and / or sense of compulsion to consume alcohol;
2. subjective conviction of a reduced possibility to control alcohol consumption;
3. drinking alcohol from a belief that withdrawal symptoms (withdrawal) will mitigate;
4. presence of somatic (vegetative) withdrawal symptoms (withdrawal syndrome);
5. increase of tolerance to alcohol;
6. limiting standards of behaviour related to drinking;
7. progressive negligence of other pleasures or interests in favor of alcohol drinking;
8. drinking alcohol despite obvious harm (physical, mental and social), which is known to be closely related to alcohol drinking [Xth version of the ICD 10].

Another problem, which is quite a common practice among the residents of social welfare homes is nicotine addiction, which adversary affects one's health. Tobacco contains harmful substances such as methyl alcohol, acetone, ammonia, anabasine (insecticide), arsenic (a strong poison), benzopyrene (carcinogen), phenols (cause the destruction of the cilia purifying respiratory tract), cadmium, methane, nicotine, which contributes to blood vessels walls shrinking, increases blood pressure, is responsible for the non-physiological increase in heart rate, and also for arrhythmia, it, in a negative way, affects the p53 gene which prevents uncontrolled cell growth, which is the formation of tumors and also contains other toxic and carcinogenic substances [Cekiera, 2005; Wojtyniak, Goryński, 2008].

Addiction to psychoactive substances (nicotine) can be of psychogenic, pharmacogenic or of biological nature. Usually, two types of addiction coexist. According to ICD-10, addiction is defined as a set of physiological symptoms, but also mental and behavioral ones, that contribute to the regular use of the substance. The nicotine addiction syndrome is mainly characterised by:

1. a strong need for tobacco use;
2. difficulties in controlling one's behaviour;
3. persistent tobacco use despite harmful consequences to health;

4. preferring smoking to other activities and commitments;
5. increased tolerance;
6. the occurrence of the withdrawal syndrome in addicted persons [Cekiera, 2005, p. 38].

Motivating the patient by the therapeutic team to take up alcohol or nicotine therapy is a mechanism very difficult to achieve, particularly when the patient has been addicted to the aforementioned substances for a long time [Strzelecka-Lemiech, 2015].

#### **Aim of the study**

The aim of the study is to show the methods applied by the therapeutic team in the social welfare home to the patient who is addicted to alcohol and nicotine, as well as to present the techniques which can be applied by a therapeutic team while working with patients addicted to addictive substances and to indicate positive aspects of the team's work.

#### **Case study**

The resident of the social welfare home, aged 55. The patient has been staying in the social welfare home for five years, in a double room. The patient with multiple sclerosis (suffering for 10 years) and venous insufficiency of lower limbs. The patient moves in a wheelchair. The man used to be homeless, due to lack of care from his family and relatives he was placed in the social welfare home. Logical contact is preserved, a suicide attempt reported in an interview. The patient at the beginning of his arrival at the nursing home had problems with accepting the new place. The resident also had a of surgery the testicular tumor. The patient stopped oncological treatment before arriving at the centre, due to the status of a homeless person. The man does not maintain relations with the family, speaks in a negative way about his relationships with the family, talking about the family is accompanied by such emotions as anger, grief, but also despair. The resident abuses alcohol and is addicted to nicotine. No depression traits have been diagnosed, he complains however, about nervousness. According to the reports by the caretakers, the resident is sometimes irritable, explosive, cannot control his emotions after drinking alcohol, is under medical and psychiatric care. In the states of nervous tension he refuses coming for meals, in the resident there occur organic personality and mood disorders. Having drunk alcohol the resident becomes verbally aggressive, ignores the commands from the staff, also there have been reported vulgar and physical behaviour against other residents of the centre. In 2015, treated in a psychiatric ward with a diagnosis of "Organic depressive disorders. Multiple sclerosis". On admission to hospital the resident's awareness clear, orientation in time inaccurate, the resident denied the occurrence of suicidal thoughts, interpreting it as a joke. At the psychiatric ward the resident remained in cheerful mood, starting willingly interpersonal contact, sleep and appetite were normal. The collected records revealed that the patient wanted to draw attention to himself. The patient uses alcohol in a harmful way, for this reason he also suffered a chest injury during intoxication. On discharge from hospital, awareness of the patient clear, complete orientation, mood and drive balanced, thinking consistent, with no evidence of perception and content of thinking disorders. Circadian rhythms correct. Discharged with the recommendation for further treatment and maintaining abstinence. The resident remains hardly critical of his behaviour. The resident happens to have conflicts with other residents of the nursing home, appearing in periods of intoxication. The resident reacts aggressively towards other residents when he is upset and cannot consume alcohol in the centre.

