

Rehabilitation Potential of Socio-psychological Support for Families with Alcohol or Drug Addiction Problems

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The rehabilitation potential of socio-psychological maintenance for families with problems of chemical addictions is proposed here to be considered as a resource for overcoming real addictions. The relevance of this study is due to actual need for developing a basic approach — the strong scientific evidence-based substantiation of the organization of psychological assistance to concrete family with problems of alcohol and/or drug addiction ones. The simultaneous existence of such problem of addictive behavior and personality deformation under global influence of psychoactive substances use, together with the phenomenon of co-dependent behavior, was shown here. As a result, the entire family system suffers, and patterns of negative behavior are formed among all other family members. The need for namely comprehensive consideration of this family problem is confirmed. As the author's experience, the effectiveness of maintenance-working with families with alcohol addiction in the ANO "Center for Social and Psychological Support of People with Alcohol, Drug and Other Types of Addiction "Goal" (Moscow) is considered here.

Keywords: alcohol addiction; drug addiction, addiction within family, codependence within family, socio-psychological maintenance of problem family.

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Реабилитационный потенциал социально-психологического сопровождения семей с проблемами алкогольной или наркотической зависимости

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Реабилитационный потенциал социально-психологического сопровождения семей с проблемами химической зависимости предлагается рассматривать как ресурс преодоления аддикций. Актуальность исследования обусловлена необходимостью разработки базового подхода — научно-доказательного обоснования организации психологической помощи семье с проблемой алкогольной и/или наркотической зависимости. Показано одновременное существование проблемы аддиктивного поведения и деформации личности под влиянием употребления психоактивных веществ с феноменом созависимого поведения. В результате страдает вся семейная система, формируются паттерны негативного поведения у остальных членов семьи. Подтверждена необходимость комплексного рассмотрения указанной проблемы семьи. В качестве авторского опыта рассмотрена результативность работы с семьями с алкогольной зависимостью в АНО «Центр социально-психологического сопровождения людей, страдающих алкогольной, наркотической и другими видами зависимости «Цель» (г. Москва).

Ключевые слова: алкогольная зависимость, наркотическая зависимость, зависимость в семье, созависимость в семье, социально-психологическое сопровождение проблемной семьи.

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Introduction

The problem of socio-psychological support for families for whom the issue of overcoming drug or alcohol addiction is extreme acute, is still relevant today. It fits into the context of studying the family rehabilitation potential, as a real resource for overcoming chemical addictions, and, on the other hand, forms its basis.

The relevance of this concrete problem is due, firstly, to the fact that in recent years Russia has again seems an increase in a number of registered drug and alcohol addicts. According to official data from the “Healthy Russia” organization, and from the Ministry of Internal Affairs and Ministry of Health Care, — about 459 thousand drug addicts were registered only in 2021. Official statistics are recognized as underestimated, so it is now extremely difficult to assess real involvement into drug addiction. Some users seek help anonymously, while others do not seek help at all [7].

At the same time, the “Abstinent Russia” organization voices some data about 5 million people who use drugs.

As for alcohol addiction, according to the World Health Organization (WHO) 2018 database, 27% of Russians over the age of 15 have never consumed alcohol, and 15% have given up drinking it. The remaining 58% (about 70 million individuals) consume alcoholic beverages at least once a year, while 60% of drinkers, or 42.7 million people, are subject to “severe

episodic drunkenness”. The World Health Organization has revised the meaning of the term “alcoholism”. To date, it is listed as a “dependency syndrome” in the classifier, accompanied by serious mental disorders of the personality and entailing behavioral changes. According to the WHO, the consumption of carbonated beverages is growing exponentially. By 2050, there will be about 0.5 billion addicts worldwide [12].

Taken together, this suggests that there is a significant number of families where one or more members suffer from alcohol or drug addiction, which determines the need to provide such families with socio-psychological assistance as coaching (maintenance).

The state of the discussed problem and ways to solve it. Existing experience.

In the context of our study, it is legitimate to speak about working namely with a concrete family, since all members of any dysfunctional family need rehabilitation.

The most accurate structure of the phenomenon of rehabilitation potential was described by domestic specialists Zh. Porokhina and O. Gudilina, in their work devoted to the study of personal rehabilitation potential features. Most domestic authors also consider this phenomenon as an integral system of personal resources necessary to overcome a critical situation.

Thus, V. Bartsalkina and I. Kulagina considered the concept of rehabilitation potential, as person's ability to adequately experience and overcome any social situation of disease, as a critical situation that destroys their life plan [1].

