QUALITY OF CARE IN THE UNIT OF PSYCHOSOCIAL CARE: RAISED EXPECTATIONS IN CHILDREN OF ALCOHOLIC PEOPLE

RESUMO

Objetivo: conhecer as expectativas de los niños(as) sobre las intervenciones del Centro de Cuidado Psicosocial de drogas y alcohol, en tres grupos de diferentes etapas de tratamiento. Método: Un enfoque descriptivo, exploratorio cualitativo al análisis de contenido, involucrando 17 niños (as) de los alcohólicos en un Centro de Atención Psicosocial Alcohol y Drogas de Petrolina/PE/Brasil. Los datos fueron recolectados a través de entrevistas semiestructuradas grabadas. El proyecto de investigación fue aprobado por el Comité de Ética, CAAE No. 0718.0.000.441-10. Resultados: el análisis de estas entrevistas revelaron las siguientes categorías: 1) Los que viven con orden/desorden en la familia; 2) Cuidar de la situación con cuidado/descuido y 3) reorganización de la vida familiar: la esperanza en CAPSad. Conclusión: las expectativas sobre la CAPSad resultaron predominantemente positivas. A pesar de la complejidad de los factores involucrados en el fenómeno, este servicio ha ayudado a cambiar la perspectiva de los niños, la restauración de la esperanza de la re / estructuración de casa.

Descritores: Servicios de Salud Mental; Alcoolismo; Intervención en Crise.
INTRODUCTION

Alcoholism has long ceased to be seen as a problem of individual nature, now seen as a serious public health problem, whose negative repercussions increasingly bulky can be found in various sectors of society. Their social, psychological, economic, and political issues are huge and must be considered in their entirety.1

It is the most widespread form of dependence with higher incidence in men than in women. It is also higher among younger people, especially those in the age group of 18-29 years declined with advancing age². The vulnerability to the harmful use is higher in individuals who are tense and unhappy with some aspect of their lives, providing easy access to substance and to those who are not properly integrated into the community in which they live.1

It is pointed out as an unwanted negative element, generating crises and conflicts. The excessive consumption causes changes in family environment, bringing consequences to the members, including children and teenagers who end up being the most affected, since they are personally and psychologically under development². Children are not taxable in the case, on the contrary, they actively participate in it and are possibly the most affected. Not only parents, children and family end up involved in the context, but even neighbors, friends and the community where the family lives⁴.

Develop in an environment where both the parent are alcohol dependents is a challenging situation, characterized as a situation of vulnerability, which provides greater risk for emotional disorders and learning difficulties⁵. It thus contributes to higher chances of developing depression, anxiety, conduct disorder and difficulties in getting well with colleagues and other people around ⁶,⁷, tending to have a higher chance in the consumption of alcohol or other drugs when compared to cases in which there is not alcoholism in the family³.

They may also present difficulties in verbal and cognitive development, since their capacity expression is usually hampered. In this context, the cognitive impoverishment, usually occurs by the lack of stimulation in the home, creating difficulties in the performance of abstract concepts, requiring that these children have concrete explanations and specific instructions to keep pace with other colleagues in the classroom⁶. However, according to this author, it is important to note that most children of alcoholics are markedly well fitted, provided they have social and familiar references (or similar) and which will help them get out of the vicious cycle of alcoholism. It is worth noting that family reactions may not be completely homogeneous⁴, there may be variation in the manifestation of the aspects mentioned above, in addition to other possible manifestations, specific to each case³.

Overall, children whose family life occurs in an alcoholic environment suffer from conflicts and abuses that occur at home, usually caused by fights and the lack of dialogue⁹.

Studies indicate a relationship of domestic violence to alcoholism, and the children are often witnesses of couple violence, and end up being targets of psychological or physical violence¹⁰-¹¹.

It is evident that various social institutions, government or non-government institutions, may be an image of support and help to children and families who were victims of disorders caused by alcoholism. To integrate this institutional support network, there is the Psychosocial Care Center of Alcohol and Drugs - CAPSad.

