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Experience in therapeutic workshops to person with chemical dependency: perception of the health professional

ABSTRACT | Objective: identify the perception of the health professional regarding the experience in therapeutic workshops for chemical dependents. Method: descriptive, transversal, qualitative study, carried out with seven health professionals in three institutions that accompany chemical dependents in psychic suffering. A semi-structured interview was used, whose data treatment was done through Content Analysis. Results: the practice of therapeutic workshops is seen as an instrument of utmost importance for the treatment of the chemical dependent, as well as for the mentally disturbed, because it provides patients with a path of social interaction propitious to perform the resignification of their health condition. The existence of latent social prejudice is perceived, even by health professionals when addressing the issue of alcohol and drug use in therapeutic workshops. Final considerations: chemical dependence is one of the causes of stigma and prejudice among society and health professionals.

Keywords: Health education; Mental health; Substance-related disorders; Therapeutics.

RESUMEN | Objetivo: identificar la percepción del profesional de la salud sobre la experiencia en talleres terapéuticos para dependientes químicos. Método: estudio descriptivo, transversal y cualitativo, realizado con siete profesionales de la salud de tres instituciones que acompañan a dependientes químicos en sufrimiento psíquico. Se utilizó una entrevista semiestructurada cuyo tratamiento de datos se realizó mediante el Análisis de Contenido. Resultados: la práctica de talleres terapéuticos es vista como un instrumento de suma importancia para el tratamiento del dependiente químico, así como para el perturbado mental, porque proporciona a los pacientes una vía de interacción social propicia para realizar la resignificación de su condición de salud. Se percibe la existencia de un prejuicio social latente, incluso por parte de los profesionales de la salud cuando se aborda el tema del consumo de alcohol y drogas en los talleres terapéuticos. Consideraciones finales: la dependencia química es una de las causas de estigmatización y prejuicios en el seno de la sociedad y de profesionales de la salud.

Palabras claves: Educación en salud; Salud mental; Trastornos relacionados con sustancias; Terapéutica.

RESUMO | Objetivo: identificar a percepção do profissional de saúde quanto à experiência em oficinas terapêuticas para dependentes químicos. Método: estudo descritivo, transversal, qualitativo, realizado com sete profissionais de saúde em três instituições as quais acompanham dependentes químicos em sofrimento psíquico. Utilizou-se uma entrevista semiestructurada cujo tratamento dos dados se deu por meio de Análise de Conteúdo. Resultados: a prática das oficinas terapêuticas é vista como um instrumento de suma importância para o tratamento do dependente químico, bem como para o portador de transtorno mental, pois proporciona aos pacientes um caminho de interação social propício para realizarem a resignificação da sua condição de saúde. Percebe-se a existência de preconceito social latente, até mesmo por profissionais de saúde ao abordar a questão do uso de álcool e drogas nas oficinas terapêuticas. Considerações finais: a dependência química protagoniza uma das causas de estigma e preconceito em meio à sociedade e ao profissional de saúde.

Palavras-chaves: Educação em saúde; Saúde mental; Transtornos relacionados ao uso de substâncias; Terapêutica.

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INTRODUCTION

The therapeutic workshop (TW) is defined as a strategy to develop in the individual or group a critical analysis of reality, with the objective of carrying out joint actions to solve problems and modify health-related situations. The individual has the opportunity to get to know their reality in a political and social way, being an active participant. ⁽¹⁾ According to historical data in the 1970s, Health Education followed the biologist/curative model, in which the focus was on the disease, the human being was not analyzed in its context, and care was

fragmented. As this model has remained for many years, today it is difficult to modify the concept of the population regarding the importance of prevention and the change in life habits, bringing the challenge for health professionals to incorporate new concepts of health for the population.⁽²⁾

Health education allows the construction of theoretical and practical knowledge about the concepts of healthy lifestyles, with health professionals being the people qualified to guide individuals about the responsibility of their health condition and the importance of self-care.⁽³⁾ It is essential to raise the awareness of professionals about mental health education, which is supported by the pillars of welcoming, listening, support and clarification, which enable the socialization of the patient, access to health services and increased adherence to treatment. It is necessary to point out to professionals that there are several ways to carry out health promotion and prevention, and that consequently they are supporting this practice when they hold craft groups, moments of fraternization with the community on commemorative dates, hiking groups, among others.⁽⁴⁾