Various domestic technologies for socio-psychological family maintenance were proposed in different years by I. Baeva, M. Bityanova, G. Bardier, A. Volosnikov, E. Kazakova, E. Kozyreva, V. Mukhina, Yu. Slyusarev and other authors; the Russian scientific school of this trend also considered general theoretical approaches and principles of organization of psychological maintenance.

At the same time, modern psychological and pedagogical science still lacks a unified methodological approach to the consideration of the essence and analysis of socio-psychological maintenance [17]. It should also be taken into account, that traditionally the main attention in the process of rehabilitation and resocialization is paid to people with existing addiction, while far modest attention is usually paid to family factors in overcoming deviant behavior, the psychological health of other family members, and the health of the family as a social institution.

Therefore, today there is an urgent need for analytical study and generalization of the experience of socio-psychological support and maintenance for families with addiction problems, as well as the development of a solid evidence base for its organization.

The rehabilitation potential of working with the family from this point of view lies in the fact that through the influence on all family members, additional mutual influence is initiated within the family system, and overcoming chemical dependence reduces the risk of developing a diagnostically unfavorable mental status and codependency in other family members, including children.

In general, overcoming psychological codependence reduces the risk of addiction recurrence.

Analytical Part

I. Key elements of the study.

Concepts and tools.

1.1. Rehabilitation potential as a basic concept

Potential — as such — is the certain reserves and capabilities of the subject or object of socio-psychological impact, which can be used and revealed under certain conditions [15]. The concept of “rehabilitation” first appeared in medicine, it describes a set of measures that are aimed at restoring lost or limited body functions due to adverse effects or endogenous factors. Consequently, we have the right to meaningfully define the rehabilitation potential as the possibility of restoring limited or lost social individual functions due to the influence of chemical addictions on himself and his life.

The rehabilitation potential is realized primarily through social and psychological support.

In modern interpretations of socio-psychological maintenance as a professional activity, its general and specific features are highlighted.

Firstly, under socio-psychological maintenance today many researchers consider a single and integral system of activity of specialist — psychologists, which is aimed at creating and maintaining special conditions for normal and harmonious personal development in a certain environment. Also, this activity should be aimed at promoting an independent choice of a life path (A. Vasyuk [3], A. Urusova [15], L. Chuchadeeva [17]).

Secondly, the use of this strategy is focused on such specific areas as psychological assistance to the individual, the satisfaction of his/her emotional needs, assistance in the development of his/her

stable value and moral norms, assistance in solving existential problems (E. Zimina, S. Makhalaeva [5], R. Nakokhova, A. Makhoeva [11], etc.).

Thirdly, psychological maintenance can be represented as a process of improvement, optimization of personal functioning, and vital activity (O. Zaborodina [4], G. Ulanova, N. Klyueva, I. Nazarova [14], etc.).

Fourthly, the psychological aspect of maintenance is to help with life self-determination, the implementation of life choices in crisis situations; self-actualization and elimination of personal obstacles to development; strengthening and maintaining psychological health, as well as in providing psychological assistance to people who are or have already experienced a traumatic situation (M Murashkin [10], M. Cherekhovich [16], etc.).

It is customary to refer to the main components of the rehabilitation potential as the features of human mental processes, such as perception, memory, attention, and thinking; the specifics of the motivational, needful, and value-sense spheres; the specifics of the internal picture of the disease, in other words, the person's ideas about the severity of the disease, the possibilities of rehabilitation.

T. Dudko singled out the following diagnostic criteria for the levels of rehabilitation potential for patients with alcoholism and drug addiction: a high level of rehabilitation potential, an average level, and a low level. Accordingly, with a high level of rehabilitation potential, a person has an internal resource for changing problem behavior, and a low level of rehabilitation potential is characterized by a lack of incentives, and motives to change problem behavior [5].

It seems to us, that from the point of view of realizing the rehabilitation potential of socio-psychological family maintenance, it is necessary to take into account all of the above aspects since the problem of addictive behavior is complex and systematic.

I.2. Socio-psychological support as such

Based on the analysis of our information array, an idea is gradually being formed of the structure of socio-psychological family maintenance in its unity, interconnection, and complementarity with the three main models of psychological assistance, such as diagnostic, pedagogical, and psychological.

It can be considered a working hypothesis — and our information search really confirms this — that in the context of a systematic approach, the psychological accompanying paradigm requires studying and taking into account such family parameters as the *structure of family roles*, the *structure of family subsystems and boundaries between them*, *interaction features*, *family myths*, *scenarios*, *family stabilizers*, and *more others*.

