



# Potential of group interventions in Psychosocial Care Centers for Alcohol and Drugs

*Potencialidades das intervenções grupais em Centros de Atenção Psicossocial Álcool e Drogas*

*Potencial de las intervenciones grupales en los Centros de Atención Psicosocial por Alcohol y Drogas*

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## ABSTRACT

**Objective:** to analyze the potential of group interventions in Psychosocial Care Centers for Alcohol and Drugs from the perspective of professionals. **Method:** intervention-research of qualitative approach. Thirty mental health professionals from four Psychosocial Care Centers for Alcohol and Drugs in the central region of Brazil participated. The data was collected through self-applied instruments and conversation rounds with a semi-structured script. For data analysis, we used Content Analysis, Thematic modality, with the help of the ATLAS.ti software. **Results:** the thematic category Potential of group interventions contemplated four subcategories that approached aspects related to the physical structure, material resources, user aspects, professionals and work processes. **Final considerations and implications for practice:** the power of the practice with groups was present in much of the care in the services researched with the identification of numerous therapeutic factors for users. The interventions increased the fluidity of the work processes, which is why they need to be more widespread and implemented by multidisciplinary teams in mental health services.

**Keywords:** Mental Health Assistance; Patient Care Team; Group Processes; Mental Health; Drug Users.

## RESUMO

**Objetivo:** analisar as potencialidades das intervenções grupais em Centros de Atenção Psicossocial Álcool e Drogas na perspectiva dos profissionais. **Método:** pesquisa-intervenção de abordagem qualitativa. Participaram 30 profissionais de saúde mental de quatro Centros de Atenção Psicossocial Álcool e Drogas da região central do Brasil. Os dados foram coletados por meio de instrumentos autoaplicáveis e rodas de conversa com roteiro semiestruturado. Para a análise dos dados, utilizou-se a Análise de Conteúdo, modalidade Temática, com o auxílio do software ATLAS.ti. **Resultados:** a categoria temática *Potencialidades das intervenções grupais* contemplou quatro subcategorias que abordaram aspectos relacionados à estrutura física, aos recursos materiais, aos aspectos dos usuários, aos profissionais e aos processos de trabalho. **Considerações finais e as implicações para a prática:** a potência da prática com grupos estava presente em grande parte dos atendimentos nos serviços pesquisados com a identificação de inúmeros fatores terapêuticos aos usuários. As intervenções aumentaram a fluidez dos processos de trabalho, razão pela qual necessitam ser mais difundidas e implementadas pelas equipes multidisciplinares nos serviços de saúde mental.

**Palavras-chave:** Assistência à saúde mental; Equipe de Assistência ao Paciente; Processos grupais; Saúde mental; Usuários de drogas.

## RESUMEN

**Objetivo:** analizar el potencial de las intervenciones grupales en los Centros de Atención Psicosocial por Alcohol y Drogas, desde la perspectiva de los profesionales. **Método:** investigación de intervención con enfoque cualitativo. Participaron treinta profesionales de la salud mental de cuatro Centros de Atención Psicosocial por Alcohol y Drogas de la región central de Brasil. Los datos se recolectaron a través de instrumentos autoadministrados y ruedas de conversación, con un guión semiestruturado. Para el análisis de los datos se utilizó el Análisis de Contenido, modalidad temática, con la ayuda del software ATLAS.ti. **Resultados:** la categoría temática Potenciales de intervenciones grupales incluyó cuatro subcategorías que abordaron aspectos relacionados con la estructura física, recursos materiales, aspectos de usuarios, profesionales y procesos de trabajo. **Consideraciones finales e implicaciones para la práctica:** el poder de la práctica con grupos estuvo presente en gran parte de las consultas en los servicios encuestados, identificando numerosos factores terapéuticos para los usuarios. Las intervenciones aumentaron la fluidez de los procesos de trabajo, por lo que necesitan ser más generalizadas e implementadas por equipos multidisciplinares en los servicios de salud mental.

**Palabras clave:** Atención a la salud mental; Grupo de Atención al Paciente; Procesos grupales; Salud mental; Consumidores de drogas.