#### **Discussion**

Motivating a person addicted to alcohol and nicotine to take up an alcohol and nicotine therapy is a very difficult task, which requires a huge commitment of a therapeutic team consisting of specialized staff. In order to carry out proper cooperation with a person addicted to psychoactive substances, it is necessary for the team not only to have appropriate skills regarding communication, but also to know the specifics of the problem, on which they are going to work [Kozak, 2009]. The first important step is to prepare the therapeutic team to contact the patient, which means obtaining the greatest resource of information on the causes of consuming an excessive quantity of alcohol by the patient and smoking a large number of cigarettes per

day. It is also advisable, before talking to the patient, to seek information on the consequences that arise to his health or social life due to addiction to alcohol and nicotine. Obtaining the aforementioned information will allow the therapist to understand the resident's problem. It is worth noting that before the interview with the patient, one also has to be well prepared to it, because a lot of patients struggling with addiction deny its existence and resist against those who try to take any measures aimed at solving the problem. The first step is contemplation. The patient during an interview with a therapeutic team begins to consider the possibility of solving the problem in the near future, however, patients are not fully determined to undertake commitments in their case. An important element here is that the person helping the resident, who is struggling with addiction, could elicit and consider ambivalence, put the emphasis on the benefits that will result from patient's decision to change. The therapist must instruct the person who is addicted, how to take the first steps leading to a change. The next, the second step to achieve the goal by the therapist or by the team is preparation. The patient then is ready to take steps to begin the process of change. The assistant should focus on negotiations, setting goals with the patient, submitting patient's declaration to withdraw completely from drinking alcohol or reduce this addiction. An important factor is the support that should be shown to the patient in the fight against addiction and enhance the sense of self-efficacy. A further step is to start the action and implement into the resident's life the objectives mutually agreed upon with the therapist [Teesson, Degenhardt, Hall, 2005]. It should be emphasised that the joint setting of objectives with the resident will allow to initiate the therapeutic way, which can be successful. The role of the team or the therapist is to accompany the resident in the implementation of each step that will lead to changes, of particular importance is support given at the moments of high risk that the resident will return to destructive behaviour. The fourth step is to solve the problem. Former behaviors of the patient may result in returning to addiction. The next step will certainly consist in the therapeutic team's attempts to maintain positive changes and behaviors that occurred in the resident: motivating the person to continue giving up drinking and smoking, providing advice on actions that the resident must take, so that there would be no situations of returns to destructive behaviors, and developing strategies to deal with them. Should the aforementioned step take a long time, i.e. it persists for several months, one can say that the client has reached the process of permanent change in his behavior [Cierpialkowska, 2010; Polakowska, Piotrowski et al., 2005]. It should be remembered however, that while working with a person addicted to any kind of substances, one might deal with a return of old behaviours. Then, it is important for the therapist or the team not to cross out their previous work, as well as not to doom the resident to a failure in treatment. In this situation, the most important thing is to stop patient's inappropriate behavior as soon as possible, to support previous achievements, as well as to carry out the analysis of the situation, i.e. to realise what mistakes were made, what was ignored, and to develop a plan in order to prevent such situations in the future [Prochaska, Norcross, DiClemente, 1994].

