OPEN INTERNATIONAL UNIVERSITY OF HUMAN DEVELOPMENT "UKRAINE" ŠIAULIAI UNIVERSITY FACULTY OF SOCIAL WELFARE AND DISABILITY STUDIES DEPARTMENT OF SOCIAL EDUCATION AND PSYCHOLOGY

Joint master study programme "Social Work" 2^{nd} year of studies

Lina Jocienė

THE POSSIBILITIES OF THE FORMATION OF SOCIAL SUPPORT SERVICES FOR PEOPLE WITH ADDICTIONS

Master's thesis

Supervisor of the Master's thesis -Dr. Brigita Kreivinienė

2015

Patvirtinimas apie atlikto magistro darbo savarankiškumą

Patvirtinu, kad įteikiamas magistro darbas "Asmenų, esančių priklausomybės situacijoje, socialinės pagalbos paslaugų modeliavimo galimybės", "The Possibilities of the Formation of Social Support Services for People with Addictions" yra:

- 1. Atliktas savarankiškai ir nėra pateiktas kitam kursui šiame ar ankstesniuose semestruose.
- 2. Nebuvo naudotas kitame institute / universitete Lietuvoje ir užsienyje.
- 3. Nėra medžiagos iš kitų autorių darbų, jeigu jie nėra nurodyti darbe.
- 4. Pateiktas visas panaudotos literatūros sąrašas.

....Lina Jocienė....

Vardas, pavardė

.....

Parašas

Contents

Summary (in the English language)	2
Introduction	3
I. ASSISTANCE TO PERSONS IN THE ADDICTION SITUATION, PROSPECTS:	THE
CONCEPT, PRINCIPLES AND METHODS	8
1. The aid system for persons with addictions	8
1.1. Ways to help people in dependency situation overview	8
1.2. Models help people in a situation of dependence, foreign countries analysis	12
1.3. Social and Psychological Rehabilitation Centres In Lithuania models	15
2. Social support and social assistance system of the importance of rehabilitation	20
2.1. The concept of social support and resources and their impact on people with	
addictions rehabilitation process	21
2.2. The concept of spirituality and its impact on the persons who are in a situation of	,
dependence	23
2.3. Social worker's role and professionalism of the assumptions in providing services	to
individuals with addictive	27
2.4. Social and psychological rehabilitation centers operating methods	31
II. Persons who are in a situation of dependence, social services modeling feasibility s	study.
	39
1. Research Methodology	39
2. Results of the study	42
2.1. The rehabilitation center existing aid techniques, social workers, professional and	
interdependent	42
2.2. Social support and dependency link	54
Conclusion	64
Recommendations	
REFERENCES	67
Summary (in the Lithuanian language)	74
Annexe	

Masters Work Summary

The analysis of the theoretical social assistance to people in dependency situation analysis system: the forms of assistance and methods of Lithuania and foreign countries; psychosocial rehabilitation centres in Lithuania models and the importance of social support in the rehabilitation process.

The study is designed to detect persons in a situation of dependence, service modeling capabilities that enhance the motivation to continue the process of rehabilitation, exercise rehabilitation program, the exchange of personal attitude and approach to the rehabilitation process, the opportunity to change the way of life of the current situation. The study involved six of drugs addicted individuals participated in the social rehabilitation process from six months to twelve months, interviewing them about the different periods of the observed developments. Empirical research using qualitative narrative method, performed charity and support fund "Prieglobstis" rehabilitation centre in Akmené district, Dabikinélé village 2015 January-April.

The results showed that the greatest impact on the psychosocial rehabilitation process is spiritual education in the 12-step program, readings and group activities. Every member of the community have some form of social support in the community or beyond, but most focus on a conscious decision to stay community when a person begins to perceive itself changes its position and opportunities.

The study observed social workers assistants who have completed the rehabilitation process and the remaining work in the community, social incompetence and gaps in the organization of work. Social Workers excellence and social workers assistants experiences complement each other, but needed psychosocial rehabilitation community improving social services and social workers assistants excellence raising plan.

Key words: a person in a situation of dependence; psychosocial rehabilitation, 12-step program, social support, spirituality.

Introduction

The scientific problem and the relevance of the study. In today's society, which faces not only the consequences of globalization processes, but also the rapid change of psychoactive substances is widespread and appear on the market of new psychoactive substances, the new modes of distribution (Соболев, Рущенко, Белоусов, 2006). Psychoactive substance use causes serious health problems, psychological and social consequences (Renton, Gzirishvilli, Gotsadze, Godinho, 2006). State Mental Health Centre, the data provided by individual health care facilities for mental and behavioral disorders in the use of narcotic drugs and psychotropic substances registered annually increasing number of people. (Drugs, tobacco and alcohol control department, in 2013).

In Lithuania there is the rehabilitation community, which services require new solutions and opportunities for improvement, as the Drug, Tobacco and Alcohol Control Department (2012) inputs and outputs, only 56 per cent. All involved in the long-term psycho-social rehabilitation programs, persons in a situation of dependence, they graduated and had a chance to start life anew. One of the problems is nonconformity to the community. Dependent people lack the social, natural communication skills. Psychosocial rehabilitation for improper motivation, not fully stable mental and emotional persons in a situation of dependence, and the status of pre-determined by the provisions of dissatisfaction with other members of the community rehabilitation, internal rules of procedure. All of this can provoke conflicts, which usually resolved voluntarily leaving the community. The desire to go back to the old life habits or lack of motivation to change their difficult adaptation not only in a particular community, but also the whole society level. Psychosocial rehabilitation of community members, who left institution completed all the rehabilitation program, the number is increasing every year. Addiction evolution of the situation and the liberation of its many complicated psychological, physiological and social factors (Сидоров, 2006; Jupp & Lawrence, 2010), preventing predict its further development and achieve high aid results.

According to the Bulotaitė (2004) aid dependency situation, it is very important for motivation. Thanks to many years of research and study from Gossop (2001), says that a person in a situation of dependence, the cure is highly influenced by his own attitude, beliefs and expectations. According to Mikalkevičiaus (1992), his desire to break free from addictions addresses only one - two per cent of all those seeking help. Special voluntarily seeking help group consists of people who are in psychosocial rehabilitation bndruomenę fall when it is held criminally or administratively liable. Therefore, such persons will be little motivation to change. In most cases, they not only do not cooperate, what is necessary for effective social assistance, but breaks the rules. (Gabiani, 1990). According to the Caplinskas and Dragūnevičius (2008) conducted a study of AIDS center, unmotivated people in dependency situation, decide not to take drugs usually after a

few weeks or months. If persons in reliance situcaijoje, hesitant abstinence, they can leave the community.

Psychosocial rehabilitation community, with a view to the effective persons in a situation of dependence, the granting of aid, should take into account the service modeling to strengthen the motivation to abandon addiction, bizarre personal attitude and approach to the rehabilitation process, the opportunity to change the way of life of the current situation. As one of the most important conditions for the provision of social support a person in a situation of dependence, Gurskis (1990) refers to the person's mental exposures, it is to change his way of thinking, feelings and sensations. Kuorienė (2002) directs the gaze of the psychologist Carl Jung's assertion that addiction is caused by the thirst of fullnes. And the feeling of fullness can give only spiritual changes.

A number of studies confirm that there is a link between addiction and psychotropic substances and spirituality (Piedmont, 2004; Saunders, Lucas, Kuras, 2007). It is likely that the more spiritual individuals less alcohol abuse and easier to cope with temptation (wells, North, Hill, Ellingson, 2006). Studies have found that spirituality is a protective factor psychotropic substances. Spirituality recognizes the importance of promoting abstinence and getting liberated from dependence (Jarusiewicz 1999; McMillen, Moward, Nower, Chung, 2001). The authors (ibid px) noted that when there is a distinction between rehabilitation and spiritual worlds, a person suffering from addiction are restricted from other persons who could help him help.

Social factors influence the progress of addiction (Rosenquist, Murabito, Fowler, Christakis, 2010). They include interaction with friends, family, community, and some of the literature is referred to as the most important (Свеженцева, Головченко, 2002) to achieve a certain narcotic drugs and psychotropic substances limit, the person often loses many sources of social support: family, friends, colleagues. Addiction refusal is necessary in this relationship and support recovery, which is very complicated, requiring a lot of effort not only from the dependent person, but also of his family, relatives, friends, community network (Ivanauskienė, Motiečienė, 2010). Many scientists (Соболев, Белоусов, Подгорный, 2002) argues that social support reduces the psychotropic substance use problems, promotes abstinence. Kotanskis (1988) emphasizes that drug addicts - it's like people with masks that remove the need for a good atmosphere reabiliacijos center and close to the environmental support.

Practical problems certainty. Dependence on drugs is psychological - social issue and the most important in solving this problem - the psycho-social persons in a situation of dependence, rehabilitation (Caplinskas, Gasiliauskas, Sruoga, Dragunevičius, Lošakevič, 2009). Persons in a situation of dependence, a long-term provision of social services, which realized developed social system - rehabilitation community. Drug, Tobacco and Alcohol Control Department figures (2014)

Lithuania currently has 22 psychosocial rehabilitation community. They aid modalities quite similar. In most of the communities covered by a 12-step program, work therapy, group psychotherapeutic sessions take place on an individual consults psychologists and social workers. Rehabilitation community and help them apply those models operate in a situation of dependence. Caplinskas (2004) states that each program depends on the volume and intensity of services. The largest rehabilitation community problem - premature departure of people from the community, and the impending withdrawal of the assistance relapse. According to community rehabilitation workers, the community spent time directly proportional to the amount of the dependent sans human consumption. Most of the time discontinuation before the implementation of the program will soon fall. Research carried out (Современные методы лечения наркомании, 2005), during the first two weeks of leave 25 percent of customers, and at the end of three months the relapse rate rises to 40. The question is what should be formed social assistance model that is efficient person in a situation of dependence, decision to execute the rehabilitation program? What factors increase the drug addicts the motivation to participate in social rehabilitation programs and the resilience of relapse? Changes in persons in dependency situation, approaches to the rehabilitation process and services provided by various rehabilitation periods? What is the relationship between spirituality, social support and persons in a situation of dependence, rehabilitation program continuity drug prevention in the community?

Many authors have investigated this issue provides research data on aid applying motivation, support techniques, the importance of social support. However, as all these factors work together to a person in a situation of dependence, rehabilitation programs fulfillment, satisfaction with the services provided by the model, the subject was examined low. Therefore, in this work, through ecological systems theory approach that will address the problems faced by people in dependency situation, decided to start a healthy lifestyle. What is the significance of the problem-solving are dependent person close to the environmental support services and the need for rehabilitation services ratio of incoming correspondence. Within the philosophy of existentialism will be reviewed by persons under dependency situation, the problem of self-determination and responsibility, spirituality situation, motivation to seek rehabilitation community of the people in the environment influence the rehabilitation process.

Research object – Charity and support fund "Prieglobstis" social support services modeling capabilities.

The objective – Reveal persons in a situation of dependence, social support services modeling capabilities.

Objectives:

1. Analyze the existing aid schemes Lithuania persons in a situation of dependence, efficiency.

2. Uncover the social and psychological factors affecting persons in a situation of dependence, access to live soberly, motivation and impact resistance of the social relapse: a psycho-social rehabilitation principles and metododai, social services model and the role of social worker network.

3. Defining spirituality and social support interfaces with persons in a situation of dependence rehabilitation process, its continuity: spirituality and inner personal change, social support internal and external sources and their influence on the decision to stay drug prevention in the community.

4. Qualitative study to investigate the persons in dependency situation, approaches to the rehabilitation process and rehabilitation services in different periods and the demand for services within the meaning of spirituality and close environmental impact: family, friends and community influence the rehabilitation process; factor enhancing drug addicts the motivation to participate in social rehabilitation programs and the resilience of relapse.

The study participants – Experts take - social workers to choose five respondents participating in the social rehabilitation of 6 to 12 months, charity and support fund "Prieglobstis" mixed men's and women's addiction treatment center, and one respondent from Ukraine psychosocial rehabilitation center. Such a period is selected to tyriamieji should have some experience of life in the community drug prevention and access to services; to identify tiramųjų changes. The study included men and women aged 30 to 55 years. Empirical research carried out by charity and support fund "Prieglobstis" psychosocial rehabilitation center in Akmenė district, Dabikinėlės village in March 2015.

The study interviewed respondents in a situation of dependence, who carried out the rehabilitation according to the twelve-step model program. Common feature of all the participants that all respondents successfully carry out the program and are already in the middle or at the end of program execution.

Research methodology and techniques:

Work thesis concerns the problem of individuals living in the community drug prevention phase, the subtleties expressed was selected qualitative narrative method. Persons who studied natural environment- specific drug prevention in the community.

- 1. The scientific literature.
- 2. Test data apply to get a semi-structured in-depth interviews.
- 3. The data of applied qualitative content (content) analysis.

Basic concepts

Community rules - regulating community relationships and behavior. (Caplinskas, Gasiliauskas, skeins, Dragūnevičius, Lošakevič, 2009).

DAYTOP program. Applications principle - therapeutic community, which helps to change and shape the new sober and healthy, passive psychoactive substances for human living habits. (Daytop portal 2015-01-17).

Spirituality - dimension of human experience, characterized by receptivity to truth, goodness, beauty, oriented more towards transcendence, directed questions about the meaning of life and assumptions that life is something more than just what we see and can understand (Underwood, Teresi, 2002).

Twelve-step approach - the spiritual treatment program based on faith and fellowship emphasis to heal people, where participants help each other in various ways (Polcin 2004).

Minnesota's program. The first center, which began to develop this therapeutic model, was Minnesota, so the beginning of the program and was named on behalf of the state. (Klaipeda dddiction treatment centre).

Motivation lifting program "Turning Point" - designed to attract and encourage the person with the addiction treatment to start. (Jimmy Ray Lee, D. Min. (2005).

Dependence syndrome depends on the mental and behavioral disorders group. They reflect the essence of that person becomes worse to control the use of psychoactive substances - the start, end, intensity, and still threatens to cause adverse health effects, public situation. (Drugs, tobacco and alcohol control department, 2008).

Social skills help a person adjust to a social group and society to which he belongs, to act positively, effectively cope with daily living needs and problems (Gudžinskienė, Gedminienė, 2011).

Social rehabilitation program - diverse community rehabilitation activities to help achieve the major objectives: to change the persons in dependency situation, thinking, behavior and way of life and restore the lost social skills. (Caplinskas, Gasiliauskas, skeins, Dragūnevičius, Lošakevič, 2009).

Masters Work structure: The thesis consists of: a summary in the Lithuanian language, introduction, two chapters, conclusions, recommendations, references (107 entries), accessories. The annexes include: Annex 1 - semi-structured deep interview questionnaire Appendix 2 - operationalization, 3 priedas- the charitable foundation "Prieglobstis" psychosocial rehabilitation center methods and activities of persons in a situation of dependence. Working volume of 75 A4-size sheets.

I. ASSISTANCE TO PERSONS IN THE ADDICTION SITUATION OPTIONS: ONCEPT, PRINCIPLES AND METHODS.

Substance use interferes with an individual personal and social development. It has not only negative medical consequences but also the negative social consequences that disturb the person consuming and environmental quality of life at all levels. Dependent individuals have difficulties accepting and forwarding information, listening and expressing criticism, poorly control their emotions, often behave impulsively, hard-establish and maintain contact (Bulotaitė, Rimkutė, Kondrašovaitė, Vaitiekus, 2007).

Drugs are also accidents, injuries, suicide, crime, violence, many families cause social problems. Their use is associated with a destructive lifestyle factors: tobacco, drug use, unprotected sex, which leads to sexually transmitted diseases, AIDS. (Misevicius, 2005, the PSO Regional Office for Europe, 2004).

Systematic analysis gives insight into the human situation in structural terms, ie treat the client's problem as meso and macro systems interaction, which can help or hinder change. Situation analysis is not limited to a person in a situation of dependence, a specific vision problem, because similar difficulties may have, and other people at risk. (Bartlett, 1970). System imbalance may be due to the dependent's needs, opportunities, objectives and rights of non-compliance and on the social and physical environment quality features, era of cultural incompatibility. The changing environment makes change and improve a person who, as a system characterized by self-regulation, the ability to acquire new knowledge, learning to overcome difficulties, to solve social problems (Vitkauskas, 2001). Persons in a situation of dependence, shall lose social skills, so they can not adapt themselves to the changing environment and solve problems. They need support to help rebuild individual personal and social development.

The systematic approach allows the social worker to analyze social situations, concentrating on the human interpersonal relationships. Systems theory point of view, the customer is defined not as a separate individual, but as a person directing its efforts to the desired change objectives (Vitkauskas, 2001).

1. The aid system for persons with addictions

1.1. Ways to help people in dependency situation overview

Dependence situation - one of the most common depression, psychosis and suicide reasons. On the dependence of drug use various problems facing over a million europeans. It is estimated that in 2011. Europe for illegal drug consumption aid applied for at least 1.2 million. people. Key of drug methods help was Europe psychosocial interventions, opioid substitution therapy and detoxification. Help mostly in outpatient care, such as., Special centers, general practitioners' surgeries and low-threshold services offices. A large of drug assistance services shall be supplied and stationary medical institutions (European drugs and drug addiction monitoring centre 2013).

L. Doebroessy (2000) persons in dependency situation, assistance is defined as a formalized support through specific medical and psychosocial support techniques. These methods are used to reduce or prevent illicit drug consumption, improving the general health condition of the client.

Currently it understood that there is no single effective way to help people in a situation of dependence (NIDA, 1999). There is increasing talk about a wide range of services using narcotic and psychotropic substances range and the ability to select specific services to a particular combination of individual, depending on the needs of the latter. Such persons provided services are divided into 5 types (Stekens A., Hallam Ch. Trace M., 2006):

• low-threshold services;

- treatment with abstinence;
- medication;
- psychological and social impact of the program;
- alternative treatments.

Low-threshold services – this is a range of services aimed at harm reduction, dependent persons and protection of public health, infectious disease prevention. The term "low-threshold" means that they do not require major changes in the behavior of dependent persons involved in them. In Lithuania there are several types of harm reduction programs, such as residential, mobile, work in the streets, through a more intensive drug users. (NTAKD, 2008).

Ukraine harm reduction services is a leader in Eastern Europe, such as services provided by 645 points, mostly pharmacies across the country (New York, Open society institute, 2008).

Abstinence treatment – this is a health care services aimed at the withdrawal symptoms depression medication. In itself, abstinence treatment is not effective if the aid is not pursued other possible forms. (NIDA, 1999). It is appropriate that the customer advise the social workers present the possibilities of further assistance, to meet the person's needs and capabilities. Abstinence treatment serves as a gateway to the real long-term assistance to persons in a situation of dependence and relapse prevention.

Quick detoxification - the body, cleansed of psychoactive substances. The customer experience more intense abstinence phenomena that are inhibited greater sedative and nausea (vomiting) depressant medication doses. This measure also is only the introductory phase of a

person in the priklausmybes situation and the road to next phase - psychological-social measures based on the forms of assistance (NTAKD 2013).

Medication - that of opioid alternate administration of medicinal products (methadone, buprenorphine), and opioid-blocking agents (naltrexone) administration. This treatment is usually given for a long time, as well as in combination with psychosocial nature means to reinforce positive behavior changes (NIDA, 1999; Кертис, 2009; Линский, 2005).

