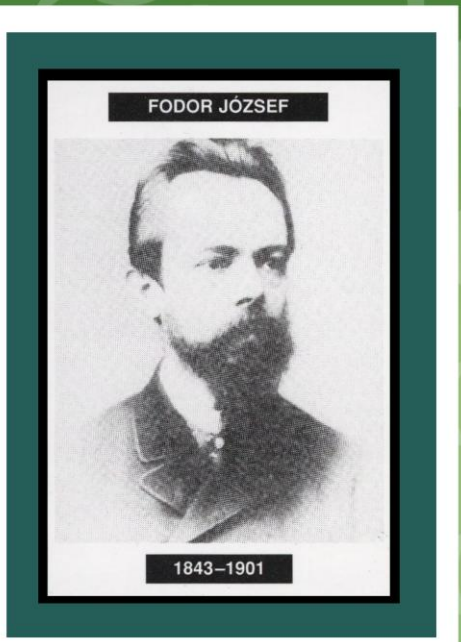
Egészségtudomány



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DROG

DRUG

DEMOGRÁFIA, NÉPESSÉGSTATISZTIKA

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A MEGJELENT ÍRÁSOK TARTALMÁÉRT A SZERZŐK FELELNEK, AZ ÍRÁSOK NEM FELTÉTLENÜL TÜKRÖZIK A SZERKESZTŐSÉG ÁLLÁSPONTJÁT.

FOR THE CONTENT OF THE ARTICLES THE AUTHORS ARE RESPONSIBLE

Drugs, poverty, family. Systems approach therapy with a multi-problem family
Drogok, szegénység, család. Rendszer megközelítéses terápia egy sokproblémás családban

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Bevezetés: Számos elmélet foglakozik a drogfüggők családjának szerepével a drogfüggőség kialakulásában és fenntartásában. Abban az esetben, ha rendszerben gondolkodunk - és most eltekintünk a társadalom teljes rendszerének átgondolásától, a biológiai, pszichológiai és spirituális tényezőktől, hanem csak a közvetlen környezetre koncentrálunk - a kábítószer fogyasztást sok esetben a család patológiás működésének tüneteként foghatjuk fel. Ebben a cikkben egy eseten keresztül olyan munkamódot mutatunk be, amelynek célja, hogy hatékonyabb szolgáltatást nyújthassunk a klienseink számára. Figyelmünk középpontjában a kliens és közeli hozzátartozói állnak, akiknek az igényeit a lehető legnagyobb körültekintéssel mértük fel, a beavatkozások tervezését rendszerszemlélettel közelítettük meg. Az intézmény ahol dolgozunk (INDIT Közalapítvány) Integrált Drogterápiás Intézet nem csak a nevében, de szemléletében és szervezeti felépítésében is az integrált működést valósítja meg a szenvedélybeteg ellátásban. Nem szokatlan a számunkra, hogy egyeztessünk, együtt gondolkodjunk és dolgozzunk más intézmények szakembereivel. Az itt bemutatásra kerülő eset, egyedinek számít, ahogy az esetek mindegyike különbözik a többitől, de az, ahogyan a változást menedzseltük példa értékű lehet. Klienseink halmozott problémáik miatt kapcsolatban voltak rendőrséggel, gyermekvédelemmel, családsegítő szakszolgálattal, önkormányzattal, drogambulanciával. Ahhoz, hogy hatékonyan tudjanak együttműködni a különböző intézményekben dolgozó szakemberek, nekünk, terapeutáknak fel kellett vállalnunk az eset menedzselését is. Fontos volt, hogy kapcsolatba kerüljenek egymással a segítő szakemberek és kijelöljék a kompetencia határokat, megtervezzék azt, hogyan segítik a klienseiket a változásban. A legtöbb szolgáltatónál, az olyan esetekben, amelyekben a kliens elterelésbe érkezik, a leggyakrabban egyéni esetkezelésbe kezdenek. Mi a jelen esetben más módszert követtünk. Az eset egyedisége kapcsán főként két dolgot említenénk, az egyik hogy a kezdeti lépésnél sikerült az egész családot bevonni a konzultációba, ez a legtöbbször egy hosszabb folyamat eredménye szokott lenni. A másik, hogy az ellátó és jelző rendszer több intézményében dolgozó szakember munkája a kezdetektől fogva szorosan kapcsolódott egymáshoz és az eset kísérése során ez a fajta szakmai együttműködés mindvégig megvolt. (1.)

