Psychiatria Danubina, 2013; Vol. 25, Suppl. 2, pp 236–240 *Conference paper*

GENERAL LEVEL OF KNOWLEDGE ABOUT BRIEF SOLUTION FOCUSED THERAPY (BSFT) IN POLISH ADDICTION TREATMENT CENTERS

Anna Szczegielniak[1], Joanna Bracik[1], Sylwia Mróz[1], Marcin Urbański[1], Leszek Cichobłaziński[2], Krzysztof Krysta[3], Katarzyna Pyrkosz[1], Norbert Chudy[1] & Irena Krupka-Matuszczyk[3]

[1]Department of Psychiatry and Psychotherapy, Students' Scientific Society, Medical University of Silesia, Katowice, Poland

[2]Faculty of Management Czestochowa University of Technology, Częstochowa, Poland

[3]Department of Psychiatry and Psychotherapy, Medical University of Silesia, Katowice, Poland

SUMMARY

Background: *The aim of this study was to estimate the level of knowledge about Brief Solution Focused Therapy (BSFT) among therapists and patients during treatment and identification of existing barriers to the introduction of the method.*

Subjects and methods: *64 therapists were examined in total; 37 women (57%) and 27 males (43%). The study involved also 191 patients, 160 men (83.77%) and 31 women (16.23%). All the surveys were anonymous and were collected in health centers within the province of Silesia.*

Results: *More than 2/3 of therapists have heard of the method, but do not know the specifics of it. The most important sources of knowledge are other therapists, literature, and mass media. According to the respondents the most important barriers to alcohol addiction treatment include cultural barriers, such as embarrassment or fear of stigmatization. Younger Patients and those treated for a shorter period, state that they know the name of the current method of treatment to a lesser extent than other subgroups. About 10% of people have not heard about the BSFT method of treatment.*

Conclusions: *The level of knowledge about the BSFT method suggests the need to promote this model among both therapists and patients. An introduction of BSFT can improve the treatment of alcohol addiction.*

Key words: *BSFT - alcohol addiction - barriers*

* * * * *

INTRODUCTION

In Poland, the problem of alcohol dependence affects about 5 to 7% of the population according to various statistics. (PARPA 2011). Taking high doses alcohol by an alcoholic is due to a mental and somatic compulsion, and is not subject to his or her will, even though it is possible to stop drinking and maintain abstinence (Clark 2005). The mechanism of addiction is not fully understood, but it is directly related to alcohol abuse. Alcoholism creates a whole range of family and social problems, of which the most common are: disturbances in family life - 94%, problems in dealing with people - 84%, financial problems - 82%, violence against intimates - 57%, problems with the law (penalization) - 51% (Rybka 1999). Public awareness of alcoholism and the number of centers involved in the treatment of alcohol dependence increase. The most commonly used method of addiction treatment in Poland is called Integrative Addiction Psychotherapy and it is based on the psychosocial model, which uses psychological, biological, and environmental and social approachs. The main assumption of the method is to provide medical care, the diagnosis of somatic and necessary pharmacology to the addicted person (Marcinkowski & Jabłoński 2008). Another therapeutic method that can be used in the treatment of patients who suffer from alcohol addiction is Brief Solution Focused Therapy (BSFT), often described as "therapy focused on a solution." BSFT therapy focuses on issues that are already working in our lives or have worked in the past and focus on developing these resources. It focuses on what patients want to achieve through therapy rather than on the problem, which was the reason for them to seek help. In the short-term approach, the therapist does not focus on the past but on the present and the future. BSFT also encourages the patient to imagine his preferred future, gives support and allows the patient to look at previous choices from a different perspective. The therapist should facilitate the analysis, naming, sorting and understanding of the problems of the patient (Greenberg et al. 2001).

OBJECTIVES

The aim of this study was to estimate the level of knowledge about Brief Solution Focused Therapy (BSFT) among therapists and patients during treatment and to identify existing barriers to the introduction of the method.