Gossop (2001) approach to the assistance to individuals in a situation of dependence, drug treatment is not entirely positive. The author argues that heroin was once considered a safe and drug-free addiction, which could be given to rescuing drug addicts taking morphine. Dr. Halsted (ibid), formerly addicted to cocaine treated him self with morphine. 1878 Dr. VH Bentlis (ibid) reported that for cocaine addicts receiving morphine treatment. The twentieth century. Seventh decade them all replaced methadone, whose main effect - addict metabolic deficiency, caused by repeated opiate use. As diabetics can be treated with a daily injection of insulin, so the addict may be treated with methadone everyday. Unfortunately, the same mistake, because the drugs are replaced with another drug of abuse, given the problem of drug addiction illusion. Mr Bolo and E. Ross (ibid) revealed the true benefits of methadone programs decreased illegal drug use and crime, and the risk of contracting infectious diseases. It's like a public defense against unwanted effects that may result from drug use by a person, but not aid the same person in a situation of dependence (Линский, 2005)

Psychological and social impact of the program - it's different (mostly drug-free) on the program, which carries out individual and group interviews. Their goal - to change behavior, promote positive behavior patterns and consolidation. Existentialists as possible ways to help those suffering from various addictions recognize those methods, with the main objective, that person again start to live authentically - ie I understand that they have chosen wrongly, aware that certain constrained life of addiction is the consequence of an erroneous choice and understand that the responsibility for his actions belong only to him. Most non-pharmacological ways to help precisely to achieve this goal. Existentialists principles can be found in many of these dependencies applicable reference methods: - a psychologist and a social worker; Minnesota's program; AA, anonymous groups, community rehabilitation, 12 step program - a program of spiritual growth (Alifanovienė, 2003).

• **Rehabilitation community purpose** - to help change a person in a situation of dependence, habits and create healthy and sober life skills, to seek ways of thinking, behavior and lifestyle change to teach self-discipline skills that teach job search techniques and enhance their motivation to employ, promote self-help groups integration into social life. The rehabilitation time depends on each individual rehabilitation center. This usually takes 8 -14 months. The entire rehabilitation period is

divided further into several phases that affect the rehabilitation center resident rights and responsibilities and participation in community life. For example, the first phase of the contactless, ie, when a new patient has no chance of contact with the environment (telephone calls, write and receive letters, receiving guests and so on.). Moving on to the next phase of increasing opportunities for community residents. The persons in a situation of dependence rehabilitation, an important role is played by team. Psychologists advise individual leads group sessions, which are taught to know their feelings, how they behave in a given situation, what feelings may encourage the use or relapse, how to prevent it. Social workers task - to find out and evaluate client social situation, to make the assistance plan. It is important not only to motivate the client for sobriety, but also to help rebuild and develop his social skills. Social Workers task - under the 12-step program. It is very important that the rehabilitation process itself involved in a person in a situation of dependence, his family members and professionals. Prepared not only for the client's return to the family, community and society, but also being prepared and his family - to take someone back with another provision in life (Subata, Krikščiukaitytė, Povilaitienė, Pincevičiūtė, 2003).

• **Residential Minnesota program,** it is a psychotherapeutic aid: recognition of feelings, communication skills, thinking and behavior adjustment, strengthening motivation for sobriety, AA 12-step program further in life for persons in situation of dependence. Each team member performs only functions within him. It used a combination of three methods - "12 Steps" therapy, cognitive behavior modification therapy, motivational therapy increases. Hospital aid allows to touch the innermost and biggest, awe-inspiring, safe and human place in it suprantančioje donor environment to concentrate on their addiction, learn to communicate. Residential assistance has strictly defined and coherent agenda. This gives the external discipline, the client learns the inner discipline. Aid process is comprised of individual cooperation with the staff and willingness to change their quality of life. The aid is based on the recognition that drug dependence is a primary, progressive, which is unbraked becomes fatal. And that's going to help and socially fulfilling life - it is life-long program, and the change process - a complete person in a situation of dependence, lifestyle change. Aid ultimate goal - is an opportunity to engage in a constructive and full life without drugs. Changes involved the physical, psychological, social and spiritual spheres.

• Ambulatory Minnesota working principles are the same as in the hospital. Just it is better suited to those who can not stop even for a short period of work or studies. Consultation sessions timed to program participants work / education schedule and program duration - 3 months. (Subata, Krikščiukaitytė, Povilaitienė, Pincevičiūtė 2013). These programs are for people who use drugs is not very long ago, there is no significant change in their social status (to work, family, relatives, etc.), followed by rehabilitation programs.

Alternative treatment - means traditional methods of various nations, such as., Iboga root powder in some African countries. Acupuncture, massage is often used in reference to known techniques (Subata, Malinauskaitė, 2007).

What is the most effective? Zita Skardinskaitė psychiatrist says that is saying that those willing to sober down, having a strong intrinsic motivation, are all effective methods. The dependence must be seen holistically. This disability affects human biological, mental, social and spiritual, and so the aid should be comprehensive, focused on all of these damaged areas. (http://www.bernardinai.lt/straipsnis/2010).

An overview of all the forms of assistance is necessary for a person fell into a situation of dependence. However, as can be observed, drug therapy is under attack and to discern the nature of the aid change from clinical to social assistance model. The evaluation real-life situations and behaviors, these patterns overlap. Disease or disorder falls under the medical and interactions and attitudes - social model. These models differ in that the clinical model, the focus is on disease, it is primarily a pathological approach to the individual, while the social model raises questions what is the individual's health resources, how to strengthen? to say focused on individual skills, powers, resources. Moreover, in addition to internal searched, from the individual, but also by external, environmental resources (Ruškus, Alisauskas, Šapelytė, 2006). In this paper, it is important to provide all the help a person in a situation of dependence picture to be able to distinguish the place of the aid system takes social assistance model. In order to realize more assistance to the person fell into addiction useful to analyze the situation and experiences of other countries.

1.2. Models help people in a situation of dependence, in other countries analyzed.

Austrian assistance to individuals in a situation of dependence, non-governmental organizations providing advisory services and providing information. Eg., Kolping help addicted young people in the center of a young man who wants to get rid of addiction, may consult with a specialist who will help him choose the necessary services and assistance. This youth center can also receive medical assistance and information, weekly consultation with a psychotherapist, and offered him the opportunity to engage in various extracurricular activities: different kinds of sport or joint activities with other teenagers.

Germany established about 400 day-care centers, which provide free assistance to those who try to live without drugs: offered free psychotherapist aid, talking with parents and others., Rapid crisis intervention assistance (emcdda.europa).

As one of the most effective rehabilitation programs for young people in the Netherlands delivered a rehabilitation center for young people in Arta. 84% of people who completed this center

after seven years still did not use drugs, compared with 25% who did not take after the completion of a number of other rehabilitation centers programs. Arthos with hundreds of clients has about 70 professionals. Centre happening detoxification, therapy, care, and support the return to a full life. Artos rehabilitation center main feature is the perception that drug use is a deeper personal needs of the signal. The center's founder J. van der Haar's words, "When I consider the drug's effects, its user needs become clear. Eg., Many people who use cocaine, avoid social relationships. Ecstasy's unity with other people feeling while heroin is the best in the world of pain GONE "(ibid.). As a result, dependent on psychoactive substances young ploughmen have to answer for yourself the following questions: Is your addiction tells you something about yourself? What does it say to you about yourself? What would you like to change? And what does being changed, he wants to run the world? Artos program consists of four phases. The first phase of youth living on the farm in the village to restore a healthy body and a healthy life. The second phase of the residents of the institution develops its own rhythm of life routines. Overcoming abstinence syndrome recover emotional life, helps a variety of history, drama, music, art therapy, individual and group interviews. Third phase of group therapy complements individual, resident in solving personal problems. Increasing responsibility and freedom. After these phases customers leave the center and looking for a job and start working darydamiesi increasingly independent. Last week work experience must be at least 100 kilometers, so that customers visualize what it means to live after leaving the center. Work experience phase lasts about 3 months., And then preparing to leave the program. Young people usually move to one of the Artos home. There, they have to study or work, and a requirement to form a social program for evenings and weekends. According to the customer the choice of them every day or every week attend Artos colleagues or customers themselves going to the meetings in Arthos. After two years of rehabilitation and support to people with addictive considered to be sufficiently independent to be able to live alone, but they can always phone, to seek advice and help (McKay, 2000).

Danish prevention policy is very decentralized and carried out through local prevention committees, which include representatives from various institutions, leaving them plenty of leeway. Prevention at-risk youth carried leisure environments (music festivals, street youth groups, youth clubs). 2003 Government action plan "Fight against Drugs" ("Fight against Drugs"), all of the local community partners - municipality, police, parents, elementary schools, secondary schools, associations, recreational clubs and so on. institutions - are invited to engage in cooperation, in order to reduce the inclusion of new persons to use drugs. For the treatment and rehabilitation of responsibility of the county. County administration received a statement that the man sought help for addiction, he has 14 days to be launched to provide assistance: detoxification, rehabilitation and

preparation of the rehabilitation. Most rehabilitation centers are private or public bodies (emcdda.europa).

In Poland there are a number of rehabilitation centers for persons addicted to drugs. Many of them are adults, but there are special centers, customer age is limited to 20-or 25-year-old. Centers program lasts from 6 weeks to 24 months (Office of National Drug Poland).

According to the Ukrainian ministry of health medical statistics 165 central district and district hospitals, 1,401 clinics, psychiatric hospitals and medical services provided to persons dependent on psychoactive substances. It is running a 49 day inpatient clinic, where services are available today. The country has developed an integrated health-care centers, which provide full medical, psychological and preventive measures in a single institution without the need to pay patients to other facilities. The program "to overcome the HIV / AIDS epidemic in Ukraine" supported by the global fund to fight AIDS, Tuberculosis and Malaria grants in nine regions of Ukraine. Therefore, founded in 8 of drugs and psychiatric hospitals, and clinics. The expanded network of hospitals applying an alternate medication to 125 hospitals in all 27 regions of Ukraine. Depending on the social needs of the regions and local budgets and other sources of funding availability to 1 January 2011. NGOs have created 79 centers dependent young. 2010. 2,448 people in total were involved in rehabilitation programs and 1,228 completed the entire rehabilitation program. Relapse rate was 58%.

Harm reduction programs our clients have access to these basic services: sterile needles and syringes, alcohol wipes. Services are provided in fixed or mobile needle exchange sites through outreach work; diagnosis and treatment, counseling on HIV and drug use, as well as information on other prevention and assistance programs, which operate in the region (opioid substitution treatment programs, medical treatment); offering regularly attend self-help groups and therapeutic groups.

In Ukraine drug use is not a criminal offense. However, the use of drugs in public places is punishable by imprisonment up to three years, according to the Ukrainian Criminal Code. Imprisonment for illegal possession of drugs limit the range of three to 12 years, depending on the aggravating circumstances (emcdda.europa).

In summary, it can be seen that in the neighboring countries as well as aid is directed not only to the health problem but also a social problem. It is clear that global support model vary, approaching more emphasis to social problems: various prevention programs; It includes all public, many institutions that prevent this social phenomenon as a person disadaptation society for the problems caused by addiction. A. T McLellan (2000) emphasizes that one of the most appropriate ways to persons who have addictive drugs, help - long-term care and continuous control, if you want to achieve long-term benefits. This process must take place in specially designed facilities, where a person with drug addiction can receive services for a long time, to protect against environmental factors that can influence drug use. He were constantly monitored and controlled his behavior. It is likely that the process of a person in a situation of dependence behavior will begin to change. These institutions are among the psychosocial rehabilitation centers, which provide comprehensive social assistance, a person fell into a situation of dependence. Therefore, the following section will examine the psychosocial rehabilitation centers and Lithuania models with an emphasis on social model, meaning a person in a situation of dependence, help.

1.3. Social and Psychological Rehabilitation Centres In Lithuania models

Drug tobacco and alcohol control data of the Department (in 2013), Lithuania operates 22 rehabilitation centers - communities where services are provided to persons in a situation of dependence. Such centers are mixed and specialized for a certain addictive. Psychological and social rehabilitation centers are often called communities. Social and psychological rehabilitation community - people with addiction - a group of people who decided to change his life and brought together on a voluntary basis in the community. The most important goal of all communities, whatever the program is subject to - change of persons with addictive thinking, behavior and lifestyles, teach them self-discipline and service, professional skills, so that they could later be integrated into social life.

According to L. Bulotaitės (2004), most researchers agree that abstinence consume alcohol or other drugs is a necessary but not sufficient for a change of life criteria. Therefore, rehabilitation currently used by a wide range of social and psychological interventions:

- relapse prevention,
- strength training,
- confrontation technique
- Training on alcohol and drugs,
- alternative activities
- social skills, and so on.

All these measures are working effectively dependent, but the rehabilitation is necessary not only to teach to stop using drugs or alcohol, but also to promote the exchange of their own and change lives. This can be achieved by restoring employment to promote a willingness to learn and improve physical and mental health, restore or improve the mutual and personal relationships. These objectives are achieved primarily through the 12 steps and Minnesota programs.

G. De Leon (2000) argues that the community method (DAYTOP, TEENCHALLENGE program) encourages all members of the community to focus on the social complicity, mutual responsibility against members of the community, the relationship of trust justification (self and

others). Community develops positive social personalities, which an activity carried on in the community, teach anew to recognize and develop the correct lifestyle values that require practical application, in a given community, as long as the dependent person will be ready to integrate into society. Operating rehabilitation activities in the community is the initial training to prepare a person dependent on future professional development of persons.

Person in the community need to understand how his problems are related to drug use and results. The most important aspect of rehabilitation communities - personal motivation to change their lifestyle. There are different strategies that show the importance of motivation or changes when a person begins to carry out the rehabilitation program for addiction. One strategy is to help Mr Miller matched to Prochaska and C. DiClemente'o "wheel change", reveals the motivation for the change of behavior in various stages. Today the community is called Jaume circle. Effective measures considered W. Miller motivational interviewing, which applies addiction rehabilitation centers (Bulotaité 2004).

Analyzing the situation of people in the addiction rehabilitation centers and specifics can be said that the most prevalent abroad such rehabilitation centers where persons with some form of addiction live 1-3 years as a profession, revives forgotten skills. According to I. Leliūgienė (2002) life in such a center allows you to change the values formed becomes dependent on psychoactive substances form a healthy attitude towards the future, it helps to break with the past.

According to L. Bulotaitės (2004), Lithuania social and psychological rehabilitation centers for people in a situation of dependence, conducts rehabilitation program, which lasts 1-1.5 years and all of them one of the main factors - the willingness. All social and psychological rehabilitation centers have one thing in common - part of these agencies employees are former clients. Normative documents has not yet been named 'practices or standards that are mandatory for this type of institution. In accordance with the Government of the Republic of Lithuania in 2012. 16 May. Resolution No. 528,, On the social care institutions for licensing approval of the rules of social care institutions licensed. From the year 2015 to provide short-term social care social risk persons dependent on psychoactive substance use, can only have acquired licenses for psycho-social rehabilitation institutions. They are issued by the department of supervision of social services to social security and labour. To obtain a license, each community must be prepared a program of activities which will be coordinated with the Drug, Tobacco and Alcohol Control Department.

According to I. Leliūgienė (2002), the rehabilitation process is very important for the social aspect, which affects a number of principles:

- as soon as possible to begin the rehabilitation process,
- The process should be gradual and continuous,

• ongoing rehabilitation programs should be comprehensive and systematic, professionals should individualize rehabilitation measures the scope, nature, purposefulness.

Motivation lifting program "Turning point" designed to attract and encourage the person with the addiction begin rehabilitation program (Jimmy Ray Lee, D. Min. 2005). Mutual aid groups more concerned not only problems but also possible solutions. Communication groups to help harness the social rehabilitation program participants as well as people successfully completed the rehabilitation and reintegration into society participating in the program.

One of the most popular programs used in addiction rehabilitation centers are 12 step program, which is closely related to the Alcoholics Anonymous 12-step program and the Lithuanian Centre in about 1-1.5 years. This program is carried out in Ukraine from 9-12 months (Μορμακ). Twelve-step program in 1935, the US created the most alcohol dependent people rallied in Alcoholics Anonymous self-help groups seeking to break free from addiction and help others escape from the desire svaigalams.Véliau professionals believe the effectiveness of this program, began to apply its principles in their work, providing assistance people suffering from various dependencies.

The first three steps are related to reconciliation and surrender when people admits that they have a problem that there is help and that they requested it. These steps are dependent person is the beginning and the end: consumption and intoxication end and a new life while "clean" start. According to Camus, must constantly be ready to lose again and start all over again, decide to be responsible. It constantly develops, creates its own merits while living among people. All existentialist freedom - is itself procession - person chooses their own actions, decisions, and finally his life. Existentialism says that in order to return to human freedom, must teach him to be lonely and courageous, to see the same goal in itself, and not the surrounding world. It is also clearly raised the self-determination and liability issues, considering them essential problems of human existence (Šliogeris, 2007).

The fourth, fifth and sixth steps encourages self-assessment. Existentialism rational human abstraction replaces the "specific" someone individuality. This man is not isolated, but live among the people and with the people, and their influence him essential. But the most important and, above all, a human personality (Šliogeris, 2007). Dependent people, started to work with these steps, encouraged to indicate the resulting problems: heal broken relationships, work, law enforcement issues and the guilt and shame, and the chaos of life. These steps encourage understand and deal with these problems by creating a list of them, openly and honestly revealing the "secret" for people who are addicted person trusted expressed a desire to vent the heart of the pain, to reconcile and to start again from the beginning.

The seventh, eighth and ninth steps related to the recognition that people are addicted to live and interact with other people. According to the Zaksas (1983) a man as intelligent beings, necessary communication with others, which includes his human life structure. Innate human sociability does not allow him to be alone. From a young age the man himself, without which society can not be full-fledged. But still no human society reveals the essence. No social changes changes someone, but the constantly changing man and the world is changing together. It is therefore very important that these steps in a time dependent persons in a situation and would like to ask for the help of others, taking due account of the people that are hurt, and redressing their grievances. And no less important to inculcate the notion that as the Alifanovienė (2003), everyone has the opportunity to develop themselves in the future to realize that little depends on the personalities of the past.

The last three steps require action. They become finite Twelve Steps Programme. Recovering addicted people continue corrects mistakes previously made, based on your changes and help other addicts people to help find a way of life towards change.

Often people put off, at first glance, the long program execution time, they are looking for "magic bullet" approach to resolve the problem quickly and with minimal effort. Unfortunately, addiction does not suddenly, is a process that develops many years, and problems and requires time and effort to change the human way of life. (Klaipeda addiction treatment centre). So there Minnesota (12 step) program. The program usually lasts about a month. Program effectiveness is based on the fact that it is comprehensive and intensive assistance, at the same time pointing to all aspects of addiction: physiological, psychological, social and moral issues. The main work is done in groups, with emphasis on the value of the people to free themselves from addiction. According to G. Navaičio (2007), communication with other clients have positive effects, addiction counselors and the entire rehabilitation period is as advisers, helping to understand the problems and find a way how to solve them. Minnesota model is a very important program consistency, schedule and discipline. People prone to addictions are self-centered, with typical feature - the rules, regulations and disregard excessive desire for freedom. Spiritual Minnesota program provides customers with the hope that they are able to overcome the desire to get high, and can change their way of life. Spirituality itself education is the basis for the program, customers are offered the same look for a higher power than man. The program critical self-examination (blog) writing, which helps clients to their feelings. assess their thinking behavior in analyze to and the past (www.prevencija.lt/minesotosprogram-2).

