

Effects of the Solution-Focused Group Intervention on Recovery Process among Thai Male Youth Substance Abusers

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ABSTRACT

Background: Recovery is a significant aspect of abstinence from drug abuse. Thai male youth has a peak prevalence of substance abuse, which is a major public health concern.

Purpose: This study aimed to determine the effects of the solution-focused group intervention (SFGI) on recovery process among Thai male youth substance abusers.

Methods: A two-group pretest-posttest experimental design with follow-up measurement was employed. We randomly assigned 34 participants equally to the treatment and the control groups. SFGI was implemented for 6-weekly sessions with 60-90 minutes per session. The recovery process was measured by the Recovery Process Inventory (Thai version). Repeated measures ANOVA was performed to analyze the data.

Results: Recovery process score of the youth in the treatment group was significantly higher than those in the control group post-intervention. The treatment group also showed significant increases of the recovery process scores after 6 weeks of SFGI and follow-up.

Conclusion: These findings indicate that SFGI is effective on improving the recovery process for Thai male youth substance abusers. Nurses and health care providers involving in caring for young people with mental health and substance abuse problems could utilize this intervention and apply with drug or substance abusers. Consequently, recovery from substance abuse among youths would be achieved.

Keywords

Recovery process, substance abusers, Thai male youth, solution-focused group intervention.

Introduction

Youths who abuse substances require effective prevention and drug treatment programs to improve their recovery process and prevent relapses. However, about 60-70% of young substance abusers relapse during the first 90 days after treatment [1]. Although the Thai government implemented an intensive prevention and treatment policy a few decades ago, the number of Thai youth substance abusers has remained stable as the largest group in drug treatment centers are Thai males aged 18-24 years. In fact, the numbers of young males registered for drug treatment has increased approximately 35% between 2011 and 2014 [2]. Young

people who engaged in substance abuse are damaged not only biologically but psychosocially as well. Moreover, they become a burden to their family, community, and society [3].

Recovery from substance abuse refers to a process of regaining or returning to a normal state that person who suffers from drug addiction try to be free from drug [4]. Jacobson's recovery model [5] refers to recovery as individuals' attitudes, experiences, and the process of change during recovery; it is highly individual and takes place over time. The recovery process is considered to be a reduction in substance use accompanied by increased life functioning [6]. On the way to recovery, substance abusers, particularly youths, put enormous effort toward overcoming internal barriers that disturb their recovery process. These barriers include insufficient motivation, emotional distress, and

interpersonal conflict [7]. Motivation to change is the significant component of recovery from drug addiction and therefore should be the target of a treatment program [6,8].

Solution-Focused Group Therapy (SFGT) is a program that targets motivation and healthy living with a recovery-oriented viewpoint. SFGT is a short-term treatment intervention that focuses on helping individuals create solutions to their problems within a group setting [9,10]. Practitioners of this approach emphasize individuals' internal strengths and resources. Treatment group members help one another promoting optimism, support, and learning. Several researchers recommend SFGT because of its effectiveness with less time and cost than other approaches [11]. SFGT can be used as a stand-alone procedure or incorporated with traditional drug treatment programs. It can be used in a broad range of settings, including schools, child and youth protective services, and mental health clinics [11-13]. It is also an effective approach for dealing with involuntary populations as youth probationers [14], maintaining the abstinence from a substance [10,11,15], and improving attitudes of adolescent substance abusers in aspects of interpersonal functioning, symptom distress when compared with usual standard psychoeducational intervention [16]. In addition, many researchers reported the effectiveness of SFGT with alcohol and drug abusers [3,11,15,17,18].

Currently in Thailand, the usual intervention in most custodial drug treatment centers involves group activities and counseling. However, relapse rates remain unchanged and are somewhat increasing. SFGI might be an effective nursing intervention to maintain the recovery process of youth substance abusers. The purpose of this study was to determine the effects of SFGI on the recovery process among Thai male youth substance abusers.

Materials and Methods

Design and Sample

Using a two-group pretest-posttest design with a follow-up measure, we recruited Thai male youth substance abusers who were admitted at Wiwat Polla Muang school, a custodial drug treatment center run by the Royal Thai Navy in Sattahip district, Chon Buri province, Thailand. This treatment center includes three separate schools with the same circumstances, regulations, treatment protocols, and regularly registered males aged 17 to 65 years who were referred from the province probation office in the east, central, and northeastern regions of Thailand. We drew two lists of names from the three schools then randomly assigned these names to treatment and control groups. With the staff cooperation from each school, we explained the research purposes and procedures to eligible youth who volunteered to participate. Eligible youth had to meet the following inclusion criteria: they must have been 18-24 years old, first-time admission to the school, and must report to the probation office after completing the school treatment programs.