Kulcsszavak: szegénység, addikcio, család terápia, sok-problémás család

Abstract: In the past years a new phenomenon has emerged alongside the subcultural and “consumer behaviour” type of drug use: the drug abuse of small-town multi-problem families living in deep poverty. The gravity and scale of the problem can be measured by the common occurrence of town representatives asking local rehab institutions for all-around help. Through the case study in this article we are to introduce a therapeutic process that touches upon multiple areas, can be followed-up and can further inspire us with regards to treatment. Besides the identified patient, immediate family also came into our focus, their needs were assessed with utmost care, systems approach was used in planned interventions. The institute, where we work, the Integrated Drog Therapy Institution (INDIT Public Foundation) truly facilitates integrated operation in the treatment of addicts, not only in its name, but also in its approach and organizational structure. The following case is unique, as all cases are, but the way we managed it could set an example. Due to their accumulated problems, our clients came in contact with the police, child protection services, social services, local government, and drug clinics. To enable effective collaboration of various professionals working in multiple institutions, the task of case management had to be undertaken by us, therapists. It was vital for care professionals to establish collaborative relations with one another, define competencies, and plan how they will facilitate change in their clients’ lives. The therapeutic process was led together with my colleague, Dr. Szilvia Widder, and our work was aided by our colleague from Szeged, Zoltán Arany. In most cases, when a drug offender opts to go into treatment in order to suspend prosecution, care providers start treating the individual. In this case, we saw it suitable to use a more complex method. I would highlight two things regarding this specific case: first that the whole family was successfully engaged in therapy from the start, that usually is an end result of a lengthier process. The second is that the work of professionals within various institutions of the care provider and reporting systems were intertwined from the beginning, and this cooperation persisted throughout the case (1).

Keywords: poverty, addiction, family therapy, multi-problem family,

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Poverty and Drug Abuse

As we have already mentioned, illegal drug abuse recently, more specifically NPS usage (Novel Psychoactive Substances, so called Designer Drugs) is on the rise in poverty stricken small towns, deprived regions and in big city segregates. This phenomenon raises questions in multiple areas for professionals. Why is there a need for mind-altering on this scale on a societal level? Why is the age range of people trying illegal substances for the first time is shifting to younger and younger generations? What affect does it have on communities, school and family? The continuous changing of the NPS, abuse on the rise urges topics to be addressed, such as supply and demand reduction, treatment, prevention, even on the epidemiology level. Analysis of all areas would validate a study of their own. At the time of writing this article, we have few data or specific Hungarian studies on this subject. Representative surveys of illegal substance abuse concerning the adult population show that in the 18-64 age range 9.9 % consumed illegal drugs at least once (2). In the age range of 18-34 years, 17. 7% tried illegal drugs. Compared with the last 2007 survey, stagnation and aggravation is observable (2). The 2011 ESPAD survey had similar results mapping the attitude of high school and college students towards mind-altering drugs every four years. Based on the survey, 19.9% of 16 year old children have tried illegal drugs in 2011. This percentage is higher than the European average (3). On a national level the 2015 survey found a slight decrease in chemical substance abuse, but it is still well beyond the European average (4).

There are two recent studies regarding specifically those living in the segregates. One is based on a survey conducted in segregates of a deprived district (5), the other examined substance abuse habits in the community of the Avas district of Miskolc (6). None of these studies contain specific numerical data, but it is established in the observed communities that drug abuse is significant and affects ever younger generations. In the deprived district towns more than half of the youth used NPS. From the 35 000 people living in the Avas district it is estimated that roughly 15-20%, 5600-7000 people are affected.

Both studies agree that besides the usual reasons (7,8,9) and the decision of the individual, deprivation, low education, high unemployment, the lack of prospects, opportunities and future all play a role in turning to drugs (5, 6).

