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MAINTENANCE OF SOCIAL SUPPORT STRUCTURE FOR MEN WITH ADDICTION AFTER COMMUNITY REHABILITATION PROGRAM

Master’s thesis

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Summary

There were made theoretic analysis of the problem of men with addiction after community rehabilitation program. The goal of research was to represent the social support structure of men who completed the community based rehabilitation program of addictive diseases. The methodological base of research consist of: analysis of science literature, the method of semi-structured interview. The answers to the questions were analyzed by the method of content analysis.

The study involved eight men, five from Lithuania and three from Ukraine, who completed the rehabilitation community program and are living sobriety life at least two years and six social workers, three from Lithuania and Ukraine, providing services in rehabilitation communities.

The conclusions of empirical research:

This study has shown that social support is an important factor after a community rehabilitation program, because it motivates and helps the person to live a sobriety life. MCP identified the following key social support structure that determine the life of sobriety: the supporting formal and informal social networking creation, involving the family and loved ones, friends, co-workers, NGO, public institutions, rehabilitation center personnel, self-help groups and individuals; a material aid and help in finding residences, surrounding the emotional support and understanding, professional advice. Social workers identified social support structure elements confirms the MCP identified social support structure elements. But in addition to material aid, a help to find a place of residence, emotional support and understanding, social workers specify: vocational training and employment assistance, support and AA groups attending, an information support, assistance to other addicts, teaching moral values and spiritual satisfaction.

The study suggests that a very important social support element is a spiritual factor: church members support, involvement in church activities, practical expression of faith and action, sense of responsibility before God emergence, self-evaluation.

Keywords: social support, relapse, relapse sindrome.

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Introduction

Scientific problem and relevance of research. Harmful habits such as alcoholism and drug addiction become one of the main health and social issues of today's modern society. Research data of prevalence of psychoactive substance use in Lithuania shows that more than 8 of 10 15 - 64 year old population have been using alcohol during 2012 (82.0%). According to tentative data of Drug, Tobacco and Alcohol Control Department in 2012 the alcohol consumption for single person of Lithuania was 13.6 l of pure alcohol (100 %), and 15.44 l for population aged 15 and over[1]. Statistical data reveals that alcohol consumption increases, becomes more popular among young age and women annually.

Alcoholism is a chronic and incurable disease having complicated outcomes and leading to personality's degradation. It affects both addict and his family members and the whole society too. Addicts eventually become socially unadapted, i.e. lose family, job, home and live beyond society borders.

The long term addiction treatment which needs the development of social systems – rehabilitation communities positively influences addicts (Mačiulaitienė, 2010). The main goals of rehabilitation communities are as follows: change addict's mindset, behavior and lifestyle, teach them to practice self-control, to avoid alcohol relapse; integrate them into society by means of psychosocial functionality rehabilitation (Drug Control Departmen, 2006; Čaplinskas, Dragūnevičius, 2008). Most communities are based on 12 Step program, work therapy, group therapy sessions, one-to-one counseling by psychologists and social workers.

In 2013 according to data of Drug, Tobacco and Alcohol Control Department[2] 19 long-term psychosocial rehabilitation communities and 7 day centres meant for psychoactive drug addicts were functioning. Most of addicts participating in programms are men – 81 % (2011 – 79 %). Drug, Tobacco and Alcohol Control Department follows the participation of the customers in long-term psychological rehabilitation program annually. According to data collected from 16 long-term psychosocial rehabilitation institutions 166 people finished the rehabilitation programme of which 59 % are working or studying (2011 – 46 %). The programme was not finished by 220 people (2011 – 221 people) of which 75 % left it voluntarily (2011 – 79 %). It is indicated that 56 % of all the participants' addicted to psychoactive substances finished the long-term rehabilitation programmes and had an opportunity to start their life over. The rehabilitation in Lithuania is mostly focused on treatment than on social integration into society. The diverse social, spiritual, psychological help and

[1] Narkotikų, tabako ir alkoholio kontrolės departamentas (2012). Metinis pranešimas.
[2] Narkotikų, tabako ir alkoholio kontrolės departamentas (2013). *Asmenų, priklausomų nuo psichoaktyviųjų medžiagų, psichologinė ir socialinė reabilitacija, socialinė integracija, socialinės atskirties mažinimas*. Apžvalga.

support are necessary for addicts trying to adapt in society in order to be more resistance to relapse after completing the psychosocial rehabilitation. Person addicted to alcohol usually loses the various sources of social support: family, friends, co-workers (Leigh, Hotgins, Milne, Gerrish, 1999). The re-creation of these relations and support which is complicated, requiring a lot of efforts of an addict and his family, friends and society's network is necessary for convalescence (Ivanauskienė, Motiečienė, 2010).

Rimkus (2010) states that social support generally defined as potentially useful activity which is performed by family, social network members, community and which positively influences person's health, emotional welfare and behavior.

Analyzing addiction problem the particular factors are not revealed determining the critical point when person starts searching for help concerning his addiction. In these latter years when the number of men who successfully have finished community based rehabilitation program it is significant to analyze the followings: factors, contributed to abstinence support, social support sources, the most necessary social support types, how much formal or informal support is received from the people round about, community, social workers?

The relation between rehabilitation community, treatment model and addict was analyzed by Mačiulaitienė (2010). Barisienė (2010) was interested in links between people, attending AA groups, alcohol consumption qualities, spirituality and social support. Jakaitienė (2011) was explaining sobriety causes and relapses of women after rehabilitation program, according to the Minnesota model. Juozaitienė (2011) analyzed the successful experience of women sobriety. The termination causes of alcohol use and the influence of social network intervention to live soberly were analyzed by Juodraitis, Račkauskienė (2008), Ivan (2007).

This study highlights persons addicted to alcohol the final reintegration phase - integration into society, the labor market and related problems. The selected subject is relevant, because most addicts who have completed a rehabilitation community program, often can not take care of themselves and the only option to sober living is environment social support. In order, to provide quality care for recovering addicts, it is important to know their needs, expectations, reflect on their experiences. Therefore, it is important to learn, what about it consider themselves recovering addicts, what is effective, what kind of help they would like out of relatives and professionals.

Research object - Social support structure of men who completed the community based rehabilitation program of addictive diseases.

Research aim – to represent the social support structure of men who completed the community based rehabilitation program of addictive diseases.

Research objectives:

1. Reveal the theoretical structure of social support applying the theoretical analysis method.
2. Identify the factors of relapse risk in the situation of alcohol dependence using the theoretical analysis method.
3. Develop the social support structure and the approach of men who completed the community based rehabilitation program of addictive diseases applying the methods of interview and content analysis.
4. Reveal the social support structure and the approach of specialists who work in the rehabilitation community of addictive diseases applying the methods of interview and content analysis.

Research participants. Eiht men of age 24 – 48 were participating in this research. They have been addicted to psychoactive substances, finished the community treatment program and lives soberly no less than 2 years. Six workers were questioned, who working with addicts in rehabilitation communities.

Research methodology and methods. In a qualitative study used the following methods: 1) The analysis of scientific literature; 2) Qualitative analysis was chosen in order to obtain the aim of the research. The research data was collected applying the semi-structured interview; 3) The qualitative content analysis will be used in order to process research data.

Basic concepts

Dependency - is on psychoactive substances emerging disease, characterized by characterized by increasing drug tolerance, psychological and physical dependence from his advancing peculiar mental changes.

Alcohol dependence - is a substance-related disorder in which an individual is physically or psychologically dependent upon drinking alcohol. According to the DSM-IV criteria for alcohol dependence, at least three out of seven of the following criteria must be manifest during a 12-month period: tolerance; withdrawal symptoms or clinically defined alcohol withdrawal syndrome; use in larger amounts or for longer periods than intended; persistent desire or unsuccessful efforts to cut down on alcohol use; time is spent obtaining alcohol or recovering from effects; social, occupational and recreational pursuits are given up or reduced because of alcohol use; use is continued despite knowledge of alcohol-related harm (physical or psychological)[3].

Rehabilitation - this is a purposeful intervention, counseling or other actions to improve the persons with physical, psychological or social difficulties, functioning. The aim of

[3] The Diagnostic and Statistical Manual of Mental Disorders (DSM), published by the American Psychiatric Association (APA), offers a common language and standard criteria for the classification of mental disorders.

rehabilitation is positive skills or provisions formation or restoration, to enable a person be able to participate in society (Funk,Wagnalls,1986).

Persons addicted to psychoactive substances integration into society – is a treatment and rehabilitation process, which provides the medical, psychological and social services for dependent people in order to help to give up alcohol, drugs and psychotropic substances and help restore capabilities, relationships with family and community and to engage in the labor market (Asmenų, sergančių priklausomybės nuo psichoaktyviųjų medžiagų ligomis, integracijos į visuomenę koncepcija, 2001*)*.

Social support – potentially useful activity which performs close social network members, the community and which has a positive effect on a person's health, emotional well-being and behavior (Barker, 2003).

Addiction relapse is defined as a return to addiction after a period of abstinence and recovery[4].

The realapse sindrome is a process whose roots lie in physical, psychological, or social dysfunction. Symptoms of syndrome include inability to think clearly, memory problems, emotional overreactions or numbness, sleep disturbances, physical coordination problems, and stress sensitivity (Gorski, Miller, 1986).

[4] *Why addicts relapse*. http://hamrah.co/en/pages/why-addicts-relapse/ (previewed 2015-03-14).

1. SOCIAL SUPPORT IN THE ADDICTION TREATMENT CONTEXT

1.1. Psychosocial rehabilitation community role in addiction treatment process

Many depended on psychoactive substances persons characterized by social exclusion, because they do not have stable accommodation, their irregular employment, they often have considerable experience in prison. Social exclusion increasing the negative attitude of the dependents. Tries to adapt in society addicted requires a comprehensive social, spiritual, psychological assistance (Drug, Tabacco and Alcohol Control Department, 2013).

A social psychological rehabilitation community (RC) is a drug-free environment in which people with addictive problems live together in an organized and structured way in order to promote change and make possible a drug-free life in the outside society (Broekaert, Kooyman, Ottenberg, 1993). Ottenberg and oth. (1993, p.51) a RC expanded as follows: „The RC forms a miniature society in which residents, and staff in the role of facilitators, fulfil distinctive roles and adhere to clear rules, all designed to promote the transitional process of the residents. Self-help and mutual help are pillars of the rehabilitation process, in which the resident is the protagonist principally responsible for achieving personal growth, realizing a more meaningful and responsible life, and of upholding the welfare of the community. The program is voluntary in that the resident will not be held in the program by force or against his/her will“. A social psychological rehabilitation, according to Kviekienė (2003) is targeted as purposeful social psychological services complex, which helps people with addictive problems restore lost socio-psychological mechanisms, develop social skills and a healthy lifestyle, independence, restore confidence and other skills necessary for full participation in public life.

In Lithuania currently operates 19 long-term psychological and social rehabilitation of communities. Rehabilitation process in communities lasts from 12 to 18 months.

One of the most important goal of the RC is to change the addicted thinking, behavior and lifestyle, to teach to be responsible for themselves, their physical and mental health, teach self-discipline, professional skills (Čaplinskas, Dragūnevičius, 2008).

Achieve the objectives invoking a single community: other community living and addicted persons, staff team, community environment, its structure, oder of the day and procedures.

A concept - based RC is a drug-free environment in which people with addictive problems live together in an organized and structured way to promote change toward a drug-free life in the outside community. Every RC has to strive towards integration into the larger society; it has to offer its residents a sufficiently long stay in treatment; both staff and residents should be open to challenge and to questions; ex-addicts can be of significant importance as role models; staff must respect ethical

standards, and RCs should regularly review their reason of existence (Broekaert, Kooyman, Ottenberg, 1998). Most crucial, is the concept of „community as method“, which stresses the „purposive use of the peer community to facilitate social and psychological change in individuals“ (De Leon, 1997). Parallel to the characteristics of the democratic RC, the following principles can be summarized:

- *Self-help*. The resident is the protagonist of his own treatment. Other residents can act only as facilitators.
- *Permissiveness*. Residents can freely express thoughts and emotions without any negative repercussions.
- *Hierarchy*. Daily activities take place in a structured setting where residents act as role models. Democratisation. All staff and residents participate equally in the organisation of the community.
- *Community*. Living together in a group and fostering belonging is the main agent for therapeutic change and social learning.
- *Communalism*. Face-to-face communication and free interaction to create a feeling of sharing and belonging.
- *Confrontation*. Residents present to each other feedback — observations of, and reactions to, behaviours and attitudes that interfere with community rules, value and philosophy and which should be changed.
- *Reality testing*. Residents are continually confronted with their own image as perceived by other residents and staff.

A RC programme typically consists of three stages: an induction phase (1–60 days); a phase of primary treatment (2–10 months); and a re-entry phase (10–18 months). In some, but not all, RCs, these phases are further structurally refined into the following stages: crisis intervention, ambulatory induction, reception, induction, treatment and social (re-)integration (Broekaert, 2001). When going through the stages, RC residents gradually gain more responsibilities and privileges. Furthermore, several stages with regard to the residents' internalisation of change can be discerned, evolving from compliance over conformity and commitment towards integration. Eventually, this leads to true identity change (De Leon, 1995). The RC's physical environment, which reflects consistency and predictability, contributes to the residents' change process. The following basic rules ensure an environment of trust and safety in every RC programme: no drugs or alcohol, no violence and no sexual relationships. With regard to the social organisation, the pyramidal structure of hierarchy is important. Work activities are an essential part of RC treatment, and the process of working, which

results in personal growth, is more important than the 'material' results that are realised. The structure is reflected by daily routine and the organisations in service departments (kitchen, administration, laundry), each of which have their own internal hierarchy. Residents move from having little or no responsibility to becoming department heads or even the co-coordinator of the RC.

The RC is organised according to a daily regimen, during which residents and staff members are expected to share meals and attend meetings, such as the community meeting. Every day starts with the community meeting, followed by morning activities, lunch, free time, afternoon activities, dinner, and some free time before going to bed. The primary goal of the community meetings is to strengthen community feeling and cohesion (De Leon, 2000).