SUBJECTS AND METHODS

The authors created two separate study groups. The first one included 64 therapists (37 women and 27 men) the majority of whom worked at the Stationary Addiction

Treatment Centers located in the Silesia region (healthcare facilities in Parzymiechy, Lubliniec, Gorzyce). The second group included 191 people (including 160 men and 31 women) staying at these (aforementioned) medical facilities during the survey as patients. The respondents from both groups answered the questions included in standardized questionnaires, that were afterwards collected (Nov. 2012). The form for a therapist contained 27 questions. They were asked to provide some data including age, sex, profession, the length of time they had worked and whether they had used models of therapy or the knowledge about BSFT and their methods of self-improving skills. The form for a patient consisted of 25 questions (8 of them were related to metrical data) that required them to unveil some details about: the issues which make the access to Alcohol Addiction Treatment difficult, the places previously visited in terms of hospitalization, a knowledge of the therapy rules, the reasons of having decided to begin treatment and their expectations about final results of its progress. All the surveys were anonymous and the respondents had been informed about the objective of the study.

RESULTS

Therapists' view on the issue

As it turns out, the type of education and skills learned in the process of therapists' training is the main factor in the choice of the form of therapy proposed to the patients. This points to the fact that it is important for the introduction of modern methods of treatment to adequately train therapists. Also the "tradition of the therapeutic centre" was often mentioned as a factor in determining the choice of the forms of therapy. These factors are interconnected, since the training of therapists determines the therapeutic tradition of functioning in a given medium (Table 1).

When it comes to knowledge about the method, more than two thirds of respondents had heard of Brief Solution Focused Therapy method but did not know the specifics of it. It is therefore superficial knowledge and is not made use of in practice. Instructors appeared to have slightly better knowledge of the BSFT method than specialists , which is puzzling since "specialist" is a higher level of competence (Table 2).

It is worth noting that the primary source of knowledge are other therapists (almost 38%). This means that therapists exchange knowledge and are valuable as a source for themselves. It should be emphasized that subjects show a major initiative for the self-education, since the second most important source of knowledge about BSFT are professional journals. However, the survey results clearly indicate a lack of training in BSFT. On the other hand, willingness to increase their expertise in this field was expressed by three respondents (Figure 1). This is an important, as these represent a highly motivated and open to knowledge group, to which new training can be addressed. Also 17% of respondents has no opinion on the subject. Perhaps a closer look at the new method would have persuaded some of these people to take training in this area. Among the various methods of improving qualifycations, respondents most frequently indicated courses and training (almost 60% of responses). Of great importance for therapists-as a source of knowledge for new therapeutic methods-are also specialized internships (1/5 responses) and self-study (including 1/5 responses). The respondents attach great importance to ensure that skills development was practical , hence the importance of internships for them is great (Table 3).

Table 1. What influences the choice of the form of therapy?

		Frequency	Percentage	Valid percentage
	Tradition of the centre	34	36.17%	36.17%
	Type of the therapists' education and skills on the model	38	40.43%	40.43%
	Financial issues	12	12.77%	12.77%
	No access to information about other methods	9	9.57%	9.57%
	Other	1	1.06%	1.06%
N/A		0	0.00%	
Total amount		94	100.00%	

Table 2. How well do you know the Brief Solution Focused Therapy (BSFT) methods for solving problems?

		Frequency	Percentage	Valid percentage
	Not at all	5	7.94%	7.94%
	I heard about it, but I do not know the details	44	69.84%	69.84%
	I know the method, but only from a theoretical point of view	11	17.46%	17.46%
	I know the method from a theoretical point of view and have it practiced	3	4.76%	4.76%
N/A		0	0.00%	
Total amount		63	100.00%	

Table 3. Channels of improving therapists' skills

	Frequency	Percentage	Valid percentage
Trainings	55	33.54%	33.54%
Courses	24	14.63%	14.63%
Participation in medical conferences	27	16.46%	16.46%
Self-studying professional literature	53	32.32%	32.32%
Other	5	3.05%	3.05%
N/A	0	0.00%	
Total amount	164	100.00%	

Table 4. The main barriers for alcohol addiction treatment pointed by therapists

	Frequency	Percentage	Valid percentage
Large distance from the medical facilities	7	6.48%	6.67%
Long waiting time for starting the treatment	15	13.89%	14.29%
Low level of knowledge about the prevention and treatment of substance abuse among society	35	32.41%	33.33%
Cultural barriers (shame, fear of stigmatization)	44	40.73%	41.90%
Lack of well-qualified therapists	3	2.78%	2.86%
Others	1	0.93%	0.95%
N/A	3	2.78%	
Total amount	108	100.00%	