Addiction and Family

Many theories are concerned with the role of family in the development and sustainment of addiction. If we are to think in systems – and here we disregard society as a whole, the biological, psychological and spiritual elements, and only focus on the immediate

environment – drug abuse can be thought of as a symptom of the pathological functioning of a family. Abuse can play an important role in keeping the family together, or could simply indicate the malfunction of the family system. Within the systems approach, we often use the concept of co-dependency in understanding how families work. According to J. Small, the co-dependent personality due to a childhood trauma when adult is unable to effectively represent his own emotional needs and expectations, and on the other hand is obsessively trying to control events and people out of his control (10). Codependent parents try to control the drug use of their children or spouses and due to resulting failures they become more aggressive towards the person in question, but always regret their atrocities. Their mood is primarily defined by the addicts' state. According to Demetrovics, the current psychodynamic theories – following the tracks of either the classic psychoanalysis, object-relations theory or family dynamics approach – are useful in understanding the functions of drug abuse (11). They all try to answer the question of how the use of chemical substances help the individual to maintain their intrapsychic, interpersonal or family dynamical equilibrium. After all beyond the statement that drug abuse in itself is destructive with several individual and societal consequences, the real question remains to point to its real function that leads to its development (11).

Case Study

The family was referred by the Family Services Centre of Pécs (from here on FSC) to our institution, the Baranya county drug clinic of the INDIT Public Foundation.

The Family Services Centre of Pécs started procedures by obligation following a police report filed by the mother. According to the report, the father acted in an aggressive manner at home, threatening his family. His wife and daughters were scared of him.

In the weeks prior to the report, the police opened a drug abuse case regarding the father, thus he was involved in concurrent police investigations. Based on the preliminary assessment of Family Services Centre (FSC), we came to know that no one was employed in the family, the parents were not able to meet the basic needs of the children. The wife mentioned to a social worker of the FSC that she would like to move from their house, located at a nearby village, because she can no longer continue living with her husband. According to the wife the husband is unpredictable, he constantly uses marijuana, and is impulsive.

The FSC workers intervened efficiently and in a timely fashion. The mother, and her two daughters moved in with the maternal grandmother, who lived alone in her one room

apartment in the inner city of Pécs, with no amenities. The institution obligated the father to start treatment at our clinic in order to suspend investigation.

Individuals charged with substance abuse, who wish to avoid court proceedings, have to choose a Hungarian institution where they would be opting for treatment. After a careful status assessment, the appropriate treatment is chosen. Addicts take part in a so called "addiction treatment", which prescribes that during the period of 6 months they are present at 12 appointments in the given institution (12).

First encounter

The social worker asked for a status assessment appointment on behalf of the father (Miklós), that Miklós attended alone. The FSC referred the father to us, based on previous positive experience concerning our Institution, as well as out of the necessity to start treatment as an alternative to court proceedings.

Miklós is 34. He was trained as an agricultural mechanic, but never worked as one. He did have temporary work, but was never officially declared as an employee. The family, wife and two daughters (nine and one year old), lived together in a household with his mother, they sustained themselves from her pension and fields. Upon questioning he did admit to regular burglary for the last 13 years, and that following the death of his mother two years ago, he relies solely on benefit and burglary to provide for his family. The wife, Melinda, is 32, qualified as a shop assistant, but for the last 9 years, since their first child was born, she was not even temporarily employed. According to the father's statement, he has been using cannabinoids daily for the last five years, and it affects all areas in his life. He informed us of serious sleep disorders, frequent tension, irritability: he cannot regulate his angry outbursts.

According to the clinic protocol, he took the five component multi drug urine test, where he was tested THC positive. He was admitted with F1220 Cannabis addiction diagnosis. Due to his current situation he was in a crisis. After two individual crisis intervention sessions we progressed to family therapy.

Initially the request of the FSC was the main concern of the therapists, namely that we start the so called opting for treatment with Miklós. This was mainly important for the police case to be suspended at the investigation stage. Abstinence is not a requirement of a successful procedure, but changing substance use habits, moderation and decreasing health hazards were amongst our goals.