Drug addiction is a physical and psychological condition, which results from the interaction between a living organism and a psychoactive drug, due to its constant use the body becomes subject to its psychic effect and its abandonment becomes increasingly difficult.⁽⁵⁾ Psychoactive substances act directly on the central nervous system (CNS) and act by altering communication between neurons. Such substances cause behavioral changes, euphoria, anxiety, drowsiness, hallucinations and delusions. Drug use represents a high socioeconomic cost, being able to socially and individually disrupt people with the abusive use of alcohol and other drugs. In this context, the family is part of the care partnership, as the family is a group of individuals united by

the feeling of belonging to each other and strong emotional bonds. Overload and stress take over all members of the family in the face of chemical dependence (CD) by one of its members.⁽⁶⁾

The family suffers from not knowing how to deal with the situation, and it is necessary to understand that CD is a disease. Family involvement in care strengthens the person with CD in order to contribute to treatment adherence, as relapse and abandonment are common. Family participation in health education groups provides an understanding of the CD and the opportunity to receive instructions on how to act with the dependent family member.⁽⁷⁾ Therefore, the provision of information, guidance and clarification is a way to include it in the process of rehabilitation of the dependent of psychoactive substances, promoting adaptation to the care process.⁽⁶⁾ The Brazilian psychiatric reform began with the anti-asylum struggle, with its objective being the deinstitutionalization and social reintegration of mental health patients, decreeing the end of the hospital-centered model. The psychiatric reform brought a reflection on the health care that was provided to psychiatric patients, because before the anti-asylum fight, these patients suffered mistreatment and even evolved to death.⁽⁸⁾

Maxwell Jones developed the Psychiatric Therapeutic Community (PTC) model that aimed to allow the patient to participate more actively in his own healing, allowing for a different treatment model. However, PTCs have grown in a disorderly manner in Brazil in the last 20 years and have brought with them many reports of inhuman and iatrogenic practices that lead us to the practices of the first psychiatric hospitals.⁽⁹⁾ The psychiatric reform also triggered the process of creating the Psychosocial Care Centers (CAPS - Centros de Atenção Psicossocial), the first of which was created in Brazil, in the city of São Paulo, in 1987. Today

there are several types of CAPS, according to Ordinance No. 3.088/2011, in which it is the responsibility of the Psychosocial Care Center for Alcohol and Drugs (CAPS-ad) to assist people with intense psychological distress resulting from the use of crack, alcohol and other drugs in all age groups.⁽⁴⁾

The service is provided by an interdisciplinary team, composed of professionals from different areas, namely: social workers, nurses, pedagogues, physical educators, psychologists, psychiatrists, artistic educators and nursing technicians. The user, when welcomed, goes through the various professionals that make up this team and participates in interaction activities: handicrafts, physical activities, family groups, choir, informational workshops, lectures, therapeutic groups, adaptation workshops, self-care, arts, moments of leisure, literacy, games and recreation, in order to minimize the damage caused by drug abuse.⁽⁸⁾ The nurse, in this service, is an active participant, who works together with the interdisciplinary team in different care situations, maintaining continuous contact with users, being a therapeutic agent in the treatment and rehabilitation of the same.⁽¹⁰⁾

Although this professional is focused on care, he also has the function of establishing a relationship with the user, family and community, with the attribution of carrying out health education. Health education is based on the dialogue between professional and user, being a permanent process that is always under construction. Thus, health education helps in understanding the problem and in the search for ways to minimize or solve them, the nurse being only a facilitator of the process.⁽¹¹⁾ One of the forms of health education is group work, which is of fundamental importance for the professional's performance when dealing with mental health. This modality enables and promotes psychosocial rehabilitation, favors the meeting of users and

family members and allows the development of skills and creations. Depending on the way the group is conducted and organized, the dialogues encourage users to reveal their needs and improve the quality of life (QOL) of the people involved. Thus, it is considered an efficient therapeutic instrument. ⁽¹²⁾

Considering the need for training, it is essential that the professional who assists the user is a transforming agent of society, so that he/she is prepared to conduct everyday situations with quality, providing humanized and comprehensive assistance. ⁽¹³⁾ However, a study showed that the majority of nurses who work in these services in the city of São Paulo lack specific training in the area of psychoactive substances and that during undergraduate nursing they did not receive adequate preparation to provide assistance to patients with CD, enabling assistance commitment. ⁽¹⁴⁾ With regard to health education, it may be possible to observe the same practical difficulty in approaching the patient with CD and his family, so the proper training of nurses in this aspect can contribute significantly to the improvement of this service, as it is noted that the barriers to health educational practice are wide-ranging, including the Family Health Strategy (FHS) in which the barriers are related to users, members of the multidisciplinary team, lack of acceptance and adherence to educational activities; curative culture and professional training. ⁽¹⁵⁾

