MULTIPROFESSIONAL PRACTICE IN PSYCHOSOCIAL CARE CENTERS FOR ALCOHOL AND OTHER DRUGS

PRÁTICA MULTPROFISSIONAL NOS CENTROS DE ATENÇÃO PSICOSOCIAL DE ALCOOL E OUTRAS DROGAS

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ABSTRACT

Objective: To analyze the health practices developed by the technical staff of the Psychosocial Care Centers (CAPS) along with customers users of alcohol and other drugs. Method: This is a descriptive-exploratory research with qualitative approach, developed in four CAPS for Alcohol and Other Drugs (AD) in the city of Fortaleza, State of Ceará, Brazil. The study participants were nineteen health professionals with high education that met the predetermined inclusion and exclusion criteria. Data was collected through a semi-structured interview route, and the interview sessions transcribed and analyzed. Bardin. Research approved by the Ethics Committee in Research of Federal University of Ceará, CAAE number 0009040000-08, and protocol 198/08. Results: The categories and subcategories that emerged in the study were: 1. Practice towards multidisciplinary teamwork: professionals' team, traditional model, group activities and harm reduction; 2. Elements to work along with drug users - partnerships and links with network. Conclusion: There was a predominance of ambulatory practices to the detriment of the community practices and the existence of multidisciplinary teams' efforts for psychosocial rehabilitation and social reintegration of the clientele. However, the prejudice of society was highlighted as an obstacle to be overcome.

Descriptors: mental health; mental health services; substance-related disorders; comprehensive health care.

RESUMO

Objetivo: analisar as práticas de saúde desenvolvidas pela equipe técnica dos Centros de Atendimento Psicossocial (CAPS) junto aos clientes usuários de álcool e outras drogas. Método: pesquisa do tipo descritivo-exploratória, de abordagem qualitativa, desenvolvida em quatro CAPS Alcool e Outras Drogas (AD) da cidade de Fortaleza, Estado do Ceará, Brasil. Os participantes do estudo foram dezenove profissionais de saúde, de nível superior, abrangendo médicos, enfermeiros, psicólogos, assistentes sociais e terapeutas ocupacionais, que atenderam aos critérios pré-estabelecidos de inclusão e exclusão. Os dados foram coletados por meio de um roteiro de entrevista semiestruturada. As falas foram gravadas, transcritas e submetidas à análise de conteúdo de Bardin. O estudo foi aprovado pelo Comitê de Ética em Pesquisa da Universidade Federal do Ceará, CAAE número 0009040000-08, e protocolo 198/08. Resultados: as categorias e subcategorias que emergiram do estudo foram: 1ª. Atuação rumo à interdisciplinariedade - equipe multiprofissional, modelo tradicional, atividades grupais e redução de danos; 2ª. Os elementos de trabalho junto aos usuários de droga - parcerias e vínculos com a rede. Conclusão: constatou-se o predomínio de práticas ambulatoriais em detrimento das comunitárias, e a existência de esforços das equipes multiprofissionais para a reabilitação psicossocial e reinsertão social da clientela atendida. Todavia, o preconceito da sociedade foi destacado como um obstáculo a ser superado.

Descritores: saúde mental; serviços de saúde mental; parcerias e vínculos com a rede; acometimento.

RESUMEN

Objetivo: analizar las prácticas de salud desarrolladas por el equipo técnico de los Centros de Atención Psicosocial (CAPS) junto a los clientes usuarios de alcohol y otras drogas. Método: investigación descriptiva y exploratoria, con enfoque cualitativo, desarrollada en los cuatro CAPS Alcohol y Otras Drogas (AD), de Fortaleza, Ceará, Brasil. Los participantes fueron diecinueve profesionales de la salud de nivel superior que cumplieron con los criterios predeterminados para inclusión y exclusión. Los datos fueron recolectados a través de entrevista semiestructurada, las conversaciones fueron grabadas, transcritas y sometidas a análisis de contenido de Bardin. Aprobado por el Comité de Ética en Investigación de la Universidad Federal de Ceará, CAAE número 00090040000-08 y protocolo 198/08. Resultados: las categorías y subcategorías que surgieron fueron: 1ª. Actuación a la interdisciplinariedad - equipo multiprofesional, modelo tradicional, actividades grupales y reducción de daños; 2ª. Los elementos para trabajar con los usuarios de drogas - alianzas y vínculos con la red. Conclusión: se observó el predominio de las prácticas ambulatorias en detrimento de las comunitarias y la existencia de esfuerzos de los equipos multiprofesionales para la rehabilitación psicosocial y reinsertión social de la clientela. Sin embargo, los prejuicios de la sociedad se destacaron como un obstáculo a superar.