Taking part in the treatment was a precondition set by the FSC for Miklós regarding contact with his family. Until he attends sessions, he can have social worker supervised contact with his daughters each week for an hour in the FSC building. Melinda also urged for

Miklós to resolve his problem, because she did not like to live at her mothers, and wanted to move back with their children in their home as soon as possible.

Miklós was also motivated to take part in family therapy instead of individual sessions. His main motive was for him to have a new forum where he could be with his daughters. All these circumstances were in support of family therapy. According to their narrative the first couple of sessions, the appeal for them was to be able to meet, and real motivation built up slowly during sessions.

Problems of the family seemed very wide spread, even after the first couple of information: a) criminal: police investigations against Miklós, illegal substance abuse; b) health concerns: the need to decrease his symptoms brought on by drugs; c) existential: poor financial situation, handling existential anxiety; d) life style: deviance arising from Miklós' criminal way of life.

We felt it important to address the conflict between Miklós and Melinda, helping them to create a calm and safe family atmosphere. We also kept in mind enhancing the quality of life of the two minors.

Defining the problem and hypothesis

The multidiscipline approach has a complex way of thinking about addiction (13). Drug abuse is often not just a symptom of an individual, but the problem of the whole family. According to our hypothesis an important question in the interdependent dynamics of the relationship between Miklós and Melinda is who has the control and when. We observed that Melinda is who controls the family, leaving Miklós only to have an input – but a detrimental one – with his substance abuse.

On the other hand, their need for differentiation seemed to emerge as a background motive behind their fights. Following their separation an unprecedented distance was set between them. The sudden freedom of moving apart possibly led to the feeling of inner tension and insecurities within them, so later it seemed that they do all they possibly can to move back together. It was clearly observable that the true victims of the power struggles between the married couple are the children, because their parents use them frequently as tools to induce guilt.

Through information gathered from the social worker at FSC and during the first interview with the father, we got a picture of a multi-problem family (14): that was proved during subsequent personal meetings. Police procedures against the father and the current separation of the family, temporary living conditions of the children and mother, serious existential problems all pointed to the solution-focused practice (15) in our minds. We attempted to come closer to understand how the family system works through the circular

questioning technique of the Milan school, and finding the communicative value and the explanatory principle of symptoms (16). The structured approach and techniques helped to map the malfunctions of the family structure (17). We also tried to integrate the aspects of the contextual approach of Iván Böszörményi-Nagy in our work, focusing on the moral dimensions of relationships, family legends and beliefs. We worked a lot with family scripts (18). The object relations theory (19) also formed a solid base for how we think about family units.

We wanted to move on from the current family crisis as soon as possible to a situation that is more viable for the parents and safer for the children, both in the emotional and the existential sense. The formation of a trust relationship with the family was a necessity in order not only to be able to define common goals, but also to collaborate on a solution-focused action plan. After sketching the action plan, our task was solely to support the family in reaching their goals. Moving back together was ranked by the spouses as a priority. Melinda tied this to Miklós being abstinent.

Therapy process

In the first phase of family counselling two methods intertwined: the framework was defined by the rules of opting for treatment. We made a contract for twelve sessions, two each month, lasting 90 minutes. The sessions had to be attended by both parents – the children were brought along depending on what arrangements they could make for childcare. We usually had sessions in the morning. Their younger daughter was only 15 months old in the beginning of the process, she came along regularly whilst the older daughter was in school: only during summer holidays did they both come along. The primary therapeutic aim was for Miklós' drug abuse situation to improve, and for him to begin the opting for treatment procedure, which would prevent his substance abuse case to escalate to the court level from the current police investigation stage. In therapy with substance abuser clients, addiction itself has to be emphasized, regardless of whether we treat it as a symptom or not. The therapeutic process is characterized with the so called rehabilitation approach, where treatment process is split into smaller partial targets.

After the first six months, we signed a new agreement, meeting every four weeks: the focus became their conflicts as a couple and psychological work around their existential and economic fears. By the end of the sixth months, Miklós' abstinence has stabilized, after which focusing on the couple became essential, given the probability of the family structure losing its equilibrium once again, like it did before symptoms appeared. Abstinence is not only the goal, but also a "tool and criteria" of couple counselling.