Interpersonal relationships, both inside and outside the programme, are used to support the process of change. Residents can learn skills to communicate with and relate to other people in a safe environment. Family work is considered an essential element of RCs and efforts are made to involve family members and prepare clients for meeting their relatives (Broekaert, 2001).

During rehabilitation process in the community applied various methods of social work: group sessions "addictive disorders" theme, individual and group counseling, self – analysis, work therapy, self - help group sessions by "Twelve Steps" principles, structured daily routine, group fitness classes, educational outings home, sightseeing and recreational outings[5].

Work with addicted RC generally apply 12 Steps and DAY TOP program mix. 12 step program basis - complete abstinence, awareness and spiritual education. The client deliberately encouraged to recognize their illness and the inability to control its, accept assistance. Efficiency program is based on the fact, that it is comprehensive and intensive treatment at the same time, directed to all aspects of addiction: physiological, psychological, social and moral issues. The main work is done in teams, with emphasis on the importance of people group, in order to recover from addiction. By participating in group sessions, clients learn to communicate without intoxicating substances, they are providing a safe sharing their problems and feelings, helps to see their strengths and weaknesses and, most importantly, without fear of condemnation, since all members of the group are gathered for one purpose - to recover from addiction.

The program is very important for consistency, discipline and daily routine, so treatment in communities characterized by rigorous and coherent time schedule, that provides external discipline, the client learns internal disciplining. Relevant self-analysis (blog) method, which helps clients to analyze their feelings, to assess their thinking and behavior in the past. The spiritual part of the program provides clients the hope, that they are able to overcome the desire to use substances, and

[5] *Psichologinės ir socialinės reabilitacijos darbo metodai*. https://sites.google.com/site/reabilitacijalietuvoje/Programa-metodai (previewed 2014 – 07 – 25).

can change their lifestyle. They are encouraged to seek and gain confidence in the force, which is stronger than themselves.

Daytop (Drug Addicts Yield To Persuasion) is the oldest drug treatment therapeutic community: a drug – free, self – help program, in a highly structured, family – like environment where positive peer interaction assumes centre – stages (De Leon, 2000; Koomyman, 2001). The RC is different from other treatment approaches, mainuly in it suse of the community (comprising treatment staff and those in recovery) as the key agent of change (O‘Brien, 1993). This approach is referred to as „community method“ (De Leon, 1999). Daytop believes that the addicted need to overcome with the encouraging support, pressure, and confrontation of a caring community. The RC impresses upon the drug abusers that „only you can do it, but you cannot do it alone“ (O‘Brien, 1993). The Daytop model represents a promising approach for religious education, enabling it to further enrich the koinonia curriculum and ministry of community.

Studies show that long-term rehabilitation treatment in the community has a positive influence on the final outcome. Positive changes are rated according to the following criteria (Современные методы лечения наркомании, 2005):

- Alcohol and drug consumption reduction or termination.
- Health and social status strengthening.
- Reduction of risk to public safety.

Thus, the social psychological rehabilitation is targeted social psychological services complex, helps restore lost socio-psychological mechanisms. During rehabilitation process, the addicted acquires cooperation, learning, work, social and professional skills, receive the necessary assistance, support, maintenance, formed a healthy outlook for the future, values, communication is terminated with the past and re-taught to live in society.

1.2. Relapse theoretical concept

Recovery from addiction is thinking, feeling, behavior change, value systems transformation, taking care of physical, mental, spiritual condition, inner harmony. However, on the road of recovery are constantly grapple with the possibility of relapse. The more intense and faster recovery, the stronger the manifestation of relapse (Žemaitis, 2012). In Nissen (1997), Marlatt (2000) opinion, relapse is part of recovery process and any addiction treatment - the most common result. Relapse, or the return to heavy alcohol use following a period of abstinence or moderate use, occurs in many drinkers who have undergone alcoholism treatment (Larimer, Rebekka, Palmer, Marlatt, 1999). Relapse after the treatment, a longer or shorter period of remission the addicted feeling discomfort, which often leads to the use of drugs. Kolitzus (2002) describes a relapse, as a vicious circle, which

concentrates all of alcoholism evolution: ever increasing nondescript uncomfortable feeling in uncomfortable situation, the growing tension and the temptation to resort to drugs, the last convulsive effort to avoid relapse, ultimately narcotic substance liberating from discomfort and tension.

Observing the convalescent addicted has been observed, that to relapse walking a certain way, the period, during which change the convalescent behavior and attitudes. These changes in personality begins to lead him to the using. Relapse process begins much earlier, and use update is rather a consequence, but not cause (Žemaitis, 2012).

A majority of addicted relapse within a year of starting treatment, with the first three months being the most vulnerable period (Saunders, Allsop, 1987). Marlatt and Parks (2000) studies have shown, that most addicted on psychoactive substances began to use drugs again after about six months of treatment, and more than half - three months. Nissen (1997) argues, that the first year after treatment is dangerous, because "alcoholic enters into a world that did not change." Other research results and the eddicted experience shows, relapse usually begins immediately after treatment.

Relapse is a complex and dynamic phenomenon that appears to be determined by both neurobiological and psychosocial processes (Mattoo, Chakrabarti, Anjaiah, 2008).

When the addict stops use drug, relapse process causes pain and discomfort. The pain and discomfort can be so strong, that addict becomes impossible to live a normal life. Discomfort can become so strong, that person feel, that use can not did worse than the pain of being sober[6].

Kolitzus (2002) as relapse determinants factors releases: love and attention deficit, who leads a consequence of depression and „absolute emotional hole“, longing for love, not satisfied the recognition need. All relapses have common: they always hiding unmet feelings with the pain, sadness, anger and resentment. Emotional paralysis, stress, success, and when it needs to celebrate, a stressful job after that no one wants to see and hear, unconscious aggression as compensation for the unacknowledged recognition, relapse assimilation innocent "controlled drinking", separation, isolation, loneliness.

Marlatt, George (1984) summarized three categories associated with the highest relapse rates follows:

- *Negative emotional states* (35 per cent of all relapses in the sample): situations in which the individual is experiencing a negative (or unpleasant) emotional state, mood, or feeling such as frustration, anger, anxiety, depression, boredom, etc., prior to or at the same time the first lapse occurs.
- *Interpersonal conflict* (16 per cent of the relapses): situations involving an ongoing or

[6] *Atkryčio sindromas*. http://www.bernardinucentras.lt/LT/padc-naujienos/item/13/ (previewed 2014 – 11 – 24).

relatively recent conflict associated with any interpersonal relationship, such as marriage, friendship, family members, or employer-employee relations. Arguments and inter-personal confrontations occur frequently in this category.

- *Social pressure* (20 per cent of the sample): situations in which the individual is responding to the infiuence of another person or group of people who exert pressure on the individual to engage in the taboro behaviour. Social pressure may either be direct (direct interpersonal contact with verbal persuasion) or indirect (e.g. being in the presence of others who are engaging in the same target behaviour, even though no direct pressure is involved).

Marlatt, Gordon (1985) say, that are factors or situations that can precipitate or contribute to relapse episodes. The authors distinguish immediate determinants of relapse:

1. High-Risk Situations. High-risk situations frequently serve as the immediate precipitators of initial alcohol use after abstinence. Certain situations or events, however, can pose a threat to the person's sense of control and, consequently, precipitate a relapse crisis. Marlatt (1996) categorized the emotional, environmental, and interpersonal characteristics of relapse-inducing situations described by study participants. According to this taxonomy, several types of situations can play a role in relapse episodes, as follows:

• Negative emotional states, such as anger, anxiety, depression, frustration, and boredom, which are also referred to as intrapersonal high-risk situations, are associated with the highest rate of relapse. These emotional states may be caused by primarily intrapersonal perceptions of certain situations (e.g., feeling bored or lonely after coming home from work to an empty house) or by reactions to environmental events (e.g., feeling angry about an impending layoff at work).

• Situations that involve another person or a group of people (i.e., interpersonal high-risk situations), particularly interpersonal conflict (e.g., an argument with a family member), also result in negative emotions and can precipitate relapse. In fact, intrapersonal negative emotional states and interpersonal conflict situations served as triggers for more than one-half of all relapse episodes.

• Social pressure, including both direct verbal or nonverbal persuasion and indirect pressure (e.g., being around other people who are drinking), contributed to more than 20 percent of relapse episodes.

• Positive emotional states (e.g., celebrations), exposure to alcoholrelated stimuli or cues (e.g., seeing an advertisement for an alcoholic beverage or passing by one's favorite bar), testing one's personal control (i.e., using "willpower" to limit consumption), and nonspecific cravings also were identified as high-risk situations that could precipitate relapse.

2. Coping**.** It is the person's response to the situation that determines whether he or she will

experience a lapse (i.e., begin using alcohol). A person's coping behavior in a high-risk situation is a particularly critical determinant of the likely outcome. Thus, a person who can execute effective coping strategies is less likely to relapse compared with a person lacking those skills. Moreover, people who have coped successfully with high-risk situations are assumed to experience a heightened sense of self-efficacy (Marlatt, Gordon 1985). Conversely, people with low self-efficacy perceive themselves as lacking the motivation or ability to resist drinking in high-risk situations.

3. Outcome Expectancies. Those who drink the most tend to have higher expectations regarding the positive effects of alcohol (i.e., outcome expectancies) and may anticipate only the immediate positive effects while ignoring or discounting the potential negative consequences of excessive drinking (Carey, 1995). Such positive outcome expectancies may become particularly salient in high-risk situations, when the person expects alcohol use to help him or her cope with negative emotions or conflict (i.e., when drinking serves as "self-medication"). In these situations, the drinker focuses primarily on the anticipation of immediate gratification, such as stress reduction, neglecting possible delayed negative consequences (Brown, Goldman, Christiansen, 1985).

4. The Abstinence Violation Effect. A critical difference exists between the first violation of the abstinence goal (i.e., an initial lapse) and a return to uncontrolled drinking or abandonment of the abstinence goal (i.e., a full-blown relapse). A lapse greatly increases the risk of eventual relapse, the progression from lapse to relapse is not inevitable.

5. Covert Antecedents of High-Risk Situations. Although high-risk situations can be conceptualized as the immediate determinants of relapse episodes, a number of less obvious factors also influence the relapse process. These covert antecedents include lifestyle factors, such as overall stress level, as well as cognitive factors that may serve to "set up" a relapse, such as rationalization, denial, and a desire for immediate gratification (i.e., urges and cravings).

6. Lifestyle Factors. Marlatt and Gordon (1985) have proposed that relapse risk involves the degree of balance in the person's life between perceived external demands (i.e., "shoulds") and internally fulfilling or enjoyable activities (i.e., "wants"). A person whose life is full of demands may experience a constant sense of stress, which not only can generate negative emotional states, thereby creating high-risk situations, but also enhances the person's desire for pleasure and his or her rationalization that indulgence is justified ("I owe myself a drink"). In the absence of other nondrinking pleasurable activities, the person may view drinking as the only means of obtaining pleasure or escaping pain.

7. Urges and Cravings. The desire for immediate gratification can take many forms, and some people may experience it as a craving or urge to use alcohol. Marlatt and Gordon (1985) have defined an urge as a relatively sudden impulse to engage in an act such as alcohol consumption,

whereas craving is defined as the subjective desire to experience the effects or consequences of such an act. Nevertheless, the same processes may mediate both urges and cravings. Two such processes have been proposed: (1) conditioning1 elicited by stimuli associated with past gratification and (2) cognitive processes associated with anticipated gratification (i.e., the expectancies for the immediate pleasurable effects of alcohol).

In general there are posits that those factors fall into two categories: immediate determinants (e.g., high-risk situations, a person's coping skills, outcome expectancies, and the abstinence violation effect) and covert antecedents (e.g., lifestyle imbalances and urges and cravings).

1.3. Relapse's syndrome and prevention

The relapse syndrome model emphasizes the role of personal distress in the failure to stay off drugs. The precipitating causes can be internal (e.g, irrational thoughts, distressing emotions, painful memories) or external (e.g., seriuos life problems, cronic daily stress, physical pain). In the absence of active coping skills, the individual may regress from stability into a periodo f increasing distress ending in physiacal or emotional collapse. This sindrome can be exacerbated by „post acute withdrawal", which can result in an inability to think cleary, memory deficits, and emotional overreaction. The realapse sindrome model sees relapse as a process whose roots lie in physical, psychological, or social dysfunction (Gorski, 1990). Gorski and Miller (1986) have identified early warning signs of relapse that clinicians and clients use extensively. They have further suggested that post – acute withdrawal sindrome follows actual withdrawal and characterizes early recovery. Symptoms of syndrome include inability to think clearly, memory problems, emotional overreactions or numbness, sleep disturbances, physical coordination problems, and stress sensitivity. Gorski (1995) gives a list of relapse warning signs:

1. *Internal change* as evidenced by increased stress, change in thinking, change in feeling, and change in behavior.
2. *Denial* as evidenced by worrying about myself or denying that I am worried.
3. *Avoidance and defensiveness* as evidenced by believing I will never relapse, focusing on others intead of myself, getting defensive, getting compulsive, acting impulsively, and getting lovely.
4. *Crisis building* as evidenced by seeing only a small part of the problem, getting depressed, poor planning, and plants that begin to fail.
5. *Immobilization* as evidenced by daydreaming and wishful thinking, feeling that nothing can be solved, and an immature wish to be happy.

6. *Confusion and overreaction* as evidenced by difficulty in thinking clearly, difficulty in managing feelings and emotions, difficulty in remembering things, periods of confusion, difficulty in managing sress, irritation with friends, and becoming easily angered.
7. *Depression* as evidenced by irregular eating habits, lack of desire to take action, difficulty sleeping restfully, loss of daily structure, and periods of deep depression.
8. *Loss of control* as evidenced by hiding my problems, feeling powerless and helpless, refusing help, breaking my recovery program, going against my values, complete loss of self – confidence, unreasonable resentment, and overwhelming loneliness, frustration, anger, and tension.
9. *Thinking about relapse* as evidenced by thinking relapse will help me feel better, getting dissatisfied with recovery, getting obsessed with relapse, and convincing myself to relapse.
10. *Relapse* as evidenced by starting the relapse, attempting to control, feeling disappointed, loss of control, as well as life and health problems.