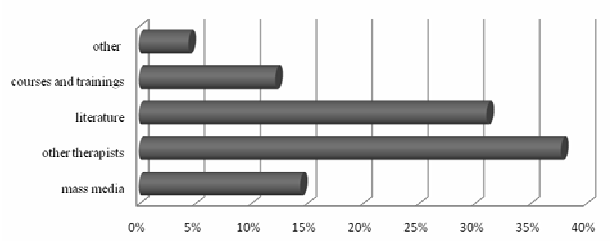

Figure 1. What are the primary sources of your knowledge about the BSFT method?

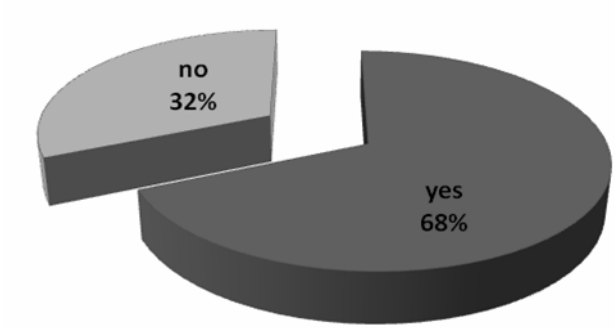

Figure 2. Do you know the appropriate name of therapy method used for your drug treatment?

It should be noted that more than two thirds of therapists are ready to use the knowledge gained in their future therapeutic practice. This shows that the respondents have a high motivation to change their methods of working with patients addicted to alcohol and the knowledge gained will be properly used. When it comes to barriers for alcohol addiction treatment, the therapists often pointed to cultural barriers, such as the shame of admitting the addiction or fear of stigmatization. The second barrier was often said to be the low level of knowledge about the prevention and treatment of substance abuse, which can be observed in the Polish society. This indicates that respondents believe the need for therapists to promote treatment centers and the need to make attempts to get knowledge about the wider public (Table 4).

Patients' view on the issue

More than two thirds of the respondents knew what the proper name of a form of therapy that has been used in the course of drug treatment is. 31.58% gave a negative answer. These observations may indicate a conscious participation of patients in particular forms of therapeutic interventions (Figure 2).

45.16% of women felt that a form of therapy in which they participated was responsible for solving the problems associated with alcohol dependence, but 41.94% considered that this form of therapy only solves part of the problem, and 12.90% did not granted a definite answer. Compared with the general population, a higher percentage of women found that the current therapy method solves only part of the problem. The number of people who do not have a clear view of these issues was smaller (Table 5).

44.65% of male respondents believed that the form of therapy in which they participated was responsible for solving the problems associated with alcohol dependence, but more than one third, (35.22%) considered that the form of therapy made it possible to solve only part of the problem . A very small percentage (0.63%) of the respondents considered that the present form in general is not suitable to solve their problems, and 19.50% did not give a clear answer. Responses in the subgroup of men were similar to those in the general population (Table 6).

Table 5. To what degree did the process of your drug therapy meet your expectations in terms of solving problems associated with alcohol dependence? (Group of women)

	Frequency	Percentage	Valid percentage
Fully	14	45.16%	45.16%
Partly	13	41.94%	41.94%
I don't know	4	12.90%	12.90%
Not at all	0	0.00%	0.00%
N/A	0	0.00%	
Total amount	31	100.00%	

Table 6. To what degree did the process of your drug therapy meet your expectations in terms of solving problems associated with alcohol dependence? (Group of men)

	Frequency	Percentage	Valid percentage
Fully	71	44.38%	44.65%
Partly	56	35.00%	35.22%
I don't know	31	19.38%	19.50%
Not at all	1	0.63%	0.63%
N/A	1	0.63%	
Total amount	160	100.00%	

Almost two thirds (66.49%) of the patients felt that at the end of their current therapy they should be offered other, complementary therapeutic methods, different from those used so far. Only 12.04% said that the current methods are perfectly adequate. 21.47% of the respondents did not give a clear answer. This shows the great need for the introduction of new methods of treatment for addiction (Table 7).