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## INTRODUCTION

The abusive use of drugs, causes chronic damage to health and to the interpersonal relationships established by the individual, especially in the family environment<sup>1</sup>. Such behavior, when presenting recurrent and specific symptoms, can lead a person to develop substance abuse disorders<sup>2</sup>.

In this sense, the treatment of psychoactive substance dependence should not be restricted to abstinence, but should be centered on the psychosocial rehabilitation of the subject<sup>3</sup> with the offer of care to the caregivers of these individuals<sup>4</sup>. Therefore, mental health care is based on the construct of deinstitutionalization and psychosocial model and requires professionals capable of accessing the needs of users who seek care for the realization of a holistic treatment<sup>5</sup>.

In this context, the psychosocial care model proposed by the Brazilian Psychiatric Reform is the result of a historical process of disputed epistemological and symbolic conceptions about madness and mental illness, which influenced the models of care and the practices of care, with the deconstruction of the asylum model as a premise. The process of deinstitutionalization goes far beyond the replacement of hospital-centered care by community-based and territorial services, it involves the expanded concept of health and integrality, denies the violent practice of incarceration, seeks social inclusion and the promotion of citizenship, and recognizes people as unique<sup>6</sup>.

To avoid incarceration and ensure the free movement of people with mental problems through services, the community, and the city, the Psychosocial Care Network (PSCN) was proposed. It is composed of services and methods that oppose and substitute the asylum paradigm and are indispensable to provoke emancipatory processes and unleash life potentials<sup>6</sup>. Among the services that make up PSCN, the most important are the Psychosocial Care Centers (PSCC), which are community and territory-based services for complex cases of mental illness and/or abuse of alcohol and other drugs, through the Singular Therapeutic Projects (STP)<sup>7</sup>.

Therefore, the PSCC modality is responsible for directing the exclusive assistance to drug abusers and the Psychosocial Care Center for Alcohol and Drugs (PSCCad) offers numerous care strategies<sup>8</sup>, including group care<sup>9</sup>. Thus, an important welcoming and treatment tool is the listening experience, which can be individual or group<sup>10,11</sup>. Among all the care strategies made available by PSCC, the group practices are of interest to this investigation for their evident therapeutic potential<sup>12</sup>.

Effectively, the therapeutic group interventions are prominent care strategies in the field of psychosocial care, focused on the monitoring of people and direct assistance to users who present losses related to the abuse of alcohol and other drugs. Likewise, for the family members of these subjects, who go through a process of suffering and mental illness due to the repercussions of this involvement with drugs.

From this perspective, the use of the group as a care tool began in the 20th century and, over time, research in the field of group dynamics has contributed to the socialization of its benefits

in health care<sup>2</sup>. Thus, group technology can be understood as the union of theoretical, methodological and technological foundations used in various scenarios of health care, education and scientific research<sup>13</sup>.

Moreover, the characteristic of a group is defined by the union of two or more people who interact to achieve common goals, mediated by the accomplishment of a task, and, from this interactive process, several phenomena can emerge<sup>14</sup>. In this way, in the therapeutic groups in the mental health scenario, the relationships among its members are built through moments of listening, socialization of life experiences, reflection and empathy<sup>15</sup>. Therefore, group intervention is a powerful care modality that can be used in the treatment of people with mental disorders<sup>16</sup>.

In PSCC, group interventions can provide fluidity in the work processes and stimulate collective multi-professional actions<sup>10</sup>, that allow users of health care facilities to explore and work on their feelings, develop creative problem-solving processes, and provide peace of mind and relaxation<sup>17</sup>. In these services, there is a diversity of activities and group processes, however, still little studied from a therapeutic perspective<sup>18</sup>.

Therefore, this research is justified in view of the controversial scenario of mental health in Brazil, with the persistent resumption of the idea of overvaluation of traditional practices of diagnosis and drug treatment, to the detriment of other forms of care, which value listening and speaking, health education, psychosocial support and bonding<sup>19</sup>. And, also, by the need to invest in projects, services and actions that promote and overcome the challenges of the psychosocial model, the care in freedom of people with severe psychological suffering and disorders related to problematic drug use<sup>6,20</sup>.