In this context, the urgency of a new attitude towards the experience of the person in psychological distress, brings up the concept of innovation that is understood as a process of change, movement, breakdown, knowledge and practices. As a movement, its brand is the production of new modes of care in mental health that imply new forms of citizenship. ⁽¹⁶⁾ A study carried out in Rio de Janeiro shows that, in the perception of the professional, their role includes welcoming the service users, mitigating

their suffering and changing the relationship between society and madness. However, professionals describe moments of intense frustration, realization and varied affective reactions in the care of mental health patients and refer to welcoming as a structuring pillar in care. ⁽¹⁷⁾ The mental health professional still retains a strongly traditional tenden-



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cy, of asylum origin, where the biggest knot of the reform resides. It is not only a question of restructuring health services, but of transforming the look we have built for centuries on madness, seeking the subject's reinsertion. ⁽¹⁸⁾

Therefore, this study aimed to identify the perception of the health professional regarding the experience in WT with the patient with CD.

METHODS

Monograph article entitled "Health education and the drug addict: professionals' perception", presented to the Nursing Department of the Faculdades Unidas do Norte de Minas/FUNORTE. Montes Claros (MG), Brazil. 2014.

This is a descriptive, cross-sectional study, with a qualitative approach, carried out in three environments, namely: Psychosocial Care Center for Alcohol and other Drugs III (CAPS-ad III); Psychosocial Care Center for Mental Disorder II (CAPS-tm II); and Consultório na Rua, belonging to the Municipal Health Department of the municipality of Montes Claros, in which they offer assistance to users of psychoactive substances (alcohol and other drugs).

A letter of introduction and an Institutional Consent Form (TCI - Termo de Consentimento Institucional) was sent to the Coordination of Primary Care (PC), Sub-Coordination in Mental Health, of the Municipal Health Department of Montes Claros (SMS/MOC) for authorization of the study. The institution was duly advised on the research guidelines, with the signature of a science authorizing the research. Data collection was carried out in the first semester of 2016, during the months of April to June, by the responsible researcher.

Seven health professionals who work at these institutions and regularly participated in the services through any of the participation strategies offered (WT) were interviewed. The following inclusion criteria were adopted for par-

ticipation in the research: (1) being a health professional working in mental health; (2) have a minimum experience of six months; (3) performing or having performed WT with the user of alcohol and other drugs; (4) not having speech-language limitations or restrictions (hearing and/or vocal deficiency), in view of the oral recording of the statements. The sample was defined by saturation. It is used to establish or close the final size of a sample under study, interrupting the capture of new components.

The collection took place through interviews with health professionals, using a semi-structured interview script composed of a header containing the identification of the participants, sex and function. The script was also composed of two guiding questions through which all information relevant to the research topic was collected. In order for the reliability of the answers to be guaranteed, the interviews were recorded in an audio file using an MP3 recorder, transcribed in full and, later, the statements were categorized. The treatment of the data took place through Content Analysis ⁽¹⁹⁾ which consists of collecting information, reading and interpreting the data, discussing the subject to achieve the relevant results.

All the data collected were made available for analysis, from which the following categories emerged: "Satisfactory work for the health professional", "Lack of trained professionals and scarcity of material resources in the practice experienced", "The family's participation in WT benefits the treatment of patients with CD".

The participants were duly informed about the study guidelines in which they signed the Free and Informed Consent Form (ICF) in order to authorize the research. The participants had their personal identity protected, in order to guarantee confidentiality and anonymity in the study. The testimonies were identified by means of sequential alphanumeric codes, consisting of a letter

of the Latin alphabet ("P") and Arabic numbers (P1-P7).

The study followed the ethical precepts established by Resolution No. 466, of December 12th, 2012, of the National Health Council (CNS), in which it approves the guidelines and regulatory standards involving human beings. ⁽²⁰⁾ The research project was assessed and approved by the Research Ethics Committee of the Faculdades Unidas do Norte de Minas (CEP FURNORTE), with consolidated opinion n° 815.543/2014, Certificate of Presentation for Ethical Appreciation (CAAE) n° 36119914.2.0000.5141.