To sum up, relapse is a complex and dynamic phenomenon that appears to be determined by both neurobiological and psychosocial processes. Relapse is a vicious circle, which concentrates all of alcoholism evolution: ever increasing nondescript uncomfortable feeling in uncomfortable situation, the growing tension and the temptation to resort to drugs, the last convulsive effort to avoid relapse, ultimately narcotic substance liberating from discomfort and tension. All relapses have common symptoms: unmet feelings with the pain, sadness and anger, emotional paralysis, stress, unconscious aggression as compensation for the unacknowledged recognition, "controlled drinking", separation, isolation, loneliness. The holder of a dependency several years don‘t expect that, after only a year or a little more from the beginning of the recovery, a sense of the consequences of long-term use.

One of the ways of recovery and conditions are honesty yourself, recognition of what is really going on with me. Žemaitis (2012) asserts that the addicted person must learn not to be afraid of poor emotional symptoms, take them without panic, as an inevitable part of life. It is important to familiarize person addicted to alcohol with the same phenomenon and the likelihood of relapse. Many addicted „fall“ only because, they did not understand what was going on and how to deal with this. Prior relapse discussion can reduce feelings of shame and frustration in the event and give him the courage and efforts continue sobriety (rehabilitation) program. It is necessary to teach dependent, there are a lot of situations, which should be avoided, that one overcome addiction they can not - the necessary supporting interaction with people and other dependent persons (support, self-help groups).

Kolitzus (2002) suggests, as alcoholism has a meaning, and thus has a relapse. According to him, relapses are unproductive if:

1. Not trying to understand the dynamics of feelings.

2. Dependent people are unwilling to see any connection between the injured feelings and relapse.

3. Feelings of incomprehension, displacement, separation from life. It is therefore necessary task in particularly difficult situation, to feel weak feelings and accept them, rather than deny and ignore. Otherwise, those feelings will accumulate and it will end in relapse.

One common recovery principle: alcoholism always associated with a defective life. Failure to comply with the body's natural rhythms, neglect of hunger and fatigue, enthusiasm caught work to complete exhaustion. Successful sobriety condition - discipline. The new discovery of the joys of life, strict discipline - conditions to avoid relapse.

In order to prevent relapse in 1970 year Marlatt coined the term "Relapse prevention" (Grimalauskienė, Bulotaitė, Subata, Javtokas, Davidonienė, Vainauskienė, 2002). In 2004 year, Witkiewitz and Marlatt proposed a reconceptualization of the cognitive–behavioral relapse model. The essence of the model of relapse prevention - this is the circumstances, can lead to relapse, identification and skills to avoid these circumstances, or to overcome them in a manner acceptable education. The new model proposes that determinants of relapse include: self-efficacy, outcome expectancies, craving, motivation, coping, negative affect and, more distally, family history, social support and degree of dependence on alcohol. The new model presents a comprehensive theory of relapse as a complex system, and proposes that multiple elements operate within high-risk situations and influence the functioning of the system. The behavior of individuals with alcohol dependency does not occur in a vacuum and may be understood as a result of interactions between intra-individual processes and contextual factors.

The RP model includes a variety of cognitive and behavioral approaches designed to target each step in the relapse process. These approaches include specific intervention strategies that focus on the immediate determinants of relapse as well as global self-management strategies that focus on the covert antecedents of relapse. Both the specific and global strategies fall into three main categories: skills training, cognitive restructuring, and lifestyle balancing.

*Specific Intervention Strategies***.** The goal of the specific intervention strategies — identifying and coping with high-risk situations, enhancing selfefficacy, eliminating myths and placebo effects, lapse management, and cognitive restructuring—is to teach clients to anticipate the possibility of relapse and to recognize and cope with high-risk situations. These strategies also focus

on enhancing the client's awareness of cognitive, emotional, and behavioral reactions in order to prevent a lapse from escalating into a relapse (Larimer and oth., 1999).

1. *Identifying and Coping With HighRisk Situations*. To anticipate and plan accordingly for high-risk situations, the person first must identify the situations in which he or she may experience difficulty coping and/or an increased desire to drink. These situations can be identified using a variety of assessment strategies. The first strategy involves teaching the client to recognize the warning signals associated with imminent danger - that is, the cues indicating that the client is about to enter a high-risk situation. Such warning signals to be recognized may include, for example, stress and lack of lifestyle balance, and strong positive expectances about drinking. As a result of identifying those warning signals, the client may be able to take some evasive action (e.g., escape from the situation) or possibly avoid the high-risk situation entirely. The second strategy involves evaluating the client's existing motivation and ability to cope with specific high-risk situations and then helping the client learn more effective coping skills. Relevant coping skills can be behavioral or cognitive in nature and can include both strategies to copewith specific high-risk situations (e.g., refusing drinks in social situations and assertive communication skills) and general strategies that can improve coping with various situations (e.g., meditation, anger management, and positive self-talk).
2. *Enhancing Self-Efficacy*. Another approach to preventing relapse and promoting behavioral change is the use of efficacy-enhancement procedures - that is, strategies designed to increase a client's sense of mastery and of being able to handle difficult situations without lapsing. One of the most important efficacy-enhancing strategies employed in RP is the emphasis on collaboration between the client and therapist instead of a more typical "top down" doctorpatient relationship. In the RP model, the client is encouraged to adopt the role of colleague and to become an objective observer of his or her own behavior. In developing a sense of objectivity, the client is better able to view his or her alcohol use as an addictive behavior and may be more able to accept greater responsibility both for the drinking behavior and for the effort to change that behavior. Clients are taught that changing a habit is a process of skill acquisition rather than a test of one's willpower.
3. *Cognitive Restructuring*. Cognitive restructuring, or reframing, is used to assist clients in modifying their attributions for and perceptions of the relapse process. In particular, cognitive restructuring is a critical component of interventions to lessen the abstinence violation effect. Thus, clients are taught to reframe their perception of lapses - to view

them not as failures or indicators of a lack of willpower but as mistakes or errors in learning that signal the need for increased planning to cope more effectively in similar situations in the future.

*Global Lifestyle Self-Control Strategies***.** Although specific intervention strategies can address the immediate determinants of relapse, it is also important to modify individual lifestyle factors and covert antecedents that can increase exposure or reduce resistance to highrisk situations. Global self-control strategies are designed to modify the client's lifestyle to increase balance as well as to identify and cope with covert antecedents of relapse (i.e., early warning signals, cognitive distortions, and relapse set-ups).

1. *Balanced Lifestyle and Positive Addiction.* Assessing lifestyle factors associated with increased stress and decreased lifestyle balance is an important first step in teaching global self-management strategies. This assessment can be accomplished through approaches in which clients self-monitor their daily activities, identifying each activity as a "want," "should," or combination of both.
2. *Stimulus-Control Techniques.* Stimulus – control techniques are relatively simple but effective strategies that can be used to decrease urges and cravings in response to such stimuli, particularly during the early abstinence period. These techniques encourage the client to remove all items directly associated with alcohol use from his or her home, office, and car. This includes eliminating, at least temporarily, all alcohol supplies, including those typically kept for "guests," as well as packing away wine or shot glasses, corkscrews, and similar items.
3. *Urge-Management Techniques.* Even with effective stimulus-control procedures in place and an improved lifestyle balance, most clients cannot completely avoid experiencing cravings or urges to drink. Therefore, an important aspect of the RP model is to teach clients to anticipate and accept these reactions as a "normal" conditioned response to an external stimulus.
4. *Relapse Road Maps*. Social workers can assist clients with developing relapse road maps — that is, cognitivebehavioral analyses of high-risk situations that emphasize the different choices available to clients for avoiding or coping with these situations as well as their consequences.

Bulotaitė (2009) distinguishes the relapse coping strategies: strength training, confrontation technique, learning about alcohol and other drugs, alternative activities, social skills training, holistic approach.

AA as a means to avoid relapses, offers/recommends: to form recovery strategies plan consisting of AA members healthy lifestyle practices (eg., don‘t buy, don‘t store alcohol at home, always be honest with myself and so on); find a helper - a mentor who can count and to express their

feelings and difficulties; to form signs, leading to relapse list and to provide it for your family and / or guardian, who have noticed changes in the behavior of the dependent person, could turn for help to other members of the group; as far as possible to become more involved in AA activities (Jakaitienė, 2011).

So, relapse is inevitable recovery process. The first year after rehabilitation (treatment) are the most "dangerous". The dependent person sensitive and strongly reacts to stimuli - both negative and positive, especially experienced extreme mood swings, which previously suppressed alcohol. The main determinants of relapse include; self-efficacy, outcome expectancies, craving, motivation, coping, negative affect and, more distally, family history, social support and degree of dependence on alcohol. The essence of the relapse prevention model - to recognize a situation that might be the cause of relapse, and develop skills to avoid such situations or to overcome it reasonable basis. Learning to live soberly important introspection and self-control, which allows to identify the factors that lead to relapse.

1.4. Social support theoretical definition

Recently in Lithuania growing scientific papers studying the phenomenon of social support. Social system consists of people communicating with each other. Both the growing child and adult mature important positive, providing full support links with others, which are now often referred to as social support (Rimkus, 2010). What is social support?

Social support has been described as "information leading the subject to believe that he is cared for and loved, esteemed and valued, and a member of a network of communication and mutual obligations" including elements like esteem support, emotional support and network support (Cobb, 1976, p. 300). Social support includes the kind of support provided by ties or links - "social networks" - that individuals have to friends/family and such other contacts. Today these forms of support have been consolidated into functional social support and structural support (Hittner, Swickert, 2001).

Chronister, Johnson, Berven (2006) conceptualize social support through five theoretical models: *stress-buffering*, *main-effect*, *support mobilization*, *perceived support*, and *support deterioration*. They further characterize „social support" as a multidimensional concept consisting of structural, functional, and perceptual dimensions. Structural support represents the quantitative aspects of social support like network size, frequency of contacts, density and composition, while functional support characterizes the degree to which an individual believes that help is available and therefore is seen as a qualitative measure. While structural support also includes social network resources and affiliations, functional support includes emotional, instrumental and informational

forms of support. The perceptual dimension includes a more subjective measure relating to the satisfaction experienced by individuals in and through their support networks. They also note that not all social support can be assumed to be positive and beneficial.

Lakey, Cohen (2000) assert that the theoretical models of social support can be categorized into one of three different perspectives: *the stress and coping perspective*, *the social constructionist perspective* and *the relationship perspective*. The stress and coping perspective, which is similar to the stress buffering model argues that social support provides individuals with a buffer or protection against the negative effects of stressful events. In this model, social support acts to facilitate the recipient's coping, which then reduces the negative effects of stress on the individual's well-being. Similarly, even in the absence of actual support being provided, an individual's cognitive appraisals of the perceived availability of social support has been shown to be capable of reducing the negative impact of stress on their well-being (Lin, Thompson, Kaslow, 2009). In contrast, the *social constructionist or social-cognitive model* holds that an individual's perception of support influences their self-esteem and identity, which then indirectly influences important outcomes, such as health and well-being (Kaul, Lakey, 2003; Vaux, 1990). One of the key factors of this conceptualization is that it is the individual's own appraisal of support, versus the actual support received, that is more strongly linked to improvement in a range of different outcomes, by way of the mediating influences of self-esteem and identity. In addition, perceived support also is theorized to have a separate, direct influence upon the desired outcomes, irrespective of the presence of stress.

Finally, the *relationship perspective* proposes that the positive benefits of social support are highly interrelated with fundamental interpersonal relationship qualities and processes, such as companionship, intimacy, social skills and low conflict (Thompson, Flood, Goodvin, 2006). In this model, these fundamental relationship qualities and processes are believed to be the key factors that simultaneously influence both an individual's perceived and/or enacted social support, as well as their actual well-being (Lyons, Perrotta, Hancher-Kvam, 1998).

Although social support seems a clear concept, it actually is an umbrella term that covers a variety of phenomena (Sarason and oth., 1990). Researchers have therefore increasingly agreed that it is important to distinguish the different aspects of social support conceptually and empirically.

There are at least three broad categories of social support concepts that have been represented in the literature that also have important implications to help guide measurement decisions. These three broad categories of social support concepts include: *social connectedness* or *social embeddedness*; *perceived social support*; and *actual or enacted social support* (Gottlieb, 2000; Barrera, 1986). Most available measures attempt to measure one or more of these types of social support.

The concept of *social connectedness* or *social embeddedness* refers to the quantity and quality of social ties or interpersonal connections that an individual has with others, including both informal and formal social relationships (Kaul, Lakey, 2003). Informal relationships often include family members, relatives, friends, neighbors, and others, whereas the more formal relationships may include mental health professionals, physicians, counselors, teachers, clergy members, among others. Another one of the most prominently studied concepts has been *perceived social support*, which refers to an individual's cognitive appraisal of support to promote coping and thereby reduce the negative effects of stress on outcomes. Measures of perceived social support may differ in whether they focus on assessing an individual's appraisal of the *availability* and/or the *adequacy* of support (Gjesfjeld, Greeno, Kim, Anderson, 2010). A third key construct examined in the literature has been *actual or enacted social support.* While measures of perceived support capture an individual's appraisal of support, irrespective of whether or not they have received such support, the actual or enacted support measures focus more on an individual's report of support they have actually received. Some have asserted that measures of enacted support may be most relevant when examining the more proximal influence or responsiveness of social support in situations where individuals are known to have experienced adverse conditions or significant stressors (Barrera, 1986). However, other researchers have argued that the positive influence of actual or enacted social support may be mediated by perceived social support (Wethington, Kessler, 1986).

