Benefits of Integrative Community Therapy revealed by psychoactive drug users

Benefícios da terapia comunitária integrativa revelados por usuários de substâncias psicoativas

Beneficios de la terapia comunitaria integrativa revelados por usuarios de sustancias psicoactivas

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Abstract

Objective: To identify the main benefits of Integrative Community Therapy revealed by users of psychoactive drugs.

Method: Documentary, retrospective and qualitative study, based on the records of the Assessment and Closure Forms of the Integrative Community Therapy groups, which were conducted in three drug addiction rehab centers located in the region of the Vale do Araguaia, Brazil. The sample consisted of eighteen records of Integrative Community Therapy groups (six records at each institution), which contained the quantity of participants and the therapists' assessment of the main themes, strategies and benefits. For this research, the benefits perceived by the participants of the Integrative Community Therapy groups were analyzed through thematic content analysis.

Results: The main benefits were grouped according to Maslow's hierarchy of needs and divided into categories with concrete and subjective experiences. The benefits were divided into social needs (embracement, communion, space of well-being and future expectations), esteem needs (learning, understanding and respect) and self-actualization needs (belonging and hope).

Conclusion: The records indicated that the Integrative Community Therapy enabled an active participation of users, allowing them to share suffering and joy with each other. The results demonstrated that this therapy is viable and affordable for drug dependency treatment.

Resumo

Objetivo: Identificar os principais benefícios da Terapia Comunitária Integrativa revelados por usuários de substâncias psicoativas.

Métodos: Estudo documental, retrospectivo e qualitativo, a partir dos registros das fichas de apreciação e fechamento das rodas de Terapia Comunitária Integrativa realizadas em três instituições de recuperação de dependência de drogas, localizadas no Vale do Araguaia, Brasil. Foram apreciadas 18 fichas de registro de rodas de Terapia Comunitária Integrativa (seis registros de rodas realizadas em cada instituição) que continham o quantitativo e a descrição da apreciação dos terapeutas quanto aos principais temas, estratégias e benefícios. Para esta pesquisa, analisaram-se os benefícios percebidos pelos participantes nas rodas de Terapia Comunitária Integrativa, por meio da análise de conteúdo, na modalidade temática.

Resultados: Os principais benefícios foram agrupados de acordo com a teoria das necessidades de Maslow, permitindo identificá-los em núcleos, com exposições concretas e subjetivas, sendo divididos entre as

necessidades sociais (acolhimento, comunhão, espaço de bem-estar e expectativa de futuro), estigma (aprendizado, entendimento e respeito) e realização (pertencimento e esperança).

Conclusão: Os registros apontaram que a Terapia Comunitária Integrativa possibilitou a participação ativa dos usuários, permitindo a partilha dos sofrimentos e das alegrias entre eles, apontando esta terapia como viável e acessível para a recuperação da dependência de drogas.

Resumen

Objetivo: Identificar los principales beneficios de la terapia comunitaria integrativa revelados por usuarios de sustancias psicoactivas.

Métodos: Estudio documental, retrospectivo y cualitativo, a partir de los registros de las fichas de valoración y cierre de las rondas de Terapia Comunitaria Integrativa realizadas en tres instituciones de recuperación de adicciones a las drogas, ubicadas en Vale do Araguaia, Brasil. Se evaluaron 18 fichas de registro de rondas de Terapia Comunitaria Integrativa (6 registros de rondas realizadas en cada institución), con contenido cuantitativo y descripción de la valoración de los terapeutas respecto a los principales temas, estrategias y beneficios. Para este estudio, se analizaron los beneficios percibidos por los participantes en las rondas de Terapia Comunitaria Integrativa, por medio del análisis de contenido, en la modalidad temática.

Resultados: Los principales beneficios fueron agrupados de acuerdo con la teoría de las necesidades de Maslow, lo que permitió identificarlos en núcleos, con exposiciones concretas y subjetivas, y dividirlos entre necesidades sociales (acogida, comunión, espacio de bienestar y expectativa de futuro), estigma (aprendizaje, comprensión y respeto) y realización (pertenencia y esperanza).

Conclusión: Los registros indicaron que la Terapia Comunitaria Integrativa posibilitó la participación activa de los usuarios, lo que les permitió compartir los sufrimientos y las alegrías entre ellos, indicando esta terapia como viable y accesible para la recuperación de la adicción a las drogas.