As the problem develops, it becomes clear that the psychological family maintenance:

— As a way of psychological assistance, it is a non-directive complex technology;

— It is a system of interrelated long-term psychodiagnostic, psychocorrectional, psychoconsultative, and psychotherapeutic measures aimed at fulfilling the tasks of personal development and interpersonal interaction.

Socio-psychological maintenance involves the search for ways, that allow in a given situation:

— To adequately respond to requests for an appropriate level of professional assistance,

— Makes it possible to provide appropriate psychologically based professional services, in the long process of which the conditions for the following are created: a deeper knowledge of one's own personality, an increase in the level of psychological knowledge and psychological culture among the subjects of support, restoration of the potential for successful personal and family functioning, development and self-development of each family member.

1.3. Codependency. Understanding and interpretation of the term in domestic and foreign psychology

Alcohol and drug addictions are forms of addictive, i.e. dependent, behavior that leads to disruption of interpersonal relationships, including within the family system.

Today, the phenomenon of codependency is at an actively studied phase [10].

For the first time the term “codependency” was proposed by R. Sabbi and J. Frilov in the publication “Codependency, an urgent problem” in 1970, with the aim to describe a system of relationships between individual who has some kind of chemical addiction and his/her significant people, and for those around these relationships are negative.

As a rule, a significant person tries to save the addict, thereby destroying his own life, refusing self-realization, and his own goals [20]. Most co-addicts fail to overcome the addiction of another person, and their life style becomes subordinate to the behavior of the addict, unhealthy patterns and patterns of behavior are developed that persist even against the background of a break or loss of a dependent family member.

V. Moskalenko considers codependency as a destructive behavior aimed at controlling the behavior of another while ignoring one's own vital needs [11]. She notes: “By saving the patient, codependents only contribute to the fact that he will continue to use alcohol or drugs. Then the codependents get angry at the patient. An attempt to rescue almost never succeeds. This is just a form of behavior that is destructive for both the dependent and the codependent” [11, p. 151].

B. Weinhold and J. Weinhold consider codependence as “acquired dysfunctional behavior arising from the incompleteness of fulfilling the tasks of personality development in early childhood” [15].

M. Beatty considers codependence to be the dysfunctional influence of a significant other, while the codependent himself

is completely absorbed in controlling this behavior on his part [2].

As a rule, codependents experience a constant feeling of guilt, fear, and shame for a loved one, which often manifests in depressive and neurotic symptoms.

The social role of co-dependents is most often played by spouses, parents, children, less often friends. For example, in a marital dyad, a spouse can abuse alcohol, which negatively affects the emotional climate in the family, causes material losses, etc., while the spouse makes every effort to control her husband and prevent alcohol consumption, while the parents' performance of other important tasks suffers (economic, educational, etc.).

Basically, researchers agree that the roots of the behavior of co-dependents lie in childhood: the family of co-dependents is always dysfunctional.

A. Varga singled out the following characteristics of dysfunctional families: — role functions are rigid; — lack of a unified upbringing strategy, strict control, punishment, or vice versa, indifference and connivance; — personal boundaries by a family member are systematically violated or absent; — manipulative nature of communication; — devaluation of other people's feelings; — conflict, aggression.

Education in such conditions forms the psychological characteristics that form the basis of codependence. First of all, it is low self-esteem and long-term relationships with an addicted person [3].

M. Beatty considers codependency to be a disease since codependents will always react to the presence of addictions in others, codependency progresses more and more over time; the codependent does not feel the destructive nature of his own behavior and does not believe that he has problems.

Codependents consider themselves responsible for the whole world and refuse to take responsibility for their own lives [2].

Only some researchers consider it as a disease, but basically, codependence is interpreted as a kind of condition; it is a variant of the pathological development of the personality and extends to all its life spheres without exception.

Under certain conditions, codependence can be corrected, but so far little attention has been paid to this phenomenon and its overcoming [11].

Conclusions of subsection I.

The negative impact of the addictive behavior of one family member in one way or another extends to the rest of its members, especially for children. Therefore, the existing approaches to the correction of addictive behavior of a person outside the context of the family system in modern conditions do not justify themselves, therefore, it is necessary to find ways to corrective work with the entire family system as a whole.

The rehabilitation potential of socio-psychological support to overcome addictive behavior cannot be realized without comprehensive work with the family as the main unit of psycho-correctional influence.

II. Implementation of the author's approach to the socio-psychological support of families with chemical addiction.

Question status. Relevance.

As an example of connecting and activating the rehabilitation potential of socio-psychological support for families, we present our system of work on basis of the Center for Social and Psychological Support for People with Alcohol, Drug, and Other Addictions "The Aim", Moscow, where the project "Supporting families with alcohol addiction" was implemented [8].