Using an effect size of .25 based on Cohen's medium effect size [19], a level of significance of .05, and a power of .80, G*Power (v3.1.9) estimated 28 participants as being the minimum number for the total sample (n=14 participants per group). Expecting

a 20% drop-out rate [20], we recruited a total of 34 participants (n=17 per group).

Measures

The Recovery Process Inventory (RPI) measures how much the participants believe they have achieved the process of recovery. Jerrell, Cousins, and Roberts [21] reported the development of the original RPI-English version by the South Carolina Department of Mental Health (SC DMH). After permission was granted, we translated the RPI-English version into Thai using Beaton and colleagues' [22] back-translation technique. The RPI contains 22 items with six subscales including anguish, connected to others, confidence and purpose, others care and help, living situation, and hopeful/cares for self. Participants rate each item on a 5-point Likert scale from 1=strongly disagree to 5=strongly agree. The total score ranges from 22 to 110 with higher scores reflecting more positive views of recovery. For this study, the RPI's internal consistency was .74. Construct validity was supported by confirmatory factor analysis which yielded a 6-factor model of the RPI-Thai version.

Procedures and Data Collection

After the Burapha University Faculty of Nursing ethics committee approval and the Royal Thai Navy permission to allow implementation of the intervention, the principle investigator (PI), the first author, contacted the heads of both selected schools to inform about the study.

The PI completed a 6-day training course, organized by the Academy of Solution Focused Training in Singapore, to be certified in Solution Focused Therapy (SFT). She learned to facilitate groups with a solid foundation of the key assumptions, philosophy, mind-set, techniques, and tools as well as the structure and process of SFT. The training included 100 practical hours with live demonstrations. In addition, Lakthong, Chaimongkol, and Hengudomsub [23] conducted a pilot implementation to test the feasibility of SFGI with eight participants.

At each school, the PI approached potential participants who met the inclusion criteria and explained the study purposes and process of procedures to them, then invited 17 participants who voluntarily participated. Once eligible males agreed to participate, the PI informed volunteers about their rights for participation, including confidentiality, risks, and benefits. They also could withdraw from the study at any time without consequences. If they agreed to participate, we asked them to sign informed consents. Then participants met with the PI to start the SFGI implementation on the first day of following week.

At baseline (T1), we asked participants to complete the RPI and their demographic information, which took about fifteen minutes. Then, we delivered the SFGI for participants in the treatment group, which divided into two groups of 8-9 participants each, once a week for 6 consecutive weeks. All participants (regardless of group) received the usual treatment such as group activities and counseling delivered by the school. Table 1 describes the implementation sessions. At the end of session 6 (T2), all

participants were asked to complete the RPI again.

All participants were subsequently discharged from the drug treatment schools since they completed a course of custody at schools, and they were allowed to resume home. At 2 and 3 weeks after the intervention, we phoned treatment group participants (once a week for 15-20 minutes) to follow-up on their changing progress at home with their families. Then on the fourth week after

the intervention (T3), all participants were invited to complete the RPI again by phone interview.

Solution-Focused Group Intervention

***EARS: Elicit:** What has been better? What's different? Amplify: Who else noticed this change? How did you get the idea to do this? Reinforce: How come you were able to do it? Start over: What else is better? What else is different?

Session	Objective	Activities
1: The beginning of recovery road	To introduce SFGI and identify initial goals	1. Explain objectives and procedures of the SFGI to the participants 2. Ask the participants to draw a picture "Where will we go?" to identify initial goals (direction of change) 3. Explore some positive changes that already happen before the first session 4. Establish how far from goals to change using the scaling questions
2: Everyday solution for recovery	To develop well-formed goals	1. Use a miracle question to imagine how the future would be different if the problems are solved or less severe 2. Ask participants to develop well-formed goals 3. Describe the goals as small, concrete, and represent the beginning of something different
3: Recovery to be possible	To enhance recovery process	1. Ask participants to ponder and discuss about exceptions and times in life when the problem was not occurring or was less severe 2. Describe how to use the exceptions to enhance recovery process and ask participants to discover a minor change 3. Discuss how to pay attention to small steps to come closer goals 4. Use EARS* technique to facilitate the participants to share their experiences 5. Discuss how to use the key elements of SFT to close our goals and enhance recovery process
4: Step by step on recovery road		
5: Pitfall during recovery path		
6: We are ready to move forward	To summarize goals and progress of changes	1. Summarize goals and progress by present about better things that have gotten 2. Describe the accomplishment of changes, strengthen, extend the changes, and evaluate

Table 1: Six weekly sessions of the Solution-Focused Group Intervention (SFGI).

