ABSTRACT

Objective: to know the therapeutic approaches, technologies and interventions carried out by professionals of the Psychosocial Care Center (CAPSi) to users of alcohol and other drugs. Method: descriptive study with a qualitative approach, based on the theoretical framework of Alfred Schutz. The subjects of the research were nine university professionals. The production data were from February to October 2013, through semi-structured interview. The research project was approved in opinion 11042449-2. Result: some theoretical chains have been described, as the biomedical model, the harm reduction and psycho-social. Individual and group actions are cited, therapeutic listening, and they bring the family's participation in a key reception line therapy. Conclusion: understanding the motivations of professionals and their actions in the care they perform, can contribute to the reflections about the care to users of drugs of CAPSi, recent thematic in the everyday life of these professionals. Descriptors: Mental Health; Adolescence; Child; Related to Substance Use Disorder.

RESUMO

Objetivo: conhecer as abordagens terapêuticas, tecnologias de acolhimento e as intervenções realizadas pelos profissionais do Centro de Atenção Psicossocial aos usuários de álcool e outras drogas. Método: estudo descritivo, com abordagem qualitativa, embasado no referencial teórico de Alfred Schutz. Os sujeitos da pesquisa foram nove profissionais de nível superior. A produção de dados ocorreu nos meses de fevereiro a outubro de 2013, por meio de entrevista semiestruturada. O projeto de pesquisa foi aprovado parecer 11042449-2. Resultado: foram descritas algumas correntes teóricas, como o modelo biomédico, o de redução de danos e o psico-social. Foram citadas ações individuais e grupais, escuta terapêutica e foi trazida a participação da família na terapêutica uma linha de acolhimento fundamental. Conclusão: a compreensão das motivações dos profissionais e suas ações no cuidado realizado podem contribuir para as reflexões acerca da atenção aos usuários de drogas do CAPSi, temática recente no cotidiano desses profissionais. Descriptores: Saúde Mental; Adolescência; Criança; Transtorno Relacionado ao Uso de Substâncias.

RESUMEN

Objetivo: conocer los enfoques terapéuticos, tecnologías de acogimiento y las intervenciones realizadas por los profesionales del Centro de Atención Psicosocial a los usuarios de alcohol y otras drogas. Método: estudio descriptivo, con enfoque cualitativo, basada en el referencial teórico de Alfred Schutz. Los sujetos de la investigación fueron nueve profesionales de nivel superior. La producción de datos fue en los meses de febrero a octubre de 2013, por medio de entrevista semi-estructurada. El proyecto de investigación fue aprobado en parecer 11042449-2. Resultado: fueron descritas algunas corrientes teóricas, como el modelo biológico, el de reducción de daños y el psicosocial. Son citadas acciones individuales y grupales, escucha terapéutica y traen la participación de la familia en la terapéutica una línea de acogimiento fundamental. Conclusión: la comprensión de las motivaciones de los profesionales y sus acciones en el cuidado realizado pueden contribuir para las reflexiones acerca de la atención a los usuarios de drogas del CAPSi, temática reciente en el cotidiano de esos profesionales. Descriptores: Salud Mental; Adolescencia; Niño; Trastorno Relacionado al Uso de Sustancias.
INTRODUCTION

The use/abuse of drugs at any stage of life exposes the individual to distress, and during adolescence it increases its fragility, due to the process of cognitive, emotional, psychic and social development and may bring severe consequences, not only for their health, but in all their social context. In this sense, it is essential to know and study the use of drugs by young people, specially because it is the period of initiation of use and at that stage the preventive action have more results, the trends of illicit drug use among young people mean social and political changes, to which the young people are more sensitive (accessibility to drugs and market transformations), access to a greater variety of drugs, with new patterns of consumption, hindering the development of effective public policies and actions and also its early beginning have negative results to youth health.1