In this direction, it is important to implement scientific research that deals with the systematization of mental health care for users assisted in PSCC<sup>21</sup>, for the contribution and reflections for the strengthening of PSCN in the Brazilian scenario<sup>4</sup>, for, although the group is a care tool that provides the user's protagonism during the mental health care process, there is still a scarcity of guidelines for the operationalization of the work with groups assertively by the health care teams of PSCC in the official documents<sup>22</sup>, which compromises the evaluation of the benefits of this type of care in the psychosocial care setting.

For this motivation, the realization and dissemination of studies that address the benefits, application and assertiveness of therapeutic care offered by PSCC teams are imperative. It is understood that scientific evidence regarding the exercise of qualified practices, as is the case of group interventions in PSCC, are powerful tools to respond to unfounded attacks regarding the inefficiency of care offered by these services. Based on this scenario, the objective of this study was to analyze the potential of group interventions in Psychosocial Care Centers for Alcohol and Drugs from the perspective of professionals.

## METHOD

A qualitative approach research, based on the research-intervention referential, which is characterized by a joint and

interactive construction among all actors involved and associates, during the course of the investigation, an intervention that enables the analytical process of the phenomena<sup>23</sup>. The study met the consolidated criteria for reporting qualitative studies (COREQ)<sup>24</sup>.

The research was developed in four PSCC ad located in a municipality of the State of Goiás (GO), Brazil, two services being classified as type II, one as type III and one as juvenile, whose classification varies in terms of population size, work shift and age group of users. At the time of data collection, in all, 87 professionals were included in the teams and 30 of them participated in the study, considering the criteria: being a technician in one of the services over 18 years old; professional with experience or being operationalizing groups at the time of the investigation. Excluded were professionals who worked strictly in the administration and cleaning of services and those who were away from PSCCad due to leave or vacation.

Regarding experience with group coordination, 25 of the 30 professionals were acting as facilitators of group care at the time of data collection and, of these, 21 reported experience in this type of care for more than six months and four for a period less than this in the context of PSCCad. Although the other coordinators were not working with group interventions at the time of data collection, at the stage of the welcoming and sensitization of professionals in the conversations, they affirmed having previous experiences in the conduction of groups.

Another pertinent strategy was the realization of a pilot test that verified the techniques used for data collection by the state PSCC for children and adolescents by the research team. It is worth noting that the participants of this test were not included in the study and the data from this step were analyzed in order to verify if the resources used would meet the proposed methodological path. After the necessary adjustments, the meetings for data collection were scheduled with the managers of the participating institutions, which occurred on the days of the team meetings of the respective services.

After the mentioned strategies, data collection took place between March and April, 2019 consisting of three moments: application of the questionnaire for socio-demographic and professional-graphic characterization and the instrument for the identification of Therapeutic Factors (TF) of the group according to the referential of Yalom and Leszcz<sup>25</sup>, holding conversation circles and an educational workshop.

Thus, the field research was conducted by three researchers, one with a post-graduate degree in group dynamics and team management, one with a master's degree in consulting and group management and a research assistant with a degree in Nursing. One of the researchers already had proximity with professionals from two of the services included in the study due to having done supervised internships in the institutions and another researcher was an institutional supporter of the services included in the study and a member of the Mental Health Management of the State where the research was implemented.

After the participants answered the self-applied instruments, four conversation rounds were held, one in each PSCCad, lasting

approximately two hours, each being systematized in three stages: the welcoming of the professionals by the facilitators, aiming to maintain an atmosphere of exchange and dialogue among them; the exploration of the theme subsidized by the discussion question and the systematization of the process experienced at that moment and, finally, the evaluation through the legitimization of the product generated by the participating members<sup>26</sup>: *Do you identify, in your group sessions, factors that facilitate and factors that hinder the conduction of the groups?*

In the exploration stage, at the time of problematizing the theme, 29 professionals participated, four in PSCCad 1, nine in PSCCad 2, eight in PSCCad 3 and eight in PSCCad 4, since one of the professionals had to be absent to provide assistance.