The main difference between this own practice and the traditional one in working with alcohol-dependent families — is the formation among parents of a stable internal motivation for change.

In the implementation of this practice of socio-psychological family maintenance, we involved dysfunctional families, in some cases of which a neglect of children's needs (within the framework of the technology of early detection of family troubles) was revealed, where one or both parents abuse alcohol, with or without chemical dependence.

Despite the declared organized support for such categories of families and the satisfaction of their social problems, the need to provide them with psychological support is obvious.

However, in course of our daily work it turned out that in reality, psychological assistance in the format of family sessions offered to families was of a one-time nature and, as a rule, did not lead to constructive changes in the lives of children brought up in these families.

In connection with these facts, we consider it necessary to have a more systematic, long-term, carefully planned work of the resource team of the center's specialists with families with the problems discussed here.

Description of the author's approach

The target group included 18 families with children, where parents were prone to alcohol abuse.

Based on the fact that the formed dependence on alcohol includes both physical dependence and social, as well as psychological, participation in the support of the resource team is required.

The members of the resource team providing support to the families of the target group, in our case, were psychologists of "Aim" Center, including medical psychologists, psychotherapists, a specialist in the application of computer biofeedback technologies, specialists in providing psychological assistance through remote technologies to people in difficult life situations.

Specialists of the "Aim" Center are equipped with the necessary diagnostic and instrumental material.

For specialists of the Center, methodological training seminars were held in order to form the necessary competencies, and techniques for visiting the family, establishing contact, conducting a motivational interview, and analyzing readiness to use the methods were worked out.

Webinars are also organized for them, face-to-face and distant, in order to provide methodological support and assistance in working with difficult cases [8].

The use of motivational interviews helped parents to become aware of the problems associated with alcohol use, which encourages self-analysis of life, and understanding of how alcohol use affects the current situation.

The most significant result of a motivational interview is the client's motivation for rehabilitation work. In the process of understanding the problem, an important role is played by the rehabilitation potential of the individual, or rather, its level. If we consider the determination of the level of rehabilitation potential as a standardized diagnosis, it becomes possible to assess the condition of each problem parent at the beginning of rehabilitation work and at its further stages, up to completion.

The participation of the specialists of "Aim", accompanied by a person, allows you to personally determine the method of rehabilitation and/or treatment of addiction, thus organizing the therapy of a motivated addict to give up alcohol and further maintain sobriety.

Group events for children and adolescents are designed to work out the problems of child-parent relationships, however, in the process of project implementation, other equally important life areas are affected, such as: work with feelings; emotional intellect; health sector; influence of stress factors; protection of personal boundaries; choice of profession; avoiding danger zones, etc.

Consequently, the psychologists of the "Purpose" Center organized work to increase family resources by introducing various forms of work that unite and sup-

port parents and children and are aimed at meeting such basic needs of families as positive family relationships; the opportunity to feel like a good parent, the opportunity to share their problems and successes, the organization of joint activities with children.

Attention was also paid to working with co-dependent family members. The participation of the immediate environment in the program of support for relatives made it possible to understand what influences recovery, how to help and support the desire of their recovering addicted relatives for changes in life, and how to cope with relapses. In fact, co-dependent relatives experience emotional pain no less than dependent ones, and sometimes even more, respectively, help in the form of psychological support is extremely important for them.

Based on the results of the implementation of the practice, positive changes were observed in 70% of the beneficiaries (families with children).

Conclusion

We considered here the system of socio-psychological maintenance for dysfunctional families with addictive behavior, as a non-directive complex technology aimed at fulfilling the tasks of personal development and interpersonal interaction of subjects of assistance.

Socio-psychological maintenance of any problem family is an effective route for unlocking its potential in rehabilitation and psychological interaction.

In the context of correcting addictive behavior, it is more productive to work with codependency and the family system as a whole, since relationships with an addictive person are disharmonious and lead to the blurring of psychological boundaries and the co-dependent member of the family system feels powerless to change anything in destructive relationships. The experience of the authors working with families with alcohol addiction gained in "The Aim" Center

(Moscow), where complex work with parents and children is carried out, showed that the implemented project is proven to be effective, and its structure can serve as a model for the further development of similar projects for rehabilitation of drug and alcohol addicts and their families.

The practical experience of the Purpose Center allows parents to understand the

needs of their children, see the relationship between alcohol abuse and existing family problems, form a new skill to overcome problem situations, and identify new supportive resources.

This is evidence that the socio-psychological support of the family — as an integral system — has a significant rehabilitation potential for overcoming addictive behavior.

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