Adolescence was only described as a human development phase in modern western society, from specific socio-cultural conditions of this society, being a kind of social construction. This passage from childhood to adulthood became problematic with the lack of social devices as rites of passage, being experienced subjectively by the individual, where adolescence is a kind of moratorium, replacing the effective ritual that was broken from tradition.2 This period is marked by the impulses of body growth, changes in the emotional, mental and social development, as well as being a period of intense cultural expectations, permeated by contradictions and marked by ambivalence and family and social frictions. Therefore, the way of being a teenager is painful, and this subject can seek to relieve pain, taking refuge in denial and sublimation.3

Drug use can be a tortuous way to the teenagers seek of family separation and their individualization. We can also cite the desire to mitigate some problems such as insecurity, stress, low self-esteem, feelings of rejection, among other difficulties as intriguing to the use and the possibility of addiction.4 Thus, the addiction such as symptom psychic, needs to be understood in relation to the meanings that are embedded in this symptomatic, in an attempt to find out what is willing to reveal through the symptom.5

Thus, it is essential to discuss what are the individual and collective approaches carried out to the promotion of mental health of the user of alcohol and other drugs. It is essential to also know the theoretical chains that can be used by service professionals as theoretical basis for care to drug user in CAPSI.

Theoretical-philosophical framework

The phenomenology is the most relevant from all the qualitative approaches in health, showing the subjective meanings of health and illness, describing in the meanings and through them the constitution of social realities, meanings being identified from the moment that deepens in significant social interaction language.6

Through this thought the contribution of the sociological phenomenology of Alfred Schutz is used in this study, as theoretical guide because through the face-to-face relationship I can know and understand the human phenomenon from everyday experiences, finding the reasons for and the reasons because the actions attributed by professionals in the care relationship with drug users.

Generally, it is said that the actions, according to the meaning of our definition, are motivated behaviors. This issue of motivational sense must be understood as a basic aspect of the ordering of the levels not motivated and not motivated of sense both in thematic as in the interpretation.7

We mention that the reason for are to attitudes of the actor who lives his ongoing action, therefore it is a subjective category that only reveals the observer if he wonders what sense assigns the actor to his action. The reason because cited the temporal perspective of the past and refers to the genesis of the project itself, and only to the extent that the actor turns to his past, being possible to capture the genuine reasons why their own acts.8

OBJECTIVE

- To know the therapeutic approaches, technologies and interventions carried out by professionals of the Psychosocial Care Center to users of alcohol and other drugs.

METHODOLOGY

When considering that the theoretical framework that supports the analysis of the present study is the social Phenomenology, its approach is qualitative, descriptive type, by highlighting the subjective meanings, placing the observer in the world and improving the apprehension of the reality studied.

This research was in the Psychosocial Care Center for children and adolescents in the State of Ceará. Two of these services are located in the city of Fortaleza (Regional
Executive Secretary-SER III and IV) and three in the interior of the State, being located in the municipalities of Barbalha, Iguatu and Maranguape. According to the criteria of inclusion and exclusion, only three CAPSi participated in the city of Fortaleza and Barbalha.

The subjects of the research are university professionals who perform or have performed a service for children and young people assisted by CAPSi in the State of Ceará in the Northeast region searching the assistance by the use of alcohol and other drugs.

As for the criteria for inclusion were the professionals who develop or have developed therapeutic actions with users of alcohol and other drugs within the CAPSi, that are working during the period of the research. The professionals who work in CAPSi and that they do not make any kind of assistance to this clients, or who are working in the institution for less than three months were excluded.

Nine university professionals were interviewed, three professionals in CAPSi of Barbalha, two professionals from CAPSi SER IV (Fortaleza) and four professionals from CAPSi SER III (Fortaleza). Among them, there were four medical professionals, two nurses, a psychologist, two occupational therapists.

The production data were collected from February to October 2013, by a semi-structured interview with the guiding question: how is the care that you accomplish with users of alcohol and other drugs that are assisted in CAPSi?

The interview, in the phenomenology of social relations, is configured in the meeting of researched and researcher and hence the emergence of a face-to-face relationship, where there are currently the knowledge and perception of the other, taking significant sense actions in life world.

The material collected from the interviews were transcribed and analyzed as they were being held. After transcription, the interviews were read, deconstructed, reconstructed and subsequently categorized.