Indeed, the conversation circle, used as a method of data collection, also had the character of an intervention, although punctual, to the extent that, by exploring the theme in an environment conducive to speech, listening and reflection, it generated an interpersonal process of discussion, favoring the awareness of the power of group actions that professionals were undertaking in their respective services. Finally, the meetings were audio-recorded, and were also recorded by one of the researchers who positioned himself as a participant observer of the process.

With the last stage of data collection and based on the material analyzed, the idea of planning an educational workshop emerged, aiming to validate the data produced in the conversations with the participants and answer their questions about the group practices in order to better prepare them for the work. This activity took place in two groups, foreseeing the promotion of discussions.

With the last stage of data collection and based on the material analyzed, the idea of planning an educational workshop emerged, aiming to validate the data produced in the conversations with the participants and answer their questions about the group practices in order to better prepare them for the work. This activity took place in two groups, foreseeing the promotion of discussions<sup>27</sup>, with the help of the ATLAS.ti software in the construction of the study corpus. The three phases of analysis were rigorously followed, from the exhaustive reading and selection of data that would undergo the analytical process, followed by the exploration of the material, in which the coding of the registration and context units was performed for the grouping of families and construction of thematic categories and subcategories. In short, the treatment of the results was obtained with the preparation of figures, charts and diagrams with a view to presenting the information collected.

The study obtained approval from the Research Ethics Committee (REC) under initial Protocol No. 821,767 and final Protocol No. 3,951,500. The professionals signed the Free and Informed Consent Term (FICT) in accordance with the recommendations of Resolution No. 466, 2012<sup>28</sup>. C conversation circles according to the PSCC to which they are linked, also listed from one to four.

## RESULTS

The majority of the participants were female professionals with a diversity of professional categories and ages ranging

from 28 to 64 years. Table 1 shows the socio-demographic and professional characterization data of the employees in absolute frequency.

The content analysis led to the constitution of the thematic category Potentials of group interventions, which unfolded into four subcategories: physical structure and material resources; users; professionals and work processes of PSCCad, as illustrated in Figure 1.

The subcategory *Potential of group interventions related to physical structure and material resources* refers to the professionals' perception of the positive elements linked to the structural and instrumental aspects of the services that favor interventions such as holding groups outside PSCC. They said:

There is the walking group, we cross here in the square, in the parish, there is a big sidewalk around, and it is a good path to walk. (P29 - CAPS 4)

The participants reported that the space is adequate for the realization of the interventions and the rooms had good lighting as potential for the practice with groups:

The room has good lighting to work in; it makes a mix between the therapeutic issue and a little bit of technique. So, since we are working with drawing, you need to have good lighting, this room has! (P1 - PSCC 1)

[...]The structure was built for PSCC, it is its own headquarters, unlike most PSCCs that stay in rented houses, here, it was built to be a PSCC 3. So, it turns out that the structure of the workshops is one of the best there is in terms of physical space [...]. (P23 - CAPS 4)

The subcategory *Potential of group interventions related to user aspects* emerged from the professionals' observation of the phenomena that permeate the members of the groups they implement and that contribute to the fluidity of this care modality, such as the users' adherence to the groups' proposal:

[...]The user participation is good here at PSCC, every activity we propose, we have a good adhesion, yes, we propose an activity, and soon, the group is already full. (P25 - CAPS 4)

The participants also verbalized that the sharing of experiences, the building of bonds between group members, and the awareness of behavior change through these interventions also favor this practice in PSCCad:

[...] the experience of the other helps to strengthen those who are weaker, the experience of the other is a mutual help, the sharing that is something that is better... more powerful in the group. (P2 - PSCC 1)

[...]I think that many adolescents who came to the unit through the video game group and stayed in individual consultations or went to other groups, they lost the idea that they were coming here because they were forced to, because the judge ordered them to. (P19 - PSCC 3)

Now there is also the walk. [...] In this group today, a feeling arose in the user [...]. He was there with his limitation, that he uses paint thinner, he went walking [...] and then came back and said: 'Wow, what a good effect a walk can have, better than the paint thinner'. (P29 - PSCC 4)

The subcategory *Potentials of group interventions related to aspects of the professionals* reveals the actions taken by the group coordinators that favor a greater effectiveness of the group interventions, such as seeking qualification to work with groups:

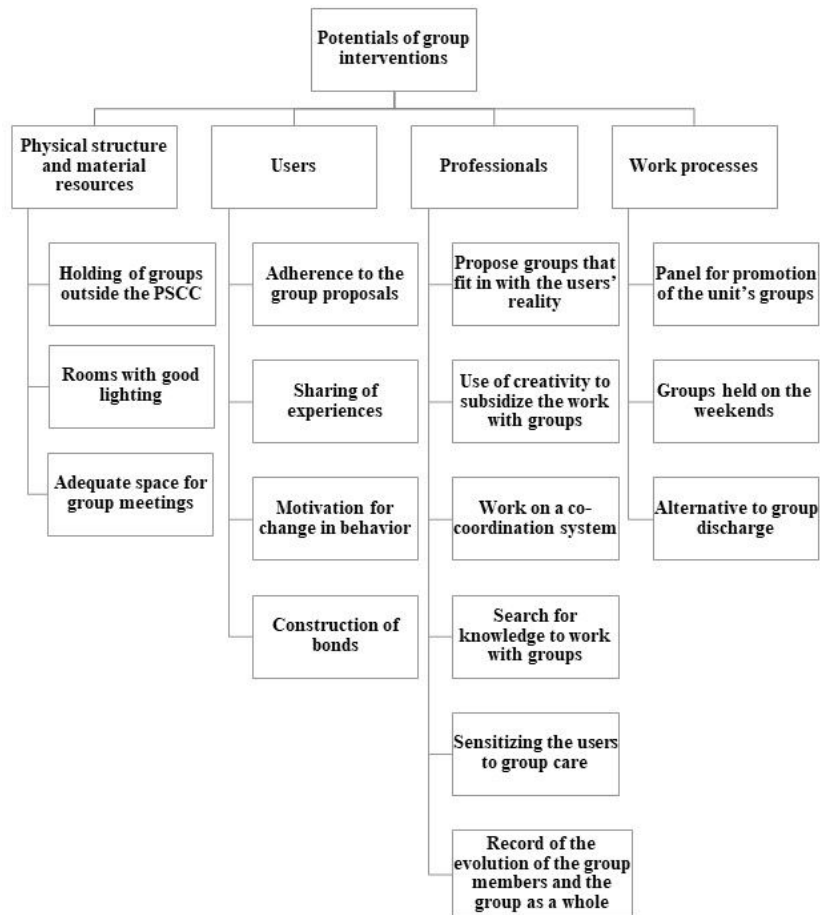
[...]There are many professionals and, therefore, many things that transcend even the professional's area of work. The professional seeks another formation, besides the basic formation of the profession, all the time. (P24 - PSCC 4)

The sensitization of users to group consultations and the proposition of groups that are adequate to the users' reality were

**Table 1.** Socio-demographic and professional-graphic characteristics of the study participants. Goiânia/GO, Brazil, 2019.

Variables	Professionals(N=30)
<b>Age</b>	
20 to 29 year	1
30 to 39 years	10
40to 49 years	5
50 to 59 years	10
> 60 anos years	4
<b>Sex</b>	
Male	3
Female	27
<b>Professional Training</b>	
Nursing	2
Nursing Technician	3
Psychology	10
Social Services	5
Music Therapy	3
Occupational Therapy	2
Physical Education	1
Arts	3
Public Administration	1

Source: elaborated by the authors.



**Figure 1.** Decoding tree of the category and subcategories of the study. Prepared by the authors. Goiânia/GO, Brazil, 2019.

also mentioned in the participants' statements as enhancers of this type of intervention:

[...] when you put the proposal of the group and always make them aware of it. I think we manage to get a better adhesion from the parents. [...] the welcoming is an important point for the sensitization of the family group. (P19 - PSCC3)

[...] I have noticed that art, music, makes it much easier, so much so that when we propose to the adolescents what we have here, they always choose other things more than individual attention; [...] they choose things that are more related to their universe. (P15 - PSCC 3)

The professionals also expressed that using creativity to support the group activities they implement, working in a system of coordination with another colleague, and recording the evolution of the group members and of the group as a whole are factors that drive such intervention:

[...] I see that, for the group not to die, you have to be always moving, creating... creativity. You have to innovate always. (P18 - PSCC 3)

Another thing that I think helps a lot is being able to share this with another professional. Sometimes, the guy gives you energy, a different motivation that I think is very difficult to do alone, because I have groups both alone and accompanied. I think this also helps. (P17 - PSCC 3)

[...] we register much more how that person was in the group, what she brought, and then in this other register, we had a greater look at how the group was, how people related to each other. (P15 - PSCC 3)

In the subcategory *Potential of group interventions related to work processes*, elements are presented that concern the organizational culture of the institutions, which is reflected in the group consultations, such as the creation of group interventions as an alternative to the discharge of users, holding groups at alternative times on weekends, and the construction of a panel to disseminate the group therapeutic offers provided by the service:

This, in fact, does not have a common sense like this, of this need for discharge, but, perhaps, of thinking groups to help them deal with situations outside, of entering a new job, of relationships [...]. (P7 - PSCC 2)

But there is one thing that I think differentiates our PSCC, which are the groups that were created on Saturday and Sunday, because, as our PSCC is a PSCC 3, [...] we have groups for the user, groups for the family and the user, we have the vegetable garden that also works, so, I think that this differential has. (P25 - PSCC 4)

[...] the user comes to the reception in the afternoon, but he will attend the group in the morning, so, we have the conditions and, if he is full or if this group has suddenly created a new group, we don't know yet, all this is put on this panel. (P25 - PSCC 4)

## DISCUSSION

During the investigation and through the analytical process of the data, it was possible to identify aspects that show the power of the work with groups undertaken by PSCC professionals related to the physical structure and material resources of the services, as well as the users, members of the groups, multidisciplinary teams and work processes.

In the subcategory *Potential of group interventions related to physical structure and material resources*, a positive strategy of operationalizing the groups outside the institution and carried out by professionals due to the lack of adequate physical space to carry out these interventions in the services of origin was explained. This action favored the inclusion of users in the territory's spaces, expanding their social reintegration movements.

Furthermore, group activities are considered facilitators for re-socialization and social insertion since they promote, in their work process, collective thinking and acting, respecting diversity, subjectivity, and the capacity of each subject<sup>4</sup>. These activities extrapolate the outpatient proposal circumscribed to medical and pharmacological work, which is in opposition to the persistent principality of the psychiatric consultation in the face of the repertoire of psychosocial support strategies available today<sup>29</sup>.

It is found that the international scientific literature exposes limitations to access and delivery of health services worldwide and signals that strategies with territorial mental health care practices contribute more to the insertion and acceptance of users in the community<sup>30</sup>. From this perspective, the therapeutic group is considered as a strategy for the production of care, which can favorably alter the circuits of illness-cure and broaden reductionist views of health services in the territory<sup>31</sup>.

On the other hand, other subjects of this study said they have adequate space in the service to offer group activities, with large rooms for groups and workshops, and some were planned and built to accommodate group interventions. This phenomenon of adequacy of physical space is not a widespread reality in PSCC in Brazil. It is evident that precarious physical spaces contribute to the emergence of psychic workloads by generating discontent in the team, reflecting negatively on the psychosocial care offered to users<sup>32</sup>.

It is also emphasized the importance of welcoming physical spaces for users and workers in PSCC because they strengthen the work and enable the well-being of service users. It is noted that the physical space is considered adequate when it takes into account the specificity of the people who are assisted, as an environment for the different activities that are performed, besides expanding them, such as, for example, a library and a green area for outdoor activities<sup>33</sup>.

In the subcategory *Potentials of group interventions related to user aspects*, the professionals surveyed described some potential and driving phenomena for group interventions, such as the sharing of experiences, the building of bonds among members, the adherence to group proposals, and the awareness to change behaviors that refer to the therapeutic factors of the group<sup>25</sup>.

In public health services, assistance through therapeutic groups is part of the daily reality, because they are used as a tool to work on the subjectivity of the members of this care modality<sup>34</sup>. In addition, the intervention with groups stimulates teamwork in the perspective of multi-disciplinarity with the purpose of providing a greater well-being and quality of life to users<sup>35</sup>.