Another program, a number of rehabilitation utility is DAYTOP program. Its principle therapeutic community - strongly structured environment that promotes positive interaction with others, and to facilitate the exchange and the development of new sober and healthy, passive psychoactive substances for human living habits. All activities and schedule of rehabilitation in the community is formed so as to teach the addicted person responsibility and promote a healthy lifestyle skills occurrence. Rehabilitation in the community is working both professional staff and former clients who have completed the rehabilitation community and remained in (http://www.daytop.org/pdf/annual-rpt-07-08.pdf.).

Addiction rehabilitation communities both in Lithuania and abroad use "TEENCHALLENGE" rehabilitation program that philosophy - through faith in God to return the dependent person in social life. Applications principle - therapeutic community, which helps to change and shape the new sober and healthy, passive psychoactive substances for human life habits. The said program emphasizes rehabilitation community as strongly structured environment that promotes positive interaction with others. The program is designed in a way to help men and women find meaningful answers to their problems, habits and conflicts with which they are confronted. "TeenChallenge program says that you can get rid of all the habits with the help of Jesus Christ, is taking" the absolute man "concept. Everyone is considered the spiritual, mental, physical and social aspects (http://teenchallengeusa.com/ history.php). Every participating in the program provided food, shelter, it can work out, there are also various lounges for entertainment, recreation. Living in a rehabilitation center with the support of human communication to solve problems. He learns to communicate with his family and other people around them and learn how to take responsibility. Rehabilitation helps a person to overcome life controlling problems, to innovate, to start a whole new way of life, leaving all the old habits (David Batty, 1997).

Discuss assistance options reabilitacinėse communities and centers for persons in a situation of dependence varies in duration, location, social environment and the existing methods. All of these help the specifics Determinants described as a kind of unity, a situation of dependence and the person operating it interoperable system, or reference model. At first glance, the like persons in dependence situation can apply completely different reference models. On the other hand, some of the support patterns can be very similar, skirdamiesi from each other only in them of aid priorities positioning methods, quality of service, professionalism of the team. Affect the application of the model may have even factors such as the social environment in the community or social support. Selected drug prevention program in the community have a close connection with social support, which includes the immediate personal environment, spirituality, education, socialionių professionalism and community internal procedures and philosofy.

2. Social support and social assistance system importance of rehabilitation

Psichological social rehabilitation center with a dependent person is treated as a separate system, which aid the process of running and which operating environment is changing personal status and related behavior (Mikalkevičius, 1992)

Providing assistance to a person in a situation of dependence, attempt to create a new environment that will help to maintain the status independent of psychoactive substances. Surroundings are composed of other, and addicted people. The survey system (the dependent's) and the environment (psycho-social rehabilitation center) interaction is managed in a way that would cause the dependent person's status changes - gradual transition from dependence on psychotropic substances to the state, independent from them. We want to achieve the status of a person has to go through a number of intermediate, psycho-social rehabilitation center environment affected states. One can distinguish rehabilitation program provides social environments that have a positive impact on the person and help him to take 12 steps to change his way of life:

• other dependency on drugs and alcohol with the person with whom communication is growing resistance to drugs and alcohol;

• man, guardian (volunteer worker), who himself was the same alcoholic / addict, so it is a testament to the behavior can be changed;

• understands a man (could be a family member, a psychologist, priest, social worker), which atsiveriama, it trusted the feeling of loneliness disappears;

• a person who cares about the addicted person (family member or other relatives);

• prudent, competent, understands the situation of social workers.

Analysing the person in a situation of dependence of internal resources that can be used for his own changes, According to Guogiene and Guogos (1992) the man is not a closed system, because he is capable of as much as ability to integrate nature and society, to obey and to use the common patterns, reflect the structures of the universe . A person in a situation of dependence, change is very important for the body's self-regulation, the ability to mobilize forces and state of mind. Physical health, the authors said, is the most important prerequisite for spiritual development. Therefore, health is the essence of spiritual and physical harmony. This harmony is disturbed due to the dependent's faulty diet, inadequate personal care, addictions and abundant medication.

The systematic approach allows the social worker the opportunity to see all the social aspects of the situation, its development dynamics and the prospect of using both external factors coming as the person's own internal resources that can and do affect the dependent's life changes the personality changes (Vitkauskaitė, 2001).

2.1. The concept of social support and resources and their impact on people with addictions rehabilitation process

Person has the freedom of choice of lifestyle and the responsibility for the choices. Improper selection causes psychological and social problems, loss of sense of life. A mature person is able to overcome the existential dilemma of controlling the surrounding influence, educate yourself, take a heavy task to overcome weaknesses. The identification of social problems, modeling solutions, existential model is based on a person in a situation of dependence, relationships with family, significant his people, the community (Vitkauskaité, 2001).

Persons in a situation of dependence, does not exist in a vacuum environment and their direct them one way or the other works. Due to the immediate environment also affects problem (Kozlov, 2007). According to the Gustaitiene and Cirtautiene (2007) social support reduces the intensity of stressful situations, helping to better deal with the consequences. It deals with the positive state of mind good emotions. Misguided social support may lead to negative social experiences and promote avoid further assistance. Therefore, it can be said that the role of the social worker and his professionalism important elements of the social assistance system of a person in a situation of dependence. As for the community in which the dependent person is trying to change their way of life, interpersonal relationships are one of the most important determinants of psychological well-being. The positive impact of social support can be explained by the continuous positive emotional experience dealing. A high level of social support for persons with constantly feel the support and the other towards a positive assessment of the future, more self-reliant, they feel that the ability to control their own lives and believes he could do what he wants and plans.

Buzaitytės-Kašalynienės (2005) said social support is both a physical and emotional support received from family, friends, community and other persons. This is a close network of people who can give a person a positive feedback. The resulting support allows to realize that a person belongs to a group of people who support that it accepts and which he cares. Close and good relationship with the immediate environment helps to mitigate the impacts of change and easier to survive the changes. Environment close to a person in a situation of dependence may be a rehabilitation community and beyond like relatives and friends.

What gets a person communicating with other people? Is the question asked by Barbara Hansen Lemme (2003). Social interaction plays a lot of different functions. Social contacts information is received and experienced the help of others, develops and validates the self-concept, leading later to friendly relations, greeted people whom you can trust. Relations allows to believe that the other person takes care of us and adopt, if necessary, to support and help. It is thought

(Kahn, 1979), that adequate social support is partly due to a feeling of fullness, to carry out the most important social roles and successfully deal with the problems of the dependent person.

The main sources of social support, such as family, friends and other persons who may be near when the dependent person needs help, advice or just a support and who are willing and able to understand and influence the progress of addiction. Some literary sources in the interaction identified as most important (Rosenquist, Murabito, Fowler, Christakis, 2010; Свеженцева, Головченко, 2002). The nearest environment is a powerful, evoking a human awareness and their awareness and usually leads to a person in a situation of dependence, resolve to seek help from addicts rehabilitation communities (Juodraitis, Račkauskienė, 2008, Johnsen, Herringer, 1993). Family and friends support increases the dependent's respect for themselves and self-evaluation (Chong, Lopez, 2007). Social support a significant reduction of dependency. Individuals perceive that they are surrounded by people who care about them, raises motivation to seek help and to understand their problems, do not lose faith in their life change. Having such support, showing a lower concern and hostility help early than those with lower social support (Chong, Lopez, 2007). It is believed that the relationship with relatives, friends, family, provide quality long-term abstinence and reducing the likelihood of relapse (Chong, Lopez, 2007).

Circle of support in old age more important than family members, because the reduction of consumer problems are strongly influenced by the experience of people with similar support. These people better understand each other more and can give each other support. It was found that friends support leads to self-help groups visiting time and reduces consumer problems (Groh, Jason Davis Olson, Ferrari, 2007).

Social support groups in the community is a positive approach to its member's efforts and actions to raise confidence in overcoming difficulties and failures Supportive environment can improve a person's motivation and strengthen faith successful outcome events (Davey, Latka, Hua, Tobin, Strathdee, 2007).

Many narcology experts believe that the former addicted person resident in a place where rehabilitation program conducted on priksluomybių where experienced social support are more likely to remain abstinent for a longer period of time. In a situation of dependence aware that assistance to the country at any time he can express his concern about the difficulties and get help. If you return to the previous place of residence, with friends who support efforts išsisvaduoti and dependencies wheel, very rarely manage to resist the temptation to return to old habits (Ganeri, 1999).

A person in a situation of dependence, life changes necessary for the maintenance and restoration of relations, which are very complicated, requiring a lot of effort not only from the

dependent person, but also of his family, relatives, friends, community network (Ivanauskienė, Motiečienė, 2010).

Weak relationships with loved ones, negative public perceptions of persons in a situation of dependence, lack of social guarantees, unemployment or low-skill work, lack of education, social problems - it causes often determining the persons who want to rehabilitate, failures, so-called "relapses". (NTAKD, 2008). Persons with less social support, not only have more abuse problems, but there is more depression as well, the brighter the psychological distress of symptoms, compared with dependent individuals with high social support (Dobkin De Civita, Paraherakis, Gill, 2001).

The systematic approach allows the social worker to analyze social situations, concentrating on the human interpersonal relationships. Social worker's task - to determine the situation of dependence of a person communication system discern meaningful subsystems, and add them to change, help, support process (Vitkauskaitė, 2001). And long-time experienced environmental stigma to them, themselves blamed himself because of a life situation where they can not change anything, but their life is getting out of control, can rise only hit the social heritage. Social support system consisting of family members, friends, relatives often the dependent person to seek help, it supports all rehabilitation during and after. A person feel needed, increases his self-esteem and often seek help because of changes in their lives and loved ones of people. Social support in the community enhances motivation to change their lives and ensure a successful outcome of faith. As indicated Vitkauskaitė (2001), that the imbalance in human life can appear not only on the social and physical environment quality characteristics, but also on human needs, opportunities, objectives, rights.

In summary section it makes it clear that it is not only coming from external support, assistance, social support. Required and internal changes in human thinking and emotions change, update values, inner world of spiritual purification, something new and good experience of fullness thirst for satisfaction.

2.2. The concept of spirituality and its impact on the persons who are in a situation of dependence

Spirituality is unique to each person, and includes the deepest feelings about life exploration, covering the past, present and future. Spirituality concept of lack of clarity in the scientific literature. Science can not reveal the depths of human existence, as it examines only the laws of nature-based phenomena (Martišauskienė, 2008). Due to cultural beliefs prevailing values and beliefs exist innumerable definitions of spirituality with different values (Leeuwen, Tiesinga, Jochemasen, Post, 2007).

Spirituality can be described as the best measure of the human being as indicated authentic personal relationship with the world, with love, goodness, truth, beauty that pervades the personal being and extends toward the Creator (Martišauskienė 2004). Even the part of the people, which is not part of a specific faith communities believe that still believe in something, to go beyond the physical world. Spirituality enables a person to unfold, self interact with other people and communities oneself, nature and supernatural world, becoming a perfect human outcomes.

The studies mentioned by scholars, such as Myers, Diener (1995) and others, leads one to think that faith is associated with physical health, stress coping, mental health, life satisfaction, and happiness. Religiosity strengthens the hope of life meaning, purpose and a sense of well-being and provide social support. It is no coincidence reabilitacinese communities subject to a twelve-step program that is based on the principle of spirituality.

Existentialism important philosophy of human individuality. In order to cope with everyday life, man must not change the social environment, but your consciousness. Existentialism is a kind of social pessimism and personal philosophy of individualism. S. Kierkegaard formulated three stages of existence. The Danish philosopher was hoping to God, because all his philosophy - the search of God. He asks: "How can I, as an existing entity can come into a relationship with God?" (Kierkegaard, 1974). Philosopher refers to the specific conditions of individual existence. This practical relation with himself is determined through three stages of existence - aesthetic, ethical and religious. Aesthetic stage man seeks only to enjoy life, to meet their sensory needs. S. Kierkegaard word "aesthetics" refers to the ordinary person everyday routine. A person in a situation of dependence, it can be said at this stage does not maintain a balance of choices beyond the limits in order to avoid routine, plunged to his opinion full of pleasures of life. Ethnic stage, a person chooses himself as "myself". Freely deciding he chooses himself as a specific, separate, finite, historically self. A person in a situation of dependence, already mired in the quagmire of addiction, fail to adequately assess the self or generally sees himself as a failed personality. The religious man enters the stage of the ethical. If a person without aiming with his finitude, he finally chooses transcendence, God. Without God, life would be vacuous, empty walking towards death (ibid).

According to Jaspers (Šliogeris, ed., 1981) God is human existence the institutional power and the decisive factor. Human existence of the relationship with God Jaspers formally separates from the crowd of religious faith or human belief, based on blind obedience. The truth of God to man both hands as he seeks her. Marseille (Šliogeris, ed., 1981) is looking for the meaning of faith, because there where he was the belief Ness space than absurd than meaninglessness. God's love and connection philosopher delicate time in the form of human creativity, and God not only as an aid and a nice person, even encourages creative self-revelation. It is also a denial of loneliness and love, consolidation, and transcendence, and the hope of eternal existence. Jaspers and Marcel suggests a personal quest for something greater help to a person in a situation of dependence, to rediscover themselves, to restore what has been destroyed and the hope for a new life.

"The famous psychologist C. Jung said that addiction is caused by the fullness of thirst that can only quench the spirit of change. Improving mental activities could handle relations with you and with others, to improve and material things. Transpersonal psychology argue the need to integrate themselves. Religion - humble, do penance. Everyday we say - to receive, accept their own. In the content of the concept is similar, but different ways of performing and performance levels. The highest level is a religious, spiritual support method for the removal of the causes of addiction. The main call of Christ, which he particularly insistently repeated, is metanoja (Gr) - change thinking. He translated the Gospel "do penance," Repent or believe in. Repentance and a change of thinking. "Sin, the man realized, confessed, and snapped, he ceases to be a sin," - said the Orthodox clergy A. Mumrikovas. Sublimated man finally realizes that sin - is damage to yourself (Kuorienė O., 2002).

What is the role of faith in a person in a situation of dependence, changes in the process? About faith can speak three aspects. It is faith, trust in God, self and others. According to the psychiatrist Skardinskaitė Z. (2010), this is the people's relationship with oneself, with God and with other human beings share. If a person no longer believe, he falls into a dead end. As for the dependency with the people who come for help to the center, is primarily important belief that "I will succeed," I'm here to help found the resort is located. So it is important to believe, to trust both yourself and the people who lend a helping hand and believe and trust in a Higher Power, identified as 12-step programs, the God who works very specifically - through specific people, situations, events, and so on.

Spirituality significantly improves the quality of life among those who started to carry out the rehabilitation program, decided to change his lifestyle. Spiritually-minded people are more satisfied with their lives, they feel happier and better coping with traumatic life events caused by the consequences (Laudet, Morgen, White 2006).

Seeking help at the beginning reveals a paradox - a man decides to seek help only when it acknowledges, is satisfied that his life had become unmanageable due to alcohol, drugs or gambling; life is falling apart, and he can not do anything, is helpless. When a person feels helpless and prostrate, then it is an opportunity for a new life. When life has already passed out of his hands only to empty hands can put something. In such a situation, a person has the ability to stretch them and ask for help. And it requires the courage to trust others, to open up, the courage to believe God in your life, doing everything from personal belongs. In collaboration dependent person, the people around him, and God is going real change.

Rehabilitation communities covered by a twelve-step program, customers filled in by blogs. Mikalkevičiaus (1992) argues that blog writing is an integral part of comprehensive assistance, because the client will develop, strengthen character, responsibility and sense of duty to help understand your situation and yourself, change the values. Blog writing, psychiatrist said that the customer is a spiritual revival, together and share the positive emotional charge, an opportunity to look at everything with new eyes and common sense.

G.G. May (2004) conducted a small, informal study. Choose a few people who seemed the most challenging addictions to alcohol and other drugs tried to find out what helped them to dramatically change your life. All pasipasakojo about a spiritual experience. They acknowledged the generous assistance provided by professionals who value but also gave to understand that they have changed something spiritual. Religious terms, they did not use, but the author had no doubt that it is a spiritual thing. Somehow this had to do with turning to God. When addicted people empowerment to overcome their addictions, they do so very easily. According to the author, people do not try to throw alholio use and its place filled with something, like a cup of coffee. They just give up the temptation of the new. They see the temptation came, but neither trying to overcome it, than turn to someone else. In short, they simply decide not to adopt it, to have his space to exist. This fundamental simplicity - characteristic of addiction overpowered people sign. At the same time, and this is a sign of spiritual growth.

While the Twelve Steps are based on spiritual principles, it does not recognize any specific religion. The program includes not only the Christian faith, religion and Eastern philosophies, but also non-religious ideas, moral and behavioral norms. The word "God" does not mean any particular life force or ideas. Each program participant left to figure it out as capable of. In this way each person, this program can open the way to a peaceful, spiritually rich life, if only he will believe it more for the same force (Al-Anon Family Group, 1999).

A number of studies confirm that there is a link between addiction and spirituality (Brown, Pavlik, Sheegog, Whitney, Friedman et al., 2007; Gavin, 2007, in Piedmont, 2004; Saunders, Lucas, Kuras, 2007; Tonigan, 2007). It is likely that the more spiritual individuals less abuse of psychotropic substances and easier to cope with temptation (wells, North, Hill, Ellingson, 2006). It was found that spirituality is protective of alcohol and other drug use is not a risk factor and a factor of drugs (Chitwood, Weiss, Leukefeld, 2008). Spirituality importance of assistance to people in a situation of dependence, recognizes and recovering addicted individuals (Jarusiewicz 1999; McMillen et al., 2001). It is observed that when there is a distinction between social and psychological support and spiritual worlds, a person suffering from addiction are restricted from other persons who could help him help.

Both inside and outside due to changes in a person in dependence, the opportunity to begin to live without alcohol or drugs. These changes are important for the management staff of professionals such as social workers, who directs the dependent's support process in the right direction.

2.3. Social worker's role and professionalism of the assumptions in providing services to individuals with addiction.

Practice social worker in assessing a person in a situation of dependence, the problem should take into account the personality, relationship problems and situations, customer importance and uniqueness as his chosen lifestyle manifestation, because the man himself is responsible for his life and the flow of the procedure, and life without problems do not exist. It should be remember existentialism expressed belief that man is unconditionally valuable, so honored and regarded as it is, and every person is unique, so individual case studies as important as statistical summaries. Existential social work provisions introduced in the nineteenth century. 7-8 decades. The analysis has become the object of man, his way of existence and the way of perception - analysis of the structure of human existence (Alifanoviene, 2003).

Existentially minded social worker, social work, as stated Encyclopedia (1994), should adhere to the following principles:

- To help get rid of illusions and self-deception;
- Reveal the meaning of suffering;
- To recognize the freedom of choice and responsibility;
- To reveal the interaction with other people as a process of personal development success;
- Show personal commitment and personal growth relationship.

According to Žalimienė (2003) provision of social services is governed by certain principles under which a guaranteed quality of service, saved clients' rights, the greater the available services provided by the effect of customer quality of life. The main personal social services principles:

• adequacy. The services must meet the assessed needs of the customer, kompeksiškai analyzing the client's situation and other factors that determine the nature of the services required for the scope.