Therapeutic steps

Below we are to sum up the main planned therapeutic steps in the process.

- Creating a therapeutic atmosphere, which is safe, where emotions can be freely expressed, facilitating a newfound attunement and reflection along the lines of attachment-affection-perception, which could serve as a basis for facilitating corrective-reparative change.
- Mapping family member interactions, observing transgenerational affects and patterns (genogram).
- To map the possibilities of restructuring structural dysfunctions due to changing life cycles (roles, boundaries, subsystems, regulating closeness and distance, handling control and authority conflict).
- Resolving the function of the illness, supporting individuation and restoring self-confidence. - Putting the family's own resources in action, creating a rehabilitation action plan.

It is also important to mention the relationship unfolding between the family and the service providers. On the first family consultation, a colleague of the FSC was also present. He informed us of the current situation of the family: there were two police investigations going on regarding Miklós, their official income consisted of solely the family allowance and the meagre child benefit. According to the social workers, the problem stemmed from Miklós' drug addiction, these views were also shared by Melinda. They informed us that Miklós uses cannabinoids every day. If he does not have the funds for it, he sells something, or borrows money, or due to withdrawal he has fits of anger at home with his family. Since his family moved out from their village nearby Pécs, Miklós lead an even more irresponsible life, he sold everything that could be moved from the house and he could find a buyer for. His relationship with his neighbours and some village dwellers deteriorated further.

Their material resources were limited, they could not satisfactorily provide for the children. According to the local government they have accumulated significant public debt. The garden was unkempt, they received a local government fine because despite of multiple notices they did not eliminate ragweed. They stored rubbish in the ground floor of the house since the waste collector company no longer took their waste. The house did not fulfil the minimum sanitation criteria to be fit for children.

Until these minimal criteria are met, the FSC could not support the children moving back in. Melinda did not react to the FSC requirements: on her part, moving back in was depending on Miklós' abstinence. Melinda also said that they do not necessarily feel to be in

a better situation living with her mother in Pécs. Living conditions were overcrowded in her mother's one bedroom flat. Their financial circumstances were still unfavourable, they could not make ends meet from her mother's pension. Commuting expenses for the older daughter who still attended school in the village were a great burden. Melinda emphasized that the atmosphere at her mothers' is not calm either, because they have fundamental differences in how they view life. Melinda's mother is a member of the Jehova's Witnesses neoprotestant church, she frequently hosts small gatherings, where they would agitate Melinda as well.

Miklós, Melinda and their daughters had a common goal: to move back together as soon as possible in the village close to Pécs. We could begin talking about solutions and how to meet various requirements the quickest possible.

During the session, priorities of family members and their expectations from one another became very clear. Melinda expected Miklós to stop using drugs, and set this as a prerequisite for her and her daughters to move back. Miklós wanted to be together with his daughters, therefore tried to meet all criteria for his family to move back. The social worker of the FSC also set standards to be met before the family could move back: these were to improve the hygienic state of the house and to sort the garden. Melinda and Miklós undertook getting in contact with the local government, regarding meeting the minimum conditions for the house and garden. The FSC social worker helped the family in their conciliation with local government, posing one condition: to regularly attend family counselling at our clinic.

After mapping the family's current situation and setting priority lists, our concept was to primarily help them use their own resources and facilitate positive change from their current state of crisis. Miklós made the decision to not use cannabis anymore, fulfilling Melinda's expectations; this he proved with a monthly clean urine test at our clinic, much to our surprise. He truly did stay away from cannabis, but the addictive behaviour stayed. Miklós changed the substance of choice, he started consuming multiple litres of cola and packets of cigarettes daily, which burdened the family budge just as much as cannabis has before. But Miklós has also changed from week to week: he got in contact with local government employees, cleaned the house, and due to the intervention of the FSC they started collecting waste again. Miklós also adhered to the local government notice and resolved the state of the garden, their public debt was first decreased, then completely disappeared thanks to the social department of the local government.