Cohen, Wills (1985), Sarason and oth. (1990), Stroebe, Stroebe (1996) mentioned three different conceptualizations with respect to the concept of social support: *the extent of social integration*, *the perceived availability of social support (i.e. perceived support)* and *received support*. The first conceptualization conceives social support in terms of the structure of an individual's social network. The latter two conceptualizations conceive social support in terms of the functions that social relationships can serve for the individual.

From the perspective of *social integration*, social support is primarily viewed in terms of the number and strength of social relationships the individual maintains with others in his or her social environment. This means that in this perspective, the main focus is on the size and structure of someone's social network. Thois (1982) said, that social support seems to incorporate both qualitative and quantitative dimensions. Qualitative social support is process oriented and refers to the perceived meanings and expressive values of social relationships. Similarly, Kaplan, Cassell, and Gore (1977) described the interactional properties of social support as:

- Content – meanings that people give their relationships (supportive or meaningful tasks are classified in terms of rituals, values, beliefs, consensus, needs, intimacy, nurturance, self – esteem, and emotional expressions).

- Directedness – reciprocity of relationships.
- Intensity – obligation and commitment.
- Frequency – number of interactions.

Quantitative constructs of social support, on the other hand, focus on social network morphology. Kaplan and oth. (1997) listed the morphological properties of social networks as:

- Anchorage – the lenght and complexity of relationships.
- Reachability – the extent to which the person can use and contact people important to him or her.
- Density – connections among those who know the individual.
- Range – the number of direct contacts; network size.

Tolsdorf (1976) focused on these social network components:

- Structure – size, frequency of contact, and density.
- Content - the purpose of relationships (e.g., kinship, friendship, economic, sexual).
- Function – support, advice, or feedback.

Both the gualitative and the quantitative dimensions of social support seem important to client adjustment. The qualitative dimension indicates what the client feels and perceives to be helpful; the quantitave dimension denotes the presence of relationships available to the client (Wilcox, 1981).

The functional perspective on social support conceives social support in terms of the particular functions that social relationships can serve. Cobb (1976) identified three components of social support: a) information that one is cared for and loved (succor, nurturance, and affilation), b) information that one is esteemed and valued (recognition and respect), c) information that one belongs to a network of communication and mutual obligation (group membership). Mirowksy, Ros (1989) defined social support as a feeling of being an important person to others who care and love, and respect as someone who helps and should be heard when it is needed. Support from other people fulfill human needs. Individuals who receive a lot of social support, feel safer and more secure. These feelings are composed of well-being (Luszczynska, Cieslak, 2005).

Albrecht, Adelman (1987) defined social support as „verbal and nonverbal communication between recipients and providers uncertainty about the situation, the self, the other, or relationship, and functions to enhance a perception of personal control in one‘s life experiece“. In this definition, the key features of social support are: communication, uncertainty reduction, enhanced control. Gore (1978) conceptualized socially supportive arrangements as the „attributes of socially legitimate roles which provide for the meeting of dependency needs without loss of esteem“. Social support is an asset to coping that contributes to the „striving sentiments“ for love, security, self – expression,

recognition, belonging, and sexual satisfaction. Socially supportive environments are pattern interpersonal relationships mediated through shared values and sentiments, and facilitate the performance or social roles through which needs are met. Mechanic (1976) defined adaptation as a transactive process involving the skills and capacities of individuals and their supportive groups on the one hand, and the types of challenges they face on the other.

The National Cancer Institute[7] offers of social support definition as „a network of family, friends, neighbors, and community members that is available in times of need to give psychological, physical, and financial help“. The key features of this definition of social support are: network, psychological help, physical help, financial help. This definition accentuates the network of typical people who are available to provide support. This definition also delineates the types of assistance that can be provided by the network, including psychological support, physical support, and financial assistance (e.g., a short – term loan to pay a health insurance copayment).

Gottlieb (2000) defined social support more broadly as „process of interaction in relationships which improves coping, esteem, belonging, and competence through actual or perceived exchanges of physical or psychosocial resources“. In this definition the key of social support are: interaction, coping, esteem, belonging, competence, exchange. Social support is an interactive process. Communication creates the relationship as effectively supportive and satisfying through the interaction of the individuals involved in the situation is consistent with the attributes of communication. This definition includes outcomes suggesting that social support can lead to improvement in several areas of health and well – being. Communication that helps people cope with a situation, makes them feel better about themselves by raising their sense of self – esteem, reaffirms their association or sense of belonging to a group, or improves their ability or competence to perform needed tasks all are considered forms of social support.

With regard to the functional approach of social support two types of measures have been used: *perceived support* that focuses on the different types of support a person believes to be available in case he or she should need it and *received support* that focuses on the actual receipt of the different types of support during a given time period.

In summary, it can be said that social support is dynamic, with its form and quantity varying over time and has interactive, qualitative, and quantitative dimensions. It is a transactional communicative process, including verbal and/or nonverbal communication, that aims to improve an individual‘s feeling of coping, competence, belonging, and/or esteem and potentially useful activities,

[7] *Social support*. www.cancer.gov/dictionary (previewed 2014 – 11 – 26).

carried out by the person in respect of relatives, social network members, the community and which has a positive impact on the health, emotional well-being or behavior.

1.4.1. Types of social support

Studies of types of support are usually associated with "needs" theories of stress. Thus, if stress is defined in terms of unmet needs or the absence of social relationships through which "supplies" may be provided, then social support is defined in terms of resources that meet needs, social relationships through which an individual's needs are met, or both (Jacobson, 1986). Caplan (1974) describes a support system as formal and informal relationships and groups through which an individual receives the emotional, cognitive, and material supports necessary to master stressful experiences. Although specific empirical behavior may be understood to represent more than one type of support (House, 1981; Cohen, Wills, 1985), researchers use this or a similar typology to differentiate primary aspects of support. Emotional support refers to behavior that fosters feelings of comfort and leads an individual to believe that he or she is admired, respected, and loved, and that others are available to provide caring and security. Cognitive support refers to information, knowledge, and/or advice that helps the individual to understand his or her world and to adjust to changes within it. Materials support refers to goods and services that help to solve practical problems. Most other typologies of social support appear to be derivatives of this tripartite classification. Transactional model, as an imbalance between perceived demands and perceived resources with negative consequences for an individual's well-being, then support will be that which serves to (1) redress the imbalance (by decreasing demands and/or by increasing resources) and/or (2) alter the conse- quences of failure to meet demands. Support also may be conceptualized in terms of the way in which individuals attempt to cope with such imbalances and their consequences (Jacobson, 1986).

Schaefer, Coyne, Lazarus (1981) described five types of social support:

- Emotional support. This type of social support is communication that meets an individual‘s emotional or affective needs. These are expressions of care and concern, such as telling someone „ I feel bad for you“ or „I just want you to know how much you mean to me.“ This type of support is what we most often think of when we hear the term social support.
- Esteem support. This is communication that bolsters an individuals‘ self – esteem or beliefs in their ability to handle a problem or perform a needed task. This type of support refers to encouraging individuals to take needed actions and convincing them that they have the ability to confront difficult problems.
- Network support. This type of social support does not focus on emotions or self-

concept, but instead refers to communication that affirms individuals‘ belonging to a network or reminds them of support available from the network. Network support is communication that reminds people that they are not alone in whatever situation they are facing. Members of a network may offer many types of social support but the concept of network support emphasizes that a network is available to provide social support.

- Information support. This is communication that provides useful or needed information. When facing any challenging situation, often information is needed in order to make decisions. Not knowing the details of what one is facing or about the different options available can be a source of upset and stress.

- Tangible support. This is type of support, which is any physical assistance provided by others. In same situations, individuals need material goods or actions to help them in challenging situations.

Richman, Rosenfeld, Hardy (1993) three Cobb‘s and House‘s defined types of social support - emotional, information, tangible (material support and services) support - broken down into eight recipients of perceived social support forms, i.e. hearing, emotional support, emotional challenge, reality approval, praise, encouragement, tangible support (transportation, money lending and other services) and access to some tangible support. Cohen and Wills (1985) divides the social support into four groups:

a) emotional support: support related to the human need to be acknowledged and respected;

b) information support: advice on how to solve the problem by providing information and giving advice on how to solve the problem;

c) social interaction: pleasant time with other dating and performing a variety of activities at leisure. The positive effects of talk about the problems with others and being part of a support group, which reduces the stress level;

d) instrumental support: this type of support is defined as a form of support, when the other person gives monetary, time, or other forms of assistance in resolving the problem.

Lewin, Sager (2008) summarizing social support's (instrumental, emotional, informational) functions states, that instrumental help is activities or resources, that are providing to an individual and who enables a person the requirements implementation. Emotional support can be recognition, acceptance, respect, empathy and belonging to a certain group. Information help facilitate interoperability with existing stressors. This can be tips, feedback, and information that could improve the situation of the individual, granting.

Various authors types of social support classification are different, but in most cases revealed social emotion and practical - tangible components.

Emotional support is a comprehensive form of social support. Maintain another emotionally - in your own words and actions show the other, that it is important and loved, comforted in times of disaster, listen, praise or encourage, to encourage, raise his self-esteem and self-confidence. Emotional support actions are considered as love, respect, comfort, attention, care, cooperation, acceptance, encouragement, listening, acceptance, trust, motivation, compassion, openness, etc.

Tangible (material) support is a specific, a physical expression having help or service of another person (eg., transportation to work, advice on how to solve the problem, thing or money lending). Some works are distinguished information support, specific help or instruction, that are different expressions of the same operation, therefore treated as tangible support components.

Material support treated actions as service, assistance, guidance, representation and other (Rimkus, 2010).

Social support can be obtained from various social networking, but their connection with a particular person determines the nature of the support. Lin (1986) argues, that supporting relationships between people primarily associated with social support attention and distinguishes three levels: community, social network, and relatives.

Social networks. Kahn, Antonucci (1980) defines social support as a network of relationships, which is accompanied by a person throughout life. The social network is defined as a person surrounding interpersonal communication or system, which consisting of an emotionally close people and provide some benefits.

The foundations of social network research are rooted in Durkheim‘s study of social conditions and suicide in the late 1800s. He discovered that those with fewer social ties or social connections and smaller social network were more likely to commit suicide that those with a greater number of social ties and larger social networks. From this seminal work, the concept of social integration was created as other researchers began the practice of measuring the size of social networks and the number of social ties. Social integration is the extent to which an individual participates in a broad range of social relationships including: family, spouse/significant other, friends, formal organizations (club, religious groups, jobs) (Junker, Shutterstock, 2011).

According to the Oxford English Dictionary, the concept social network is defined as a "system of social interactions and relationships[8]. Milardo (1988) defined social networks as a collection of personal networks consisting of individuals who know and interact with the focal person. Social networks are examined in terms of size, structure, relationships, composition (i.e., proportion

[8] Social network. *Oxford English Dictionary Online*. http://www.oed.com/ (Previewed 2014-11-17)

of family, friends), homogenity of network members, frequency of contact, geographic proximity, degree of intimacy, level of reciprocity, and type of support (Vaux, 1988).

Other elements of social networks include density, reciprocity, multiplexity, network ties (Stohl, 1995). Network density is a measure of how interconnected the members of a social network are with each other. In a dense network many of the individuals have relationships with one another. On the other hand, an individual may have a large network but the members of the network my not interact or have relaptionships with each other, which would characterize a less dense social work. In denser networks there is more potential for support because individuals in the social network can work together to support a person in need. Reciprocity is a measure of the degree of exchange between network members. In a reciprocal relationship, both parties give relatively equally to each other. All relationships are not reciprocal, however, or at least not equally reciprocal. May be in a social relationships in which one individual consistently gives more than the other individual. Also may have personal relationships in which it seems as though you are consistenly giving much more support and assistance compared with other individuals‘ level of support and assistance given to you. In both of these instance, there is no or low reciprocity between social network members (El-Bassel, Chen, Cooper, 1998). Multiplexity is the extent to which network members fulfill more than one supportive role or function. Network ties are classified as either strong or weak. Strong network ties exist between network individuals with strong connections to one another and a great deal of reciprocity. When a strong network tie exists, there is a high likelihood that these individuals provide social support to each other when necessary. Weak network ties are loose connections between individuals and individuals do not feel a strong sense of obligation to each other and are less likely to provide substantial or meaningful social support to one another (Junker and oth., 2011).

Milardo (1988) have classified social networks into two different categories: *psychological social network* **(**refers to the people with whom an individual deems important, close, or significant) and *interactive social network* (refers to the people with whom one frequently communicates and is related to speech community, which often involves individuals that reside in the same geographical area). According to Gottlieb (1985), there are three levels to social support networks. Macro, the first level, encompasses an individual's participation in formal networks (i.e. community centers) and informal networks (i.e. family and friends). Gvaldaitė, Švedaitė (2005) distinguishes two network categories: primary and secondary. The original, or informal network consists of naturally formed in the course of human life relationships, that arise from love, selflessness and sense of empathy loved one. It consists of family, relatives, neighbors, friends, etc. Secondary, or formal network is usually built up artificially and associate individuals united by a common goal, not emotionally intimate feelings. Milardo (1988) distinguishes three types of social networking:

1. The relatives and significant network of individuals. Here people are connected emotionally close ties and are relevant to the central network person. Here are an actives contacts, which operate on a daily basis, providing support and assistance, and passive contacts do not justify expectations and do not provide the desired support. This network is not always identical to that group of people, with which a person interacts on a daily basis.
2. The exchange network. This network consists of communication, from which the person receives the most comprehensive support and assistance. The network participants exchanged between them important resources: information, support, services, etc.
3. The interaction network. This network consists of individuals interacting with the more or less regular basis. The size of the network depends on the person's social activity.

Under the support provider and the recipient of the relationship between peculiarities, support can be given to the natural social network (informal support) and professionals (formal support). Social support network provides communication with existing or newly acquired members of the immediate environment, rather than training or services provided by trained professionals (Rimkus, 2010). Social workers and other specialists support is slightly more formal and mostly channeled through specific methods - bringing together social support groups or work individually.