• Promoting self-help. Social services need to develop personal independence, self-help, do not expose the client passive recipient of services.

• approach to the whole. Providing services worker must see and know all of your client's environment, know the general situation of the problem.

• Flexibility. Aid must be adapted, adjusted, depending on the circumstances and changes.

• continuity. When preparing the aid plan, individual social work plan is expected to be the customer's situation until restored as established and acquired ownership.

• normalization. The service must be such that a person can live as normal a life as possible, to prevent a reduction in personal social skills.

• principle of cooperation. It is directly related to the activation of the adequacy of the principles of self-help someone on the ground to include it in the service process.

Practical social work classification standard requirements for skills, without which it is impossible to practice professional social worker. The social worker should be able to:

• listen carefully,

• collect customer information in order to develop social history, assessment and report

• monitor and interpret verbal and non-verbal behavior using personality theories of knowledge and diagnostic techniques,

• clients efforts to redirect them to solve problems and gain confidence,

• develop and maintain professional relationships that focus on social assistance,

• discuss delicate issues carefully and to express support

• find creative solutions, to determine the therapeutic necessity of the aid is discontinued and the time

• conduct research and interpret their results, as a mediator and negotiator between the warring sides,

• ensure connectivity among various organizations,

• informed about the social needs of public organizations and other interested bodies (Kozlov, 2007)

Social problem solving is the key to success and a social worker personality traits, stimulating productive dialogue that enables the user to change the direction of motives, develops the ability to think reflectively. It is important that future everyday life a person in a situation of dependence, completed a rehabilitation program, to learn to create and maintain similar productive relationship between himself and his immediate environment. Man is free when choosing concrete existence, creating their own world and themselves and thus becoming a free and responsible for their existence way. It is necessary condition of human existence - communication with other people, because only they provide humanity burožų (Vitkauskas, 2001).

It can be argued that rehabilitation success largely depends on the individual social worker qualities: energy, tolerance, perseverance, attitude to work, empathy and so on. Regardless of the duties and role of the diploma, all practitioners must have certain skills, knowledge and attitudes in order to establish a close relationship with customers, help them select the most self-rehabilitation goals, to assess the situation and help plan individual plans to help teach new or use existing skills, help the dependent to get appropriate support environment and provide assistance to adapt (M.R Cohen, 1989).

In order to enable persons in a situation of dependence, use of the available resources, the social worker should use a variety of roles. It is important to realize the benefits of these roles and the differences and use the best of the situation. You need to distinguish when a person needs to get the services you use those services, and when the customer would be useful if the social worker employed in the role of defense counsel and to speak on behalf of the client. It does not undermine the most basic situations and advisory role. Some policies offer Helmut Kolitzus (2002). Inappropriate role in the choice of preventing confidence and cooperation.

The social worker should be aware that not all people experiencing addiction possible help. Most of them are particularly sensitive to critical thinking and assessing their respect, it makes close and start to defend themselves. Many persons with dependence on drugs, while being sensitive to the critics, myself with no further, simply detest. Binge drinking or drugs consumption in part reflects the hatred and a desire to destroy himself. Reveal a person in a situation of dependence, the inner world content himself is not easy, and risky. The client realized that his fear of seeing the other person may resist and a social worker to respond aggressively, then start more consumption.

The social worker can not solve all the customer problems alone. He needs and other professionals. Cooperation with other support agencies is an important moment of professional work, the aim of which is to facilitate the client's situation, mobilize the necessary resources. Along with the managed interaction of social work - it's networking and its operation in solving or easing the problems. Without the resources and skills in organizing social worker could not cope with his task, because sometimes you need to create the infrastructure needed to address the issue (Kozlov, 2007)

Since the rehabilitation of community activities is complex and multifaceted, staff have set up an interdisciplinary team - psychologists, social workers, social workers and other specialists. Each of them is responsible for the operational performance of rehabilitation in the community or for the relevant services. Rehabilitation in the community social workers have not only to provide professional services, but also to know the community rehabilitation operation principles and objectives and contribute to these goals. Social workers must work team approach and to take part in the rehabilitation process, because that is what comprises the essence of community rehabilitation. Social worker's task is to ensure the implementation of the program and the rules of rehabilitation in the community, so social workers need a clear understanding of the rules and disciplines needed. On the other hand, has a team of employees to help one another to support the rehabilitation of community system, which is complex and requires a lot of cooperation. Social workers will feel more effective if you feel the whole team for their support for the decision or be able to refer serious cases to colleagues advice and support. In turn, the team decisions are more effective in that community customers react positively to them and the fact they are social communication and problem-solving team an example.

Also very important is providing assistance to the staff of interpersonal communication skills. They form the basis for the rehabilitation process. Professional significant encouragement, opening, understanding, demonstrating skills that influence success psychosocial rehabilitation. P.N. Goering and S.K Stylianos (1988) adds that psychosocial rehabilitation interventions effectiveness is closely linked with the client and practitioner relationship. Work author, psychosocial rehabilitation diagnosis, planning and applying interventions are equally important interpersonal communication, goal setting, evaluation, planning and the skills and resources.

According to Valentik (1997) basic social work with addicts rules are: recognition, condemning attitude towards, individualism and free choice, reflection, partnership and trust. Without effective communication skills and group activities, social workers must have an understanding of the individual psychological characteristics of parindines social and psychological problems, lack of discriminatory treatment, to be tolerant, patient and good-natured. Being among the customers promote their activities, maintain a good mood, provides psychological security helps timely notice behavioral abnormalities, self-trained, service skills, responsibility for their future and behavior (Kozlov, 2007)

It is very important for social workers, relationship with the community in the rehabilitation dependents. In this regard, each employee also become members of the community colleague or teacher. It is therefore important that the relationship with the community not only formal - personal social worker involvement and interest helps community members to get involved in the rehabilitation process. Informal, but within the limits specified in the rules, communication with community social workers helps to know them better, to know how they feel and think. Personal contact makes it easier to convey ideas and rehabilitation of community values and creating a favorable atmosphere for communication, which facilitates the exchange of addicts. It is important that everyone in the community rehabilitation social worker or his assistant and other specialists, as a community staff members have a positive approach to the needs of dependent people and recovery capabilities. While it can sometimes be hard to accept socially maladaptive behavior, such as avoidance, abuse of trust, and so on. Each social worker is important to learn the appropriate provisions of both the positive and the negative aspects of the behavior of dependent people. Existentialists believe that social assistance is a personality - a unique integrated system is perceived not as a pre-formed given phenomenon, but as a constantly evolving open system (Alifanoviene, 2003). Only then will all the efforts to assist the person to change. On the other hand,

that faith allows addicts to take over their own social values and themselves begin to believe their options for change. Hence, proper social workers attitudes and behavior contribute to the development of therapeutic atmosphere in the community (NTAKD 2013).

One of the most significant social worker's ethical requirements of their work is to know the actual results, use of social work methods and measures the impact and effectiveness. Every professionalism looks at the results. About the effectiveness of social work would be more correct to speak about the efficiency of the functioning of the system through specific tasks are fulfilled. Is the work to assess the most effective employees and customers. Efficiency of the institution is also needed to assess the professionalism, staff development, innovation, best practice dissemination.

Service user quality perception model is based on the customer's view as a quality source of evidence, and received by the customer's satisfaction is considered a significant quality indicator (Žalimienė, 2005; Galdikiene, 2010). However Švedaitė B. (2007) draws attention to the fact that the definition of the quality of social work is not easy because some customers the same service can be seen as a quality, others - on the contrary, because the quality of time between the arrangement. Satisfaction is associated with the values of respect for the client, giving priority to the expressed needs of information and education, physical comfort and emotional support, fear and anxiety reduction, passing the admission to the provision of services and continuity of the service (Galdikiene, 2010). To the Customer is also important for the quality of service parameters such as professionalism, reliability, availability, flexibility, agility, provider willing to help, aesthetic aspects, convenience, orderliness, empathy, attitude and behavior. However, when working with addicted people the best effect is achieved if the employee has a social worker or volunteer assistants themselves have had such problems. They find a better contact with the customer, customers have more confidence in them (Žaliminė, 2005; Соболев, Белоусов, Подгорный, 2002).

In summary section may be noted that in addition to all the social worker's personality traits, personal social services principles interpersonal and other skills, social workers have to believe in the meaningfulness of their work and believe that dependent on human behavior change is possible. However, the quality of service depends on the organization's terms of service and operational methods, which will be analyzed in the next section.

2.4. Social and psychological rehabilitation centers operating methods

Rehabilitation of community primary goal - to help the dependent person not to use psychoactive substances and to integrate into society. This is achieved by changing the lifestyle of dependent persons, consisting of many different fields (Arnau, DC, 2006) community rehabilitation activities are carried out in individual and group counseling, a variety of educational activities, training and education, occupational therapy and vocational training, cultural and leisure activities. Community rehabilitation program and also define the length of the rehabilitation process, taking into account the objectives pursued by the rehabilitation duration can range from three months to two years: it depends on the individual client's goals and rehabilitation program structure.

As shown surveyed psychological and social rehabilitation institutions provide details of the persons dependent on psychoactive substances, in 2012 the provision of services, mainly provided social services - (574 persons or 93 per cent. Of all persons who participated in rehabilitation programs) and educational and social skills development services (564 persons of 91 percent.). Services are provided by social workers / social workers assistants who identifies and solves social problems. Organization of work, both individually and in groups. Ongoing personal social integration organization: coping and overcoming emerging social issues in cooperation with health care, education, law enforcement and other institutions whose services are required by a person's needs, helps to maintain or restore social ties with family members or other relatives provided counseling services for family members or other loved ones (NTAKD 2013).

Opportunities for assistance in investigating a situation of dependence the US Institute summarized the extensive research data, announced effective from dependence on aid principles (NIDA, 1999):

1. There is no single method of assistance suitable to all parties. The fundamental challenge is to adapt the assistance to the real nature of the person's needs and capabilities.

2. The aid must be accessible. If the aid is more readily available, it is likely that more people will turn in time to solve psychoactive substance use caused problems.

3. Effective aid must meet a number of personal needs: health issues, law enforcement and others. Without solving these problems is unlikely to succeed for long to avoid relapses.

4. Support should be flexible. It is important to periodically assess the client's needs, which aid in the course may vary.

5. The aid must be an ongoing process. In most patients, the minimum time before a substantial improvement of the condition lasts for about 3 months. During this period a person can change their attitudes, behavior, learning new skills. Longer aid award provides a good opportunity to strive for further improvement.

6. Individual and (or) group chat and other behavior change tools in providing assistance to people in dependency situation is extremely important.

7. Medications are an important number of addicts aid element in them, but their appointment must be associated with behavior change, support, counseling, skills training.

8. Withdrawal treatment - it is only the introductory phase of assistance, it has no special significance for further assistance results.

9. Effective aid does not have to be voluntary.

10. It is necessary to closely monitor the client for a possible drug use at the time the aid community drug prevention, early detection and onset relapse and help develop a plan.

11. Liberation from addiction can be a lengthy process. Often need to repeat the rehabilitation program. Important relapse prevention (Principles of Drug Addiction Treatment. A Research Based Guide. (1999)

Rehabilitation must have a therapeutic community program, which defines the main objectives of the rehabilitation community, its principles and methods. Therapeutic programs are very diverse, but there are some components common to most communities in rehabilitation programs. The objectives allows structured rehabilitation community activities and indicate what tasks to perform community members and what types of activities should be developed (Valentik et al., 1997).

According to the information provided rehabilitation training to ensure the provision of the following services: a healthy lifestyle values education (sports classes, strict schedule, responsibility education); occupational therapy (environmental management activities, gardening, garden work, livestock and poultry farming); Art therapy classes (painting, playing, singing, writing poetry and so on.) computer courses; English language courses for Russian-speaking people - Lithuanian language courses; other occupational skills training, job skills, counseling about employment opportunities and so on. Many rehabilitation dependent persons engaged in repair work and acquired carpentry, bricklaying and other building trades skills. In some centers dependent persons trained in fine wood carving products, engaged in the cultivation of medicinal herbs and prepare small green keepers work. Mikalkevičius (1992) share a very long time applied the experience of the Soviet Union. According to him, physical work will harden. It can be argued that it was therefore already in 1928 began to set up factories in narcological department. Baltic States first narcological department to industrial companies - Vilnius Zalgiris machine tool factory - set up in 1974. Mikalkevičius believes that these divisions had the advantage of being narcological departments at the plant did not differ from the dorm, so the client's working much faster rehabilitation. It was also given the opportunity to receive treatment longer and earn money, because many had to pay alimony to support families. Another positive aspect of the work with the other workers, who helps to feel very human value. And last but not the least important aspect, that if the person addicted to work well, it can stay all the time in the factory and have a job.

But working alone, artistic, literacy and other training is not enough that a person in a situation of dependence can be successfully integrated into society. For this it is necessary to help restore social skills, such as communication, overcoming stress, self-control and other skills. According to Leliūgienė (2003) social skills learning communities formed to resist the demand for

the use of psychoactive substances, and is carried in relapse prevention is taught to control feelings and express them, promote personal development and self-esteem, problem-awareness, relationships with family and restoring conflicts and problems. Therefore, all rehabilitation institutions to implement the 12-step program, held consultations with social workers, selfknowledge training, group and individual classes and more.

One of the important things is promoted rehabilitation of community values and philosophy. This holistic view, covering the views, attitudes and beliefs, what should be a healthy personality and wholesome life in society, non-users of psychoactive substances. In different communities, rehabilitation philosophy can be formulated in many ways, but they all have in common is that promote the values of responsibility, helping others, mutual understanding: community members learn to answer for their behavior and take care of other members of the community. As well as community members learn to freely express their feelings, thoughts and opinions - so that everyone can contribute to community life and to develop it (NTAKD, 2008).

Initial rehabilitation community is a person who came to the community, adaptation. The aim is that the new member of the community would cease to behave antisocial and begin to adhere to the rules. Learning to live by the rules accustom to the discipline and self-discipline - the person learns to resist his mood swings and hit our target. The rules help to create a therapeutic environment in the community, that is. y. ensure the security of dependents, but did not take any psychoactive substances and express aggression. According to the Dvareckas and Navickas (2012), virtually all dependent persons are already faced with attempts to regulate their lives rules. Addiction is a very close relationship with a lie: to himself that he has no problems and can deal with everything himself; and lie to others, which occurs in various manipulations, disputes and argued. Undesirable behavior dependent persons usually benefit from them in the past, when they lived in dysfunctional world, but it inhibits a person to adapt to the norms of social life, so it is necessary to learn a new or rehabilitation of community desired, behavior.

For the rules of the system to be effective, it must be clearly defined as unwanted behavior in the community and what is acceptable, clearly identified behavioral consequences. The rules to be proactive, to be implemented penalties for violation of the rules of the system and the efforts that the rules would be internal codes of conduct. That people would see the benefits of the rules, it is necessary to keep them in the community to discuss, interpret their meaning and benefits.For example, if members of the community will understand that certain rules can help them resolve their conflicts, they are easier to accept them as useful. Especially important role in the process of rehabilitation have old community, an example of which encourage newly arrived members of the community to change their behavior (NTAKD 2013). Existentialism highlights the need for human existence condition - communication with other people; just as humanity is acquired traits (Alifanovienė 2004). In order to realize the values that everyone entering the rehabilitation community dependent person feel its members could express their views freely, requires a high degree of mutual understanding and appropriate communication atmosphere in the community. Such communication atmosphere is one of the therapeutic agents to ensure the success of the rehabilitation process. Communication atmosphere can identify relationships between members of the community, ways to deal with conflicts approach to other members of the group and so on. Interaction with other community members and staff - this is one of the essential components of community rehabilitation, during which the use is the same essence of the community - its "communal spirit" (Vandevelde S. et al. 2004). The most rehabilitation community and is a major therapeutic tool to help change dependent human thinking and behavior.

According to Čaplinskas et al. and the other authors (2009) is often dependent individuals in the community in an atmosphere of communication is identified as a sense of belonging. The feeling of togetherness will be lower, the more peer conflict and tension. In this case, people feel insecure, will not be inclined to help each other, trust each other, they will be among the few open because openness and weakness usually exercised between battles. People will tend to fight each other rather than to improve their relations, and in this struggle often use these methods, which brought out anti-social world. Dependent persons, social activity hinders the provision of noninterference, brought along from the anti-type of world relations. This provision does not interfere in the conflict, which is not directly touching the same person. In this case, people are much less united to the community, they are less willing to stay in, leave me ahead of time. Remaining in the community will be difficult to take advantage of the benefits of therapeutic community - they will not be able to speak openly meetings and group therapeutic exercises, learn to feel free to express their opinion, will not be able to share their painful experiences because of fear that the other might take advantage of. In a community dependent people learn to establish warm and friendly relations that sustain them in later life. Active participation in community life manifested in the exclusion of indifference existing relationship between members of the community, providing assistance in resolving various conflicts, as well as the payment of courage to express their views and feelings and to protect existing community order.

Social learning takes place for community members to communicate with each other and encouraging positive changes in behavior and thinking. Community members are taught the principles of self-help and encouraged to take care of each other. Through communication and exchanges of views both in daily communication and group sessions or group therapy every member of the community takes the opportunity to see how his behavior affects other members of the community. Other community members and staff reaction to the dependent person's behavior is like a mirror that allows the dependent person to see themselves, their positive and negative qualities, and experienced problems which contribute to the psychoactive substance use. Community members and staff offered feedback is an effective means of promoting the exchange of a dependent person, abandon destructive behavior incompatible with community behavioral norms, values and philosophy. Other members of the community dependent person is like a model and an example of this behavior, which is dependent person can take over solving your problems. This creates not only external but also internal motivation to achieve their lifestyle changes (NTAKD, 2008).

The newly come to the rehabilitation community person usually claims to want to adapt to the community and respect its rules. Dependants find out how many people in your community conduct actually complies with the rules publicly declared what the actual standards of conduct and relationships. Public community rules usually causes a lot of inconvenience, as constrained by their behavior and contrary to previous habits. So if they see a discrepancy between community members and the stated rules of conduct, in such a case it is likely to allow themselves to violate the rules. Some members of the community prejudices caused by dissatisfaction with other members of the community, internal rules of procedure. All of this can provoke conflicts, which are usually dealt with sending neprisitaikiusius people from the community (Caplinskas, Gasiliauskas, Sruoga, Dragūnevičius, Lošakevič, 2009).

The next phase is the initial adjustment - to find out what is the relationship between community members. It is particularly important, dealing with mutual conflicts and as members of the community seeking to dominant positions, since it gives more access to various privileges .. Rehabilitation in the community both physical and psychological aggression is prohibited, however, dependent on sound knowledge of how to do a psychological pressure on blackmail, manipulation of another human weakness, and so on. It is desirable that a sufficiently long period of time has been standing in the community hierarchy principle, according to which a greater impact on the community has stayed in it longer and more have contributed to the creation of dependent people, facilitate the implementation of the rules (Caplinskas, Gasiliauskas, Sruoga, Dragūnevičius, Lošakevič, 2009).