Descripciones: salud mental; servicios de salud mental; asociaciones y vinculos con la red; atención integral de salud.
The Psychosocial Care Alcohol and Other Drugs Centers (CAPS AD) are part of an extensive network of mental health services in Brazil, in which are performed the treatment, recovery, social and occupational rehabilitation of alcohol and other drugs users as well as their families, through a multi-skilled health team, ensuring continuous and permanent attention to health.1,2

Changes in the concept of mental health and illness enabled a reformulation of knowledge and practices, changing the focus of assistance provided to alcohol and drug users from an addiction condition to a whole health status of the individual. Therefore, new policies are in possession of the logic of psychosocial care, and aim at providing diverse resources for a provision of a comprehensive health care for people using drugs, with a view also to the effectiveness of intersectoral actions.

Drug abuse and addiction are major public health problems that have caused a number of damages to modern societies. Currently, the city of Fortaleza is implementing the first CAPS AD III, 24 hours, in the State of Ceará, due to the relevance of such a service for the local population. However, the implementation of a new service requires a reassessment of those in progress, as well as professional practices so that new cultures and institutions are motivated, and have a better quality service.

Knowledge of the practices developed by CAPS AD professionals will cause rulers, as well as professionals themselves, to think of new ways to plan actions with a comprehensive and intersectoral nature, as these services should be articulating a network, and not the unique spaces for the care of alcohol and other drugs users.

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Upon recognizing the relevance of CAPS AD’s role in the mental health network and in the recovery and social reintegration process for drug users in the city of Fortaleza, the question is: What are the health practices developed by the CAPS AD technical staff?

Since these are important and recent services in the care of drug users, it has been considered that the analysis of actions and practices developed in these areas would be of great value for a critical reflection on the care offered to the aforesaid persons.

In seeking answers to the raised question, the research aimed at reviewing the practices of these services by professionals engaged with alcohol and other drugs users.

A descriptive, exploratory, qualitative approach study was performed in CAPS AD (n = 4) of the city of Fortaleza, State of Ceará, Brazil, located in four geographically distributed regions, named Regional Executive Secretariats (SER).

The study subjects were nineteen higher education professionals, who composed the multidisciplinary teams of such services. Inclusion criteria for the selection for the multiprofessional team members were: higher education professional, among the categories of psychologist, social worker, nurse, occupational therapist or doctor (psychiatrist and/or clinician), in service for at least six months. As in all four services two or more professionals of the same category were identified, the following exclusion criterion was chosen: exclude those professionals in the same category who worked less time in service.

There was an average of 13 higher education professionals in each CAPS AD. All services had more professionals of one category over the other, for example, in a CAPS AD with four psychologists, two occupational therapists and only a physician, psychiatrist, nurse and social worker. In order to reduce the recurrence of similar thoughts and statements of professionals in a single category, with consequent rapid saturation of speeches, the criteria mentioned above were selected.

It is noteworthy that the professional categories mentioned were selected because they are, according to Decree 336/2002, the most commonly found in various types of currently existing CAPS, including CAPS AD.3

Materials were collected during a period of six months, through semi-structured interviews comprising questions about the health practice developed in CAPS AD. Content analysis as a technique for qualitative data analysis was used.4

The research project, in which this study was included, was analyzed by the Ethics Committee in Research of Federal University of Ceará (UFC), and approved by CAAE under No. 00090040000-08 and protocol No. 198/08. In order ensure compliance with the anonymity of participants, all of them were identified by the function performed in the service, followed by a numbering indicating the order of interviews. All ethical precepts
that guide human being research based on the Brazilian Ethics Resolution No. 196/96 of the National Ethics Commission - CONEP were followed.

RESULTS

From such analyzes two categories were obtained: Action towards interdisciplinarity; and Elements for action with alcohol and other drugs users. The categories are arranged in the pictures below.

The following statements were taken from interviews and selected for this article after a process of interpretation, grouping and sorting, basing on the convergence of terms and themes presented. The thematic categories contain subcategories, which were analyzed and discussed in light of the current Brazilian public drug policy.