Introduction

The use of psychoactive drugs causes irreversible damage to the life of the user, in personal, family and social aspects, which can further aggravate chemical dependence.[1]

This issue deserves special attention from professionals who deal with this context (professionals from health, social or human sciences, or others), with special focus on the need for therapeutic approaches that meet the users' biopsychosocial needs and help developing their self-care.

One of the therapeutic approaches that has been considered promising is Integrative Community Therapy (ICT). It is a therapeutic approach created in 1987 in the Northeast Region of Brazil; due to its trajectory and relevance, it was included in the National Policy of Integrative and Complementary Practices (PNPIC) in the Unified Health System (SUS), in 2008. Studies have pointed out its relevance and described its use in the field of mental health for problems related to psychoactive drug use.[2,3]

This therapeutic approach is performed through open and community groups, with the participation of community (specific or not) and community therapists. Any professional category or person in the community can become a community therapist; to do so, it is necessary to participate in 240 hours of training (theoretical and practical immersion) in one of the 16 ICT training centers in Brazil or in other countries (Argentina, Chile and Ecuador).[4]

ICT has been considered relevant because it allows integration between its participants and strengthens bonds between peers, supporting the coping of daily difficulties and their development in the treatment process.[4]

Several recent studies reinforce the positive impact of this therapeutic approach on different communities.[5-8] Therefore, the initiative of conducting ICT for people in treatment for chemical dependency aims to provide a space for qualified listening and management of conflicts, suffering and emotions arising from psychoactive drug use.

However, despite the relevance and confirmed therapeutic benefits of ICT, there are still few studies addressing its use with drug addicts. Therefore, the objective of this study was to identify the main benefits of Integrative Community Therapy revealed by users of psychoactive drugs.

Method

Type of study

Documentary, retrospective, qualitative study carried out with the records of community therapeutic groups conducted at three drug addiction rehab centers located in the region of the Vale do Araguaia, Brazil.

Setting of the ICT groups

The region where the ICT circles were held had four therapeutic centers (TC), three for men (two in the rural area and one in the urban area) and one for women (in the urban area). Intentionally, only male institutions were chosen, in order to increase the number of participants with similar characteristics, and also because the annual systematic work in these institutions was already being developed.

The TCs are provisional, religious and philanthropic institutions, according to the current guidelines of the Ministry of Health's Ordinance 3088/2011 and CONAD Resolution No. 01/2015. The TCs provide care to men over 18 years old, in stable clinical conditions, with problems associated with harmful use of psychoactive drugs or chemical dependency. These centers treat people voluntarily, by spontaneous demand, judicial decision or referral from other services. They have a housing environment and mean treatment duration of nine months. The professional teams are composed of religious people without specific training and volunteers.

The records of the interventions performed with ICT are part of the collection of the research "Stress, Alcoholism and Drug Use" of the Nursing School of the University of São Paulo (EERP/USP), Ribeirão Preto, SP, Brazil, to which the PhD research "Integrative Community Therapy as a strategy for psychosocial intervention for psychoactive drug users" is linked and, therefore, the records were analyzed in this scenario.

Selection criteria

The records of ICT groups carried out with psychoactive drug users from January to May 2018 and which presented complete record of the circles, according to the community therapists' perspective, were included. The exclusion criteria were records that did not refer to psychoactive drug users.

Instruments and data collection

The main source of data were the records, which were also called "Group Assessment and Closure Form". The forms were necessarily filled by community therapists after the end of each group session. These records are from the therapist team, and

participants do not have access to their content. The standard form is used by all community therapists in the country. It was created in the 1990s by ICT creator Dr. Adalberto Barreto.[4]

These forms contain the quantity of participants and the therapists' assessment of the main themes presented and chosen by the participants, the motto proposed (key question), the coping strategies suggested by the group and the self-reported benefits.[3] Among the items in the forms, this research analyzed the benefits perceived by the participants in the ICT circles.

These forms were completed by three community nurse therapists, during the development of an intervention that consisted of 18 ICT group session (six in each TC), conducted from January to May 2018, with 21 psychoactive drug users. The three nurses who filled the forms were the same ones who conducted and guided the groups. All of them had training in ICT.