Using a variety of social rehabilitation methods to achieve the goal of psychosocial rehabilitation process of inevitable problems. Lithuanian narcotics control board (2006) identified the main problems arising from the social rehabilitation process: the profession, qualification addicts shortage; adaptation of the lack of services; fee for rehabilitation services; cooperation between the various departments lack; bad living, living conditions state; lack of qualified

specialists. One could mention another problem: the dependent's awareness, wrong perception of the situation. Psychiatrist Mikalkevičiaus (1992) memories remained with alcoholics anonymous meeting in the United States. One of the alcoholics anonymous meeting with the republic of reacting to drug treatment as a convalescent alcoholic Bill, although this getting better an alcoholic for 70 years. He has 35 years of absolutely do not consume alcohol and still claims that he was convalescent alcoholic. Lithuania dependent persons just a couple of months lived soberly already firmly convinced that healed and can behave as they wish.

Discuss options help communities rehabiliation persons in a situation of dependence varies in duration, location, social environment and the existing methods. Similar bodies persons in situation of dependence can apply completely different reference models, but some aid models can be very similar, being different from each other only in them of aid priorities positioning methods, quality of service, professionalism of the team. Affect the application of the model may have even factors such as the social environment in the community or social support. Social support important person in a situation of dependence and on the internal matters of reconstruction and of social and physical environment quality improvement. Not least, the researchers say, and what is faith in something higher, because it strengthens the hope of life meaning, purpose and provide social support. It is no coincidence reabilitacinese communities subject to a twelve-step program that is based on the principle of spirituality.

So it is through the existential philosophy, a social worker must help thinking existentially dependent to break free from the illusions and self-deception; reveal the meaning of suffering; help recognize the freedom of choice and responsibility; reveal interactions with other people as a process of personal development for success and show personal commitment and maturity of the relationship.

Rehabilitation community stands ready to assist a person in a situation of dependence when it has a therapeutic program, which defines the main objectives of the rehabilitation community, its principles and methods used to achieve those objectives; develop a healthy lifestyle values, apply occupational therapy, art therapy classes and so on. One of the important things is promoted rehabilitation of community values and philosophy, as well as adequate communication creating an atmosphere Rules helps to create a therapeutic environment in the community, that is. ensure the rehabilitation of addicts in the community safety by preventing the use of any psychoactive substances and express aggression.

A lot of scientific articles written, statistics, studies and analyzes carried out on Narcotic drugs and psychotropic substances, prevalence, morbidity, health damage and other effects; crimes related to the use of psychotropic substances as well as prevention. Also, many authors have investigated this issue provides research data on aid referral motivation, aid modalities, the importance of social support. However, as all these factors work together to a person in a situation of dependence, rehabilitation programs fulfillment, satisfaction with the services provided by the model, the subject was examined low. Therefore, in this work, through the systems theory approach will address the problems faced by people in dependency situation, decided to start a healthy lifestyle. Following an analysis of the scientific literature remains an important issue should be formed social assistance treatment model that is efficient person in a situation of dependence, selfdetermination to fulfill rehabilitation program?

II. PERSONS WHO ARE IN A SITUATION OF DEPENDENCE, SOCIAL SERVICES MODELING FEASIBILITY STUDY

1. Research Methodology

Research methodology and techniques:

The study is designed to detect persons in a situation of dependence, service modeling capabilities that enhance the motivation to continue the process of rehabilitation, exercise rehabilitation program, the exchange of personal attitude and approach to the rehabilitation process, the opportunity to change the way of life of the current situation. Psycho-social rehabilitation center with a dependent person is treated as a separate system, which aid the process of running and which operating environment is changing personal status and related behavior (Mikalkevičius, 1992). Environment (psychosocial rehabilitation community) operates a system - a person is in a situation of dependence. The system can also affect the environment. Interacting with each other environment and system environment when the system works, the change is noticeable in the system reacts to the environment and the changes taking place in the environment. This creates a cycle effects. According to Frankl (2010), human behavior is determined not by the circumstances with which he faced and his own judgment. This may be conscious or unconscious human decision or he will challenge the circumstances, or allow them to lead. The study aims to find out by means of systems theory: what should be formed social assistance model (environment), which is effective personal (system), in a situation of dependence, self-determination to fulfill rehabilitation program to develop the capacity to live soberly; which creates environmental factors increases dependent on drugs the motivation to participate in social rehabilitation programs and the resilience of relapse; changes in individuals (system) in the dependency situation, approaches to the rehabilitation process and services (the environment), various rehabilitation periods. The identification of social problems, modeling solutions, existential model is based on a client relationship with the family, his significant people, the community, and will seek to uncover the relationship between spirituality, social support and persons in a situation of dependence, rehabilitation programs for drug prevention in the community continuity. In summary it can be said that existentialism seeks to analyze the main problems of human existence: freedom, responsibility, communication and relations with other people.

Work thesis was chosen to express subtleties qualitative narrative method. According to Chase (2005) the narrative study is to understand and explain the broader context of the interpretation of the individual experience, such individuals are what make them available to their stories, as well as to reveal the meaning of the experience to individuals. The study most often chosen by individuals whose experiences are socially meaningful, reflecting broader social phenomena or processes. The most common narrative research applied to capturing a small group of individuals living

experience. The data were collected narrative, semi-structured interview approach. Persons who studied in the wild in a specific environment - drug prevention in the community. The study used survey data to obtain - a semi-structured in-depth interviews and pre-defined questions (2 annex-questionnaire). The questionnaire consisted of two blocks of topics (annex 1 - operationalization): Social Services Block model and spirituality and close environment of social support block.

Social Services model block will reveal persons in a situation of dependence, settling drug prevention in the community satisfaction with services in different periods, as respondents will be interviewed about their experiences at the beginning of the rehabilitation and after a few months.

Spirituality and close environment of social support block reveal links with persons in a situation of dependence rehabilitation process and its continuity. This study will analyze the spirituality and inner personal change; reveal social support internal and external sources of influence on the decision to stay drug prevention in the community.

After received research analysis will reveal the factors that increase the drug addicts the motivation to participate in social rehabilitation programs and the resilience of relapse. The conclusions will be presented for social services based on the possibility of modeling studies.

During the investigation, the data collected in the spoken Lithuanian language, which the study participants with the agreement shall be entered into the recorder, to facilitate the received data analysis. Data collection instrument - interview questions submitted in writing during the interview.

Given the bees Bitinas and Žydžiūnaitė (2008) findings that qualitative research is necessary condition - their own terminology and schemes prior not included and reliance on informants terms used by the respondents language unchanged. They were able to freely express their thoughts in one or another issue and to identify what they consider most important. In this study, the data collected is authentic.

The study participants rationale for selection. The survey sample – Experts take - social workers to choose five respondents participating in the social rehabilitation of 6 to 12 months, charity and support fund "Shelter" mixed men's and women's addiction treatment center, and one respondent from Ukraine psychosocial rehabilitation center. Such a period is selected to tyriamieji should have some experience of life in the community drug prevention and access to services; to identify tiramųjų changes. The study included men and women aged 30 to 55 years. Empirical research carried out by charity and support fund "Prieglobstis" Rehabilitation Centre in Akmenė district, Dabikinėlės village in March 2015.

The study interviewed respondents in a situation of dependence, who carried out the rehabilitation according to the twelve-step model program. Common feature of all the participants that all respondents successfully carry out the program and are already in the middle or at the end of program execution.

Nr.	Code	Age	Sex	Country	Temperance experience	Rehabilitation duration
1.	R1	42	Woman	Lithuania	2 relapses	12 month
2.	R2	51	Man	Lithuania	No relapses	12 month
3.	R3	45	Woman	Lithuania	No relapses	6 month
4.	R4	33	Woman	Lithuania	No relapses	9 month
5.	R5	35	Woman	Lithuania	No relapses	10 month
6.	R6	45	Man	Ukraine	No relapses	12 month

The study participant characteristics

Data analysis method.

Research ethics issues. All study participants who had revealed the essence, to ensure confidentiality and anonymity, enrolled voluntarily. The study participants, the real names and social workers in the survey mentioned the names will change codes. Kardelis (2007) shows that the distribution of the information obtained during the investigation, which can be identified study participants. So full interview text will not be available to ensure the confidentiality and anonymity. The research data is collected, the researchers made it possible informants to choose the time for customers to create security and trust. Researcher working in the institution, which conducted the study, but no power of respondents do not have exposure to the rehabilitation process.

The study reliability. During an interview they were asked the same questions, and the investigator and the collection and analysis of data received was of a personal principle of impartiality. The research data analysis was performed in two stages: a) Taking interview recorded stories continue to record transcribed verbatim. The transcription of entry was to preserve exactly the information obtained during the interview and to submit it literally as it recorded during the speech. b) on the content analysis technique interview broken into segments and then reconstruct a coherent narrative. Separately, not to carry out the sentences that did not mean a complete no thought of a particular text. After recording the stories received information that the matter in question has nothing to do, it is not included in the analysis of materials and just left.

The material treated in this way: the study material obtained is divided into categories, which include certain subcategories. Category - a proposition involving a group of sub-categories (short statements) that share a common content, text meaning.

The study place and time. The study was conducted in charity and support fund "Prieglobstis" psychosocial rehabilitation of dependent people in the community, their natural environment, the then informants permission to choose a meeting time, according to the respondents' agenda. Talk place - psychological cabinet, where they were repeatedly consulted. Interviews lasted up to an hour. Meetings were two - three for each respondent, depending on the respondent's language fluency. The research data were collected from 2015. 1 March. 2015. 1 April.

2. Results of the study

2.1. The rehabilitation center existing aid techniques, social workers, professional and interdependent

As the community rehabilitation activities are complex and multifaceted to see all social assistance a person in a situation of dependence, the environment as aid system, it was necessary to analyze not only social workers work, services provided, but also the community microclimate, community programs applied by the activities and methods. Rehabilitation community, which was a study for the program of activities and methods to provide more Annex 3. The respondents submit questions to find out their views on the services provided by social workers, their professionalism and community microclimate: the agenda, internal procedures, customer interpersonal relationships bendrabimą. Questions are divided into five blocks.

Approach to services and internal procedures in different periods

Table 1

Category	Subcategory	Proof of the claim
Arrival	People in the	" Is a former neighbor in this center." (R2)
influencing	immediate	"Encouraged social worker and children's rights (R5)
factor	environment	"Active people in society through, I found myself here." (R3), "to
		promote, pushed me to a friend of my mother $(R4)$.
	Personal	" I just realized that I will relapse. (R1)
	perceptions	" because I realized that everything that no one else for me
		just not going to rehabilitation, and it is with faith. $"(R4)$
		"When No longer than where you live, you can say it again
		as I left and on the street." (R2).
Conscious	Beginning	" In six months, (R 2)
rehabilitation		\dots The three, three and a half to me. "(R 1)
	Symptoms	"When You come to a fork in the road. It's some sort of
		internal perception of the future and the desire you are
		already half years not drinking, you can drink it would have the
		faith "(R2)
		"When I began to notice the change itself. Not then, that I said to
		you Keita, but then when I have, then I just started to enjoy
		yourself "(R1)

The first question block: The approach to services and internal procedures:

Services	Service points	Advising enough. "(R4).
included	2000 F 0000	"All I get full services." (R6).
	Service	"These services are a positive development, because it has
	evaluation	helped me." (R1).
Disadvantagas		
Disadvantages of Service	Group sessions	" That our addiction to some sort of classes, training somehow
of Service	10	(R1)
	12-step	" You just over the hour have not, as long as you are online,
	program	everything is ending the hour." (R1)
	Social worker	"Maybe consultation also social workers." (R1)
		" Some help to persuade the man, if you come with the desire
		(to use alcohol or drugs secretly buy), that he would not be
		afraid to turn. (R2)
Additional	12-step	"Consultations twelve step program. This may work more.
services	program	Maybe some hours should be added yet. An hour and a half to
request		make it even with their minds to work with them people. "(R1)
	Excursions	"We would like more trips to the theater and cinema." (R6)
	Courses	"What I'm missing here, is perhaps the education program that
		would have at least basics of computer and foreign language.
		(R3)
	Spirituality	"Perhaps the lack of theological training." (R3)
	training	
	Training on	"To the people as an example as a man should there are
	addictions	changing. But words are words It should be more of drug
		addicts, alcoholics, videos. "(R2)
	Dependent	"As for the certificates in general I wanted to get us something
	people	more me to come here, that would talk about it. (R4)
	personal	
	experience	
Introduction	Rules hand to	<i>"When I brought, gave the sheet to read the rules, gave the sign,</i>
to internal	read	and this was just the introduction. (R2)
order		"They hung, and so I read. (R4)
		"Not really, I was introduced, first because I had a child." (R1)
	Introduced	
	Introduced	"The internal rules of procedure introduced by social workers
	staff.	(R6)

	x , 1 1	
	Introduced	"The order was what allowed and what is not, was living with
	other	me she says. rehabilitant any help. "(R1)
	community	"I got a sheet like every rookie with the internal rules of
	residents	procedure. Elders handed rules and further guardians. Assigned
		to each novice guardian, who will help you if anything is
		unclear. The mentor is second faze rehabilitant. "($R3$)
Internal	Internal	"At first I thought, here as far as the army or whatever." (R2);
procedures	procedures	" At the beginning when I was here it was hard for me" (R4).
and	Work therapy	" work therapy seemed so meaningless jobs, something" (R2)
performance	Readings	" And I wanted to sleep seemed boring here" (R3)
evaluation at		
the beginning		
Internal	Internal	"I am for that procedure in reality, the discipline." (R2)
procedures	procedures	" I started to see things differently and everything took on
and		meaning." (R3) "the good, there are many people who I care
performance		about." (R6)
evaluation	Work therapy	"I just I am glad that we can do something to work, something
after six		has been done during the entire occupational therapy." (R2)
months	Readings	"And with the time of the cerebellum has recovered slightly
		against all drugs, passed in the state of abstinence, I began to
		see things differently and everything took on meaning (R3).
	12 step	"With it, we are working it helps us. (R4)
	program	
The approach	Rehabilitation	" In the beginning it was the dissatisfactions of one hundred
to the agenda	program at the	percent. rehabilitants is about eighty percent will be unhappy.
	beginning	"(R2);
		"To get up in the morning seemed nonsense. None not
		understand, you want to sleep sometimes even fall asleep during
		the reading. Occasionally you wanted to stay longer in the
		evenings and not to go to sleep. "(R3);
		" At the beginning it was hard along the time to live, raise, was
		very difficult. The occupational therapy, all a minute to a minute
		The circle 19:10 I could not understand why the vat 19:10 why it was hard to accept the fact(P4)
		why, it was hard to accept the fact "(R4).

	Rehabilitation	"I think that a little is needed for the army regime for spoil both
	halfway	life and his regime do not have." (R3)
		"It manages to be only desire (R1)
		" I can safely say that it is needed the discipline (R2)
		"But when I see myself breaking, mum very demanding
		schedule (R4)
		"Succeeds. Never be without prejudice. "(R6).
The daily	Most of the	" Of course, that was before I change it I single infringement
routine	respondents	and lived only. "(R1)
violations	Cther clients	"The daily routine violations of the girls constantly. They are
		moving, never falling short, like that late in the vat constantly
		comes out, because within it there is some kind of a mess, and
		because I will understand. "(R4)" Feel the tension. For the
		newcomers, it is the last which does not want to accept the
		agenda, for all along willing to do yourself. It happens very
		often do not want to accept the agenda. "(R4)
Community	Other	"And I've seen that they are doing and they are changing"
microclimate	customers	(<i>R</i> 1).
forming	sample	
factors	Secluded	" Of looking after, adjust with the communication there, how
	tracking	are when filled. Gradually, I was as an observer, s you do not
		touch me, I'm not going to hurt you. "(R2)
	Conflicts	" conflicts is much healthier than artificial smile stretched that
	between clients	you pretend that all is well and the heart of every carry your
		little junk that is just waiting to be dispersed when and where it
		is difficult to deter escapes." (R3).
		"Among them received such a conflict, why not remember
		exactly, but it turned out." (R3)
	Bad Behavior	"And then he took her to a purely public pressure. (R3)
	Misbehavior	"Hence the deleted E, and then went out, and so that and T and
	intolerance	A" (R 3)
	Non-	"And why others did not intervene, the men did not intervene,
	interference	because rather afraid possibly men and expressed
	provision	dissatisfaction with the sound of his or restrained him, but that's

		simply out of fear. (R3)
Factors affecting the implementatio n of the program	Prejudice Strong stance Other customers	"It was there two or three months and it seems, at least a great achievement, experience, summer is here almost on the nose, has also meditate here where I go walked the type to go, what I'm doing here. (R2) "I came here, I thought just go for what two months in (R1) "I no longer wanted to go back and any help was needed." (R3) "In my opinion, what is the major determinant of relapses is staying in the center of other people's influence. Because if a
	influence	team is one such, who imposes his own destruction, a negative opinion, in most cases it persists, the weaker and falls away to listen. "(R3)
	Where lack of return	"Where you go? when there is no longer than a place to live. (R2)
	Perception of changes	"The way back and start again from scratch. Or stay and thought collapse. (R2) " But then I did not understand what those two months will give? In fact, nothing I realized that it is impossible exchanged fail because neither the program nor are you what. (R1)

During the interview, questions were raised about the respondents consider community-based services to impress upon arrival to the community and shortages, internal procedures and determination to come to the psychosocial rehabilitation community within which each study participant told certain moments of their own life.

The analysis of the data showed that respondents hardly imagined where they are traveling, lack of information about psychosocial rehabilitation centers. Upon arrival to the center is not very aware of what is happening and how to behave. The prospect was simply out of the current situation, the environment to seek help. When questioned why arrived in psychosocial rehabilitation center, and what led to such a step responses sounded self-reported high motivation to change lifestyle (2-R 1, R 4). Find help respondents encouraged close people, friends, neighbors, social workers, children's rights, community (4-R2, R3, R4, R5).

How respondents assess their services, their amount or frequency of responses received shows that customers receive all the necessary services to them (3-R 1, R 4, R 6). When questioned about would see the shortcomings in providing services to them, some of the respondents said they did not

lack anything (1-R1), but the group sessions time, twelve-step program execution, it was a little too short, not always our customers pay only speculate insight, understanding, lack of support for them working with this program (1-R1). Noticeable and social services staff, the lack of consultation, focus on customer timidity, which would suggest causes inadequate staff some deeds (1-R2).

In clarifying what services customers would like to see what they are missing, as they imagine what would complement their successful rehabilitation of the way, the answers again stressed the consultation on the twelve steps deficiency (1-R1). Ukrainian respondents would prefer services outside the community (1-R6). What could be additional community services to assist dependent people more aware of their addiction, seek to abandon permanently change your lifestyle, respondents cite several ways: computer literacy and English language courses deficiency (1-R3), theology, spiritual training meetings (1-R3), training of dependencies with Real-life visual material (1-R2), the most dependent on the testimony of people walked their way towards recovery, good practice (1-R4).

Another drug prevention program in the community, "Prieglobstis" is DAYTOP that the principle of therapeutic community as a way to help. All activities and community rehabilitation schedule is made so that the trained person in the situation of dependence, responsibility and promote a healthy lifestyle skills occurrence. Upon a question on respondents' responsiveness to the community agenda, all the respondents mention that they found challenging agenda seemed incomprehensible (3-R2, R3, R4). But today, after more than half a year of rehabilitation period, all the respondents claim that the schedule is a useful and very important part of their life changes, it learned to plan their activities, live under the regime (4-R1, R2, R3, R4, R6). Post a question on the agenda of irregularity cases in the community, get answers show that the agenda violations mostly influenced by the beginning of the rehabilitation agenda to perceive the importance of (2-R 1, R 4).