Table 7. Having this treatment finished, would You like to be presented some alternative therapy methods, other than the ones experienced before?

	Frequency	Percentage	Valid percentage
Yes	127	66.49%	66.49%
No	23	12.04%	12.04%
I don't know	41	21.47%	21.47%
N/A	0	0.00%	
Total amount	191	100.00%	

As reasons why the alcohol addiction treatment centers do not change their treatment programs the survey indicated the following the prevailing beliefs among the staff of the centers: patients do not care what methods are used (16.75%), there is a tradition in the treatment and no one wants to change it (15.18%), patients do not want new methods (9.42%), resistance to change among the leaders (7.33%), the reluctance of patients to use new methods (9.42%), other reasons indicated 2.62%. Other answers were "*no funds*", "*I think that's enough for me to*", "*s long as they were effective*", "*this method is effective*". According to the patients, the main reasons for resistance to change among the staff of centers is the belief that the type of method used is a matter of indifference to the patient , as well as adherence to tradition (Figure 3).

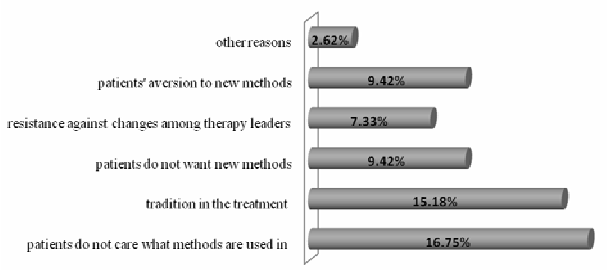

Figure 3. The reasons why Addiction Medical Centers do not change their treatment programs

19.44% of respondents who were part of this study said that they wish to receive treatment based on the method of BSFT, 22.92% gave a negative answer, 57.64% of the patients did not have a clear view. Despite the lack of knowledge about treatment with BSFT there is a group of patients who have already declared their willingness to undergo treatment according to the principles of the method (Figure 4).

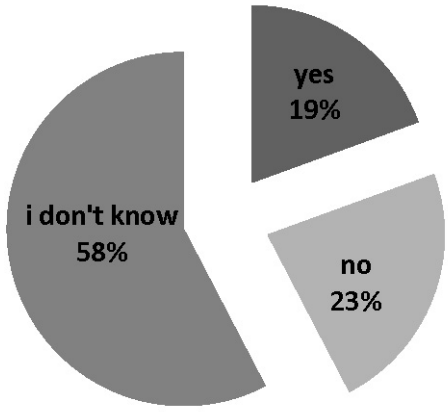

Figure 4. Would you like to try the BSFT method?

DISCUSSION

The research provides information about the level of knowledge of therapists and patients on BSFT. About 10% of patients have never heard about the BSFT method, which indicates that there is a great need to provide them with information on the subject. About 20% of the respondents declared a willingness to be treated by this method. Patients would like to take part in a new form of therapy; they think that every effective method should be applied. Among the women, there were a higher number of respondents who felt that current therapies only solve part of their problems . This points to the need for more programs tailored to the needs of the respondents, since the standard treatment regimens lead to more frequent treatment failure (Gomberg 2003). Most of the patients who took part in the study, independently made decisions about treatment.

However, about 16% of the answers given pointed to direct court decision as a primary decision to start the treatment. The proportion was higher among men, people in older age and among patients whose duration of dependence ranged from 6 to 10 years. The results indicate that compulsory treatment is associated with worse prognosis. Patients aware of the fact that abstinence will improve the quality of their life as well as that of their families achieve better results (Kimura et al. 2013). Knowledge about BSFT among therapists is superficial, but they show a strong will to take training in this area. Most of them receive information mainly from other therapists and professional magazines. More than 3/4 tested want to increase their knowledge about the BSFT method. The type of education and the skills which the therapists gained through their education process and work is the main factor in the choice of the form of therapy. This indicates how significant the introduction special training for therapists in the future can be (Tober 2005).