Melinda and her daughters moved back home after three months. Due to the collaboration between the local government and the FSC, the family received one hot meal a day from the local social kitchen, and after four months, Miklós was accepted to the local

public works program. The family's life changed radically, moving back together became a reality, the house and garden was fit again for raising children. Miklós, for the first time in his life, became an employee.

The family felt this a great success, this had a positive effect on trust issues between them, and they opened up to other issues raised during counselling. The therapeutic process at this stage mainly focused on the parents, only indirectly with the family. Due to his received education on the nature of addiction, Miklós first decreased, then completely stopped his cola intake, later stopped smoking as well. Change was further facilitated with the changes in his state of health. Miklós started adequately treating his chronic pain stemming from his neglected and untreated tooth problems: in spite of his fears he started seeing a dentist and received oral surgery treatment, which after a couple of months resulted in positive life quality change.

Outcomes, follow up

We finished our work together after the eighteenth session, in accordance with our agreement. The well-defined goals set by the couple and the FSC in the beginning of our one year process were mostly met. The couple, who previously had an injunction, moved back together after three months. In six months Miklós finished rehab treatment, the police stopped investigating his case, and he stopped illegal substance abuse. They were able to cooperate with the FSC and local government, therefore could successfully move ahead regarding their public debt and previous fines. Miklós became a declared employee, opening a new era in many aspects in the family's life.

It is important to mention that in spite of achieving quick and spectacular results on the surface, we often had the feeling – especially after the first six months of intensive therapy – that following the crisis the family will eventually go back to its previous dysfunctional state. The monthly periodicity and the hard-to-manage couple sessions do not provide an ideal setting to facilitate serious change, in the therapists' opinion. It is our viewpoint that following the one year process we have to trust them and try how they can function in their new way of life together. We have faith that the significant positive life style changes in time will have a positive impact on their relationship. We felt we succeeded in creating an accepting therapeutic atmosphere, and if they do encounter difficulties in the future, they will not hesitate to contact us. The FSC informed us that the family still lives together in one household, Miklós is working, and presumably he did not have a relapse in his cannabis abuse. Melinda is still at home with their youngest daughter. The older daughter is attending school and making progress in her studies. The family is settled.

Discussion, conclusions

We've found this case significant because using systems approach and family therapy methods in the process of opting for treatment is not at all common. In most cases, therapy focuses on the identified patient and his substance abuse, and during individual sessions no real possibilities arise for facilitating real change.

In accordance with our initial hypothesis we have met a multi-problem family, whose current crisis was mainly approached by solution-focused therapy. The crisis situation, ongoing police investigations, illegal substance abuse, domestic violence, injunction, existential difficulties, providing for the children were all putting the family in a difficult position. In our initial steps we supported the family's own self-defence mechanism, providing a framework and opportunity to address and solve their most important problems. Although we did feel that our therapeutic work was very 'hands-on' since we concentrated on everyday tasks and their daily conflicts, thus basically the life-style of the family which also incorporates life quality (20), slowly secondary changes started to be in motion in the family therapy sense. The family's emotional atmosphere could be characterized by a need for a symbiotic interdependency, accompanied by strong anxiety. The dependence-independence dilemma manifested itself not only in the substance abuse, but also in the dynamics of the relationship. During our work together we aimed at creating an atmosphere that accepts family problems and reduces their fear, a so called accepting atmosphere; that serves as a model for a secure attachment, in order to facilitate a shift from the restricting symbiotic attachment towards a more differentiated, sustainable relationship between the parents. Drawing the genogram we came upon family stories where difficulties of detachment, becoming self-sufficient, letting go and its transgenerational affect was touched upon. With the sessions progressing Miklós's drug abuse became less important and we talked more about the parents' relationship. After the initial general blaming and making one another feel guilty, cooperation, clearer communication, understanding each other's emotions and clear expectations began to emerge. All these together facilitated a more flexible structure on the family system level, and a more independent and stable operation on the individual level. We kept in contact with FSC during the therapy – we are convinced that our success in this case was closely related to our cooperation.

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