Community internal rules of procedure as well as another very important factor that leads to changes in customers, helping to restore social skills. Asked question of how customers are introduced to the internal rules of procedure, which helps to keep them. Some respondents said that they were simply filed sheet read, or even shown where hanging and told to read (2-R 2, R 4). One respondent states that the internal rules of procedure, to comply with assigned caregivers that explain the rules and reminds them (1-R1). Respondents said may not have been informed about the rules because it was the first such customers, clients with children who receive authority has not yet been prepared (1-R1). But later, as the client, it helped her to comply with the internal regulations of the other members of the community (1-R1). The respondent from Ukraine says former familiar with the internal rules of social workers (1-R6). When asked how the community has managed to comply with the internal regulations of the respondents said that the emergence of even a single customer with a small child, she was able to join in the activities and the program, and to comply

with the internal rules of procedure (1-R1), because its against each other under the supervision of the children. Noticeable and the client does not want to engage in community life. A positive example of other customers' efforts to influence change (1-R1). The respondent from Ukraine argues that manages to comply with the internal regulations of spiritual things and people around assistance (1-R6).

According to the Dvareckas and Navickas (2012), virtually all dependent persons are already faced with attempts to regulate their lives rules. Undesirable behavior dependent persons usually benefit from them in the past, when they lived in dysfunctional world, but it inhibits a person to adapt to the norms of social life, so it is necessary to learn a new or rehabilitation of community desired, behavior. Learning to live by the rules accustom to the discipline and self-discipline - a man learns to resist his mood swings and hit our target. The rules help to create a therapeutic environment in the community, that is. y. ensure the security of dependents, but did not take any psychoactive substances and express aggression. When asked how respondents view on some of the activities of the internal procedures to get the answers to the first customers had to adapt, to grasp the meaningfulness of activities, need their own change (3-R2, R3, R4).

When asked what the community microclimate, as customers abide by the rules, the influence of the newly arrived customers, one respondent replied that the example of other customers affected its changes (1-R1). Some customers stayed away, their role to make sure what behavior tolerated, what prevails unwritten rule (1-R2). Other respondents said that even small conflicts needed, they affect the customer sincerity, openness, speedy resolution of conflicts (1-R3). Improper conduct that is morally harm other customers confused community procedures hinder other customers successful rehabilitation is not tolerated, customers removed (1-R3). When a person lives in a particular environment, it is exposed to the venaip or otherwise. These interactions may seem outwardly and negative, but in some cases they also teaches real life solution to the conflict. Interaction with other community members and staff - this is one of the essential components of community rehabilitation (Vandevelde S. et al. 2004).

Often there are psychosocial rehabilitation center that customers leave the rehabilitation community and returning to the old way of life. Respondents were asked when they had a similar desire, what they were detained and when they believe life began in a conscious move toward change, with the aim of attaining the end of program execution and to radically change their lifestyle. The responses reflected the desire to leave early rehabilitation caused by the aid community sense a lack of awareness misconceptions, it is not necessary to carry out the whole program (2-R 1, R 2). Other respondents said that the desire to escape not because of any assistance desired (1-R3). Respondents expressed their thoughts that they think people exit from the community influences other inappropriate behavior of customers (1-R3).

Respondents refrained from the desire to get out of the rehabilitation community perception that there is no place to return to long-term assistance is needed and that change is not possible in the short term (2-R2, R1). Conscious rehabilitation began respondents from triejų half-year period, when customers began to realize and notice your changes (2-R 1, R 2).

To sum up this question block, it can be said that the newly come to the rehabilitation community of man trying to adapt to the community and to comply with all the rules in force. Many start-up phase, as states Čaplinkas and others (2009) is required to meet with existing procedures, with people living in the community, their behavior. Dependent people usually find out how many people in your community conduct actually complies with the rules publicly declared what the actual standards of conduct and relationships. Some respondents said that they are becoming observers. Public community rules usually causes a lot of inconvenience, as constrained by their behavior and contrary to previous habits. So if they see a discrepancy between community members and the stated rules of conduct, in which case they tend to allow yourself to violate the rules.

According to Leliūgienė (2002) social skills learning communities formed to resist the demand for the use of psychoactive substances, and is carried in relapse prevention is taught to control feelings and express them, promote personal development and self-esteem, problem-awareness, relationships with family and restoring conflicts and problems. Therefore, to implement the 12-step program, held consultations with psychologists, social workers, self-knowledge training, group and individual classes and more. Community rehabilitation activities are carried out in individual and group counseling, which noticeably missing: a twelve-step program of additional hours of individual consultations. Preferable as well as additional services that the customer it would improve their rehabilitation process: various educational activities, training and education about drug addiction.

In some cases, the lack excellence, knowledge, skills and personal characteristics of social workers, whose deficiency leads to the inability to provide services contingency, customer fear and timidity to seek help.

The importance of understanding the agenda only after several months of living in the community drug prevention in the event of adaptation. Respondents argue that the schedule needed because it helps to plan activities, learn to live under the regime. The internal rules of procedure are introduced to customers in different ways, so it can be assumed that there is no uniform system. It can be said that the organization is teamwork between social workers gaps.

Conflict in the community happens, however, according to the respondents one needed to speak, the other is making a negative impact on customers well-being. The emergence of the dominant person and žalojančiam other community members, some customers comply with the provisions of non-interference in fear, remain on the sidelines. Conflicts often decided by social workers, bad behavior is not tolerated in this community, customers removed.

According to the respondents conscious rehabilitation starts about three to six months. Rehabilitation is referred to as the conscious, when a person notes positive changes in themselves, they begin to analyze their life stands as a crossroads of life and realizes that no longer wants to turn the path of addiction.

By comparing the Ukrainian and Lithuanian community rehabilitation activities and customer attitudes towards it, it can be said that the work is very similar. Observed difference for the desired additional services. The respondent from Ukraine wishes vacation services outside the center, suggesting that community service deficiencies observed. Meanwhile, Lithuanian rehabilitation center addicts relevant services related to education, working with the help of the twelve-step program, and training.

Approach to providing social services staff professionalism

Table 2

Category	Subcategory	Proof of the claim
Positive	Help in time of	"If necessary, it is always possible to obtain." (R1)
respondents	need	. I heard. "(R4)
complaints		"I personally always forthcoming." (R5)
about social	Efforts to help	"There need to be at the clinic, tried from all sides, that you
workers		driven." (R2)
		"There have been cases of bad social workers not only invited to
		the center, but also came to the house and together we solved the
		problems. I appreciate the excellent "(R6)
	Emergency	"They say that everyone finds themselves reabilitants nearest
	Support	employee. I was also close staff,, who was with me in the most
		difficult moments. (R3)
	Kindness	"Everyone helps in good faith, (R1)
		"I was with my mother in the hospital, the first and the second
		time brought M, I feel great gratitude. The third disuse L, it also
		supported me through it all and laiduotuves very binds and
		brings to man. (R3)
		"Employees appreciate the good efforts." (R4)
		"There is goodwill, Doubtless. I'm very positive, welcome,
		wonderful people, really grateful to everyone. "(R5)
	Confidence	"You can give me as a comparison and S, of course I feel that

The second question block: The approach to providing social services staff professionalism

	Listening	she is higher, but it pleases me that she over me in a good sense, because I need to be above me, I'm okay with the fact that this is so. (R4) "I trust the employees." (R1) "Some really well, which I trust, and I can talk." (R5) "If I come without assurance as better, I say, and I really am getting and advice and supply vat maybe better do so, and even
	Respect for the client	explains why so not very good." (R1) "If you will not, it certainly will be explained to you, no one will say you know there's nonsense or so." (R1) "Understand me and advise listen, you can see the sincerity." (R5)
The approach to a social worker assistant jobs, personal experience of addiction	Positive	"Social workers, who were themselves dependent, ready to help others, even without reward. (R6) "I mean, I think that a man experienced in life the more he will understand each other and support and the contact will be, than the a person who is inexperienced in life, but completed. (to education). (R5) "What stood out rehabilitation, what are you there to such a
		man, he understands. Man completed rehabilitation should still at least a few years to live, can grow into and become only the worker, but not immediately after rehabilitation. And that's just for advice, the situation, but not as soc. employee. Some looks at the newly baked workers is getting ugly as they hypocrisy, I do not want even to communicate with them, what kind of help there. Better keep quiet and go himself and all his problems arise. (R2)
The approach to a social	Positive	" There is one other the completion of their studies, understands how to help. (R2)
worker with a certain degree	Negative	"He can visually be sincere to help, but it will not be something that still missed. The obligation to work, but it will not be something from the inside. "(R5)
Respondents comments	Strictness	" The fear I feel with respect to M full time tense. I do not know me immediately crushes maybe is he such severity; I said,

about social		and as slicing. To me the father was. It is here they are
workers'		
		inextricably linked. (R1)
personal	Ignoring	"I think of it. Well, maybe it was the case that on me angry. But
characteristics		angry because I know there Well, if angry, it says, know how to
, relationships		apologize, but what do I know. (R1)
with		"I do not feel ignored by workers." (R4)
customers and	Derision	" The foundation at all accidentally when an employee goes
competencies		away and another employee, his question: what again? Or is
		there wanted This again? And nu with a sneer. There were such
		cases. (R1)
		"I met her and the first words were,, What, Siauliai drugs over?"
		I think what is your affair. "(R3)
	Antipathy	"And all this time thinking that the antipathy is mutual and that
		we do not like each other. All the time he snag seems to do
		anything and still stumble over. "(R3)
	Irresponsibility	"There wickedness on the staff, it is important letters, comes
		after a week or more after a few months, remember that there
		are some. One letter had two months look for yourself. (R2)
	Malpractice	"It is been said was maybe a couple of sayings that at this time I
		will answer thee not. And there have been such cases that do not
		get answers, then I just nu disappointed and I think now what I
		would have. (R1)
	Loss of	"And just the confidence, the situation and immediately pops up:
	confidence	it is as if no one was there more people, it's what's happening
		when alone? Just maybe I do not want anything bad, but just vat
		situation immediately so thoughtful and next time maybe even
		stops himself. What's needed. And is he himself suspend, often
		the worse it becomes. "(R1)

According to the Galdikiene (2010) important customer service quality parameters such as professionalism, reliability, readiness to help the provider, ethical aspects, empathy, behavior and so on. At the request of the respondents to tell employees about the aid at the right time, all the respondents answered that receives services then you need them, always hear (2-R 1, R 4). It is emphasized that every effort is made to help (1-R2). No less important and informal customer support, neperžiangiantis certain customer and employee relations outside (2-R3, R5). The

respondent from Ukraine psychosocial rehabilitation center, a rehabilitation program execution time is coming to an end, you can often leave the house, noting that even go home feeling the support of social workers (1-R6).

P.N. Goering and S.K Stylianos (1988) argues that the psychosocial rehabilitation interventions effectiveness is closely linked with the client and practitioner relationship. That employees will provide assistance, help to solve delicate problems attentively and expressed support mentioned not one respondent (4-R1, R3, R4, R5). Trust social workers is also very important factor in providing quality services and to help a person in a situation of dependence remain in the community as long as possible (3-R1, R4, R5). Customers are listened to, advised, and adjusted some deeds, accepted and heard their suggestions (1-R1). To submit a proposal, customers are not ignored, nežeminami (2-R1, R5).

Cohen says (1989), the rehabilitation success largely depends on the individual social worker qualities: energy, tolerance, perseverance, attitude to work, empathy and so on. And regardless duo duties diploma and the role of all practitioners must have certain skills. The results reveal a slightly different situation. In some cases, customers can scare the personal characteristics of social workers, which they are unable to control, especially social workers assistants themselves just a year ago, completed the rehabilitation program against addiction, when respondents to name the employee because of his fear of severity (1-R1). Ignoring cases occur when a social worker assistants allow customers to feel ignored, there is workers' irresponsibility customer needs or even derision. One client remarked ignorance, but took the blame themselves (1-R1). About derision clients say not one respondent. In some cases, derision can be a social worker from the mouth as a former known person without a purpose to offend anyone, but such behavior is not appropriate and hurt already finding themselves at different levels of the former acquaintances to: social worker assistant and client (1-R3). In some cases, social workers irresponsibly done to the client's needs (1-R2), or simply lack the competence to help in time of need, respond to questions (1-R1). However, some customers say that does not feel ignored (1-R4).

The respondent from Ukraine emphasizes social workers help make those who were themselves dependent. It is believed that they are irrelevant even reward, may work on a voluntary basis (1-R6). The same opinion and Lithuanian respondents (1-R5). Another respondent said evaluating social workers, who have acquired a certain degree of experience and possession, but the social workers who were themselves dependent, can not form sound and perceived as social services provider (1-R2).

Service user quality perception model is based on the customer's view as a quality source of evidence, and received by the customer's satisfaction is considered a significant quality indicator (Galdikiene, 2010).

To sum up this question block can be seen that social workers provide services at the right time, we hear the client's needs and the proposals are well-meaning, expressing concern and support in emergency situations. Respondents from the Ukrainian and Lithuanian community rehabilitation emphasizes that it is the social worker assistants aid, which is based on the personal experience of addiction and often given without remuneration. Charity and support foundation Prieglobstis vast majority of workers, social worker assistants, is also a former addicted persons, but more clearly revealed the incompetence of the staff and some of the personal qualities, disturbing the customers. Cohen (1989) emphasizes the rehabilitation success largely depends on the individual characteristics of a social worker, regardless of what he has or completely devoid of any social work education. Goering and Stylianos (1988) also underlines the effectiveness of the intervention, which is associated with positive client and practitioner relationship. Valentik (1997) points out how the fundamental rules of social work with addicts: condemning attitude towards the recognition, trust, partnership. Kozlov (2007) calls social workers have no discriminatory treatment, to be tolerant. However refuge noticed excessive strictness in ignorance, ridicule, aversion, irresponsibility customer needs cases that have a negative impact on customers rehabilitation program. You would not fully agree with Zalimiene (2005) and Ukrainian scientists Соболев, Белоусов, Подгорный (2002) said that the best effect is achieved by working with addicted people, if the employee has a social worker assistants themselves have had such problems. Part of this statement confirmed the answers and that it is effective. However, some of the answers shows such workers still lack readiness to work with addicts.

2.2. Social support and dependency link

Table 3

Category	Subcategory	Proof of the claim
Spirituality	The practice of	" I started to ask, because I see that I will not be able to handle
influence	prayer	one, I think it helped me (R1)
the		" I feel that prayer helps me," (R4)
rehabilitati		"It is with God, I try to keep in touch throughout the day." (R6)
on process	Changes	"To all the changes and all the vices and change your behavior and
	influenced by a	your way and the language and tone of voice and facial features
	higher power	change with the mansupratau That someone is doing its best,
		but not ourselves, but something stronger. (R1)
		Without God's help I would not have done it. It turns out that faith,
		or admission to God himself, just like with me what you did, and that

The third question block: spirituality influence the rehabilitation process.

the desire to use it seems that not even his "(D)
the desire to use, it seems that not even his. "(R2)
"This has an impact, because the first thing that I might end up with
the help of God, which began" (R4)
"God it changes the man, the man in rehabilitation come one way,
and some to please God, when reading the Bible, when praying to
God the human contact, a man coming out of rehabilitation quite
different, He sees a different life, changing his attitude, the values
on the inside of the changes and thus is a miracle. $(R5)$
"It is clear that he loves. If that is not here and I would not have.
"(R1)" Yes I find solace in their faith. "(R3)
"I accept others just try to talk to them, advise. Having said that,
always apply himself could ever want to talk, if it is very bad advice.
Always such leave, that maybe I could help more. "(R5)" I just
prayed to God help relieve a person and when you pray God
helps you remove all this because I think after the prayer becomes
easier for you not feel you, you the other looks at the man. God at
all that come in contact. "(R5)
"I try to be compassionate. Eg. Acquaintance I was owed money and
I had his driving license.Bet he did not return the money to me and I
cut off his debt and return the documents (R6)

Twelve-step program, which covers drug prevention in the community, "Prieglobstis", particularly highlights the importance of spirituality. Spirituality itself is education program. Post a question of spirituality influence the rehabilitation process, the changes observed, which influenced the respondents believe it is some kind of higher power to get the response that spiritual things are not little effect on life changes rehabilitation program. Respondents ask for help to God in prayer (3-R 1, R 4, R 6), and believes that some of the changes are the result of higher power (4-R1, R2, R4, R5). Respondents argue that faith help them feel loved, finds solace in faith, there is the ability to forgive others and accept them as they are (4-R1, R3, R5, R6). Spirituality significantly improves the quality of life among those who started to carry out the rehabilitation program, decided to change his lifestyle. Spiritually-minded people are more satisfied with their lives, they feel happier and better coping with traumatic life events caused by the consequences (Laudet, Morgen, White 2006).

In summary, the third block of questions about spirituality influence the rehabilitation process, it can be said that the respondents observe fundamental changes in their lives, precisely because of a higher power to which they are applying, which believed, as a stronger force that can

change their lives, because they recognize themselves unable to overcome addiction. This is confirmed by scientists Myers, Diener (1995) Jung, Laudet, Morgen, White (2006) G. May and other scientists conducted research claims that more spiritual individuals better cope with the problems, feel happier, feel fullness. Respondents observe changes not only in their inner world, such as the values, the sense of life, goals, mercy bystander, but also external changes, such as tone of voice and facial features softening, altered behavior. The rehabilitation community of persons in a situation of dependence often comes angry, irritable, wary, dissatisfied with everything egoistic. However, according to most respondents, touching some higher power, God, the example of his sacrificial love and sacrifice inspire love, enjoy life and change.

Table 4

Category	Subcategory	Proof of the claim
The role of	The positive	" When the daughter discovered that I rehabilitation center,
family	influence and	her daughter supports me raised both hands. Well, finally you,
rehabilitation	support	keeping well, try to have been present, complete, the station on
process		foot all is not lost, that we are strive fact, the tendency for
		children (R2)
		"The man on I might feel good maybe mom, because I
		understand her prayers brought me here. And now the
		relationship is restored, there is trust. $"(R4)$
		"My family supports me, paid for rehabilitation, helped to cover
		the debts and start all over again" (R6)
	The negative	"The male role it plays in the family use psychological violence.
	impact of the	He wanted me to be from him, it was useful to him. $"(R5)$
	rehabilitation	
	process	
	Lack of	"The family will not listen to my problems, because I was
	Support	closing. My problems are my mom did not know. "(R1)
		"Mother, father, sister, I'm buried, I left alone, yet I was only
		with his wife divorced." (R2)
		"Brother, I have but we dont talk. Mom died, Dad does not
		know. With my brother we have tried to, but not the connection.
		(R 5)
		"Before the rehabilitation of our relationship it was terrible.