The current policy of User Attention to Alcohol and Drugs seeks to consolidate this support network focused on psychosocial principles and practices and presents a strategy of reorganizing care practices¹¹, highlighting the need to establish knowledge based on research results that evaluate the satisfaction level of the users and their families in relation to the services provided.

With this in mind, the aim of this study was to understand the expectations of children about the alcoholic interventions of the Psychosocial Care Center of Alcohol and Drugs in three groups divided in different stages of treatment.

METHOD

Qualitative descriptive exploratory study developed at the Psychosocial Care Center of Alcohol and Drugs in Petrolina-PE. In the descriptive research, we have studied the phenomena of the physical and human world, without the interference from the researcher¹². The qualitative approach analyses how the studied problem manifests in everyday interactions, paying careful attention in portraying the perspective of the participants¹³.

Psychosocial Care Center of Alcohol and Drugs - CAPSad is a territorial service that integrates the health care network and aims to reduce social reintegration. It
performs assistance actions, prevention and training of professionals to handle the addict. It communicates with other services such as mental health care clinics, general hospital, partial hospitalization and to the primary healthcare as the Family Health Strategy.

Respondents were selected according to medical records of their parents, taking into account the following inclusion criteria: being a child of alcoholics in treatment at CAPSad; being 12 years old minimum and live with their parents.

We talked to the participants at home, with the prior consent of the parents. Although the parents did not directly participate in the survey, we made the goals clear and thus needed their agreement.

Study participants were 17 children of alcoholics divided into three groups according to the treatment time of their parents: 1 - children of newcomers (up to three months), 2 - children of parents in intermediate treatment (between 4 and 10 months); 3 - children of veterans (over one year). The criteria used by researchers to form the groups were well justified: Children of newcomers - this is the period considered of greater instability with significant occurrence of dropout of treatment; children of parents in intermediate treatment - it is a period characterized by accommodation to the norms and service routines and real self-acceptance for the need of treatment; children of veterans - it refers to cases in which after a year in service, users move from intensive regime to semi-intensive system, usually (re) gaining their autonomy.

Data collection was carried out during March-April 2010, through individual interviews, based on a semi-structured approach, guided by the questions: tell how it is living with your father; tell us how you monitor his treatment, if so; tell us about your expectations in relation to the CAPSad interventions. This kind of interview uses open questions that are presented as a guide so that the interviewed may spontaneously talk about the subject, providing information they consider important.

The interviews took place at home, at the relatives’ residence or in their work. The speeches were fully recorded and later transcribed to facilitate the process of coding and analysis.

The analysis was conducted aiming the finding of possible differences in expectations of children whose parents were in different stages of treatment. The contents were analyzed according to the method of Bardin. They were initially organized by floating reading, followed by coding and exploration of the material, and finalized with the classification of the elements by their similarities and regularity of association.

The participants’ contributions were identified considering gender and their belonging group: G1 (Fa / Fo 1-6); G2 (Fa / Fo 1-5); G3 (Fa / Fo 1-6).

Data collection was subject to the prior signing of the Informed Consent (TCLE) by the participants. In the case of children under 18, parents signed the term authorizing their participation. This document clarifies the objectives of the study, possible discomforts, risks, benefits, confidentiality and guaranteed anonymity. There was no advantage or financial/material gratification, participants also had the chance of giving up the project, without any loss.

The research project was approved by the Ethics Committee and Ethics Studies and Research of the Federal University of São Francisco Valley/PE, CAAE No. 0718.0.000.441-10, and assent No. 23031002.

RESULTS AND DISCUSSION

The sample was made up of three groups with different characteristics. The first group participants had a mean age of 20 years and education ranging from elementary school to high school. In the second group, the average age was 28 years and education ranged from basic education I to incomplete higher education. In the third group, the average age was 35 years and education ranging from incomplete elementary school to higher education.