Thus, social support is one of the important functions of social relationships. Social support is always intended by the sender to be helpful, thus distinguishing it from intentional negative interactions. Social support is usually described as informational, instrumental and emotional needs, a significant importance for the well-being of every person. The types of social support classification are different, but in most cases revealed social emotion and practical - tangible components. Social support is commonly categorized into types: emotional, informational, instrumental, esteem, network, tangible. The social network is defined as a person surrounding interpersonal communication or system, which consisting of an emotionally close people and provide some benefits. Social networks are divided into psychological, interactive, primary, secondary, formal, informal, passing, exchanges, interactions networks. A network of supportive relationships contributes to psychological well-being. A social support network benefit is in the following ways: sense of belonging, increased sense of self-worth, feeling of security.

1.4.2. Positive and negative effects of social support

The addiction literature suggests that social support can both discourage and promote substance abuse. In its positive role, social support is associated with commitment to and maintenance of behavioral change and successful alcohol and drug treatmentoutcomes. Social support is also associated with lower rates of drug initiation, use of illicit drugs, relapses, and high-risk drug use

(Wills, Vaughan, 1989). Studies have also examined the negative role of social support. Social support has been found to increase the likelihood of relapse and to reinforce maladaptive behavior.

Sanders (1989) indicated positive and negative effects of social support, considered in its three main phases:

1) the prevention phase, in which a person is taking steps to preserve and strengthen their own physical and mental well-being.

2) phase of coping, in which a person "coincides" with the disease;

3) the recovery phase, in which a person begins to feel better and can return to normal social functioning.

Лифинцев, Лифинцева (2011) after analyzing the basic functions of social support, identified the possible positive and negative effects of social relations in the context of subjective well-being.

Table 1

The possible positive and negative effects of social support

(Лифинцев, Лифинцева, 2011)

Phase of social support	**Effect**	
	Positive	**Negative**
Prevention	Reduce feelings of uncertainty and anxiety, satisfaction of social needs, getting a good example, actualization sense of social belonging, sharing problems.	Increased feelings of uncertainty and anxiety, emotions elimination, getting a bad example, actualization of social exclusion, the emergence of new problems.
Coping	No stigmatized attitude, receiving sympathy, useful information, the immediate direct aid, actualization feeling of predictability and stability.	The negative stigma, irritation and resentment, getting misleading information, Support dependent behavior
Recovery	Support positive lifestyle, stimulation of a sense of confidence, support for motivation.	Support uncertain behavior, overwhelming behavior.

Laireiter, Baumann, Perkonigg (1997) refer five ways the positive impact of social relations and support:

1. The social effect "shield". The effect is transferred to the social environment: social structure of relations contributes to the reduction of stress and enhancement of positive events that may try to stabilized and is even improving competence in dealing with stress and general condition of the individual.
2. Cognitive effect "shield". It is assumed, that the perception social support (perceived support)

reduces stress relevant to negative judgments about events and at the same time increases irrelevant or so-called favorable evaluation the world. This contributes to the positive assessment of objective evidence of the situation and their subjective values.

3. The effect of emotional release and buffering. With regard to emotional reactions, many studies show that the mere knowledge of the existence of loved ones, and especially their personal presence, able to reduce the emotional reactions, especially the fear and the uncertainty, caused by some upcoming or ongoing stressful situation, and therefore oppose it. On the other hand, the absence or lack of family support and people, can worsen the general condition and increased susceptibility to stress.

4. Cognitive effects of overcoming the problem. This mechanism of action is related to cognitive assessment process, and hence with the chosen with the objectives and strategies to overcome. One knowledge that can attract someone to solve a specific problem and to consult, even the idea that a person close to understand the problem, can change the perception of stress and how it can be overcome and in this sense is a cognitive operation overcome and in this sense is a cognitive operation overcome.

5. Social overcoming or help overcoming stress. We can assume that the actual results support (assistance in overcoming) has three functions: maintaining specific, relevant psychological systems to overcome (e.g. increased self-worth); active support in overcoming and solving problems (e.g. assistance in the formulation of possible solutions); direct intervention to overcome (provision sums of money, and so on).

Although the positive effect of social support is undeniable, the researchers see a need to consider a number of different factors. For example, some studies have shown, that a close relationship have the relatively high level of support, but the relationship are characterized as conflict, not promoting supportive behavior (Sarason, Sarason, Pierce, 1990). Sometimes social support is destructive, if a significant part of human social interactions with members of the his social network is negative. Moreover, the social support can be costly (Rook, 1984). Bolger, Zuckerman, Kessler (2000) believe, getting social support from others persons, may cause a change in self-identity, strengthen awareness of individual circumstances in his life, sometimes negative, generate problems of individual and make them publicly open, lead to undesirable obligations and, finally, to excessive to dependen (e.g., emotional) from the other persons.. Lewis, Rook (1999) found, that people may feel distress, when a member of their social network tries to control them behavior associated with health - even if this type of social control predicts decline in behavior, that is harmful to health, and strengthening of self-preservation behavior on the part of the recipient of support. People do not always want to receive social support. Can select a few reasons that social support can be undesirable

for individual: the individual rejects social support when it is negative for him or very "expensive“; people can be aware of the process of obtaining social support as "difficult" "stigmatizing" and "bad"; social support refers to herself as a man "useless“; person is very difficult to accept social support from a partner who makes him dislike or distrust (Лифинцев, Лифинцева, 2011).

The addiction literature suggests that social support can both discourage and promote substance abuse. In its positive role, social support is associated with commitment to and maintenance of behavioral change and successful alcohol and drug treatment outcomes. Social support is also associated with lower rates of drug initiation, use of illicit drugs, relapses, and high-risk drug use. As the negative role of social support has been found, that support increase the likelihood of relapse and to reinforce maladaptive behavior. Recent studies have also suggested that risk-taking behaviors are associated with the composition of personal networks. Among psychoactive substance users, participation in „shooting galleries“ is positively associated with the size of an individual's emotionally supportive network and negatively associated with the size of his or her material aid network (El-Bassel, Chen, Cooper, 1998).

Social support and the social relations system in the context of normal social human functioning, allow him to feel the closeness and unity with other people, gives him a sense of social belonging, gives the opportunity to live and survive in stressful life situations, including the need for security. The negative effect of social support is expressed primarily in its "specific cost", when "payment" for social support a person receives more than social and psychological benefits. Social support can be traumatic for a person and reduce his sense of self-confidence. Stigmatizing attitudes, misleading information, limited and inadequate social support in a crisis situation are the main negative effects of social support in circumstances of abnormal social functioning.

1.4.3. The social support sources and their influence in the recovering from alcohol dependence

Alcohol dependence is caused by the adverse social, mental and physical consequences. The integrity of the social life destroys changed feelings, emotions and behavior. The lost social network, which falls out of the closest people, friends, co-workers, increasing social disintegration. Relationships support is essential for recovery. This process is complex and requires a lot of effort, not only from the dependent person, but also of his family, relatives, friends and community network. For alcohol addicts is very important psychological, moral, social support, support and understanding, equivalent, non-judgmental relationship with the immediate social environment. From supporting relationships depend their convalescence and further integration into a full life. Berger (2010) argues, that addicts, who have the relevant social support, have a greater opportunity to reduce the

consumption of alcohol, than individuals without significant social support. This confirms the importance of social support in treating and reducing harmful use of alcohol problems. Studies show, that individuals with lower social support have more alcohol problems, than those with higher levels of social support. Such individuals are characterized by brighter depression, grief, sorrow symptoms, their inferior treatment results (Kelly Magill, Stout, 2009). The understanding, that you have regular maintenance, enhances the ability to cope with difficult situations.

Researchers as the main sources of social support identified family, friends and other persons, who may be present when alcohol addicted person needs help, advice or just a support and who are willing and able to understand him (Groh, Jason Davis Olson , Ferrari, 2007). The family is the closest human environment, whose members share intimate, emotionally strongest ties. It is a natural physical, emotional, and social security source, which promotes open sincerity. Usually we turn into our family members, when we can not found the problem solution, need consolation or advice. Namely they are who first provide social support and their help has a special meaning. Numerous studies indicate, that people with spouses, friends, and family members who provide psychological and material resources are in better health, than those with fewer supportive social contacts (Broadhead and oth.. 1983; Mitchell, Billings, Moos, 1982). Supposedly, that relations with relatives, friends, spouse / partner provide quality long-term abstinence and reducing the likelihood of relapse. Family and friends support increasing the alcohol addict, respect yourself and self-evaluation, which promotes self-help search (Chong, Lopez, 2007). Researches confirm, that patients with alcoholism better functioning in the community: addicts, who are linked by supportive relations, longer feel the results of treatment, less likely to experience a relapse and rarely go to hospital. In contrast, socially isolated or receiving insufficient social support individuals are faced with problems, rarely take active steps to deal with them (Nolen-Hoeksema, Parker, Larson 1994).

According to other authors, the most important sources of social support is the family, self-help and rehabilitation group (Johnsen, Herringer, 1993). Especially valuable connection to the support group, where it is difficult to find a common language with close friends or family members.

Support groups. Support groups are one of the more formal ways that social support can be given and received. A social support group consists of individuals who share a common life stressor and come together to provide mutual support and information (Miller, 1998). These groups provide social support in a more formal way when individuals are unable to obtain relevant support from their social networks. Members of a social network may not have similar experiences and challenges, which limits their ability to empathize and provide helpful information. The participants of such groups can offer a lot of valuable support. Some of the benefits of participating in a support group include: validation, normalization of experience, reduction of isoliation, sense of belonging,

enhanced self – esteem. As mentioned previously, one of the reasons people turn to support groups is that those in their existing social network do not share the same experiences and challenges. During meetings, individuals experience validation or confirmation of their their experiences and feelings, when they hear other situations and stories similar to their own. Similar to validation, support group meetings provide normalization of experience by helping reassure members that their experiences are normal and that others are undergoing similar experiences and challenges. Reduction in isolation is a decrease in the felling, that an individual is the only one with a particular health, and others cannot understand what it is like to experience that problem. A related benefit of participating in support groups, stems from a reduction in feelings of isolation by experiencing a sense of belonging. Another noted benefit is enhanced self – esteem, through the sharing of challenges and having the opportunity to listen, give advice, offer suggestions, and be a source of support for group members. Helping others often helps members feel better about themselves.

One of the most widely recognized social support groups is Alcoholics Anonymous (Witmer, 1997), or AA, which was founded in 1935 by Bill Wilson and Bob Smith, two alcoholics who where struggling to overcome their disease. They realized, that talking to a fellow alcoholic was helpful in the recovery process and slowly they began to reach out to other alcoholics. A person becomes part of a group, whose aim is the sobriety and it increases their motivation to maintain the sobriety as long as possible (Davey, Latkin, Hua, Tobin, Strathdee, 2007). One of the most important features of AA groups is a social or "society" dimension.

During the meetings, said that AA is a fellowship of men and women, who share a common experience, strength and hope, that together they can solve their problems and building on one another can help others to recover from alcoholism. Sharing and support processes taking place within society. Individual behavior change takes place through social processes. AA groups creates specific social support network, which is an important for a person. They are covered by a 12-step program, which is based on faith and fellowship emphasizes to heal, where participants help each other in various ways (Polcin, Zemore 2004). Members passed the following recovery steps: self-knowledge and acceptance, rapprochement, spiritual growth. Participation in the 12-step program creates social support, including close friendships and regular contacts. In this way, participation in AA group activities help a person to create a new social network, with its characteristic support that promotes long-term abstinence (Witbrodt, Kaskutas, 2005). In this group people interacting with people, who have the same problems and similar behavior. Declining interaction with alcohol users and increasing interaction with the people who strive for temperance. Such interaction increases motivation, reduces alcohol problem, influenced by social support.

Since alcohol addicts social support is important in the initial stages of recovery, especially in the first month of treatment (Longabaugh, Wirtz, Zweben, Stont, 1998). This helps prevent relapse. A higher level of sobriety has AA members, who attend group of more than three years, because they already have achieved a relatively high level of social support. This suggests that individuals with alcohol dependence diagnosis has set a goal to attend AA group and make mentor, thus gaining a place in the new social network, that likely will find the strength to stay sober. Group visits beginning, until people yet mastered the spiritual principles of the program, social support is a very important aspect. More frequent visits allow to create stable social relationships and thus get more support (Davey-Rothwell, Kuramoto, Latka, 2008). Johnsen, Herringer (1993) said, that were occasions, when attending AA group and other rehabilitation meetings, significantly increased abstinence after treatment, while only family support did not continuous abstinence. This indicates, that the social support, obtained from members of a group, serving as an anti-relapse tool. Lemme (2003) said that social support positively affects a person's quality of life (increases self-awareness, self-esteem, efficacy, the ability to control events in the life) and mental condition (protects against stress, supports the activity of problem solving, positive mood, reduces the risk of depression).

In summary, it can be said that the social support resources are important factors for persons addicted to alcohol healthy. It is a complex process, that requires a lot of effort not only from the dependent person, but also of his family, relatives, friends, community network. Researchers as the main sources of social support identified family, friends, other persons, who may be present when alcohol addicted person needs help, advice or just a support, support and rehabilitation groups. A particularly important support from alcohol dependence is obtained in support groups. It is important to encourage dependent persons to attend AA groups, to help customers understand the social network replacement value and importance, that the old social network is replaced by a new, supports them in their healing process.

2. RESEARCH MAINTENANCE OF SOCIAL SUPPORT STRUCTURE FOR MEN WITH ADDICTION AFTER COMMUNITY REHABILITATION PROGRAM METHODOLOGY

2.1. Methodology and methods of the research

The social support structure, men completed addictive disorders community rehabilitation program (MCP), aims to reveal based of unique MCP and social workers, providing services for addictive disorders in communities, experience. Researcher guided provision, that reality is socially constructed, and the subject is the inner informant's experience, which reveals in the transactional interaction. For this reason, the work selected subjectivist - interpreted approach, which social reality explains basis of the provision, that people see the world from their perspective, variously interpreted and interpret, thus the reality is subjective and is perceived in interpreting.