RESULTS AND DISCUSSION

Satisfactory work for the health professional

Based on the findings, it was possible to infer from the participants' discourse that they see the practice of WT in general, as an extremely important instrument for the treatment of alcohol and other drug users, since it provides patients with a path of positive social interaction and conducive to re-signifying their own health condition. In addition, the health professionals who carry out these works are shown to be accomplished with the work they perform and the results achieved through it. They consider the experience as rewarding and valuable for the improvement of the patients assisted in the project.

"It is rewarding to develop this work, because, despite the slow advances and the difficulties that the service presents, when we perceive in the family the satisfaction they express for having a loved one inserted in the service and that person brings a new skill and gets excited about some situation again it is very gratifying for us professionals, because a hope is placed in us." (P1)

"It is very gratifying for us nur-

ses to use WT for the reason that we nurses will have direct contact with the patient and provide clarification for each one." (P2)

"As a workshop worker, I find the adhesion interesting. I work in a place where membership is very high and that makes the job rewarding." (P3)

"It is satisfying to be doing work like this. WT is one of the attributions that I consider most important in the CAPS-ad, because, through the workshops, we perceive the difficulties that the chemical dependent or alcohol user has, and from there make an intervention in the singular therapeutic project, that is, individual." (P5)

"This work is very rewarding and the patients love it, there are a number of craft works developed, even because it is a therapy and it helps a lot in the development of the patient." (P6)

The professionals interviewed refer to a strong sense of professional fulfillment for working on the subject of WT and enabling the recovery of the health of assisted patients. Part of this satisfaction is due to the strong bond established between professional and users, knowing the reality experienced and the personal context of each one and positively impacting the recovery of patients. The success in carrying out the actions established in the WT is a strong reason that impels professionals to carry out their activities with zeal and attention, as it is through these factors that the result of their work is evidenced.

The satisfaction of performing the work on the part of these professionals is also due to the ease they find in establishing a good interpersonal relationship between the multidisciplinary team. In this aspect, the health professional, especially the nursing professional, becomes an agent of extreme value

and importance for the success of the proposed practice, as he is able to act in different instances of the process performed in WT, expanding his role as health promoting agent of individuals. ⁽²¹⁾ Still regarding professional satisfaction, another study corroborates that described in the literature and points out that the satisfaction found by professionals working in WT can be directly associated with the level of service organization and the working conditions found for the execution of the same. ⁽²²⁾

Lack of trained professionals and scarcity of material resources in the experienced practice

On the other hand, the lack of implementation of actions aimed at improving the quality of the service offered is directly perceived by professionals due to the lack of adequate means for improving care, such as improvements in physical structure and, as in the vast majority of the establishments observed, shortage of material resources for the proper functioning of the TOs. The CAPS-ad health professionals experience this reality and regret the lack of commitment of the responsible authorities in the health system that idealized the program and, however, that in practice it is still incipient in its realization. The lack of resources to work on the proposal was a point strongly emphasized by the professionals interviewed as a factor that hindered the rehabilitation of the users served, as can be seen in the interviewees' discourse:

"The challenge in the CAPS-ad is the same as any other challenge in the public service, as it requires material and labor and training depending on the sector and this is sometimes very difficult." (P1)

"[...] and the greatest difficulty comes up against the structure and few professionals trained to apply these WTs." (P2)

"[...] the difficulty is dealing with the lack of materials and untrained professionals to carry out the workshops." (P4)

"[...] not all professionals are prepared and we often have good ideas, but we encounter bad structural and logistical conditions and a lack of materials to develop a good job." (P5)

The lack of material and structural resources to carry out WTs is an obstacle that is also frequently reported in the scientific literature. Studies carried out report the precariousness of the structural conditions observed in the environments where WTs are performed, as an obstacle strongly reported by professionals working in the psychosocial care network for users of alcohol and other drugs. ⁽²³⁾

Not that it is an essential point for their treatment, but the sum of these factors combined with the technical-scientific and interpersonal experience of the professionals working in WT is a key element in the evolution of the groups and the success in their execution. In order for the TOs to be successful, they must be conducted based on clear and well-defined assumptions for their correct execution and operation. ⁽²⁴⁾ It is a challenge to be overcome that depends not only on the performance and commitment of the health team responsible for the execution of WT, but also on the incisive performance of the entire Health System Management so that it is possible to offer full quality and efficient care in the approach to the bearer of CD.