We could identify three categories according to the speeches:

- Living with order/disorder in the family
  We imply from the speech of the children in the three groups that drinking was a frequent element in family life, mainly because of its association with episodes of loss of control which may lead to violence. There were other elements associated with living with an alcoholic father, such as shame, misunderstanding and financial problems.

  I feel ashamed, sometimes he is drunk walking around the streets and people mock him, make fun of him. (G1 Fa1)
  When he drinks he gets drunk, especially with my mom. He wouldn’t listen to any of us. He seems to have some sort of strength that no one is able to hold him. The other day we had to take him to the hospital by force. (G2 Fa7)
  He had problems with money, he owned everybody some money, and sometimes we

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4439
 didn’t have anything to eat at home. He was aggressive with his words; he never hit anybody, as long as I can say. (G3 Fo16)

All participants expressed somehow episodes of violence as a destabilizing element of cohabitation, regardless of the group they were sorted. Situations of domestic violence are often associated with alcoholism and can manifest in verbal form or may involve physical aggression. This subject is largely documented in literature.1,4,17-18

Other problems and difficulties have been linked to the condition of children of alcoholics such as: fear of the future and insecurity that almost always conduct their lives. A study points out that boys express in greater degree the fear and insecurity of life and the future while girls express more fear and uncertainty regarding their affective connections.16

- Facing father’s condition with care/disregard

Some families actively participate in the treatment of the alcoholic member, while others never appear or are absent as soon as they find out that the member has started therapeutic process.19 Participants were requested to comment on how they follow up the treatment of their fathers, the participants said things like ‘doing not nothing’, ‘pouring the drink away for him not to get drunk’, ‘check the schedule of medicines’ or ‘attend meetings in CAPSad’. Similar forms of protection were triggered for the three groups.

He likes to drink in secret and he hides the drinks. When I found these drinks, I pour them away, he gets sad. […] sometimes I take him to CAPS and my brother picks him up (G1 Fo3)

I don’t follow up his treatment too closely; my mom rarely goes to CAPS too. He is the one who brings us the news when he gets back from the centre. […] we get to know everything because he tells us, especially regarding the drugs. I’ve never been there. (G2 Fa3)

Yes, I follow it closely, every time I go to CAPS I attend the meetings and I ask a lot of questions. The other day I took some pictures of the users in the meeting; I really like to get involved. (G3 Fo6)

Analyzing the interviews, we were able to infer the existence of low participation of children in the therapeutic process of the parent, which agrees to the other research.17 Thus, half the participants showed that they follow up the treatment sporadically, reporting little involvement. Others said they did not participate at all, while the minority declared participating more actively, but without commitments, dedicating whenever possible to activities like taking their fathers to CAPS from time to time to attend meetings and monitor medication at home. Only a child of G3 reported participating constantly in the therapeutic practices. It is understood that living with the father and daily commitments such as work and study are factors that are related to how these children act in relation to the problem. There was no evidence for greater involvement of son or daughter, since participation was distributed evenly in relation to gender.

- Organizing and reorganizing family coexistence: high hopes on CAPSad

Recognition of positive aspects of treatment emerged in the three groups, with variations, being more evident in the speech of children of intermediate and veteran groups. This can be justified by considering that these recent group users still have some insignificant results.

When asked to comment on the service contribution to the changes in family life, we got from the speeches:

If he stays the way he is, without drinking, all the family will profit. We may fight, but we never give up on each other. The treatment is really working (G1 Fa4)

I always thought that among all options, CAPS would be the better. My mother knew about the program and used to talk to us about it. I personally thought it would be really hard for him to stay there. […] I believe in CAPS, nowadays he only drinks socially. (G2 Fa9)

I can use my father as an example since he hasn’t been drinking for the past 2 years. My father has changed a lot since he began the treatment there. (G3 Fa 15)

Good references about the service and treatment did not only occur regarding the continued abstinence from dependent, even in cases where the standard of drinking remained, we could notice by the reports of the children their satisfaction with the institution, which agrees with a study that shows the high level of family satisfaction with the mental health service.20

A child member of the G2 declared her confidence in CAPS, stressing, however, the importance of other social supports to the therapeutic process.