Macht and Quam (1986) argued, that the main goal of social work is to strengthen people's ability to cope with tasks and problems that they face. Moreover, it is necessary to pay particular attention to promoting improvements in the environment to meet clients' needs more adequately. Common definitions of social work refer to the change agent function of the profession and this particular function is regarded as the basic mission of social work. In modern times, scientific knowledge has become the basis for comprehending and explaining any given situation. Based on such a commitment, social work makes use of scientific theories, models, and approaches in accomplishing its mission. Knowledge and theoretical approaches, which help to define the dimensions of a given problem as well as the needs of clients, can affect the choice and nature of intervention. Having a theoretical basis for intervention is fundamental in social work practice. Regardless of theoretical perspective or commitment, a social worker's function as a change agent constitutes the primary basis for enabling people to cope with the demands of life (Chafetz, 1988). The theories, to some extent, concern themselves with understanding the reality of client.

Constructivism is a theory of knowledge that argues that humans generate knowledge and meaning from an interaction between their experiences and their ideas. The roots of constructivism are in the soil of antiquity. The Greek Sophist philosopher Protagoras (c.490 – c.420 B.C.) maintained that „humans are the measure of all things – of things that are, of things that are not, that they are not." For Protagoras, there was no „objective" world and no perception any more true than another, although some were more useful and should be followed (Ide, 1995). Immannuel Kant (1724 – 1804) argued, that the human mind has an inherent structure that it imposes on both though and experience, and that a priori knowledge (knowledge independent of or prior to experience) is possible and in fact occurs. Kant maintained that the mind is not a passive slate upon which experience

is written but a proactive organ molding experience. The Kantian epistemological tradition concerning the nature and acquisition of knowledge, frequently cited as a major foundation block of constructivism, maintained that human knowledge is ultimately a function of the interaction of the world of experience (empirical) and the basic nature (a priori state) of the human mind (Mahoney, 1991).

In more recent times, Piaget (1970) concluded that the newborn comes equipped with mental regulatory mechanisms, which, in interaction with the child‘s environment, result in the development of intelligence. The cognitive psychologist George Kelly has contributed significantly to constructivism with his theory of personal constructs. Personal constructs are the means by which an individual construes, perceives, interprets, understands, predicts, and controls his/her words (Turner, 1996). Watzlawick (1984) cited as a major contributor to modern constructivist theory, especially to constructivist epistemology, in his examination of our assumed „realness" of an „objective" world and of the possibility of constructing more desirable individual worlds.

The paradigm of social constructionism is rooted in the philosophy of human experience. It has become the dominant approach to the study of social problems. Social constructionism is closely related to the value system and mission of the social work profession and discipline. In parallel with what social constructionists argue, social workers question the structures and beliefs surrounding commonly accepted knowledge. Both try to understand the impact of history and culture on human development and functioning. The social constructionist approach is useful in clarifying the assumptions and values of social work practitioners; facilitates the active solicitation of stories of clients, as narrated in their own words. This helps us understand the problems of clients, without always having to use any *a priori* theory. The life story of a client may not necessarily support existing theories. New or integrated theories may have to be created, which would be the contribution of social work practice to knowledge building. Social constructionism provides information on how to create changes in professional practice, by giving greater priority to clientele values and perceptions. This approach can be taken as the contemporary version of basic social work value of self-determination. This perspective allows clients to participate in the formulation of theories in practice (Turner, 1996).

Social constructivist theory, studying the formation of knowledge of social relationships between the participants, said that, the reality is the result of social construction. One of the main ideas of this theory is continuous experimentation, and the people in the society working, changing and discovering their own and others mistakes (Cherryholmes, 1999). The dependent person is seen as capable of overcoming the challenges of the situation of dependence, to reorganize its resources in providing public assistance. One of the basic postulates of constructivism is the production of

knowledge in close interaction between the participants and equal participation. New knowledge about the dependent person, his efforts to integrate into society and the labor market is created within his own, family and professionals interaction.

Social constructionism, in qualitative research paradigm presented issues to the participants, encourages a researcher to form questions, that encourage the participants to express experiences about interactions in different situations, contexts and levels.

The aim is to understand human social environments, specific contexts in which people live and work. Social constructivism promote awareness of the situation of MCP and to make decisions, which would enable the assumptions these person integrate in different systems and levels.

Qualitative research choice to obtain information from the MCP, as essential experts with a unique sobriety experience, makes possibilities to understand their thinking, understanding, values, and create conditions in variety contexts and levels. As well as to create, develop and improve interventions, which act as social support measures against relapse, discrimination, isolation and exclusion (Wilcox, Woods, 2011).

Social - public activity is a complex phenomenon, consist from many elements and their relations, which interacting and composed systems and the relationships between them. The individual parts of the compound, targeted and correct their layout, organization characterized by the concept of the system. System attributes are specific to social work, seeking to help the individual to overcome environmental and nature of individual factors, that hinder an individual's social functioning. Systems theory is useful in practical social activities, as it indicates the ways as to abstract seemingly different entities: individuals, families, small groups, institutions, communities and societies ties and relationships.

It provides a different classification systems differences and similarities, helps the social workers to solving personal problems and public affairs in the education system, to assess the situation. Social work has become as natural a systematic approach to the environment and human interaction as well as their changes. A systematic approach has become a natural social work approach into the environment and human interaction as well as their changes.A systematic approach has become as natuaral into the environment and human interaction as well as their changes.

The organization of social work, a lot of attention given to the system characteristics, which use in social work led to customer and employee the importance of developing relations in social problem solving process, reciprocal interaction analysis application, an integrated approach to human functioning breakthrough and individual systems knowledge and the disclosure of their communications.

The term "system" (gr. *σύστημα*, systēma – lined up) started to use in ancient Greece, which meant the structure or connector. Systems theory was proposed in the 1940's by the biologist Ludwig von Bertalanffy (1968), who described the system as „a set of interconnected elements, operating in each other". If affects the entire system, will be affected by each of its element separately. Conversely, any change in one of the parts of the system, it will affect all other parts separately, and the whole system together. Parts influence each other and depend on each other. Parts and whole relationships are relatively stable. Systems theory focuses on the ways of communication, parts of reciprocity, the individual parts of the relationship. System needs are met through parts of the system communication or beyond, decision making, use of resources both within the system and outside it, with the aim to carry out tasks to ensure its functioning. In order to be functional, each system eventually develops these processes not only in order to carry out the necessary tasks, but also to keep itself. Are determined a functioning set goals and standards, created the roles and relationships.

A social system is a complex of elements or components directly or indirectly related in a causal network, such that each component is related to at least some others in a more or less stable way within a particular period of time. (Buckley, 1967). Social systems theory is postulating that all phenomena or events - physical, chemical, biological or social - should be conceptualized as organized wholes or entities, where the components are functionally interrelated as subsystems. Each system is thus interconnected with others occurring in its total environment (von Bertalanffy, 1968).

Systems theory basic assumptions: a social system comprises interrelated members who constitute a unit, or a whole; the organizational „limits" of a social system are defined by its established or arbitrarily defined boundaries and identified membership; boundaries give the social system its identity and a focus as a system, distinguishing it from other social systems with which it may interact; the life of the social system is more than just the sum of its participants' activities. Rather, a social system can be studied as a network of unique, interlocking relationships with discernible structural and communication patterns; there is a high degree of interdependence and internal organization among members of a social system; all systems are subsystems of other (larger) systems, there are an interdependency and mutual interaction between and among social systems; a social system is adaptive or goal oriented and purposive; a change in any one member of the social system affects the nature of the social system as a whole; transactions or movements across a social systems boundaries influences the social systems functional capacity and internal makeup; change within or from without the social system that moves the system to an imbalance in structure will result in an attempt by the system to reestablish that balance (Greene, 2010)

The principles of general systems theory have been used in social work practice to understand and intervence in an individual's life problems and also have been applied to variuos

forms of social organization, including families, social groups, corporations, and communities. Systems theory has broadened the social work profession‘s understanding of human behavior in the social environment and has given it a more valuefree orientation. The theory‘s broad, universal principles that begin with the person – in – environment focus not only allow for, but suggest, the inclusion of cross – cultural content. Therefore, systems theory is highly suitable for working with diverse client populations (Bush, Norton, Sanders, Solemon, 1983).

Social work systems theory formed the basis of social systems theory one of the most important social problem solving model - Systematic social work model. This social work model is based on the provisions of the General system theory: system consists of a hierarchic arranged structural parts, wherein the whole is greater than the sum of the parts; the complexity of the phenomenon must be maintained even studying the parts separately, therefore, to understand the system part, can understand and the rest; all parts of the system interact with each other, but a whole operates more than part of a whole; system aims to balance. In the event of changes in one subsystem, the other trying to restore balance to the previous model; the system is constantly changing, are dynamic.

All people belong to some of the larger systems, which often cause a misalignment of the requirements of each other. These systems are part of the environment of each individual. Social systems theory allows to understand and identify the needs of individuals; help modify and improve man and his environment, improving the interaction between the individual and the environment and its quality; expand client comprehension frontiers, directing its efforts to the desired change, goals; help the client become autonomous, self-taught to analyze social problems.

In this work, based on a systematic approach model and systematic analysis, study participants asked questions that measure the personal situation of the structural aspect, i.e. MCP problems (microsystem) shall be considered as a major meso and macro elements, which can help to change. The intervention is a social worker's activity, related to the change in the pursuit of a systematic approach. MCP and his life, which intervenes social worker, is a very difficult thing, so it is necessary to understand the man himself, his inner thinking and behavioral incentives and find out his social environment systems and relations with those systems.

Research methods: the analysis of scientific literature, the semi-structured interview, content analysis. In order to study the study objective, empirical data collection applied a semi-structured interview. This method creates preconditions for study participants to reflect, to remember and to overestimate verbally express their experience (Swartzendruber – Putnam, 2000). This type of interview gives participants the opportunity to more and more detailed reply to the questions and

freely express their thoughts, while researcher deeper to know the investigation person. The study participants were given three groups of questions:

1. The questions aimed at understanding the reasons (factors),which have led the psychotropic substances use?
2. Questions revealing factors influenced the decision to seek help?
3. Questions revealing factors, which help maintain sobriety after completion of rehabilitation community?

Was applied qualitative social research methodology, which in the scientific literature (Chiu, 2003; David Sutton, 2004) is treated as a favorable interpretation of the phenomenon, understanding, various causality disclosed. Qualitative research allows to get comprehensive information about the dominant phenomenon (object), explains the unique facts and exhibits them. Qualitative study purpose is not to measure, but to understand the meanings, that people assign to social phenomenons. The relevant phenomenon aims to analyze refuse the pre-theoretical assumptions, more focus on the real practical participants experiences disclosure and a description, categorizing data, based on the unique and professional participants experiences, reflections, thoughts (claims) conceptualization by conceptual (semantic) units. The essence of qualitative research is not quantitative, but qualitative analysis. To achieve the objective using content analysis method. At the beginning content analysis distinguished meaningful units, which in this case study is the opinion of the participants. Describing the principle of the method, it is possible to mention, that all statements obtained during interviews, i.e. meaningful (lexical - semantic) units, they are distinguished and grouped according to similar meanings. Then goes the distinguished claims groups designation. This study aims to understand and uncover the MCP create meanings expressed a subjective approach to social reality, in temperance the existence of conditions, social support factors, how they on their individual character perceive and embrace the real existing social reality. In this study, the empirical indicators were grouped according to their semantic similarity, then create categories by giving them a name, hat reflects the essence of the category. After the creation of the categories was asked of experts to approve them (i.e. it was to named categories of approval or denial). One expert group consisted of the same persons, who participated in the study, three social workers, who are treated as internal experts. The other group consisted of two external experts with extensive practical and theoretical experience in working with addictions. Experts practically confirmed researcher named category.

The research ethics. The study followed autonomy, benevolence, justice and confidentiality ethics. All study participants enrolled voluntarily; was informed in detail about the study, explained study goal, the process and expected benefits; they had freedom, without prejudice

to express specific ideas or thoughts, to express personal ideas and attitudes. To ensure confidentiality and anonymity, study participants names and other similar information has not been written. The researcher enabled possibility to study participants to choose the place and time, thus allowing participants to build security and confidence-building environment.

2.2. Sample of the research

The study participants were selected target selection criteria and "snowball“ sampling way. The participants were selected the following criteria: gender, full rehabilitation in the rehabilitation community; at least two years of sobriety period after completion the rehabilitation community program. Depending on the chosen criteria, in this study participated men, who completed the rehabilitation community program and after completion this program have two years experience of sobriety. Social workers were selected according to the following criteria: office, services and workplace. Posts in respect of criterion to be social workers, services in respect of criterion - must provide social services, the criterion of employment - must work in the addiction communities.

The study data to complete to collect on the basis of theoretical saturation principle, when the last interviews receive data started to repeat with the previous data obtained, during the interview.

The study involved eight men, five from Lithuania and three from Ukraine, who completed the rehabilitation community program and are living sobriety life at least two years and six social workers, three from Lithuania and three from Ukraine, providing services in rehabilitation communities. Participants living in Ukraine were interviewed with Ukrainian university student help. Answered questionnaires were sent by e-mail.

The research was carried out without prejudice to the rights of subjects and in accordance with the investigator's raised ethical principles. Given the specificity of the group, the respondents were guaranteed confidentiality: it was assured, that participation in the research and the information contained therein will not be used against them in the future. The data were collected in 2015 January - February. Characteristics of the study participants specify in the Tables 1 and 2.

Table 2

Characteristics of the participants (MCP)

Interview No.	Code	Age	Marital status	Soberness experience
1	L045	45	married	10 year
2	L024	24	unmarried	2 year
3	U041	41	married	6 year

4	L048	48	married	3 year
5	L025	25	unmarried	4 year
6	U124	24	unmarried	2 year
7	L038	38	unmarried	3 year
8	U038	38	unmarried	3 year

The study involved five respondents from Lithuania, aged 24 to 48 years, and three men from the Ukraine, aged 24 and 41 years.