Characteristics		Treatment (n=17)		Control (n=17)		Fishers Exact
		n	%	n	%	
Marital status	Single	15	88.2	12	70.6	1.9
	Married	2	11.8	5	29.4	
Education	Primary school	7	41.2	6	35.3	2.1
	Secondary school	9	52.9	8	47.1	
	Vocational/High school	1	5.9	3	17.7	
Occupation	Employed	8	47.1	13	76.5	4.5
	Employed	6	35.3	2	11.8	
	Unemployed	1	5.9	0	0	
	Student	1	5.9	1	5.9	
	Trader	1	5.9	1	5.9	
Living with	One parent	8	47.1	7	41.9	5.3
	Both parents	5	29.4	6	35.3	
	Alone	4	23.5	4	23.5	
Cigarette used	Yes	15	88.2	17	100.0	0.5
	No	2	11.8	0	0.0	
Alcohol used	Yes	9	52.9	13	76.5	1.2
	No	8	47.1	4	23.5	
Numbers of substance abuse	1	4	23.5	5	29.4	0.7
	2	6	35.3	4	23.5	
	3 or more	7	41.2	8	47.1	
Kinds of substance used	Methamphetamine	17	100.0	17	100.0	2.0
	Marijuana	10	58.8	8	47.1	
	ICE	8	47.1	10	58.8	
	Ketamine	1	14.3	2	28.6	

Table 2: Participants' characteristics (n=34).

Data Analysis

Descriptive statistics were used to describe the participants' characteristics and substance abuse background. The independent sample t-test or Fisher's exact test was used to test the differences between two groups. The RPI score (recovery process) pre-test scores between the two groups were examined by independent sample t-test. We used a 2x3 repeated measure ANOVA to compare the recovery process between 2 groups and within 3 time measures (baseline, T1; session 6, T2; and week 4 follow-up, T3).

Results

Participant characteristics

Participants' mean age was 21.7 years (SD=2.4) for the treatment group, and 21.2 years (SD=1.8) for the control group; group ages were not different ($t=.57$, $p=.56$). Most of them were single, completed primary or secondary school, were employed, and living with one or two parents. Their average monthly income was about 220-268 USD, mean of 220.1 (SD=199.6) for the treatment group and 268.3 (SD=84.3) for the control; group incomes were not different ($t=-.91$, $p=.36$). Most participants smoked cigarettes and drank alcohol. Most used more than one substance. Methamphetamine was the most common, followed by marijuana and ICE. Table 2 presents participants' demographic and substance use information. No significant differences are shown between the two groups ($p>.05$) for all characteristics.

Effects of the SGFI on Recovery Process

Levene's test of homogeneity of variance and Mauchly's test of sphericity showed no difference in the RPI mean scores between the two groups at pre-intervention (T1: $t=1.09$, $p>.05$). Thus, we performed subsequent data analyses.

The results of two-way repeated measures ANOVA showed that the RPI mean scores were significantly different between groups ($F_{1,32}=12.027$, $p<.01$), across three-time measures (T1, T2, and T3) within the treatment group ($F=63.857$, $p<.001$), and interaction effect (Group x Time; $F=3.836$, $p<.05$; Table 3). The RPI estimated marginal mean difference between the treatment and control groups was different (Table 4). Participants in the treatment group reported a better recovery process than those in the control group. When comparing the mean RPI scores across three times within the treatment group, RPI mean scores at post-intervention (T2) and follow-up period (T3) were higher than those at baseline (T1; $M_{diff}=-4.941$, $p<.01$ and $M_{diff}=-12.059$, $p<.001$, respectively). Follow-up period (T3) was higher than those at post-intervention (T2; $M_{diff}=-7.118$, $p<.001$; Table 5).

Source		SS	df	MS	F
Within subject	Time	1613.7	1.3	1249.3	63.9***
	Time*Group	96.9	1.3	75.1	3.8*
	Error time	808.7	41.3	19.6	
Between subject	Group	578.9	1	578.9	12.0**
	Error	1540.3	32	48.1	

Table 3: Effects of SFGI on the recovery process (n=34).

*($p<.05$), **($p<.01$), ***($p<.001$).

Group	Mean	SE	$M_{diff}(SE)$
Exp.	88.314	.971	4.765(1.374)***
Cont.	83.549	.971	

Table 4: Comparisons of estimated marginal mean differences of recovery process between groups.