The richness of group interventions in PSCC services is that, besides the participation of users in the group, they are encouraged to participate in the management of the group itself. It is also noteworthy that these intervention devices contribute to the strengthening of the way of life of mental health users and their families<sup>36</sup>. The group is known to stimulate reflection about the manifested symptoms, the sufferings and the processing experienced by the group itself<sup>31</sup> because of the bond formed between the participants that stimulates the transformation of the subject<sup>37</sup>. The development of cognitive aspects is also perceived, considering social interaction as fundamental for the maturation of the individual<sup>38</sup>.

For this, group interactions enable dialogues and exchange of valuable experiences in the process of improving the way of living and socializing, having repercussions on self-image and interpersonal relations among its members<sup>4</sup>. It also allows the group participants to constitute each other as a support network<sup>39,40</sup>.

In other words, group exchanges favor the perception that individuals are not alone and/or that they go through similar problems as other people, a condition that characterizes the therapeutic factor of universality. Catharsis, another group therapeutic factor, comes from the exposure of emotions and feelings, and from the acceptance of others. Likewise, cohesion favors acceptance, understanding, and a sense of belonging among the members, facilitating personal revelations, taking risks when facing their fears, concerns, and important difficulties in the therapeutic process. Another important therapeutic factor in group work is the interpersonal learning that occurs from the exchanges among the participants and enables the expression of more effective behaviors to deal with their problems<sup>25</sup>.

In the subcategory *Potential of group interventions related to professionals*, the participants of the study signaled an individual concern to seek knowledge about group technology, beyond their area of training. Thus, the theoretical training

and instrumentalization for the development of skills for group coordination are essential for these professionals to have clarity of the process and dynamics of the groups that are under their responsibility and facilitate the emergence, identification and recognition of the therapeutic factors of the group<sup>9,13</sup>.

During the reception of new users who arrive at PSCCad to participate in group treatment, the reception was identified as one of the potential for working with groups in the context of psychosocial care. This is because the reception has as its main purpose to provide, to the user who is suffering, to be heard in an environment without judgments<sup>41</sup>. In addition, the user's feelings, wishes, and understanding of the suffering that brings him/her to the service must be considered and take precedence over service norms through respect for each individual's life history and subjectivity<sup>42</sup>. Therefore, the choice for the therapeutic offerings of PSCCad should have the participation of the users themselves.

In this sense, the welcoming, in PSCC, is a challenge for the professionals so that its operationalization is accomplished in a multidisciplinary perspective<sup>43</sup>. When sensitizing and selecting people to compose the groups, the coordinator must be clear about the objectives and the group structure and can base himself on some criteria such as the motivation of people to engage in their care, problems that can be treated in a collective perspective, the interest and commitment of individuals to attend the sessions, remaining until the end of the meetings<sup>25</sup>. In addition, the selection of group members needs to be in accordance with the analysis of the demands of each person<sup>14</sup>.

Another relevant aspect of the study was the work with coordination system, which enhanced the group activities in the psychosocial care setting, because when acting together with other members of the multi-professional team, the facilitators feel more stimulated and motivated during their professional practice and are able to share their impressions about what happened in the care. Thus, the discussion about group phenomena among health professionals is essential for them to be able to read the group dynamics<sup>44</sup>.

According to the participants, creativity was another powerful resource for the work with groups regarding the use of creative practices during group meetings, besides the proposition of actions to provide resources and enable the development of their activities. Indeed, the creative methods enable innovative, flexible, and resolute actions for the demands of the service<sup>45</sup>. In short, it is important that health care professionals explore creativity as a tool to help them care for people who are in pain<sup>46</sup>.

According to the testimony of one of the professionals, the offer of groups with proposals closer to the reality of service users collaborates with group work in psychosocial care. In this sense, the listening and sensitivity of the group coordinator are important resources for the understanding of group phenomena and for the recognition of the uniqueness of each member that makes up the group, valuing the life story in order to align the individual objectives of each user with the objective(s) of the group. It is hoped, therefore, that the proposed activity/task will

be carried out with the participation of all and be satisfactorily accomplished<sup>47</sup>.