<table>
<thead>
<tr>
<th>Action towards Interdisciplinarity</th>
<th>Participants</th>
<th>opinions</th>
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<tbody>
<tr>
<td>Subcategories</td>
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<tr>
<td>Multiprofessional team</td>
<td>&quot;No, I don t. I don’t work with a single group: as I said, on Monday I work with the psychiatry residents, the R3, those people in the last year of studies; on Tuesday, with the other occupational therapist; Tuesday afternoon with the social worker in the Motivational Interview. Wednesday afternoon, there’s the GRUDDI, with other psychiatry residents, as well: Thursday morning, I have the newcomer nurse, I used to work with the other T.O. [...] And on Friday morning, as I said in the soccer match, with the trainee, and on Friday afternoon with the psychiatrist.&quot; (Occupational therapist 17)</td>
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<td>Traditional model</td>
<td>&quot;[...] The psychiatrist in CAPS is still very attached to his office and restricted to the medical/biomedical traditional model, I must confess that I have a sort of difficulty in breaking up with this model, and take part in the health team, with users, in a more crossing, less vertical way. Yet, it’s difficult! [...]&quot; (Psychiatrist doctor 10)</td>
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<td>Group activities</td>
<td>&quot;[...] Yes, on Monday we have, as I said, the team round. Here, all the professionals take part. That’s on Monday afternoon. On Tuesday morning, I’m working at the reception and screening [...]. On Wednesday morning, I work with the art group with the artist. He took a specialization in Clinical Philosophy course, and we work a lot, we’ve already done cloth and dish painting [...] And on Thursday morning, I’m at the literacy workshop together with the social worker. She has already taken a psycho-pedagogy specialization. [...]&quot; (Psychologist 18)</td>
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<td>Harm reduction</td>
<td>&quot;[...] concerning the harm reduction. He started from observing our practice, and we confirmed that a few patients were resistant to some groups take place here in CAPS. These are patients who, for a reason or another, cannot quit the use of certain kind of drug. Therefore, we thought like this: well, since he cannot get rid of using it, at least we’re going to work within this perspective, but also without emphasizing the relevance of not using it. [...]&quot; (Nurse 16).</td>
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Figure 1. Presentation of the 1st analysis thematic category, its respective subcategories and of speech excerpts of health professionals.

As noted previously, the speeches in Chart 1 present elements highlighting the relevance of a multidisciplinary practice. It gives evidence about the effort made by the service professional as they are persevering in developing actions, which will eventually achieve such precept.

Next, speeches in Chart 2 highlight the relevance of the articulation in CAPS AD and other health services, and, even, in other spaces, such as schools, communities and families.

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<tr>
<th>Elements for action with alcohol and other drugs users</th>
<th>Participants</th>
<th>opinions</th>
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<tr>
<td>Subcategories</td>
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<tr>
<td>Partnerships</td>
<td>&quot;[...] What else we could. Do we need hospitals? [Silence] Yes, we do. We do need hospitals. And we need a very good relationship with clinical hospitals for the same clinical problems. [...] And we’re still trying to establish such relationship with the hospitals. [...] We need this, we need hospitals, we need the basic health network, we need community workers, we need, but we need therapeutic communities, not within the perspective, in the demand that is in the mind of most people, but we need it. [...]&quot; (Psychiatrist doctor 10)</td>
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<td>&quot;These elements already exist, but they must be better integrated, they must work. For example, primary care should be, theoretically in accordance with the NHS, the main gateway to more specialized services, such as the CAPS, you know? Yeah, there should be better integration between primary care, CAPS, other equipment, like hospitals etc. and such [...]&quot; (Nurse 16)</td>
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<td>&quot;[...] We have tried it in schools. We’ve tried to approach a little more to the schools that adolescents, it’s … more knowledge of how they can prevent. Because, what can we see here? That the age of onset usually begins upon adolescence [...]&quot; (Occupational Therapist 3)</td>
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<td>Relationship with the network</td>
<td>&quot;[...] We have to have a good partnership with the family. The treatment of the user must be with the family. [...] In society, we try to help in the matter of work, when he’s already in working condition. Getting courses so he can improve himself in some activity. [...]” “Yeah, social, educational, sports and leisure, professional equipment. It is community interaction, and strengthening of family’s bond. [...]” (Psychologist 4)</td>
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Figure 2. Presentation of the 2nd analysis thematic category and their respective subcategories.
The testimonies of the participants presented some elements relevant to the skills (know-how) of professionals, enabling a full discussion of CAPS AD as therapeutic device in the context of comprehensive assistance to alcohol and other drugs users.