Data collection and analysis of these records occurred from June to November 2018, at the EERP/USP premises.

Data analysis

The organization and systematization of data followed Maslow's Hierarchy of Needs.[9] This author divided human needs in physiological needs (sleep, food, sex, breathing, water, excretion), safety needs (security of body, employment, resources, morality, family, health, property), social needs (emotional relationships, attachments, acceptance, sexual intimacy, friendship, family), esteem needs (appreciation, self-esteem, respect, trust, achievement) and self-actualization needs (self-realization, morality, creativity, spontaneity, problem solving, freedom from prejudice, acceptance of the facts).[9]

The analysis was based on thematic content analysis and followed three steps: pre-analysis, exploration of data and treatment of results.[10] Three thematic categories emerged from this process: "social benefits perceived in the ICT groups; esteem benefits perceived in the ICT groups; self-actualization benefits perceived in the ICT groups".

The guidelines for qualitative studies of the Equator network and the international protocol

"Consolidated Criteria For Reporting Qualitative Research" (COREQ) were followed.[11] All the criteria of this protocol were considered before the conception and construction of the study, however, because it was a documentary study, there was a new verification and confirmation of compliance with the items 15 and 32 of the standard checklist.

Ethical aspects

All ethical aspects of research involving human beings were respected, according to Resolution 466/2012 of the National Health Council (CNS). The research was only initiated after approval of the Research Ethics Committee of EERP-USP, under CAAE: 68444017.8.0000.5393 and Opinion no. 2.487.000 in February 06, 2018.

Results

Presentation of results

According to Maslow's theory, the benefits related to the first two human needs (physiological and safety needs) were not perceived or were only scarcely mentioned by the participants. However, all the benefits perceived on the ICT wheels could be included the next three needs (social, esteem and self-actualization needs), as shown in table 1.

Table 1. Number of citations of benefits perceived by participants of Integrative Community Therapy group, distributed according to Maslow's needs

Physiological	Safety	Social	Esteem	Self-actualization
	Comfort (1)	Embracement (7)	Learning (11)	Belonging (7)
		Communion/union (5)	Respect (9)	Hope (6)
		Space of well-being (5)	Understanding (8)	Joy (4)
		Love (3)	Knowledge (8)	Happiness (4)
		Peace (3)	Experience (5)	Gratitude (2)
		Fresh start (2)	Wisdom (3)	Future (1)
--		Opportunity (2)	Support (2)	Venting (1)
	Incentive (1)	Fellowship (2)	Satisfaction (2)	Patience (1)
		Friendship (2)	Victory (2)	Willpower (1)
		Construction (2)	Freedom (1)	
		Importance of relationships (2)	Relief (1)	Strength (1)
		Harmony (1)	Appreciation (1)	
		Commitment (1)	Forgiveness (1)	
		Perseverance (1)	Trust (1)	

The summary of the perceived benefits presented in table 2 allowed dividing them in categories with more concretely experienced benefits and others of a more subjective nature. In the case of concrete social needs, the mentions were concentrated in two categories, embracement and communion, while the subjective social needs were focused on the space of well-being and future expectations.

Table 2. Distribution of the categories of benefits perceived by the participants of Integrative Community Therapy groups, according to Maslow's needs

Social (35)	Esteem (55)	Self-actualization (27)
Embracement (11) (Love and relationship)	Learning (27) (Knowledge, experience and wisdom)	Belonging (11) (Gratitude, strength, venting and patience)
Comunnion (8) (Union, fellowship and friendship)	Understanding (12) (Comprehension, support, appreciation and trust)	Hope (16) (Joy, happiness, future and willpower)
Space of well-being (9) (Peace and harmony)	Respect (16) (Victory, satisfaction, relief, forgiveness and freedom)	
Future expectations (7) (Fresh start, perseverance and construction)		

As seen in Table 2, it was also possible to divide esteem benefits in categories, as in the case of the benefits of learning, understanding and respect. With the exception of the first category, the others are quite subjective, despite involving relationships with other people and institutions.

In the same table(2), under self-actualization needs, benefits that value relationships with others seem to predominate, as the explicit feeling of belonging, which is a category that encompasses other needs. The hope category also includes the feelings it brings to the person (joy, happiness) and the expectation of their future, although they recognize that it is not enough to have hope, it is necessary to have willpower to meet these needs.