Table 3

Characteristics of the participants (social workers)

Interview No.	Code	Age	Work experience
1	US032	32	5 year
2	US036	36	8 year
3	LS044	44	7 year
4	LS045	45	10 year
5	US033	33	5 year
6	LS028	28	5 year

The study involved social workers from Lithuanian and Ukrainian, whose working experience with addicts persons is from 5 to 10 years.

2.3. The causes of addiction development

The development of addiction is a complex biological, psychological and social process. Addiction is not a manifestation of weak will, debauchery or caprice, but thinking and behavior disorder. According to the Barber (2002), it is important to identify and understand the primary causes of addiction, the appearance of influencing factors, with regard to the social environment, personal social networks, including all of its interaction with the social environment policies.

In order, to find the causes of the development of alcohol dependence, participants were asked to tell about family in which they grew up, what led to use alcohol, age started using psychoactive substances?

Participants were asked: "Tell us, what family you grew up in?", "What was your relationship with your parents?" "When did you start use psychotropic substances?", "What were the circumstances and reasons when have started to use drugs?".

Table 4

The category "Unsuccessful socialization in the family as an addiction causes"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Parental attention and lack of concern for children	"I would get a little to eat, and we had quite a lot of work, because both parents income was not high. A large part of the money spent on alcohol"; "Since a young age I went to work for other people. You'll want to make money, but money earned mother breathtaking."; "With my mother relationship was not too good. She does not care about me, I felt like a child at her"; "Having no parental care and love"; "I grew up unattended, uncontrolled"; „The parents did not educate our way"; „I grew up in an unhealthy family"; **"The lack of attention of parents"; "The lack of attention of parents, parenting problems, and a lot of free time"**	9
In childhood seen and / or experienced violence	"Father is getting drunk, lying, watching TV, reading and my mother „reads" morales, then begins the quarrel and scuffle"; "Father beat my mother. I have seen violence, cursing"; "Father continuously drank, constantly beat my mother"; „When he once again beat my mother, I withstood the father and beat him up"; "Being a teenager, many times I am lifted up my hand against my father, to protect my mother"; „Father beat us, it is true for "matter"	6
Negative or no relationship with father	"I was better, when he drank, then wI shall have more freedom"; "I can not talk about his father well. You will not receive anything from him"; "When a father to clear up, then began „to educate" us"; "When I was a kid, I was afraid of my father"; „I was afraid of father"; **"With father was no virtually no relationship"**	6
Parental intoxication	"I grew up in a family where both the father and the mother drank. I would name short, I grew up in the family addicted to alcohol"; „Living with mother and stepfather, you'll see "light"drinking: parents hid from us, that they drink; "My father was an alcoholic"; "I always saw drinking my father";	4
Incomplete family or complete lack thereof	"Until nine years I was growing up with my parents, later I was abandoned in children in foster homes"; "By six years I was growing up with both parents. After the parents separation, I with my sister were placed in a foster homes"; "I was still a little kid left in child care homes"; **"I grew up in a single-parent family in which two boys brought up and provided the mother";**	4
Positive relationship with mother	"My mother was very good. I was very loved and loves. I am her favorite child; **"With a mother, I had a good relationship"; "Relations were normal. With mum closer "; "With my mother and sister I had a good relationship, as they took care of me"**	4
Conflicting family relationships	"Several times my mother was drive away father out of the house, but eventually reconcile and come back again"; „Scrimmage, sleepless nights, drive away from home"; "The police were on a daily basis, but problems persist"; "There was a constant tension in the family. It was not safe "	4
The death of a mother or father	„50 year-old father committed suicide"; **"When I was 21 years old my mother died of cancer, and my father had gone to another family"**	2
Helplessness to change something in the family	"I was too small to make a difference. Very felt angry with them, I will not hear it";"We did not have a place to live, so were aiming to everything that took place"	2

Life in full family	"I grew up in a full, loving family"; "I grew up in a simple family"	2
		Total: 43

This study shows that those who suffer from substance abuse, usually experience family disruption, family violence, loss of employment and financial instability, marital breakdown and physical and psychological abuse (Velleman 1992). Kaufman and Pattison (1981) sugest that alcoholism can adversely affect the family system and that dysfunctional family systems can promote and maintain, alcoholism. According to Bennett and Wolin (1990), alcoholism is a family illness. When alcoholism is diagnosed for one family member, the chances that it has previously appeared in prior generations and that it will emerge in the next generation again.

The category "Unsuccessful socialization in the family as addiction causes" is the most significant category. It consists of 10 subcategories and 43 statements. This category describes that most of the participants experienced dysfunctional family experience: parental attention and lack of concern for children ("*Having no parental care and love*“), weak emotional connection between family members ("*With my mother relationship was not too good. She does not care about me, I felt like a child at her*“), parental intoxication ("*I grew up in a family where both the father and the mother drank*“), conflicting family relationships („*Scrimmage, sleepless nights, drive away from home*“), saw and / or experienced violence ("*Father continuously drank, constantly beat my mother*“), helplessness to change something in the family ("*I was too small to make a difference. Very felt angry with them, I will not hear it*“). It is important to note, that three respondents grew in the foster home ("*I was still a little kid left in child care homes*").

Parents (or parent) alcoholism affects children's physical and mental health. Children grew up in alcohol affected family, experiencing poor living conditions, material poverty, poor maintenance, amoral atmosphere, hunger for spiritual values, cultural lack of employment, negative parental example, takes over alcohol consumption experience and does not feel the need to resist its use.

Drugs, Tobacco and Alcohol Control Department, annually analyzing the persons dependent on psychoactive substances, psychological and social rehabilitation and social integration problems and their solutions, in 2013 year surveyed institutions, providing psychological and social rehabilitation services for persons dependent on psychoactive substances, employees (NTAKD, 2013). The analysis of the age of persons receiving services, it showed, that the largest group of users are young people: 25-29 years of age, second - 30-34 years of age, and the third - even very young people with addiction problems - 20-24 years of age. In rehabilitation programs in 2012 year

participated the minors, i.e. to 18 years (33, in 2011 year - 17). This shows a trend, that an increasing number of minors with addiction problems and participating in rehabilitation programs.

The following participants were asked, what age they started use psychoactive substances? Two study participants began to consume alcohol already being adult, all the rest being of school age. Participants intoxication start of an average age of 13 years, which shows, that one of the important risk factors that affect the individual to use alcohol, is an early age.

Kids are experimenting with alcohol at earlier ages than ever before. A national survey found that slightly more than half of young adults in the U.S. between the ages of 12 and 20 have consumed alcohol at least once. Some researchers speculate that teens are more vulnerable to addiction because the pleasure center of the brain matures before the part of the brain responsible for impulse control and executive decision making. In other words, teenagers' capacity for pleasure reaches adult proportions well before their capacity for sound decision making does[9].

Human socialization is very important in adolescence and youth periods when adolescents and young adults going through the so-called "transitional age" and increasingly important becoming secondary social group. According to Green (2014), adolescence is the period, which covers many social and emotional changes. This transition between childhood and adulthood leads to rapidly changing behaviors, identity disturbances and strong emotions. Adolescence is a time when teenagers begin to explore and assert their personal identities. During this developmental period, teenagers engage in a process of searching for where they fit in with peers and society at large. It is common for adolescents to have an unstable sense of self and try out new personal labels and associate with various peer groups. In adolescence stage there is a need to identify with a particular group, there is a need to belong, in this way friends and their influence and significance becomes extremely important. He is looking for a closer relationship with them, raises their willingness to adapt, but in order to adapt to peer youth can take their life and culture, habits, often negative, which facilitates joins. In addition, adolescence - experimentation, curiosity, exploration and rebellion time. A young person is exposed to the risk of drugs and alcohol can become a part of life. This can be seen in the following categories „Cognitive interest as cause of psychoactive substances use“.

Table 5

The category „Cognitive interest as cause of psychoactive substances use“

Subcategory	Statements (lexical-semantic units)	Statements frequency
Reluctance to stand out from other young people, "street fashion"	"I wanted to be man, therefore I drank together with older friends“; "I was often on the street, having won the position of friends, having a good reputation among bullies, surrounded by	8

[9] *Teenage Drinking*. http://www.helpguide.org/harvard/the-dangers-of-teenage-drinking.htm (previewed 2015-03-03)

	girls“; "The desire to feel" hard "; "Using alcohol, smoking and then showing aggression, an advantage over other"; „The desire to imitate adults“; „Encouraged most efficient peers, reluctance to separate from them; **"The interest and fashion"; "Alcohol used my friends, during my adolescence it was fashionable trend, which included me";**	
Curiosity as the first alcohol / drug use	"Even as children after the party emptied all the glass slides“; "Curiosity to try alcohol“; "Prompted curiosity“;"One day a friend suggested to smell of glue, he said:" You will see what "kaif". It become interestingly, I wanted to experience that feeling"; "Being a teenager, the desire to try"; **„Environment, curiosity and ignorance of the consequences“**	6
Search for something new	**"Looking for something new, better, more interesting"; "When I was 15 years old, I thought that the whole world is angry and alienated, I would like to expand their horizon of knowledge"; "Finding a new"**	3
Intoxication as the perception of normality	"It was the norm. It seemed, that those who do not use alcohol are abnormal. <...> The understanding that this is normal "	1
		Total: 18

Green (2014) states that during adolescence, relationships with peers begin to take precedence over relationships with the family. Although family interactions are still important and essential for a teen’s development, adolescents often place a stronger emphasis on their friends’ perceptions and values. Likewise, during the adolescent years, teens might be strongly influenced by their peers’ beliefs and behaviors. Paired with adolescents' limited life experience and under-developed decision-making skills, teenagers are often vulnerable to negative peer pressure. Juzczynski (2009) agrees that the psychoactive substance can be used not only for psychological reasons, but often because of environmental pressure and to adapt to the group and be recognized.

The analysis of the participants' experiences showed, that vast majority of participants started use psychoactive substances to encourage friends. Respondents' assessment, as a very important factor was mentioned „Reluctance to stand out from other young people, "street fashion" ("*Encouraged most efficient peers, reluctance to separate from them*“).

Curiosity, as the first alcohol / drug use and search for something new, respondents also were identified as significant psychoactive substance use factors. This testifies the related statements: "*Curiosity to try alcohol*“, "*Prompted curiosity*“, "*Looking for something new, better, more interesting*", "*Finding a new*".

It is worth paying attention to the subcategory "Intoxication as the perception of normality", which shows, that the young person the intoxication understands as norm and watching at the people, who do not use alcohol, as abnormal. It is likely the reason, that a large part of our society people drink without any desire, without feeling pleasure, but only for widely prevalent society opinion, that life is impossible without alcohol.

Table 6

The category „The lack of organised and meaningful employment, as dependency causes“

Subcategory	Statements (lexical-semantic units)	Statements frequency
Intoxication as a pastime	"From the sixth grade with friends drank beer when we met at leisure“; "We played cards, cheated and drank a beer"; "For us it was a pleasant time omission“; "After returning from school, I had a lot of free time;"; "Alcohol became my relaxation, oblivion, everyday tool“; „Time way of spending“; **"A lot of free time, interest, desire to be promoted“**	7
Alcohol, as an inseparable attribute of holidays	"All festivals were with alcohol; "During party time are consumed with alcoholic drinks“; „I found friends in construction, started toot"	3
		Total: 10

According Leliūgienė (2003) a significant proportion of teenagers today is almost or completely lost interest in cognitive activity. Youth active social life is limited in the groups problems and interests. Drinking is simply a necessary attribute of leisure and not just the most important meaning of life. Moreover, according to Jasiukevičiūtės, Danilevičiūtė, Pajarskienės (2010), psychoactive substance using is a social behavior, often becoming socialization tool which can eliminate communication difficulties and often becoming socialization tool, which can eliminate communication difficulties and obstacles, create generality in different social groups.

In this category is dominated subcategory „Intoxication as a pastime“, which suggests about the lack of an organized and meaningful employment ("*From the sixth grade with friends drank beer when we met at leisure“, "After returning from school, I had a lot of free time*"). This shows, that most teenagers have a lot of free time. Participants‘ statements "*For us it was a pleasant time omission*“, "*Alcohol became my relaxation, oblivion, everyday tool*“ show, that the main motive of alcohol drinking - the pursuit of artificially stimulate pleasant emotions, temporarily activate them, to cause euphoria.

The subcategory „Alcohol, as an inseparable attribute of holidays“ describes, that a large part of society starts to use psychoactive substances, invisibly, imperceptibly: during the holidays, with friends, etc. All this is not considered a drinking, but just a normal phenomenon, tradition: "*All festivals were with alcohol, "During party time are consumed with alcoholic drinks“; „I found friends in construction, started toot*".

Often with alcohol problems in the family completely forgotten child's interests and needs, elementary child care (feeding, dressing, hygiene skills training), caring for the child's physical and emotional health. Often children experience a lack of positive communication within the family: the child is often ignored in the family (Gudžinskienė, Gedminienė, 2011). Gailienė

(2001) states that a child rejection may lead of mental health disorders, learning and communication problems, prone to crime, alcoholism and other problems. If there are incomplete family, family change, which are determined by parents divorce or death one of a parent, the other spouse has a significant workload to take care of yourself and your child (s). Such a father or a mother is forced to take care of each household, a lot of work, so do not look after the childs and give them enough time. The study shows, that lack of parental attention, parenting is left to chance, often stimulate the children's psychoactive substance use ("*My mother is constantly working, and my brother and I amused alcohol and drugs*").