An important role in the process of changing addicts is to conduct a motivating dialogue. Motivation is the foundation, which directly affects the way of the process of change. The resident who will be offered a process of changes, should have self-esteem despite the addiction, awareness that his life will change for the better if the changes that we propose to him will be made. The therapist should not be saying what the client has to do, criticize him, but instead should start to cooperate by means of a motivating dialogue. It is necessary to show the benefits that man can achieve by stopping drinking, but it should be remembered that one must not judge the patient as it generates resistance. It is important that the client himself should give arguments for the necessity of change [Cierpialkowska, 2001; Zdebska, 2015]. Exerting pressure on the patient is certain to bring adverse results. An important element is to present to him the balance of advantages and disadvantages, which arise from his addiction. At the same time it is essential that the resident himself should determine what negative effects he experienced after intoxication with alcohol. The quest for the patient's self-awareness of a problem is a great success as his perception of the problem and its acceptance allows the therapist to begin the process of the positive change [Albanian, 2010; Knelt down and Chojnacka, 2013].

During the therapy with a person addicted to alcohol and nicotine it is valuable to obtain as much information as possible in an interview with the patient, which can be obtained by asking him about the periods of abstinence, and about their reasons. It is important to establish a kind of trust between the therapist and the patient, which will be based on mutual respect. A person who is addicted to substances cannot feel in any

way to be worse than other people, and above all the patient must be made aware of the fact, that despite the addiction, he has many features that are very valuable and can be helpful in overcoming addiction. People who are addicted to alcohol or nicotine or to both substances at the same time, have a very low self-esteem, it is difficult for them to rediscover a social life, acceptable in terms of social norms. Therefore, the role of the therapeutic team, which consists of a number of specialists in different fields, is so important. It very often happens in institutions such as social welfare homes that one person is not able to work with an addict, and support from several people who will work with the patient in the fight against addiction is required.

The man, after the individual plan of support had been carried out by the therapeutic team, restricted smoking to a few cigarettes a day and has not drunk alcohol for a few months. The resident has become a more open, communicative and cordial person. Emotional condition has improved significantly, now interpersonal contacts have been going on in favor of the resident.

Additional classes in occupational therapy, which will be carried out, will allow the ward to organize his time, will also have an effect on calming down his emotions and will reduce emotional tension. It is also important to entrust responsibility to the resident when positive changes are taking place in order to raise his awareness that his hard work brings positive results. The resident in March 2016 was appointed a member of the Residents' Council, which has an important function in the social life of nursing homes residents and its membership is entrusted to those, whom other residents trust. The function of the chairman of the Residents' Council in the social welfare home, which the patient received, helped confirm the conclusions of the therapeutic team, that the therapy was aimed not only at reducing the problem of alcoholism in the man (which, however, was a priority for the team), but also improve the relationship between the patient and other residents of the centre. The man due to the function entrusted, more willingly and more actively participates in social life of the institution, showing greater interest and desire to help others. He is no longer prone to destructive behaviors, understands what health consequences can result from alcohol consumption. Another important element for which the resident would not like to return to the habit, is the trust he was bestowed in the social welfare home. The man during an interview with therapists repeatedly stressed that the recovered confidence among the employees and residents of nursing home is the supreme value for him which he appreciates and respects. Work of the therapeutic team has been undoubtedly a success, however one must remember of an important element, which is to provide support to the patient in moments which are difficult for him, and which might become a reason for his return to destructive behaviors.

### **Conclusions**

Alcohol and nicotine addiction are addictions that require a large amount of work in the process of changing a person who struggles with these problems. Motivating the patient to take up a therapy is an extremely important but also a very complex process that requires from the therapeutic team relevant knowledge in different fields of science. In most cases, motivating the resident to the process of change requires several meetings with him and development of an individual support plan for the patient. It is very important for all activities to be carried out in an atmosphere of kindness and respect, only such behavior on the part of the therapist can break the barrier, which always occurs in the early stages of the interview. In the process of resident's transformation, motivational talks have a key role, and show what the client can achieve by making changes in his life. Identifying and discussing health effects that result from the withdrawal from alcohol drinking and smoking cigarettes are another motivating factor to take up actions to refrain from destructive behavior. The therapeutic team monitors and supports the resident in the process of the therapy. When cooperating with a man with an alcohol problem, one should realize that the process of change is a long process that requires assistance from many people.

**Acknowledgements** to the Social Welfare Home in Kowal for the access to the documentation of the therapy, treatment and nursing of its resident.

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