The fourth block of issues: the relationship with family, friends, relatives influence the rehabilitation process

		Selfishness, manipulation, my mother was no longer with me to battle health. (R4)
Relatives influence	Support	"They give and emotional supportAnd if see that a really bad feeling and comfort. (R1)
rehabilitation		"Now, aunt knocks her family, cousins, puseseres which met for
process		many years I had not seen at the funeral and saw reconciled,
1		and the stone fell from the heart." (R3)
		"There is a baptism of Kaunas parents and they were very
		worried for my consumption. The only people with whom I
		communicate. "(R5)
		"There is a friend who not only close to the well, but also some
		bad." (R6)
	Turning away	"All have been unsuccessful, but who turn away, what's left (R1)
		"Mother's sister with whom really much time even speaking to. It
		was very very angry that I have the nerve mom. "(R3)
	Apathy	"Relatives are only from the father's side, my mother buried as
		the last, it's just the shoulder tomboy, says baby son and keep
		things more nebebendraujam. As they are understood as
		nusispjaut, whether I'm here alive and healthy. $"(R2)$
	Communicatio	"Well here now because rehabilitation is here that the
	n interrupted	communication was interrupted. When we communicate on the
	attempt to	phone I'm trying to convert, get to know them, but this time of
	resume	need. "(R4)
	relations	"Close, we are talking about everything that's going on.
		Improved relations. (R6)
Friends' role	Support	"Now I have friends who have supported me spiritually and
in the		emotionally, always maintain, judge what happens." (R1)
rehabilitation		"The only neighbor Escape from the company of friends, will
process		know that God, with God's help, recover, get up, deal with. "(R2)
		"One good friend, the ailing, drinkers I am glad for you that
		you are sticking to escape though. Some friends and I get the
		support. For the sport to go forward. To go God's way, the right
		way. (R2)
	Broken links	"Now, no friends, all my former friends are drug addicts. I'm not

		saying that I do not want them to see me and they are no longer
		friends, simply do not want to interact with them and there is no
		connection and support. "(R3)
	Derision	"But other than derision but I do not pay attention. I tried with
		these people no longer communicate. "(R2)
The role of the	Each other	"Rehabilitation in the community are glad to each other
community	support	supported, advocated their woes, maybe I will not so very
rehabilitation		deeply." (R2)
process		'The support too reabilitantų maintain and perhaps gave advice
		(R1)
		'Sees that something bad will come. Comes even such people
		who were on the side of Total in our community life. And this is
		very gratifying. "(R3)
		" If there is something a person does not pass, someone does
		not like something he says he also tells harsher rude, but most
		importantly, that all of a few minutes to turn around is able to
		embrace, accept it. If we fail it will come third and reconciled
		because nothing and no longer leaving nenumoja hand, you are
		in conflict it's not our affair, so no longer. "(R3)
	D.C.	
Society and	Before	"I felt condemnation, condemned from further relatives, even I
the	rehabilitation	have heard from other lips have said" (R1)
environment		"On the condemnation always you feel so exceptional, different
close		from everyone because you were a drug addict. I felt the same
approach to a		way. And from the environment such as the neighbors know that
dependent		you are drug addict and you do not want to want to know that
person		they look at you differently. (R4)
	Rehabilitation	"As I heard from my mother that they said about me that I'm
	halfway	different, that I'm alive, that I was very tired of that life, and now
		he sees in me, that I'm glad that I'm happy they saw." (R4)
Respondent's	Before	"Ever believed that I am a drug addict, I'm reconciled, so that I
attitude	rehabilitation	am, I do not know what to do. It is painful then made. $(R1)$
towards		"Therefore, it is felt angry at myself that I am without a will,
himself		everything I understand, understand everything, but I do
		anyway. It seems that the scale of one man, and makes the other

		person. "(R3)
		"It was mad at myself and chew conscience and promise yourself
		that has everything and those charged to you so you could and
		everything seems already to stop taking nothing anyway. Comes
		the time and everything. "(R5)
	Rehabilitation	"And I look at myself in the already optimistic underestimate."
	halfway	(R3)
		"The approach I have changed myself, I see that I really helped
		the rehabilitation of people helped, opened his eyes, the need to
		live." (R4)
		"The attitude has changed toward you in a good deal when I
		started, this day I am happy this day I see bright colors. I'm
		confident. "(R5)
The desire to	For other	"Maybe my main desire for change and the mother, to show her
change their	people	that I can to cheer someone on retirement. Somebody help as
way of life		much as there are people who really need help. "(R3)
	For self	"God, show yourself to prove that I can do it." (R3)
		"The desire for change is yourself." (R5)
	For children	" And for the children." (R5)

One can distinguish rehabilitation program provides social environments that have a positive impact on the person and help him to take 12 steps to change his way of life: other dependence on drugs and alcohol by persons with the man - a guardian; understanding person who may be a family member, a psychologist, a priest, a social worker; person who is addicted person care. Family and friends support increases the dependent's respect for yourself and self-evaluation (Chong, Lopez, 2007, Rosenquist, Murabito, Fowler, Christakis, 2010; Свеженцева, Головченко, 2002).

The identification of social problems, modeling solutions, existential model is based on a client relationship with the family, his significant people, the community. In order to reveal the social support interfaces with the success of the rehabilitation process, asked whether respondents feel the support from family members, relatives and friends. Respondents generally do not have their families or have lost communication with it; Some parents are dead or communication stopped (3-R 1, R 2, R 5). Some respondents receive support from their families (3-R2, R4, R6), and some who argue that family members even detrimental to the rehabilitation process (1-R5).

As of close relatives approach to dependents, the desire to help them, communicating with them, customer interview during Ivar relatives position. Some relatives become so close, that serves as a mom who can open, which shows the concern of (1-R 1). It happens that the family become

aware of their situation that it has become dependent on psychoactive substances turn away or it will be increasingly indifferent (4-R 1, R 2, R 3, R 4). Some respondents relationships with relatives and friends in rehabilitation is gradually restored (3-R 3, R 4, R 6). There are cases where giminačiai always supported and supports up to now (2-R1, R5).

Friends support is also important, especially in older people leads to self-help groups visiting time and reduces consumer problems (Groh, Jason Davis Olson, Ferrari, 2007). Respondents argue with those friends who always support (3-R2, R1, R6). In some cases, former friends deride personal decision to change lifestyle (1-R2). Some argue that avoids such friends who have their rehabilitation process can have a negative impact (2-R 2, R 3).

Before arriving at the rehabilitation community, most customers have felt the public condemnation and relatives. However, some respondents reacted sensitively (1-R 4), others simply ignored, were exactly the same what my other (1-R1). Close environment and notes of respondents have changed life after a rehabilitation program period (1-R 4)

The rehabilitation process is also affected by the microclimate created either by the client in the community as they support each other as the resolution of conflicts (3-R 1, R 2, R 3).

According to Frankl (2010), human behavior is determined not by the circumstances with which he faced and his own judgment. This may be conscious or unconscious human decision or he will challenge the circumstances, or allow them to lead. Human freedom includes the possibility to choose the relationship with yourself, look at yourself. Attitude to yourself as well as a very important factor that allows a person to realize what it is, how it is changing the course of the rehabilitation program. According to the Guogiene and Guoga (1992), a person in a situation of dependence changes is very important for the body's self-regulation, the ability to mobilize forces to a state of mind. The negative attitude to yourself before rehabilitation, prompted some to seek help (3-R1, R3, R5). The desire for change was influenced by the desire to prove to other people and yourself that is not hopeless, that can not only rise, but also to help others and for children (2 to R3, R5). Today, after a rehabilitation period of performance, respondents say that their confidence is growing (3 R3, R4, R5).

In summary, the fourth block of questions about family, friends, relatives and community members influence the rehabilitation process, the respondents who have already made a deliberate exercise rehabilitation program and are willing to complete the claim that family influence they were very diverse: from help and support to indifference or even jamming. Relationship with relatives situation also varied. Some support, others indifferent or turn away from the dependent person. However, respondents mention the efforts and attempts to restore heal broken relationships, or they are restored when there is a change in the dependent person. The situation is slightly different with friends, as already mentioned, that most respondents are reluctant to previous societies, on the ability to return to the previous state. Positive about friends derision in some cases and in other cases support. Community members generally supported each other, or find themselves acceptable to each resident of the community with whom can be open. There is an obvious approach to the respondents themselves change, which is positive. Therefore, it can be said that all the respondents have some form of social support in the community and beyond. Respondents successfully carry out the rehabilitation program, suggesting that social support had an impact on their rehabilitation process. You can accept Gustaites and Cirtautienes (2007), Kozlov (2007), Buzaitytes - Kašalynienes (2005) asserting that social support reduces the intensity of stressful situations and helps to better deal with the consequences. It is also confirmed by other scientists (Rosenquist, Murabito, Fowler, Christakis (2010), Johnsen, Herringer (1993) and Chong, Lopez (2007)) claims that social support significant reduction of dependency, self-esteem and help search for reconstruction.

Table 5

Category	Subcategory	Proof of the claim
Conflict	Senior help	"There are conflicts and then just being a senior and
resolution and		elucidating conflict with a senior it's so like an outsider,
avoidance		just standing and listening, trying to explain much wrong,
techniques		who is right and how it should be." (R5)
	Corrects itself	" And they just usually corrects itself. Possibly still some
		source of them are smarter, will be dropped. (R1)
	Workers	"Clearly if there are some situations this is difficult with staff
	intervention	intervention addressed." (R1)
	Community	"If you were such situations, go outside to the government,
	assistance	used to say to finish men put out the fire before embers still
		fail to go until adversaries fire. Let them out there do not talk
		for a week or a month, there's the matter of that, but most
		importantly, not conflict, to not see the publicity. $"(R2)$
		"I do not permit oppress the weaker, which is like outsiders
		you are trying somehow it clear that here with us this is not
		done, that He change their attitude, because if He will not
		change his attitude or he thinks so, here it is not the place.
		And usually susimastoma is either the man is not so long and
		already is making itself goes anyway with time $(R1)$
	Conflict	"Before I do so because I wanted to get a better look and

The fifth question block: Adapting to the rehabilitation community

	avoidance	gone to those disputes. And now somehow longer it. "(R1)
Customers	Government	"So I think maybe all the time is, that the vat passes, people
need to	pursuit	change, and anyway there something" (R1)
dominate	community	"It happens here that some are trying to take a leading role."
		<i>(R4)</i>
Interpersonal	Ability to open	Del reabilitantų with whom I can communicate and maybe it
relationships		is. To each other. "(R 5)
		"There has been talk, and if you see everyone looks
		different, maybe with one another about it on this can
		pašnekėt. (R1)" And you ask about this advice walked those
		who are graduating from older ones which do not properly
		for advice can. And that mislead there and advise you how
		and what better. "(R1)
		"Now I feel as we talk, embrace (R4)
	Problems in	"From here in the to whom of the clients are not open,
	personal	because somehow begins to criticize. In the beginning was
	communication	maybe, I received criticism and everything, no point. "(R4)
		"Not everyone pays so heard as a maybe would like. Another
		may be named, that I listened, and then go in and laugh.
		There are and there are such cases. "(R1)
	The possibility to	"Group meetings during'm open. "(R5)
	open during	"I can, to this day I can already. But before this there were
	group meetings	many problem that I was closed, distrustful, and very strong.
		"(R1)
		'Group meetings during'm open, because there hid those
		feelings too full, I am open (R4)
	Openness only	"If there is some kind of problem or some kind of personal
	with employees	care already have it then do not say a whole. Within the
		circle saying, I say only an employee trust. "(R5)
		"The staff felt support. (R4)

One of the most important elements of the rehabilitation program referred to as the community itself as a therapeutic environment operating in one way or another rehabilitation process. And as claimed by G. De Leon (2000) community approach encourages all members of the community to focus on the social complicity, mutual responsibility to community members. When questioned about the interpersonal relationships in the community and how the community dealt

with the conflicts between the respondents indicated support staff, but more often solved everything with each other trying to nekurstyti anger, to maintain a good atmosphere for the other nearby, customer awareness through (3-R 1, R 2, R 5). Most customers are trying to intervene in the dispute in order to avoid even greater conflicts (1-R1).

When they came out of their world customers are faced with phenomena such as the dominance of the community, making influence others, the pursuit of leadership (2-R 1, R 4). Also, customers are looking for people with whom to talk intimately, to be honest, to express their concerns (3-R5, R4, R1). Some offer group meetings during the (3-R 5, R 1, R 4), but in the case of serious atsiveriama has only to staff (2-R 4, R 5). Social support groups in the community is a positive approach to its member's efforts and actions to raise confidence in overcoming difficulties and failures Supportive environment can improve a person's motivation and strengthen faith successful outcome events (Davey, Latka, Hua, Tobin, Strathdee, 2007).

In summary, the fifth question block to adapt to community rehabilitation, the respondents unanimously said that the community can avoid conflict. Conflict situations addressed in different ways: corrects itself, senior community rehabilitation assistance, employee assistance. Previously avoided conflicts, anger and quarrels, respondents say today dodgers conflict situations, and in such situations try to solve them positively. Conflicts arise in the community for some clients achieving dominate, reluctance to change, to adapt to existing procedures. According to G. De Leon (2000) the community method specifically teaches mutual responsibility to community members and himself, conveyed positive values that require practical application. Some members of the community do it, some just do not want to give up old habits. Create a community atmosphere of openness necessary. The respondents claim that they are often open to joint group meetings. However, when facing personal problems have only openly with employees, trust.

CONCLUSIONS

Following persons in a situation of dependence, psychosocial rehabilitation program execution analysis of the experience, achieve the objective, clarifying what activities and methods helped to remain in the community for a longer period of time, influenced by changes in their personal and social skills development.

1. Charity and support fund "Prieglobstis" community psychosocial rehabilitation services are provided by two programs: DAYTOP and 12-step program. These programs are both complementary to each other, because one (DAYTOP) emphasizes the same community as aid dependent person that teaches discipline and scheduling to help change and shape the new sober and healthy, passive psychoactive substances, human, life habits, and other (12 steps) leads customers to the personal development through self-analysis. Social services provided by each person individually prepared in the course of the rehabilitation process, reviewed and corrected. Some notable lack of services. Although DAYTOP program as one of the methods provided Education dependencies topics. Lectures about addictions psychoactive substances, relapse analysis, overcoming stress, however, respondents said that this method almost does not apply. Twelve-step program execution time is also not seen as sufficient. Noticeable and internal regulations of the lack of emphasis on rehabilitation clients on arrival in the community. According to NTAKD that customers understand the benefits of these rules is necessary to constantly discuss with members of the community. However, in this community for lack of focus on what leads customers to the rules of conscious or unconscious violations. These problems could affect the lack of social work organization, lack of communication between the client and the social worker, social worker assistants incompetence.

2. Charity and Support Fund "Prieglobstis" psychosocial rehabilitation in the community social services are provided by a number of social worker's assistants, who are themselves graduates of the rehabilitation program. Some customers welcomes such staff assistance based on personal experience, a deeper understanding of their problems. However, other clients consider such workers should be some time volunteers. The study reveals the social workers assistants lack of excellence in addressing some of the problems the employees themselves immaturity, failure to properly maintain interpersonal relationships. Although social workers competence and social workers assistants experience complement each other, but some significant gaps which do not always help the clients feel comfortable with and accept assistance.

3. The investigation showed that a significant impact on customer had to change spirituality. Spirituality is developed in the community 12-step program, which itself is based on spirituality Principe, and readings. As well as group sessions ongoing spiritual a while. Respondents argue that the changes took place not only within, but at the same time those changes later revealed pasireikšdami and out of compassion, the ability to forgive, calmer response to stressful situations.

4. The results of social support did not clear trends that influence the decision to seek help and change their lifestyle. What is clear is that each respondent has some kind of social support, is not entirely alone in your severe changes on the way. One supported by family, friends, other relatives, while others feel strong support from social workers. Often, positive social support or provide some sense of security and community perception that only the presence of it can contribute to positive lifestyle changes. However, the same environment can even act contrary to impede rehabilitation or positive arstimujų simply indifference. Most respondents said their decision to change and remain in the community sometimes influenced by the support of family and the desire to change because of them, for mothers, children. However, a conscious desire to change their way of life occurred when a person perceives that do it for myself.

5. The investigation revealed that all the components of the aid a person in a situation of dependence process are closely interact with each other and are very important to support parts of the system. Support process is overreach in time, so every part of the system at some point turns to the organization and has a certain effect on the dependent person at the right time for change.

RECOMMENDATIONS

Develop a social work organization, social worker assistants performance evaluation and qualification improvement plan better services, better morale assurance team.

Plan

Everyday	 The literature on social work in self-analysis, interest in new achievements in the field of labor, striving to improve its working methods and forms of activity. Independent professional qualifications, support and development. The principle of self-control application in their professional activity. Individual work with clients, filling the forms (outgoing clients).
Every week	 Workshops social work issues, sharing each other's achievements and failures incurred and their ways of coping, problem discussion - consistent, daily experiential learning from each other. The new formulation of tasks, clear responsibilities, activities definition. Group sessions with clients
Every month	 Qualified specialists (psychologist, social worker and others invited by competent specialists) thematic meeting social work organization issues.
Quarterly	 Employee communication between team building, team phsycological climate improvement - leisure time together, engaging in enjoyable activities for all.
During the year	 Each social worker participation outside of organized training, participation in professional development events, training knowledge sharing during meetings.
At the end of the year	 Social worker assistants filling the forms, which reflects their own approach to activities carried out in the organization of work, the psychological climate at work: between the employee and the employer, the employee and the team, employees and customers. Employee motivation to work building: tangible and intangible incentives, rewards.

REFERENCES

- Alifanovienė D. (2003) Teoriniai socioedukacinės veiklos modeliai. Socialinis darbas Nr. 2 (4). Vilnius
- Al Anon Family Group (1999) Dvylika Al-Anono žingsnių ir Dvylika tradicijų. Vilnius: Rotas
- 3. Anthony W., Cohen M., Farkas M. Psichiatrinė reabilitacija. Šiauliai, 1998m.
- Arnau D. C. Therapeutic Communities in Spain. Present situation and functional proposal. Madrid, 2006.
- 5. Bartlett H.M. (1970) The Comon Base of Social Work Practice. New York: NASW.
- Brown, A. E., Pavlik, V. N., Sheegog, R., Whitney, S. N., Friedman, L. C. et. al.(2007). Association of spirituality and sobriety during a behavioral spirituality intervention for twelve step recovery. *The American Journal of Drug and AlcoholAbuse*, 33, 611 – 617.
- 7. Bulotaitė L. (2004). Narkotikai ir narkomanija. Iliuzijos ir realybė. Vilnius: Tyto alba.
- Bulotaitė, L. (2009) Priklausomybių anatomija: narkotikai, alkoholis, lošimai, internetas, darbas,pirkimas. Vilnius: Tyto Alba.
- 9. Buzaitytė-Kašalynienė, J. (2005). Socialinis palaikymas ir sėkmė mokykloje. Acta Paedagogica Vilnensia, 14, 145 156.
- Chase S. E. (2005). Narrative Inquiry: Multiple Lenses, Approaches, Voices. In Denzin N. K. and Y. Lincoln (eds.) The Sage handbook of qualitative research, 3rd edition. Thousand Oaks, CA: Sage Publications, p. 651-680.
- Chitwood, D. D., Weiss, M. L., Leukefeld, C. G. (2008). A systematic review of recentliterature on religiosity and substance use. *Journal of Drug Issues*, 0022 0426/08/03,653 688.
- Chong, J., Lopez, D. (2007). Social networks, support, and psychosocial functioning among american indan women in treatment. *The Journal of the National Center*, *12 (1)*, 62 85.
- Čaplinskas, S., Gasiliauskas, L., Sruoga, V., Dragunevičius, K., Lošakevičius, A. (2009). Nuo narkotikų priklausomų asmenų ilgalaikės psichologinės – socialinės reabilitacijos metodinės rekomendacijos. Vilnius: Baltijos kopija.
- Čaplinskas, S., Dragūnevičius, K. (2008) Lietuvos AIDS centro narkomanų psichologinės socialinės reabilitacijos bendruomenės rezultatų analizė. *Socialinis darbas*, 7 (2), 145-153.
- 15. Čaplinkas, S., (2004) Apie ŽIV infekciją ir AIDS, narkomaniją ir lytiškai plintančias infekcijas. Vinius : Lietuvos AIDS centro leidykla.
- 16. DAY TOP programa. http://www.daytop.org/pdf/annual-rpt-07-08.pdf.