**DISCUSSION**

- **Action towards interdisciplinarity**

It was found that several activities were undertaken by most professionals, such as: individual and group visits, community activities, meetings or service organization meetings. Although professionals, due to their qualification, had a tendency to drive in a unique way the individual and group visits, they ended up relying on the help of other team members to clarify the cases followed up and implementation of established interventions.

The exchange of knowledge and experiences between professionals in the mental health field, in which the nurse is engaged, including issues related to abuse and drug addiction, became necessary because the new care model, based on expanded clinics, considers the disease as part of the subject and not as a whole. This opened up a space for a look that goes beyond the biological aspect, bringing psychic dimensions, and social as well. The development of these clinics do not provide wide opening for the specialist’s performance, because the new subject’s view demands a break in the disciplinary boundaries, encouraging the provision of team work.²

I should be noted that, during the interviews, it was also noticed the predominance of the traditional model of medical consultation, in which the relationship between physician and the user takes place predominantly in the office, through the assessment, prescription of medication and referrals. However, some medical professionals were involved with professionals from other categories in group and community activities, such as home visits and coordination strategies between the centers and primary care services. Reports of some of these professionals have confirmed the information obtained in the traditional model subcategory.

It is inferred that some current paradigms, such as the Health Promotion and, namely, the Psychosocial Care are gradually contributing to changes in medical practice, allowing better integration of this professional with the health team. Even the inclusion of psychiatry residents in the activities developed by one of the CAPS AD showed that this professional’s qualification is currently based on the principles defended by the Psychosocial Care Paradigm.

Regarding the specific practice of each professional category, it was noticed by means of speeches that, although the work in the services demanded a joint action, the peculiarities of each profession remained preserved. Listening, guidelines, evaluations of users, as well as the construction of therapeutic projects for each client functions were common to all professionals. However, each one aimed at providing contributions based on their qualification area.

As to the pursuit of interdisciplinary actions, it was found that attempts to articulate knowledge among some professionals had an impact, especially on the development of group activities and workshops, thus enabling a comprehensive assistance to alcohol and other drugs users in order to contribute to their interaction with each other, but also, in their gradual reintegration into society.

Among the basic principles that should guide the work process of mental health professionals in therapeutic groups and workshops, include: stimulation and enhancement of expression of the participants, both through the spoken or written word, or through the use of artistic tools, strengthening self-esteem and confidence of the participants, focusing on social reinsertion in society and the inter-and transdisciplinary actions; and recognition of the diversity and heterogeneity of situations within a single space.⁶

In CAPS AD, professionals struggled in the provision of resources that can assist in the treatment process and an amble social reintegration. Although there is a municipal policy of incentive strategies for harm reduction, all four services provided the client with the freedom to choose the treatment focus. To this end, the professionals made use of techniques that prioritize abstinence over harm reduction, and vice versa, always focusing on the needs of each user.

The adoption of practices that encourage the process of abstinence or harm reduction services in community mental health has been described by current literature. In one study we addressed the experience of holding a group of relapse prevention of alcohol and other drugs in a CAPS AD. The authors have...
adopted a cognitive-behavioral approach to work, at the beginning, the motivation for treatment and subsequently the implementation of an inventory of skills to deal with situations conducive to recurrences.⁷

Through the interviews conducted in this study it was found that most professionals in the CAPS AD team have tried to articulate knowledge, building practices based on this articulation, since the overlapping of roles in a health team can be a gateway to the consolidation of an interdisciplinary approach. For this to occur, there must be an opening of disciplinary boundaries for contributions from team knowledges.⁶

- Elements for action with alcohol and other drugs users

The speeches covered in Partnerships subcategory emphasize other health services needed for the provision of comprehensive health care for CAPS AD clients.