Exp.=experimental group (n=17); Cont.=control group (n=17)

***($p<.001$).

Time	The RPI score		M_{diff}	SE
	Mean	SD		
T1 vs. T2	82.7	6.2	-4.9**	1.0
	87.6	3.6		
T2 vs. T3	87.6	3.6	-7.1***	0.9
	94.7	3.0		
T1 vs. T3	82.7	6.2	-12.1***	1.5
	94.7	3.0		

Table 5: Pairwise comparisons of mean differences of recovery process between times within the treatment group by using Bonferroni method.

NOTE: T1=week 0, pre-intervention; T2=week 6, post-intervention; T3=week 10, follow-up.

($p<.01$), *($p<.001$).

Discussion

Our findings showed that participants in the treatment group had a better recovery process than those in the control group. This suggests that the SFGI effectively enhanced the recovery process among Thai male youths with substance abuse, and supports Jacobson's [5] conceptually-based recovery process. Jacobson described recovery from mental illness as a process of living with hopefulness, satisfaction, and interaction between internal and external conditions. The recovery process is a complex and multidimensional concept and takes place over time. Our findings are consistent with those of Lambert et al. [24] and Smock et al. [16] who examined the effectiveness of the SFGT for substance abusers. The SFGT could be a practical approach for improving attitudes of level I substance abusers in aspects of interpersonal functioning, symptom distress comparing with traditional approaches [16]. It is also consistent with the study of Proudlock and Wellman [13] who found that the SFGT could increase the progress towards recovery among the participants with mental health problem. Moreover, the SFGT may potentially offer a cost-effective way to treat adults with mental health problems [12].

Within the treatment group, the results affirmed that the SFGI was the practical approach to increase and maintain recovery process for Thai male youths with substance abuse up to 10 weeks. Because we performed the SFGI based on the recommendations from several prior researchers [10,11,15], the SFGI resulted in enhanced internal conditions of recovery process among the participants. During the process of SFGI, the participants set their outcomes for recovery, even if those outcomes were not directly related to drug abuse issues. For example, in the first session, participants set their direction by drawing a picture that represented what person they

wanted to be after completing the intervention. Some participants wanted to be a good student or a good son. They then explained from the drawn picture about how those directions were essential to them and how come they selected those directions.

Also during the SFGI, participants realized that they have strength and resources to meet their goals by pondering the pre-session changes and scaling question. Because the facilitator did not know participants' lives; participants were allowed to be experts in their lives. This procedure went along with the assumption of the SFBT that the clients have the strength and resources to help themselves to achieve their goals.

In subsequent sessions, the facilitator persuaded participants to develop a well-formed goal which a small, concrete, and represent the beginning of something different and seek solutions to achieve their goals. In each session, the facilitator invited participants to imagine how different if their problem was gone. The facilitator encouraged them to discover a small thing in their lives that would help them to achieve their goals. Moreover, the facilitator persuaded participants to select and grow their vegetables during six sessions. These procedures consisted of selected a kind of vegetables, started to grow vegetables with a small step, and took care of vegetables step-by-step. This activity was used to link between the process of gradual increase of hope and empowerment via growing vegetables and how to use the strategies and techniques of SF approach to overcome group members' obstacles.

During the follow-up period (weeks 8 and 9), participants in the experimental group received telephone calls to inquire about their progress. During these weeks, they encountered real-life situations at their homes with their families that sometimes were stressful events for them. They applied experiences from each group session of SFGI to overcome their obstacles. Moreover, the process of growing vegetables was used as a metaphor for how to overcome obstacles by selecting a direction to change, setting a small goal, paying attention to a small change.

Implications

Nurse practitioners who work with substance abusers could use SFGI in addition to a usual treatment program. Nurse researchers can also apply SFGI with other groups of the patient who have obstacles in life. Future studies with larger sample size and covering all aspects of recovery process need to be investigated. Nurse researchers can use the newly modified version of the RPI to assess and evaluate outcomes related to SFGI. The recovery model developed by Jacobson is a useful theoretical model to carry out this type of research.

Limitations

Generalizability to other groups and settings may be limited because this study was conducted in a clinical setting with a group of Thai male youth. The RPI Thai version is the first time translation and applies to a Thai sample. Future studies, however, should incorporate additional measure to assess all aspects of the recovery process. In addition, the period of follow-up should be

extended to demonstrate more clearly the long-term effectiveness of SFGI in maintaining recovery.

Conclusions

The SFGI is an effective approach to increase the recovery process for Thai male youth substance abusers providing a treatment option for this population. Nurse practitioners who work with substance abusers could use the SFGI in addition to the usual treatment programs. Nurse researchers and counselors might test the SFGI with similar participants, such as young adolescents with game addiction. Moreover, the newly modified RPI-Thai version needs further testing. Future studies with a larger sample sizes and longer follow-up periods need to be considered.

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