- 17. Davey, M. A., Latkin, C. A., Hua, W., Tobin, K. E., Strathdee, S. (2007). Individual and social network factors that predict entry to drug treatment. *The American Journal on Addictions*, 16, 38 – 45.
- 18. David Batty (1997). "Gyvenimas laisvėje", Vilnius.
- Doebroessy L. Prevention in primark care. Recommendations for promoting good practise. CINDI, WHO Regional Office for Europe Copenhagen, 2000.
- 20. De Leon G. (2000). The Therapeutic Community. Theory, Model, and Method. SpringerPublishing Company
- Dobkin, P. L., De Civita, M., Paraherakis, A., Gill, K. (2001). The role of functional social support in treatment retention and outcomes among outpatient adult substance abusers. *Addiction*, 97, 347 – 356.
- 22. Dulin, P. L., North, P., Hill, R. D., Ellingson, K. (2006). *Relationships among religiousfactors, social support and alcohol abuse in a western U.S. college student sample*. Religious factors and alcohol abuse in college.
- 23. Dvareckas K., Navickas A. (Sud.) (2012) Sutemos tirščiausios prie aušrą. Apie priklausomybės ligą ir sveikimo kelią. Vilnius.
- 24. Энциклопедия социальной работы. Москва: ЦОЦ, 1994
- 25. E. Subata, A. Malinauskaitė(2007) Gatvės darbuotojų, dirbančių su rizikos grupės asmenimis, vartojančiais narkotines ir psichotropines medžiagas, rengimo metodinės rekomendacijos, Vilnius: UAB "Baltijos kopija"
- 26. Emilis Subata, Rita Krikščiukaitytė, Vaiva Povilaitienė, Eglė Pincevičiūtė (2013) Narkotikų vartojimas: ankstyvas nustatymas ir pagalba. Vilnius
- 27. Europos narkotikų ir narkomanijos stebėsenos centras: Europos narkotikų vartojimo paplitimo ataskaita 2013, Liuksemburgas
- 28. Frankl, V.E., (2010) Žmogus prasmės akivaizdoje. Vilnius: UAB "Katalikų pasaulio leidiniai".
- 29. Габиани, А.А. (1990) На краю пропасти: наркомания и ннаркоманы. Москва: "Мысль"
- 30. Galdikienė, N. Patient satisfaction indicator for assessing quality of nursing care. Applied research in health and social sciences: interface and interaction, 2010, 1(7): 65-74.
- 31. Ganeri, A. (1999) Narkotikai: specialistės patarimai. Vilnius: Egmont.
- 32. Gavin, K. (2007). Spirituality increases as alcoholics recover. University of Michiganhealth system. *Journal of Studies on Alcohol and Drug*, *68 (2)*, 282 290.
- 33. Gerald. G. May. (2004) Priklausomybė ir malonė. Vilnius: LVK leidykla "Katalikų pasaulis".

- 34. Groh, D. R., Jason, L. A., Davis, M. J., Olson, B. D., Ferrari, J. R. (2007). Friends, family, and alcohol abuse: an examination of general and alcohol-specific social support. *The American Journal on Addictions*, 16, 49 – 55.
- 35. Goering, P. N. & Styianos S.K (1988) Exploring the helping relationship between the schizophrenic client and rehabilitation therapists. American J. Orthopsychiaty 58:271-280
- 36. Gustainienė, L., Cirtautienė, L. (2007). Socialinio palaikymo ir subjektyvaus sveikatos vertinimo sąveika tarp studentų. Visuomenės sveikata, 2(37), 34-39.
- 37. Gossop, M. (2001) Gyvenimas su narkotikais. Vilnius: Artlora.
- 38. Gurskis, S., (1990) Narkomanijos pinklės. Vilnius: Mokslas.
- Guogienė, E. ir Guoga, V. (1992) Sveikata ir lėtinės ligos. Socialiniai sveikatos aspektai. Kaunas: Spindulys.
- 40. Health Care Systems in Transition: Ukraine. Copenhagen, WHO Regional Office for Europe, 2004.
- 41. Harm Reduction Developments, 2008. New York, Open Society Institute, 2008
- 42. Jarusiewicz, B. (2000). Spirituality and addiction: relationship to recovery and relapse. *Alcoholism Treatment Quarterly*, 18 (4), 99 109.
- 43. Jimmy Ray Lee, D. Min.(2005). Savigalbos grupės "Posūkio taškas".
- 44. Jupp B. & A.J. Lawrence, "New horizons for therapeutics in drug and alcohol abuse" (2010), 125 (1) Pharmacology and Therapeutics 138-168, crp. 138.
- 45. Ivanauskienė, V., Motiečienė, R. (2010). Alcoholism as a global social problem: rolesof a social worker responding to this addiction. *Tiltai*, *1*, 111–117.
- 46. Juodraitis, A., Račkauskienė, R. (2008). Prielaidos socialinei pagalbai teikti alkoholinės priklausomybės situacijoje. *Jaunųjų mokslininkų darbai*, *2 (18)*.
- 47. Johnsen, E., Herringer, L. G. (1993). A note on the utilization of common supportactivities and relapse folloving substance abuse treatment. *Journal of Psychology*, *127(1)*.
- 48. Kahn, R.L. (1979) Aging and social support. In M.W. Riley (Ed), *Aging from birth to death*. Boulder, CO: Westview Press.
- 49. Kierkegaardas, S. (1974) Arba-arba. Estetiškumo ir etiškumo harmonija asmenybės vystymęsi// Filosofijos istorijoschrestomatija. XIX a. pab. – XX a. pr. Vakarų Europos ir Amerikos filosofija. Vilnius
- 50. Кертис М. (2009) Создание Центров Интегрированной Помощи для Потребителей Инъекционных Наркотиков в Украине. (žiūrėta 2015-04-28) http://www.euro.who.int/ data/assets/pdf file/0017/130652/e94651R.pdf
- 51. Klaipėdos priklausomybės ligų centras . http://www.kplc.lt/ index.php?id=68&lang=lt

- Kolitzus H. Vyrai gere, vyrai gers: alkoholizmo priežastys, raida, prevencija.- Vilnius, 2002.- 55 p. ISBN 5-415—01448-9
- 53. Котаньский, М. (1988) Монар возвращение к жизни. С. Артюхов (Сост.) *Бездна: пянство наркомания спид.* (с. 183-241) Москва: "Моллодя гвардия".
- Kozlovas A., (Ats. Red.) (2007) Socialinis darbas. Profesinės veiklos įvadas. Vilnius: VU Specialiosios psichologijos laboratorija.
- 55. Kuorienė O. (2002) Narkomanija, alkoholizmas ir kitos priklausomybės bėgimas nuo gyvenimo. Vilnius: Spauzdinimo įmonė "Mokslo aidai".
- 56. Laudet, A. B., Morgen, K., White, W. L. (2006). The role of social supports, spirituality, religiousness, life meaning and affiliation with 12-step fellowships in quality of life satisfaction among individuals in recovery from alcohol and drugproblems. *Alcoholism Treatment Quarterly*, 24 (1/2), 33 73.
- 57. Leeuwen, R., Tiesinga, L. J., Jochemasen, H., Post, D. (2007). Aspects of spiritualityconcerning illness. *Scand Journal Caring Sci*, *21*, 482 489.
- 58. Leliūgienė I. (2002). Socialinio pedagogo (darbuotojo) žinynas. Kaunas: Technologija.
- 59. Lemme, B. H. (2003) Suaugusiojo raida. Kaunas: Mažoji poligrafija.
- 60. Линский И. В. О заместительной терапии наркоманов метадоном и не только о ней [Электронный pecypc] // Новости украинской психиатрии. Харьков, 2005. Режим доступа: http://www.psychiatry.ua/articles/paper152.htm.
- 61. Martišauskienė, E. (2004). Dvasinių vertybių įkūnijimas paauglių elgesyje. *ActaPaedagogica Vilnensia, 13,* 53–61.
- 62. Martišauskienė, E. (2008). Dvasingumas: ištakos ir metodologin÷s ugdymo prieigos. *Acta Paedagogica Vilnensia*, 20, 115–125.
- 63. McKay, P. *Drugs Meet Inner Needs*. 2000. Prieiga internetu: <u>http://www.pinky-</u> mychild.com/features/teen/index.html
- 64. McLellan A. T., Lewis D. C., O'Brien C. et. al. (2000). Drug Dependence, a Chronic Medical Illness. Implications for Treatment, Insurance, and Outcomes Evaluation. Jama.
- 65. McMillen, C., Moward, M. O., Nower, L., Chung, S. (2001). Positive by-products of the struggle with chemical dependency. *Journal of Substance Abuse Treatment*, 20, 69–79.
- 66. Mikalkevičius, A. (1992) Ilgas ilgas grįžimas. Vilnius: Mokslas.
- 67. Minesotos programa www.prevencija.lt/minesotosprogram-2
- 68. Myers, D. G., Diener, E. (1995). Who is happy? Psychological Science, 6 (1), 10-19.
- 69. Мориак Ф. Наркомания это многолетнее наслаждение смертью. (žiūrėta 2015-04-23) http://12steps.com.ua/reabilitacionnyy-centr.html
- 70. Navaitis G. (2007) Psichologinė parama paaugliams ir jų tėvams. Vilnius: Kronta

- 71. Narkotikų, tabako ir alkoholio kontrolės departamentas. <u>http://www.ntakd.lt/index.php/reabilitacija/reabilitacijos-istaigos/reabilitacines-bendruomenes</u> (žiūrėta 2014-05-22)
- 72. Narkotikų kontrolės departamentas prie LR vyriausybės. (2006). Priklausomų asmenų darbinė reintegracija atsakas į socialinę atskirtį. Metodinė priemonė, skirta dirbantiemssu priklausomybėmis dirbančiais asmenimis. Vilnius.
- 73. NTAKD. (2008) Asmenų, priklausomų nuo narkotinių ir psichotropinių medžiagų vartojimo reintegracija į visuomenę ir darbo rinką: socialinės atskirties problemų sprendimas darbo su priklausomais nuo narkotinių medžiagų asmenimis metodika, Vilnius
- 74. Narkotikų, tabako ir alkoholio kontrolės departamentas. (2012) Narkotinių ir psichotropinių medžiagų vartojimas, jo padariniai Lietuvoje. 2012 m. duomenys. Informacinis leidinys.
- 75. NTAKD (2013) Asmenų, priklausomų nuo psichoaktyvių medžiagų, psichologinį ir socialinė reabilitacija, socialinė integracija, socialinės atskirties mažinimas.
- 76. Nazelskis, E. (2002) Narkomanijos samprata ir jos svarba prevencijai. ACTA PAEDAGOGICA VILNENSIA 2002 9
- 77. Piedmont, R. L. (2004). Spiritual transcendence as a predictor of psychosocial outcome from an outpatient substance abuse program. *Psichology of addictive behaviours*, 18(3), 213 222.
- 78. Principles of Drug Addiction Treatment. A Research Based Guide. National Institute on Drug Abuse (1999). NIDA, National Institutes of Health.
- 79. Polcin, D. L., Zemore, S. (2004). Psychiatric Severyty and spiritulaity, helping, and participation in Alcoholics Anonymous during recovery. *The American Journal of Drug and Alcohol Abuse*, *30 (3)*, 577 592.
- 80. Rimkus, V., (2010) Socialinis palaikymas socialiniame darbe. Klaipėda: Klaipėdos universiteto leidykla.
- Rasimavičius, D., (2010) Atkryčio sindromas. http://www.bernardinucentras.lt/LT/padcnaujienos/item/13/ (žiūrėta 2014-06-16)
- Renton A., Gzirishvilli D., Gotsadze G., Godinho J., "Epidemics of HIV and sexually transmitted infections in Central Asia," (2006) 17 (6) International Journal of Drug Policy, 494-503, crp. 494.
- Rosenquist, J. N., Murabito, J., Fowler, J. H., Christakis, N. A. (2010). The spread ofalcohol consumption behavior in a large social network. *Annals of Internal Medicine*, 152 (7), 426 433.

- Saunders, S. M., Lucas, V., Kuras, L. (2007). Measuring the discrepancy betweencurrent and ideal spiritual and religious functioning in problem drinkers. *Psichology of addictive behaviours*, 21 (93), 404 – 408.
- 85. Сидоров П. И. (2006) Теоретические и концептуальные аспекты наркологии. Синергетическая концепция зависимого поведения. *Наркология* 2006 10, 30-35.
- 86. Соболев В. А., Белоусов Ю. Л., Подгорный И. А. Центр первичной профилактики наркотизма: методологическое и организационное обеспечение. Харьков: Финарт, 2002.
- 87. Соболев В. А., Рущенко И. П., Сердюк А. А., Белоусов Ю. Л. Отчёт по результатам исследования проблем незаконного употребления наркотических веществ среди молодёжи г. Харькова [Электронный ресурс] // Новости украинской психиатрии. Харьков, 2006. Режим доступа: http://www.psychiatry.ua/books/report.
- 88. Stekens A., Hallam Ch., Trace M. (2006) Treatment for Dependent Drug Use. A Guide for Policymakers. The Beckley Foundation Drug policy Programme. Report Ten.
- Ковременные методы лечения наркомании (обзор фактических данных)
 (2005).Материалы Организации Объединённых наций. *Наркология* 3, 29-42
- 90. Свеженцева Ю. А., Головченко Д. А. Роль семьи в профилактике наркомании, реальная и потенциальная // Профилактика наркомании: организационные и методические аспекты. Итоговые материалы международного проекта / Сост. И. П. Рущенко. — Харьков: Финарт, 2002. — С. 123–137.
- 91. Šliogeris, A. (Sud.) (1981) Egzistencijos filosofija: istorija ir dabartis. Vilniu: "Mintis"
- 92. Šliogeris, A. (2007) Absurdo paprastumas//Sizifo mitas. Baltos lankos
- 93. Švedaitė, B. Socialinio darbo kokybės dilema. Socialinė teorija, politika ir praktika. 2007,
 4: 60–65.
- 94. Тазетдинов И.М., Менделевич В.Д., Фаттахоф Ф.З. (2005) Психологические и психопатологические особенности больных наркоманией и маркеры эффективности их реабилитации. *Наркология* 2005 No 7: 48-50
- 95. Tonigan, J. S. (2007). Spirituality and alcoholics anonymous. Southern Medical Journal, 100 (4), 437 – 441.
- *96.* Underwood, L. G. (2006). Ordinary spiritual experience: qualitative research, Interpretive Guidelines, and Population Distribution for the Daily Spiritual Experience Scale.
- 97. http://www.kolping.at/drogen/start.html
- 98. www.profiles.emcdda.europa.eu/index.cfm?fuseaction=public.Content&nNodeID=2914&s LanguageISO=EN

- 99. Wykaz osrodkow rehabilitacyjnych w Polsce. Prieiga internetu: http://www.narkomania.gov.pl/informator.htm
- 100. <u>http://www.bernardinai.lt/straipsnis/2010-03-16-zita-skardinskaite-apie-</u>priklausomybes-ir-mazus-zingsnelius-laisves-link/41999
- 100.http://www.emcdda.europa.eu/publications/country-overviews/ua#gps

101.<u>http://www.imunitetas.lt/katalogai/ligu-enciklopedija/alkoholizmas-1859/</u> (Žiūrėta 2014-05-16)

102.Валентик Ю. В., Вязмин А. М., Зыков О. Е. Идр. (1997) Медико-социальная работа в наркологии. Архангельск: Изд-во АГМУ.

- 103. Vandevelde S., Broekaert E., Yates R. & Kooyman M. The Development of the Therapeutic Community in Correctional
- 104. Vitkauskaitė, D. (2001) Teoriniai socialinio darbo modeliai. Šiauliai: Šiaulių universiteto leidykla.
- 105. Zaksas, I.(1983) Katalikybė ir egzistencializmas. Vilnius, Mintis
- 106. Žalimienė, L. (2005) Socialinės globos pagyvenusiems asmenims kokybė ir jos vertinimas.Vilnius: Socialinės apsaugos ir darbo ministerija.
- Žalimienė, L. (2003) Socialinės paslaugos. Vilnius: VU Specialiosios psichologijos laboratorija.

Magistro darbo santrauka

Lietuvoje kuriasi reabilitacijos bendruomenės, kuriose teikiamos paslaugos reikalauja naujų sprendimų bei tobulinimo galimybių, kadangi Narkotikų, tabako ir alkoholio kontrolės departamento (2012) duomenimis tik 56 proc. visų dalyvavusių ilgalaikės reabilitacijos programose asmenų, esančių priklausomybės situacijoje, jas baigė ir turėjo galimybę pradėti gyvenimą iš naujo. Reabilitacinės bendruomenės, siekdamos efektyvaus asmenų, esančių priklausomybės situacijoje, socialinės pagalbos teikimo, turėtų atsižvelgti į paslaugų modeliavimą, kurios stiprintų motyvaciją gydytis, keistų asmens nuostatą ir požiūrį į reabilitacijos procesą, galimybę pakeisti gyvenimo būdą, esamą situaciją.

Tyrimas skirtas nustatyti asmenų, esančių priklausomybės situacijoje, paslaugų modeliavimo galimybes, kurios stiprintų motyvaciją tęsti reabilitacijos procesą, vykdyti reabilitacinę programą, keistų asmens nuostatą ir požiūrį į reabilitacijos procesą, galimybę pakeisti gyvenimo būdą, esamą situaciją. Tyrime dalyvavo šeši nuo narkotinių medžiagų priklausomi asmenys, dalyvavę socialinės reabilitacijos procese nuo šešių mėnesio iki dvylikos mėnesių, apklausiant juos apie įvairius laikotarpius, kad pastebėti vykstančius pokyčius. Empirinis tyrimas, taikant kokybinį naratyvinį metodą, atliktas Labdaros ir paramos fonde "Prieglobstis" reabilitacijos centre Akmenės rajone, Dabikinėlės kaime 2015 metų sausio–balandžio mėnesiais.

Tyrimo rezultatai atskleidė, kad didžiausią įtaką psichosocialinės reabilitacijos procesui daro dvasingumo ugdymas per 12 žingsnių programą, skaitinius ir grupinius užsiėmimus. Kiekvienas benruomenės narys turi vienokį ar kitokį socialinį palaikymą bendruomenėje ar už jos ribų, tačiau labiausiai akcentuojamas sąmoningas apsisprendimas likti bendruomenėje kai asmuo pats pradeda suvokti savo pokyčius, padėti ir galimybes.

Tyrimo metu pastebėtos socialinių darbuotojų padėjėjų, baigusių reabilitacijos procesą ir likusių dirbti bendruomenėje, nekompetencija ir socialinio darbo organizavimo spragos. Socialinių darbuotojų kompetencijos ir socialinių darbuotojų padėjėjų patirtys papildo viena kitą, tačiau reikalingas psichosocialinės reabilitacijos bendruomenės socialinių paslaugų gerinimo ir socialinių darbuotojų padėjėjų kompetencijų kėlimo planas.