The comprehensive care considers the subjective dimension of the mental illness process. Professionals taking this commitment, carry out health practices that respect the principles of fairness and citizenship in a broader sense.⁹

It is therefore important to have first of all, the establishment of emotional relationships between professionals and service users and staff involved in the care process. Based upon this, there is a first network, which is evidenced when the user is part of a psychosocial care service, the network of relationships among individuals who listen and care - doctors, nurses, psychologists, social workers, among other social actors present in the complex interaction process - and the subjects who experience problems - users, relatives and others.¹⁰

It is pertinent to mention that the resources and services available to clients in situations of abuse or drug addiction are varied and presented in various care levels. These features follow from the use of lightest care technologies, such as reception and relationship, to the hospital, which was not without importance in situations deserving attention to urgent and medical and/or psychiatric emergency.¹¹

The wording of Law No. 8,080 makes it clear that comprehensive health care should be understood as a body which coordinates and integrates the actions and preventive and curative, individual and collective services. This thus indicates the need to overcome the dichotomy of preventive versus curative. In the case of CAPS AD is important to clarify that this is a site specialized in serving the population that has serious problems caused by use and dependence of psychoactive substances, and not a space that should be responsible for any person who has problem with the alcohol and other drugs. For this there are other areas of care and treatment.¹²,¹³

The reports of the Relationships subcategory with the network shows the importance of resources belonging to other contexts in supporting the treatment process and social reintegration of CAPS AD clients.

The professionals’ speeches show that it is essential that territorially based institutions, such as CAPS AD, actually act in the community, taking their strategic role in coordination, assistance and regulation of the network of care and support to drug users. Therefore, it is necessary to leave the seat of service and seek in society relationships that complement and expand existing resources within the institutional scope.¹⁴

The social network that is considered a set of concrete interpersonal relationships that link individuals to other individuals is a space for discussion about treatment and social reintegration of drug users. It should be noted that man establishes his first relationship network with his family. The acquired learning and socialization in the family makes him seek new social networks. The integration and coexistence of man with a group of people shape his social identity, and that makes enables the existence of a sense of belonging and personal appreciation.¹⁴

Drug abuse and addiction undermine the relationship of users in the workplace and within the family context. It is of fundamental relevance that the relationships developed in these areas may be improved during treatment, for the user to resume his/her emotional and social life.¹⁵ The work, in turn, represents a user of mental health service, overcoming fears, prejudices and insecurities, allowing the formation of personal fulfillment and satisfaction, nuances essential for overcoming addiction.

It was noted, however, that attempts to articulate CAPS AD in this research, with family members and other spaces in the existing therapeutic areas of coverage of these services still occur, though, on a punctual basis. According to the professionals’ reports, work with relatives...
and incentives for social reintegration through the inclusive production are very tied to services through the implementation of individual assistance, group and home visits focusing on the family context, as well as through the development of groups aiming to encourage and enable customers interested in learning a work activity for income.

Thus, some professionals are making interconnections between CAPS AD and other community spaces possibly useful for the attention and support of drug abuse.

CAPS must have communication channels that enable internal and external integration of intra and inter-actions, not only establishing links with other health institutions, but with the family, neighborhood, neighborhood associations, equipment of the judiciary, schools, churches, Among outros.17

Partnerships or attempts to establish links with community spaces highlighted by professionals consisted of referrals, incentives made during individual and group visits to the engagement of users in these forums, organized visits with professionals and users to some of these institutions, initiatives and professional embark on group activities with the participants of these locations. Given the above, it is clear that the construction of networks of care and support to clients of mental health is an important and necessary task for the development of coordinated community action.

FINAL THOUGHTS

In its dynamic operation it was found that all services are actually receiving the clientele of users of alcohol and other drugs, and most of the time, tried to interact with teams of primary care through the matricial strategy, aiming the establishment of a comprehensive care that user, with consequent reduction of burden on specialist services. It was noticed, however, that community activities and interconnection services investigated with the resources available in communities occur in a timid manner, with a higher concentration of affairs within intramural.

They were evident in the reports, the initiatives of a joint performance of professionals in order to encourage and enhance the process of expression and listening to the customer. The development of rehabilitation strategies in order to provide a proper reintegration into society of the client is constant in all services. However, according to the speeches of some professionals, the process of social reintegration has proven difficult realization in practice due mainly to the social prejudice exists around the issue of drug use and unprotected shortage of spaces, capable to absorb this demand.

Progresses made by the work of these services were seen as highly relevant to some professionals, by offering not only the psychosocial rehabilitation, but the promotion of quality of life, once weakened due to physical exhaustion, psychological and social impacts of abuse and dependence.

Therefore, it is noteworthy the need for systematic production, by multidisciplinary teams of engineers and of documents that allow a satisfactory picture of the dynamics of functioning of services in order to assist in future studies, in addition to providing greater access of these materials.

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