Quantitatively, as shown in Table 2, among the needs mentioned according to the categories and the three identified Maslow's basic needs, the needs related to esteem prevailed over the others (55 mentions). This is comprehensible, considering the profile of the participants, who belong to a group that experiences feelings of abandonment and exclusion in their daily lives.

Similarly, among the needs indicated, the desire to acquire knowledge (including self-knowledge), to incorporate experiences and to accumulate wis-

dom is revealed. The needs for acceptance (understanding and support) and respect, which involves forgiveness (self-forgiveness and forgiveness from others - family), are also mentioned. This gives the subject the possibility of meeting a series of other needs mentioned.

Discussion

Social benefits perceived in the ICT groups

According to Maslow's theory, social needs (love, affection and relationship with others) are part of the third level of human needs and include participation, acceptance by peers, new friendships, affection, love. and interpersonal relationships.[9] In this study, social needs were expressively addressed, especially the benefits of embracement, communion, future expectations and space of well-being.

The references to embracement are related to the need to express/receive/perceive the feeling of integration to the group, since feeling embraced favors the understanding of their health condition, contributes to empowerment and can facilitate coping with personal problems.[7] This benefit (embracement) was also reported in a study that used ICT in the state of Mato Grosso, and was considered as a crucial process to celebrate life and opportunities to care and be cared for.[12]

Other studies also point out that human beings should be embraced in all aspects of their life and have their human needs understood, with emphasis on meeting the needs of people with problematic drug use, since they are more vulnerable and require complementary health care. User embracement tends to alleviate negative effects of drug addiction by reducing fear and anxiety, which are common aspects of drug addiction.[3,13]

Feeling embraced favors sharing and communion within the group, and thus, in the present study, researchers identified the ICT circles as a space of communion, development of bonds and friendships, and collective support,[14] benefits that strengthen therapeutic care for drug addicts. In communion, people get together for a common purpose and become closer and united to achieve similar goals, such as sobriety.[15]

In addition, the space provided by community therapy is conducive to the promotion of community meetings that value life stories and experiences. In ICT groups, participants may become aware of themselves and of the world when they perceive that each person has different stories of pain, loss and burden. However, in the midst of adversity, sharing with others produces knowledge and points out new paths,[4] which may widen the expectations of these participants. The importance of a space where users feel accepted was also demonstrated in other studies that used ICT as an intervention method.[3,6,8]

ICT groups, in addition to building confidence and protagonism, promote a therapeutic environment of acceptance and listening, allowing participants to share coping strategies and understand other dimensions of life in community.[2,7]

Therefore, Community Therapists must develop skills to understand the participants' needs and welcome them, showing their acceptance, offering support, helping users to become aware of their needs and contributing to their treatment.

Esteem benefits perceived in the ICT groups

Maslow's fourth level, the esteem needs, refer to respect for oneself and for others and involve the way the individual sees, evaluates, and understands self-esteem and self-confidence.[9] In this study, the most prominent esteem needs were the benefits of learning, respect and understanding.

Regarding learning, the psychoactive drug user may momentarily have difficulty understanding, but the ICT group can expand their knowledge as they become aware of the information shared in the group and incorporate the role of "therapist" of themselves.[3]

In addition, the user needs to feel respected in care/treatment/rehabilitation spaces. This helps them to develop confidence in the treatment and in the group of caregivers. In this study, respect was cited as a positive benefit perceived by users. It was also cited in a study conducted with ICT groups in Cuiabá, MT, Brazil, where participants felt respect-

ed and mentioned that they perceived these groups as a space for dignified and respectful dialogue based on exchange of experiences.[12]

The knowledge shared by the participants in ICT groups increases understanding and awareness of their environment, whether favorable or not, promotes reflection and encourages healthier habits aimed at improving quality of life.[3]

Understanding was also noticed in a study that used ICT with an alcoholic patient and described the circles as a moment of understanding, reflection and personal development.[2]

Thus, the role of the community therapist focuses on inviting participants to reflect on their history and on the need to take care of themselves, to love themselves, and to be able to care for others. [14,15] ICT groups should stimulate the potential of the participants and enhance their ability to find solutions to their difficulties.