Together with these statements, there was a searching of a concrete category to get to the meaning of the action of the subject, which seeks to understand the world with others in its intersubjective meaning, having as proposal analysis of social relations, admitted as mutual relations involving people. It is about the structure of intersubjective meanings of social relations experience face to face, therefore, to understand the social actions that have a meaningful, contextualized social sense configuration and not purely individual.

This study was approved by the Ethics Committee in Research of the State University of Ceará-UECE, with number 11042449-2. It followed the recommendations established by Resolution 466 of December 2012, which dictates the principles of autonomy, beneficence, non-maleficence and justice.

In the speeches presentation, professionals are represented by the letter E, followed by the number corresponding to the order in which the interview was conducted.

### RESULTS

Under the exposed motivations by professionals for their behavior in face-to-face relationship with the user, they reveal the types of therapeutic approaches that they use, tracing a line of work pervaded by some theoretical chains, describing their interventions with the drug user in their intersubjective world.

For the reflective understanding of the phenomenon, it is necessary to eliminate all the preconceived notions about the nature of what is searched, suspending all sorts of belief in an act of phenomenological reduction.

#### Reasons because

Some professionals believe that in order to work with the child and adolescent in their entirety, it is necessary to address their physical needs, going beyond the proposed treatment of chemical dependency, focused on medication and guidance on its use.

Ok, we have to prioritize basic needs right (…) so, sleep and rest, disposal, food and medication. Especially the medication (…) (E2).

The medication issue pervaded by the biomedical model is very present, by any symptom that the user can perform. There are forwarding to treatment based on medicines, in order to alleviate the symptoms resulting from not using the substance.

It is clear that many of the guidelines are in relation to medication, to their potential damage and mainly the importance of using them properly, as a source of improvement of what is considered a negative clinical picture.

The teenage often does guidance, if necessary, to avoid the problem of fissure, the withdrawal syndrome, we intervene with medication, guiding how this medication is, in the hands of a responsible that this medication also can not stay in the hand of the patient (E6).

The professional’s talks reveal about the distrust that exists with responsibility and dedication of the user with the treatment,
because even with all medication-related guidelines, users cannot have control of their medicines, limiting their autonomy.

However, it is possible to notice other types of approaches, such as actions in health education, that they mix the guidelines regarding medications, promote guidelines about the malefactions of drugs and other diseases, especially diseases associated to the use of drugs. There is the belief that, through the information, this young men can decide until when the drugs will be present in their daily lives.

Showing that marijuana can display other pictures like psychotic, marijuana can cause infertility, marijuana can cause anxiety, when on abstinence, an anxious picture, that you're showing it, and trying to work through this with the family too huh (E6). (...you're not leaving without that explanation, nor the teenager, nor the mother right, so I do a lot of psycho-education, which is a very important area of who does cognitive behavioral therapy, but I don't do the therapy in CAPS, I don't do therapy because I can't, no way, but he leaves with psycho-education clear.(E5).

In the narrative of professionals it is shown how drug consumption is perceived by them, demonstrating that their stock of knowledge defines the use of drugs as a negative action and this guidance is that using drugs is harmful that professionals pass on their face-to-face relationship with the user.

In their comments on the day to day service some specific strategies for approaches are reported that are not part of their formal education, being suppressed in their formal speeches during the interviews.

All, we try to do the guidance, orientation with respect to STDs, we try to use harm reduction policy, in the group we try to guide that they, if they are using a hard drugs, they try to reduce to a drug, a drug a bit lighter (....) that use, I can say so - rational, guided - that uses will never hurt anybody, just to feed the addiction (....) (E1).

The approach of harm reduction policy is advocated by the Ministry of Health in mental health services assisting drug users. Despite this, few professionals confirm support their actions in it, demonstrating that although there is a policy specifies to work for the drug user assistance, the approach depends on the uniqueness of the professional and which approaches were stored in its stockpile of knowledge at hand.

Thus, professionals employ some instruments during the therapeutic action, promoting recreational activities, with tools that they believe they can generate possibilities for entertainment and pleasure, as a way to make it clear to the user that there are other ways to get pleasure beyond the use of the drug.