Family participation in WT benefits the treatment of patients with CD

Another point raised by the interviewed professionals to achieve the objective proposed by the WT is related to the importance of the family's active participation in the treatment of chemical dependent patients, through their participation in the workshops held in

communion with the approached patients. In this regard, family participation is an extremely important factor during treatment, since they are co-responsible for the patient's adherence to treatment. In addition, the family presents itself as a point of support for the patient throughout the treatment, being responsible many times for making the connection between the patient and the health service, contributing to the success of the treatment, as shown in the following excerpts:

"[...] and the role of the family is of paramount importance, because in addition to supporting WTs in case there is a relapse, only the nurse cannot meet this need. There is a pillar that supports the treatment against alcohol and drugs, there is the medication part, but the family is essential." (P1)

"[...] not all family members are involved in WT, some workshops are only for patients, but if we see that family involvement will benefit the patient's life by including the family in the workshops, family support is essential in the lives of these patients". (P5)

From that specific point, it can be seen that many family members have difficulty participating in the treatment together with the patient due to lack of knowledge or the difficulty of perceiving the problem of alcohol and drugs as a disease that requires treatment like many other diseases. Some family members refuse to accept that the close relative is the victim of a disease and trivializes the issue of their family member's CD, which makes it difficult for them to access the treatment offered. The problem intensifies in these cases, leading the patient to trivialize his own health condition and relapse during treatment.

"[...] there is a pillar that supports the treatment against alcohol and drugs, there is the medication part, but the family is essential, the family must be aware that alcohol and drug abuse must be treated as a disease, because this is already registered as a case of public health." (P1)

"[...] The challenges encountered are the few family support with the user of alcohol and drugs, where family members must be very clear that relapses of patients may occur." (P2)

"[...] in relation to family members, many help us with treatment when it is necessary and others have already abandoned the user and say that the user himself has already abandoned himself, as he does not accept care and treatment." (P3)

"[...] and with the family is the ability to know, to see that it is not only those patients who go through that situation of using legal and illegal substances, they do not see this as a disease." (P7)

Through the study, it can be seen that there are still many difficulties to be faced by professionals who propose to carry out interventions to change the QoL of people with CD, difficulties that range from the financial and structural support of the bodies responsible for providing support for this part of the population, including incentives to adequately train the multiprofessional team so that they can provide an adequate service that is consistent with the reality of each assisted population, even questions related to the social context in which each individual is inserted. ⁽²⁵⁾

Of the professionals who work in the performance of WT, the nurse has

great visibility, for being in direct contact with the patient and seeing his real need. However, studies point to other factors that hinder the performance of work by these professionals, such as the lack of training and structural resources focused on the theme of approaching the user of alcohol and drugs in the health service. The lack of training and capacity to deal with the service can often become a difficult barrier to be overcome and directly interfere in the results expected by the proposed intervention. It is not uncommon for situations in which health professionals, especially nursing professionals,



Of the professionals who work in the performance of WT, the nurse has great visibility, for being in direct contact with the patient and seeing his real need.



work directly with users of alcohol and drugs in an arbitrary manner in unstructured environments and lacking resources for this purpose. In addition, there is a notable lack on the part of investment professionals in training and updates offered by government agencies and aimed at improving these professionals in dealing with the situations experienced in the day-to-day service. The study shows that there is a need for greater investment by the responsible agencies in professional training programs and incentives so that they can offer more reliable assistance in addressing the problem of the use of alcohol and other drugs. ^(26,27)

It is a highly delicate task that involves not only the professional's willingness to help patients recover their QOL, but involves more complex issues that arise from the perspective of all people who are directly or indirectly affected by the problem in question. Besides that, there is still perceived a resistance that is often veiled by society in general and even by health professionals when addressing the issue of alcohol and drug use in WT, which can also be considered an obstacle in the approach to the user in WT. ^(28,29)

However, recent scientific studies reaffirm the importance of the dialectical approach to the issue, emphasizing that the success of interventions is favored when addressing the issue of the abusive use of alcohol and other drugs as a disease that can be treated and not just as a banal and commonplace in the lives of users.

CONCLUSION

It is highlighted through this study that the issue of the approach of WT to patients who use alcohol and drugs is an extremely delicate and complex subject, which needs the alignment and awareness of different resources of society for the success of their confrontation. Thus, it is necessary that

the professional who acts in the execution of the WT and monitoring the users is always up to date and free of any kind of prejudice in the approach

to the patient so that he can advocate the attention in the care provided and intervene in a timely manner in welcoming the user, always guarante-

ing the excellence of the assistance provided, so that the assisted clientele is benefited and attended to their real needs. 🐦

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