Older therapists and those with the longest experience chose mainly the Minnesota model of therapy. Among the youngest therapists and those having a visibly shorter length of service, Integrative Psychotherapy comes first in alcohol dependence treatment. They prefer the use of an approach combining psychological, biological, environmental and social aspects. The development of this model is the result of the evolution of the earlier models and integrates elements of other models used therapeutically in working with addicts. The above analysis shows that therapists who are younger in age and have had shorter employment are more open to new methods and therapists in old age and long experience are more attached to therapeutic methods which have been used for many years. Perhaps on the basis of the above data we can predict that the introduction of BSFT methods will meet with greater openness among younger therapists who have less work experience with addicts (Masserman 1966). All the above observations should be taken into account in the process of training and preparations to introduce this model of therapy in Polish addiction treatment centers (Krupka-Matuszczyk et al. 2013).

CONCLUSIONS

The level of knowledge about BSFT among patients and therapist in Silesia is low. The introduction of this method is however desirable among both groups due to the requirement to find a more comprehensive form of treatment of alcoholism.

Acknowledgements: None.

Conflict of interest:

The study was performed with a financial support of a European Union project: „PI – BSFT – Innowacyjna metoda terapeutyczna w stacjonarnym leczeniu uzależnień alkoholowych osób dorosłych" nr WND-POKL.07.02.01-24-027/12.

References

1. *Clark D: Background briefing, alcohol dependence, Drink and Drug News 2005:11.*
2. *Greenberg GR, Ganshorn K & Danilkewich A: Solution-focused therapy; Counseling model for busy family physiccians. Canadian Family Physician 2001; 47:2289-95.*
3. *Gomberg ES: Treatment for alcohol-related problems: special populations: research opportunities. Recent Dev Alcohol 2003; 16:313-33.*
4. *Jellinek EM: The disease concept of alcoholism. New Haven, 1962.*
5. *Kimura N, Shirasaka T, Shirasaka T, Sasaki Y, Kawazoe C & Saito T: A survey of alcoholics and their families on controlled drinking as a treatment goal: discussions on new treatment approaches. Nihon Arukoru Yakubutsu Igakkai Zasshi 2013; 48:76-84.*
6. *Krupka-Matuszczyk I, Krysta K, Cichobłaziński L & Grzyb: Wiedza na temat metody BSFT wśród terapeutów i pacjentów ośrodków terapii uzależnienia od alkoholu na Śląsku. Curr Probl Psychiatry 2013; 14 Suppl:n.pag.*
7. *Marcinkowski JT & Jabłoński P: Zarys historii terapii uzależnień w Polsce a współczesny system pomocy osobom uzależnionym. Narkomania 2008; 5:18-25.*
8. *Margasiński A: Rodzina alkoholowa z uzależnionym w leczeniu, Impuls, Kraków 2011.*
9. *Masserman JH: Experimental and humanitarian approaches to the therapy of behaviour disorders. Can Med Assoc J 1966; 95:616–21.*
10. *Miller S, Hubble M & Duncan B: The handbook of Solution-Focussed Brief Therapy. San Francisco, 1996.*
11. *Nikodemska S: Demograficzny portret pacjenta cz. II. Terapia Uzależnienia i Współuzależnienia 2000; 1.*
12. *Profilaktyka i rozwiązywanie problemów alkoholowych w Polsce w samorządach gminnych w 2011 roku. PARPA, 2011.*
13. *Rybka I: Problemy alkoholowe w rodzinie, Terapia Uzależnienia i Współuzależnienia 1999; 1.*
14. *Selekman MD: Pathways to change brief therapy solutions with difficult adolescents. The Guildford Press, London, 1993.*
15. *Świtek T: Na przekór przyzwyczajeniom, Terapia Uzależnienia i Współuzależnienia 2000; 1.*
16. *Tober G, Godfrey C, Parrott S, Copello A, Farrin A, Hodgson R, et al: Setting standards for training and competence: the UK alcohol treatment trial. Alcohol Alcohol 2005; 40:413-8.*

Correspondence:
Anna Szczegielniak
Department of Psychiatry and Psychotherapy, Medical University of Silesia
ul. Ziołowa 45/47, 40- 635, Katowice, Poland
E-mail: anna.szczegielniak@gmail.com