These activities open a space of interaction in which it is possible to discuss and reflect on the use of drugs, about why this young man using it and, mainly, on which their anguish and sufferings experienced may be the leading to this usage.

(....) We have a puzzle, we play Dama, and she, she always appears because it is her interest, she says he's interested, we offer a book, she takes a book home to read, returns with the book and we lend each another one, we use everything we have in CAPS, everything, everything, any kind of thing that get their attention, (....) There's always having an extra activity like playing ball, practice some sport, something, always making association with home, school, another activity. (E2).

(....) with teenagers, it spontaneously appears, that thing about educational lesson there at the moment that we're doing, in group therapy (....) So, yes, I let them do it, when they arrive for individual assistance (....) So you're having that same link to talk, to him, if he has interest (....) (E9).

This service can be individual or in a group, observing always the improving raised by user, however, the group moment has a differentiated approach, therefore, it is by identifying the problems and desires in common, by sharing and recognition of their difficulties on the other, that they are working on their own issues.

They are sent to the group of harm reduction that I do it, we try to make them aware of their responsibility, right, we try to make them aware of the bad things, the damage that drugs cause they will cause, right, and we do a very cognitive stimulation for these initial losses that I told you, huh, that their formation is the main loss that they have, it is not the ideological training (....) (E8).

It is possible to note again the professional discourse that drug consumption is negative and harmful, without taking into account the biographical situation of the user or the positive and pleasurable aspects of drugs, limiting the drug world's approach in a distorted view.

It is essential the approach to qualified listen to the subject, some professionals use this approach when they are in the individual service, assuming an orientation of You through the Us relationship, which in this reciprocal relationship occurs a series of significant changes. Thus, according to the
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in their actions and behaviors and their speeches are promoted to family participation.

The influence of the family on their engagement is paramount. If it wasn’t for the family, surely they would not have had this initiative seeking treatment from the beginning. Then, and also at the insistence (...) to form a bond (...) (E9).

For sure, the social as a whole, begins in the family, and ends in the responsibility of the Government is even keeping these kids in school (...). this lack of opportunities for children in a good education, with culture, with sport, I think that’s the predominant factors for the use of drugs. (E8).

It is unveiled in the narrative that responsibility by the user is of all, however, the guilt by the Government and society are eminent in neglect the training of children and youth. Stimulating educational and cultural opportunities, in addition to extracurricular activities such as sports and music are presented as initiatives that must be offered by the Government, but the family has to direct the young man to engage in them.

As the action of some professionals is directed to therapy-extra-service, others refer to the isolation of the user upon the alleged crisis experienced, requiring care and surveillance 24 hours a day for detoxification and rehabilitation at the moment lived.

So, what should happen is that at first there was a hospitalization, but not a hospitalization with medical purposes, psychological assistance, occupational therapy, family assistance, so after a certain period (...) I believe that in the first instance these young people need a more extensive monitoring, they stay 24 hours in environment in the proper structure for them, to go through the first time to perform at least that detox. (E6).

The professional discourse reveals a posture of social isolation of the user in a reproduction of the hospital-centric model, postulating of ancient Psychiatry, who believed that the isolation and exclusion were the solution to the problem, excluding the subject in therapy. It is notorious the vision to release the drug agency, without including the liberation of the suffering of the subject and the motivations that led to the consumption of drugs. In this way, the professional will decide his behavior from the time of his encounter with the user, and if it is then confirmed the possibility of intervention in service, the therapy is established, with a view to the establishment of ties.

The trust established between therapist and user, because as I said the space is not
always provided them right, so here they see it as a place they can get, they can talk about all their problems, in order to be debated without the trial that they would have if they (...) outside that space, therapist, user, trust (...) (E9).

Then, for him to feel a binding with the professional, then it is up to the team, so if he comes and see that everybody cares about his problem, you want to take care of him, see the improvement, you're worried, what's available to help is. ... he feels welcomed I think it greatly facilitates the link right. (E3).

It is perceived on the lines that the bond created in face-to-face relationship is essential for the professional producing therapeutic actions and give rise to a relationship of the Us, for the guidance for You being reciprocal.