Self-actualization benefits perceived in the ICT groups

According to Maslow, self-actualization needs, located in the fifth and final level, are related to the fulfillment of personal goals and the achievement of individual potential.[9] The benefits related to these needs highlighted in this study involve the feelings of belonging and hope.

Belongingness is the feeling of being part of a particular community, from which cultural and social characteristics come.[16] This feeling was perceived by the participants of this study, since it is believed that in community therapy, as people participate and share their stories, they transform their feelings, give new meaning to their lives and create new social bonds.[4] This set of benefits are often a new experience and may result in a feeling of belonging to the group which, in the case of the TCs, is accentuated by the religious character of the activities.

The feeling of being part of a group fosters closer bonds between people. These bonds are considered healthy when they connect people in a positive manner and reinforce feelings of belongingness. In the health area, the development of bonds between the healthcare team and the community is an im-

portant factor that can favor the care provided and received[6]. This opportunity to build bonds can also create a support network, a community that is interested in the suffering of others[17]. Thus, this feeling is translated in the support received from the group.

The ICT group, as a space where the user feels accepted, is conducive to a feeling of hope. According to Miller, based on other authors, hope is a multidimensional and dynamic life force characterized by a confident yet uncertain expectation of achieving a successful, realistically possible and personally significant future.[18] Rocha describes hope as a psychic sphere, still related to the life drive.[19]

In the present study, hope was cited as a positive benefit perceived by the participants. It is believed that participating in these sessions brought an expectation that, along with other perceived benefits, contributed to continuity in treatment, at least during the time the sessions were held (six weeks).

It seems that users found in the ICT circles and in therapists a form of support. And this space is relevant to encourage users with "hopeful speeches".[19]

The importance of hope was also verified in a study conducted in Juiz de Fora, MG, Brazil, which revealed that Integrative Complementary Therapy gave participants the hope of better times, clearer thoughts, concentration and improved physical appearance.[20]

In addition to ICT, other integrative practices are being developed with users of psychoactive substances and have demonstrated benefits, such as auriculotherapy for reducing drug use,[21] art therapy for promoting self-awareness regarding the reasons that led to drug abuse and showing new perspectives of care and adherence to healthier lifestyles,[22] and music therapy for reducing stress,[23] improving quality of life, interaction with the group[24] and physical and mental well-being.[25]

Finally, all feelings perceived as benefits by the participants of this study served to point out that the ICT technique used is as an integrative and community practice, even when performed indoors, such as in therapeutic communities as the one of the present study, which had dynamics and organization based on religiosity.

Even with the restrictions related to the places where ICT was conducted, it was able to develop among the participants the empowerment to cope with chemical dependency, mental illness or with the suffering caused by the difficulties in daily life in rehabilitation within the therapeutic center, as it is a space with strict house rules.

Furthermore, it is worth noting that ICT can and should be expanded to other drug addiction care services and chemical dependency treatment centers, such as the Psychosocial Care Center (CAPS) Alcohol and Drugs (AD) and support groups (alcoholics anonymous and narcotics anonymous). ICT can also be included in all health services and offered to general community due to its therapeutic potential for mental health demands. The limitations of this study are related to the use of only one type of data source, which prevents the generalization of the findings. Therefore, further investigations about the benefits of this practice should be carried out, extending research to other therapeutic settings.

Conclusion

The innovative character of this study is noteworthy, since no other study using community therapy in closed institutions for the treatment of addiction was found. Moreover, this study allowed perceiving the benefits of participation in the circles and demonstrated that ICT is an important therapeutic care tool that should be used to mediate conflicts, suffering and emotions, expanding the social support network for chemical dependency treatment. Thus, ICT is highlighted as a low-cost practice that can be included in the treatment of psychoactive drug users, regarding their mental health care. The research also revealed that the spaces in which ICT was used can be a democratic environment in which users have the freedom to express themselves and, at the same time, have moments of relief from the strict rules established for treatment within this context. Furthermore, it is noteworthy that the use of ICT is being consolidated as a possible care technology for trained nurses, even in conditions not so favorable for their practice, since it can be adjusted to the standards of closed institutions.

Collaborations

Lemes AG; Rocha EM; Nascimento VF; Volpato RJ; Almeida MASO; Franco SEJ; Bauer TX and Luis MAV contributed to the research design, data analysis and interpretation, writing of the article, relevant critical review of the intellectual content and approval of the final version to be published.

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