On the other hand, mental health care tools must have resonance in the universe of society<sup>48</sup>. This is because one of the strategies that ensure the adequacy of treatment to people's needs is the STP, which also enables the evaluation of the results of the assistance provided, as long as it is done regularly<sup>7</sup>.

To this end, the reality of the individual in the territory must be considered under the influence of various factors such as family and social relationships, health and social services, non-governmental organizations and other institutions or services present where he is inserted. It is desired that these devices be articulated to PSCN, considering that this way they will have more reach and effectiveness in relation to disconnected or individual actions<sup>20</sup>.

Another potentiality reported by one of the collaborators was the making of records about the evolution of each member who attended the group meetings and the development of the group over time, even though, at the time of data collection, she said she was not making these notes as frequently as she would like. It is important that the group coordinators make notes of the group meetings, both of the repercussions of the interventions in each member and of the evolution of the group itself in a systematized way, because the absence or lack of records hinders the evaluation of the therapeutics<sup>9</sup>.

In the subcategory *Potentials of group interventions related to work processes*, the statements pointed out that the development of groups to prepare for the discharge of users who are more organized with their issues is a positive factor, because it is characterized as a strategy that aims to empower people outside the PSCC. Unfortunately, there is still a scarcity of scientific research that deals with the theme of discharge tools for users of PSCC in the Brazilian and international scenario<sup>49</sup>. Therefore, the end of group treatment is complex and the emotions that permeate this phenomenon need to be worked through: those of the subject, the coordinator, and the group. If the end of the group therapeutic process is planned, the discharge process can bring benefits to the individual's transformation. From this perspective, the coordinator must stress that the interruption of treatment is a stage that need not be painful, suggesting that the other members collaborate and help the companion to close this cycle<sup>25</sup>.

Another important aspect identified in the statements of professionals was the availability of therapeutic groups on weekends in a PSCCad III, which increased the frequency of users who cannot get away from work during the other days of the week in the sessions. This data points to the power of this device, in providing care outside of the conventional hours; including the evening reception and the operation on weekends and holidays, favoring the access of users to PSCC according to their needs and possibilities. It is known; however, that not all PSCC, in the Brazilian scenario, have this configuration and organizational culture of continuous care and, still, it is a challenge because it

requires minimum population criteria and staff qualitatively and quantitatively compatible with the demands of services<sup>50</sup>.

Finally, there was the citation of the potentiality linked to work processes, which consists of the elaboration and dissemination of a panel in the unit with information about all the groups undertaken in the morning and afternoon periods, facilitating the participation of users. Thus, they have access to more information, and can choose groups that will also meet their personal interests, schedules, and reality of life. Such condition promotes the autonomy of the subjects, taking into consideration that the creative communication between professionals and users of PSCC about their treatment and the way to give orientation is an effective tool to promote the protagonism of the people assisted by these services<sup>51</sup>.

## FINAL CONSIDERATIONS AND IMPLICATIONS FOR PRACTICE

The group interventions in the participating services revealed themselves as powerful care tools and are properly aligned to the actions expected by PSCC for the rehabilitation and social reinsertion of users in the community, in fostering the exchange of experiences among the group members and in stimulating the confrontation of their existential issues related to the abuse of alcohol and other drugs.

It is necessary to recognize, however, the pressing need for continuing education focused on group technology for workers in substitutive services. Caring in the group context can also strengthen multidisciplinary teamwork to the extent that it requires collective actions, from planning, conducting, and evaluating the therapeutic proposal.

There is the conviction that the study contributes to the academic field in the sense of sensitizing trainers to this theme and in the care field, alerting the professional categories that work in PSCC, including nurses and nursing technicians, to the value of working with groups, a light technology of care, because it is capable of providing countless therapeutic factors to users.

Some limitations of the study must be considered, which was conducted with a specific audience and context related to substance abuse disorders, in a setting that involved specialized mental health services. However, it revealed the potential of group interventions in a circuit of PSCC devices and pointed collaborative scientific evidence for psychosocial care. It is suggested, considering the relevance of the applicability of group technology, that further research be conducted in different care settings in which care is offered in a group setting.

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