Established this bond based on trust in the relationship between user and therapist, professional search of what drives the user suffering, conquering a space in which their inter-subjective world, influenced by their motivations in building a therapy seeking to change the shared reality.

The most important is his bond and the motivation, because it is common the access to me being more difficult, so access to groups and to other professionals is easier, I want that group to be more important, right. (E5).

Where we could be working, bringing him the story of this suffering, right, the cause that lead him, why did he use drugs, right, by any bad suffering because his own family sometimes it's totally, huh, too weak, there are social problems, and then from there we're inserting them along with CAPS, along with the family (...) (E7).

These statements show the relevance of face-to-face relationship binding between the professional and the user, contributing as the basic device for the development of the therapeutic process.

**DISCUSSION**

The professionals describe their work through actions and activities that interact with the possibility to modify the behavior of the drug user in the intersubjective world. To think about the user as an object of thought previously experienced, is that the professional understands that the user presents physical needs being prioritized medicine therapy and guidelines that effect on the symptoms presented.

The model of attention to physical needs stop the desire of the demand for drugs with medications, together with the objectification of abstinence and repressing the expression of the subject of the action. It is showed in this kind of approach that the professional distance from the relationship of the Us, in a guideline for You.

It is possible to perceive the paradigms changing that support professional practices, because even with relevant actions of the biomedical model, professionals do not reduce this model practices, expanding their conceptions to other fundamental elements and determinants in the health of the user, such as the social problems, the insertion of family, education, income, relation with justice, among other aspects which are relevant and which influence in the promotion of health of the user.

It is worth noting that health education is a tool that addresses the use of citizenship and social inclusion in their practice, absorbing new paradigms and incorporating in their concepts to the subject's inclusion in education, being fundamental and critical. In this view, the process is constructed through the interaction between professional and community.

With this concept, health education is used in group strategies or therapeutic workshops, not being restricted to the face-to-face relationship of professional and the user, adding more possibilities of construction when worked together, since this relationship has properties of social reintegration, in the promotion of transformations in the relationship between individual and society.

During the professional reports, it is possible to observe that harm-reduction policy is applied in their actions, an approach rich in concepts and advocated by the Ministry of Health as a policy of care to drug user, however, few professionals confirm using this approach.

Harm reduction objective is the transformation of the society's position before the world of drugs, allowing the dialogue in society between the social actors, whether or not users and allowing the expression of subjects who use drugs, reflecting on the use, needs, desires, rights and duties.

Harm-reduction therapy allows another social dimension to be built on face-to-face relationship, which is often a bridge between the user and the social bond that is harmed. It aims to recover the communication, the meaning, the biographical situation, the knowledge to the user's hand from alcohol and other drugs, recognizing this subject and listening to their needs and demands. It is built a space of interaction in which discussions and reflections about drugs cause

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the young people to identify typical actions and motives similar to move their experiences in a social movement of sharing experiences.

The volunteer groups are not experienced by the social actor as a ready-made and finished system, they are built by their members from a dynamic evolution process, having few elements in common and others are created before a definition of the reciprocal situation.11

The groups are mediators of the relationship between the social and the particularity of the individual, being perceived as an interlacing of subjective lines, in which each social actor sets his space and comes in contact with the biographical situation of another, adopting the subjects of the group a new conformation. It is a space that gives psychological and emotional assistance, from the similarities of the sufferings and with possibility to his relief, through the support and security of experience similar situations.15

It is worth noting that the family can participate in group therapies, both with users as in own groups for family members. It is possible the group with family members to inform about the use of drugs, the possible motivations, the effects and consequences of consumption, interacting with people who experience similar situations and to recognize how they face the difficulties of everyday life, and know how can act with their families, users being a space of mutual support and understanding.16

The same is experienced directly only when sharing with one other common sector of space and time. The temporal and spatial immediacy is essential characteristic of the situation face-to-face. A face-to-face situation constitutes the guideline for You and the relationship of the Us. The orientation for the You is one-sided, is a pre-predicative experience of a similar present here and now. When the orientation for You is reciprocated, it constitutes a relationship of Us.17

Furthermore, it is essential to use an approach that focuses the subject listening being used in individual assistance, acquiring a guideline for You to implement relative to Us, in a reciprocal movement motivational. This reciprocal relationship generates lot of changes in the meanings constructed in a intersubjective world.