I strongly believe in CAPS; I can now understand that we shouldn’t only rely on CAPS, that it is only part of the process. Like, I am aware that if CAPS does his part but my father doesn’t, where are getting no where. If both the parts act correctly, both are going to profit. (G2 Fa 10)
Despite the positive comments regarding the treatment, there were some children who considered it important to also mention the force of “willpower” of the alcoholic himself as essential, in the course of the therapeutic process, as other authors also mention11. It should be noted that the mention of “will power” can be perceived in two different approaches: first, although appreciating the contribution of CAPSad, they value greatly the adhesion or “cooperation” of the father - as if facing a new situation, someone would have been valued, and that all they needed and wanted was some attention. In another approach, it is possible to exist a kind of wise affirmation (considering that the treatment is in progress and that in all cases there are stories of past failures), and that reproduces aspects that CAPSad presents to the children of the patients.

I think CAPS is responsible for half the process. The other half depends on the patient, on the family, but greatly on his willpower. (G2 Fa11)

The staff at CAPS is really good. It really depends on the patient. I think he isn’t well yet, he isn’t really committed to it. He doesn’t help himself. (G3 Fa12)

I think CAPS is great. [...] I know it works. My father doesn’t drink anymore, CAPS has helped him 70%, the other 30% is up to him. (G3 Fo14)

Two children (G2 and G3), one addicted to alcohol and the other to illicit drugs, said they initiated treatment at CAPS because they believed in it.

It’s good there. I believe it is going to work. I am also stating treatment there. I have an appointment today. (G2 Fo8)

I am not yet 100% sure, but up to now I found it good and I will keep going because it works. My father doesn't drink anymore, CAPS has helped 70%. (G3 Fo14)

Some people (G2 and G3) mentioned structural problems at CAPSad, but they still mentioned how good it was.

I think CAPS is really good, but sometimes they have problems with the lack of proper materials, I’ve heard my father mention it. I believe it may have something to do with the fact that it is a huge program, so they may face some trouble. (G2 Fa11)

I know how good CAPS is and I know it can get better. They must invest in it, there are still people out there who really need to be there. My father is 100% better now. (G3 Fo17)

Only two daughters from G1, members of the same family, which father still drinks heavily, showed little hopes on the treatment.

I just want my father to stop drinking, but I don't think that is going to happen. Can you do something to help my father? That's all I wanted. (G1 Fa1)

I wish my father would stop drinking and started working. He won't listen to us. (G1 Fa 2)

Reports showed the existence of some differences in ratings that the children have made over the CAPSad. Nevertheless, satisfaction with various aspects of the service was evident. One cannot fail to mention the cautious reference to the fact that, despite the quality of the offered service, the recovery largely depends on the alcoholic himself, some structural problems were also cited as well as the functioning of CAPSad, which compromises the quality of the care offered.

CONCLUSION

The results of this study showed a high level of satisfaction with the service, expressed in positive and significant expectations towards the treatment of the user which contributes to the realization that even in new groups (with the expectation of less favorable opinions), justified by the short follow-up period, the discontentment was minimal. The optimistic expectations widened as the alcohol user remained in treatment, considering that in these cases, there is now abstinence or a possible pattern of drinking.

The service contributed decisively and changed the perspectives of children who had to deal with shame, violence and despair. Some of the reports reinforce the impression that there was a succession of ineffective attempts to deal with the problem.

It is understood that the creation of CAPSad brought new perspective, considering its proposal developed by an interdisciplinary team qualified to handle this problem. In this context, it is characterized as a service whose quality of care has the recognition of the public user.

This investigation allowed to deepen the knowledge about the behavior and characteristics of family members living with alcoholics, reflecting on the implications of alcoholism in the family routine.

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Quality of care in the unit of psychosocial...

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