Analytic listening must provide a significant articulation, where the subject can get relief or protection of his pulsatory loading, transferring it to a significant chain. Thus, the listening is held in order to retrieve the anchor through the significant articulation marks, as a way to achieve a formulation of a demand, enabling the clinic of the unconscious.18

The professional believes that the way to relate socially is essential to the permanence of the user in the treatment, citing categorically that positive family relationships and the way how the relationship between professional and user contribute in the interest of the user to continue the therapy.

When referencing the family, union and family responsibility, they are cited by most professionals. The family bonding in the activities of the user, whether in service or in other living environments, enable the creation of a bond, being through this link exercised relevancies system changes and classification of existential group and consequently the user.

Life at home means having in common space and time, with objects and interests around based on a system of more or less homogeneous relevances. It means that the members of a family are participants of a primary relationship, experience each other as unique personalities in a vivid present. They share experiences and anticipations of the future, accompany the development of thought of each other, experiencing a relative to the Us, as each other's life becomes a part of their autobiography, an element of their personal story.11

Relating the user therapy with social isolation, the professional rewinds on the concepts of social reintegration, autonomy and participation of family and community.

The community in which the user enters is an inexhaustible source of resources and materials for the promotion of mental health, the team of CAPS can promote integral care together with the social actors involving the user, using all social spaces possible.19 In this way, the professionals report that they determine how they will lead the therapeutic from the user’s involvement judging the user’s position and questioning whether he is worthy or not of the trust and the bond created in the service, differentiated their way of acting with each subject answered.

In the face-to-face relationship, the subject assumes a set of motivations for the actions of the other, being from the real social relationship that the ways of care of the conscious experiences are tuned. It is dynamic the way we perceive our experiences after a face-to-face relationship, which are modified every date.10 Besides, I just understand an estimate of the limit concept meaning that
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The other intends to with that action, when I interpret the experiences of another from their own experiences that we have of them. In this way, the bond between the professional and the user must build based on trust in each other’s motivations as an intersubjective world of positive social interaction, enabling knowledge sharing and experiencing a moment of growth in the relationship.

FINAL REMARKS

The professionals revealed the types of therapeutic approaches that rely on face-to-face relationships, building a therapeutic process interlaced in various theoretical chains, chronicling their behavior in the Us relationship with the drug user.

Initially, the speech is conditioned to the biomedical model, however, this approach is intertwined with other, among them, health education and interventions aimed at harm reduction. In their approaches, professionals use activities involving the playful, fantasy, communication and imagination, to clarify doubts and promote guidelines directed the relationship of pleasure and pain that the drug raises.

These activities have a higher effectiveness when they are constructed in a group, because users are analogies of their biographical situations and share their experiences, building an intersubjective world permeated by the relevancies system change and classification of the group worked. Despite that, the professionals reveal using the qualified listening, assuming an orientation to the You, in search of the relationship between the Us, in an attempt to redefine the meaning of the user’s speech, in a reciprocal relationship to understand and minimize user’s needs.

It is desired user’s therapy by the professional. Among them, it is obvious that for professionals in the intensive involvement of the family is essential for the success of the therapy, exercising with their members the concepts and behaviors built in the therapeutic environment. Nevertheless, the central objective of the professionals is away from drug users, building through the relationship of a Us a new system of relevance and of classification, basing the relationship on trust and the bond established in the therapeutic space.

With the exposed, this study contributes to the awareness of the team with the problem of drug use by children and adolescents. Finally, to know the care carried out to users of alcohol and other drugs, it is seen as the stock of knowledge of professionals on hand as insufficient to carry out their assistance, being fundamental to their analogy with the biographical situation of the user, through awareness-raising and contextualization of the experience of the other, leaving these knowledge for coping with changes in the intersubjective world.

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