Table 7

The category "The disappointment environment, real life problems as the dependency causes"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Frustration with life and people	"Disappointment at people“; "Frustrations of life"; "The nightmare of my life began when I learned that my wife unfaithful. I did not trust his wife, and finally broke. I felt betrayed"; „Conflicts began at home, I started to drink“	4
The inability to solve problems and difficulties	"Did not know how to live, did not know how to solve problems, I wanted to get away from myself, from the difficulty, to forget“; "I was left alone, in the house began to gather friends, and then strangers. The apartment turned into slums"; „When I started to live independently, life has become different. Nobody do not care about me. I had to take care of yourself "	3
		Total: 7

The category axis - is lack problem-solving skills. According to Jung (2001), people with addiction characterized by distrust of others, persistent feelings of hopelessness, self-deception, to accelerate the outcome or to avoid collision with the painful things and so on. Dependent people are not independent enough, they lack autonomy, are attached to other people. Nissen (1997) said that some scientists alcoholism have linked with individuals mental health weakness, unconscious desire to give rest overladen psyche, escape from stressful situations and problems. The scientific literature psychoactive substance use causes often identified as follows: personal (internal) feelings, wife's infirmity, betrayal, unsure of yourself, accusing a bad environment, the difficult conditions, stress. Participants in this category as a dependency causes identify the disappointment at people and life ("*Disappointment at people*“), wife's infirmity and divorce ("*The nightmare of my life began when I learned that my wife unfaithful. I did not trust his wife, and finally broke. I felt betrayed*"), inability to live independently ("*When I started to live independently, life has become different. Nobody do not care about me. I had to take care of yourself* "), the inability to solve problems and difficulties, conflicts. Drinking is as cause fatigue and tension removed, without lifting the rising difficulties.

In summary, it can be said, that the development of addiction is a complex biological, psychological and social process. Addiction is not a manifestation of weak will, debauchery or caprice, but thinking and behavior disorder. Addiction is a disease, that has its own course, effects, symptoms, treatment, and that depends on a variety of factors. It develops and gets worse, if untreated can lead to the saddest consequences.

2.4. The determinants of dependent's decision to live soberly and to treat in the rehabilitation community

Addicts eventually become socially unadapted, i.e. lose of family, job, house and are live beyond society borders. At some time addicts pass beyond boundary, when the psychoactive substances start to control them completely and becomes self-destruction engine. They are usually deny their illness, they find it difficult to recognize that sick. Often painful losses, health approvals, despair, pain plays a positive role in promoting human search for a solution.

This study aimed to find out what determines addicts determination to seek help. MCP motivation for sobriety and judgment to treat in the rehabilitation community, helped to reveal the answers to these questions: How did you feel, when you realizme, that you are already addicted to psychoactive substances? What problems did you encounter using the psychoactive substances? Why did you decide to receive treatment in the psychosocial rehabilitation community? How did you start to look for help? What led you to seek help?

Table 8

The category „Painful events, psychological felling, health problems, people that prompted the motivation for sobriety and determination to treat in the rehabilitation community“

Subcategory	Statements (lexical-semantic units)	Statements frequency
Powerlessness recognition before alcohol	"I tried to control their forces and refrain failed. <...> I realized the need „to capitulate" and go for treatment, because if I don't give up, I will go crazy“; "How can you live, when ever want, how obsession, can not escape from thoughts. You are in complete madness, I'm afraid that you will die or jailed“; "I tried to arrest himself in the hands, but I was too weak to do so. Deceives himself "the last time". I felt helpless“; "I could not accept the fact that I managed something stronger than me. I could not allow me to manage“; "The forces did not even get up, not physically or spiritually“; **"The desire to use morphed into a craving; "I thought that I could not without it"; "I understood that I did not belong to himself, drug dictating my every step"**	11
Poor psychological feeling	"Constant fear and anxiety, can do nothing, you only need drugs“; "I'm very scared. There was great fear, panic, that I got there, what I did not understand“; "Insolvent cope with anger"; "I could not control emotions";"Emotions of control over"; "Self-destruction as individuals“; "My downs were hard hit my interior“; "Finally drugs, alcohol no longer joy"; **"He lived in constant depression", "Depression and apathy"**	10

Physical health problems	"I get in the hospital for blood poisoning. Then just will not die"; „Health problems: kidneys, liver, and headache"; "Problems with the health and feeling; "It hurt, breaks bones, strong headaches"; "Fatigue, overwork, stress, tension - drug earliest drugs, which act as a painkiller, is not efficient materials"; **"Health problems"; "The beginning of health problems"**	8
People, that prompted the determination to treat in the rehabilitation community	"<...> The man in the street came < ...> it was a man, looking for people suffering from addiction, to help them and guide treatment. He asked if I would like to receive treatment. I had nothing to lose, because agreed. He called in the rehabilitation center and asked, whether could they take me in it. He bought me a bus ticket, so I found myself in the centre"; The aid I was not looking, I met an acquaintance who suggested this approach"; ; "I got acquainted with a woman. <...> I saw that she wants to help me, understands me. <...> Proposed a rehabilitation treatment center <...>""; "After the last terrible relapse, I asked a good friend to help me, I do not care, where I was carrying, what I do, but to help me. Thus I found myself in a rehabilitation centre"; **"I met a friend, who knew before, she already lives in freedom from addiction, and she prompted me to have treatment in rehabilitation center";"Then, when I was already tired of using drugs, I was depressed, when I asked for help. <...> My mom advised to seek help in rehabilitation center"**	6
Steady demand for money	"I always need money. Always have to think of where to get"; "As long as the money was, everything was fine. When they began to break, I started to take quick credit. Soon indebted"; "No longer something to live and eat. There was no money"; "Work as means of subsistence loss"; **"Because of the circumstances. It is not housing, means to live"**	6
Conflicts with the law and the environment	"After some time, it began to knock bailiffs demanded to cover debts"; "I started stealing from shops, people, of all, what I could just cheat. Once I was caught, I have criminal record"; "A lot of problems with the police, human deception, manipulation, theft"; **"Problems with the police and the family, the society"; "Repeatedly I was judged"**	5
Other circumstances, that determined resolve to treatment	"Forced a circumstances"; "The last and final event in my life was the one, that made drunken driving acciden,t just did not kill the man. Although I am not a believer, transfixed thought "giving you another chance"; „Other things do not help to overcome addiction"; "Internal state: you feel the same toward an inside of the side to stop"	4
The meaning of life loss, despair	"At that time, as a way out, chose suicide. <...> Thoughts of suicide visited more than once"; "I felt resentment and despair"; "Came thoughts, what's the point to live,I cannot find place in this world"; **"Denial and hopeless, confused and hopeless maze"**	4
		Total: 54

Dependent persons' motivation to convalesce consists of many components, it is dynamic and volatile state, responding to a variety of factors. Alcohol dependent individuals may seek treatment for a number of reasons: both internal (feeling that the problem exists) as well as external - family pressures, a court decision, to provide for a certain period of residence, to avoid violence (Weisner, Mertens, Tam, Moore, 2001). Researchers specify the following main factors that influence the motivation to recover:

1. Distress. This is anxiety, depression, insecurity and helplessness, tension with family members, friends, police fear, suicidal thoughts (VanVoorst, 2005).
2. Cognitive Assessment. Cognitive assessment is a process in which a person evaluates addictive substances on their lives, i.e., alcohol consumption and abstinence pluses and minuses. Motivation to recover increases when alcohol damage outweigh the benefits (Connors, Food, 1988). Often such individuals decision to stop drinking alcohol are linked with stressful life events - health, financial, labor problems, divorce, accident, bereavement and illness, the death of a person threat (Tucker, Vuchinich,Gladsjo, 1994) .
3. Self efficiency evaluation there is the person's perceived possibilities to carry out specific actions in specific circumstances. This is one of the most important factors in avoiding dangerous situations in respect alcohol consumption, assessing, how much effort a person puts in a certain action, will try overcoming obstacles and which emotional reactions survives (Lawrance, McLeroy, 1986). Low perception of their effectiveness is related to the belief, that the person will not be able to achieve changes in behavior, and this reduces the motivation to recover. Such a person in hazardous alcohol use situations feel apathy, helplessness. In contrast, those people who highly appreciates their efficiency has increased its efforts to carry them out, and in the event of failure of less frustrated. It was found that individuals high in evaluating their effectiveness longer remain sober (Vielva, Praurgi, 2002).

According to the participant‘s assessments as very important factors, that encouraged the motivation for sobriety and self-determination for treatment in the rehabilitation community, were distinguished: powerlessness recognition before alcohol ("*I tried to control their forces and refrain failed. <...> I realized the need „to capitulate" and go for treatment, because if I don't give up, I will go crazy*“), poor psychological feeling ("*Constant fear and anxiety, can do nothing, you only need drugs*“), physical health problems („*Health problems: kidneys, liver, and headache*“).

Regular harmful use and alcohol dependence catches behind a number of other problematic behaviors: drunk driving, accidents and injuries, violence, financial problems, absenteeism at work and / or job loss, relationship with other complications, family breakdown, etc. Police Department data, in 2013 year recorded 546 traffic accidents due to drunk persons fault. Were killed 96, was wounded - 929 people (Alkoholio vartojimas ir padariniai, 2013). Drinking complicated duties, reducing the dutifulness, accuracy suffers an employment relationship, and often lost work.

The study data show that the addicts have created the need to increase the alcohol / drug dose, which constantly needed the money to buy ("*I always need money. Always have to think of*

where to get“). Formed like a vicious circle - the money needed to drugs, but due to psychoactive substances effect, painful withdrawal syndrome man can work. In order to obtain the required dose and to avoid withdrawal syndrome, participants began to lie, steal, and take quick credits: "*As long as the money was, everything was fine. When they began to break, I started to take quick credit. Soon indebted“, "After some time, it began to knock bailiffs demanded to cover debts“; "I started stealing from shops, people, of all, what I could just cheat. Once I was caught, I have criminal record“; "A lot of problems with the police, human deception, manipulation, theft*“.

Late stage of dependency growing dissatisfaction with life, anger, to live meaningless loss. Emerging and growing loneliness, a feeling of social exclusion. It includes internal pain, is so great, that a person wants it to stop. The participants identified the existence of this state as follows: "*At that time, as a way out, chose suicide. <...> Thoughts of suicide visited more than once“, "I felt resentment and despair“, "Came thoughts, what's the point to live,I cannot find place in this world*".

Typically, addicted can not stop the process of addiction alone. In case of dependent behavior, it is approaching the bottom, while the dependent person dies or understands, that life can not go on as if nothing really will change. The subcategory „People, that prompted the determination to treat in the rehabilitation community“ statements, *"<...> The man in the street came < ...> it was a man, looking for people suffering from addiction, to help them and guide treatment <...>. „The aid I was not looking, I met an acquaintance who suggested this approach“, "After the last terrible relapse, I asked a good friend to help me <...>“, „<...> My mom advised to seek help in rehabilitation center*“, show, that host and support a social network force affects the dependent person's motivation, decision to treatment and sober living. Without a social network support, participants identified internal momentum to seek sobriety, which describes these statements: "*The last and final event in my life was the one, that made drunken driving acciden,t just did not kill the man. Although I am not a believer, transfixed thought "giving you another chance“, "Internal state: you feel the same toward an inside of the side to stop*“.

In summary, it can be said, that all participants have passed similar dependence development stages, from the first tentative or experimental consumption, to mental and physical dependence. The study shows, that alcohol dependence has affected the main spheres of participants - physical and mental health, self-esteem, social networking, has gone through a painful loss and social exclusion. Summarizing this category semantic meaning, mainly to highlight these main motives, led to calls for temperance and decide treatment in the rehabilitation community: powerlessness recognition before alcohol and lack of forces to combat with addiction, poor psychological well-being, physical health problems, constant need of money. Start treatment in the rehabilitation community, the majority of participants as the decisive factor was the people

help, so close, so full of strangers, other significant factors were intrinsic motivation - the voice of conscience and God's help.

2.5. Social support structure

Alcohol dependence affects all spheres of human life. To return to a full life, addicts have to overcome all the phases: treatment, rehabilitation and reintegration. Social support is important for recovery and it is important both during treatment and after. Becomes very important need for the psychological, moral, social support, understanding, equivalent, non-judgmental relationship with the immediate social environment. Further development of recovery and integration into the full life-supporting depends on the relationship.

The third and fourth objectives of this study was to find out and reveal the social support structure of the MCP and social workers, working in the rehabilitation community, point of view. MCP was asked: What helps you to stay in sobriety? Who provide for you social support? What kind of social support you are getting? What are the experts, the people who helped and helps you stay in sobriety?

Social workers were asked similar questions: In your opinion, what kind of social support is most needed to MCP? In your opinion, which a social support network is more needful to MCP (informal, formal)? What specifically assistance you had given them and are giving now?

Responses obtained during the study were grouped into 8 categories.

Table 9

The category "Personal factors, factors and activities that help prevent relapse and maintain sobriety“

Subcategory	Statements (lexical-semantic units)	Statements frequency
Self-awareness, your feelings recognition and self-assessment	"It helps self-knowledge“; "I am writing a self-assessment‘; "Learn to cope with yourself“; "You recognize your feelings, what's going on with you and your life“; "Knowledge how to manage yourself, your feelings"	6
Meaningful activities and employment	"Helps to employment“; "I'm working, seeking pursuits to be doing something and do not want to use“; "At the same time I'm helping addicts. It helps me, i.e. work and the environment“; „Helps activity that requires responsibility"	4
Personal efforts, avoidance of anything, that encourages the desire to use	"I avoid companies, gatherings, which is used; "I try to avoid anything, that has to do with the use“; "I try to not to give up. I try to stick to the principle, it was a moment when I did not want anything and thoughts revolved drop everything and go use, it had to do nothing, nothing without spoiling"; **„I do not avoid problems, but convert them in an opportunity"**	4
Knowledge about the negative effects of alcohol, relapse	"Knowledge of relapse. The ability to recognize and identify the causes that lead to relapse. Experience that can survive sobriety“; "Now I know that is a physical and psychological dependence“; "12 Steps discussion to other dependents. I can see that if I start again, I see what is waiting for me"; **"I am**	4

	looking for the knowledge and try to practice them in my life"	
Maintaining good health	"Wellbeing"; "Prevent health problems. When after overuse I could not to sleep weeks, after which were filled with fear, paranoia, feeling that will go crazy"; "It seems, if I will use once again, the whole immune system will shatter, "the gate will be open";	3
Fear of losing	God's presence experience and fear that He would withdraw"; "Reluctance to lose all that dear: family, work, relationships, have some kind of situation""I do not want to disappoint people, mother"	3
Sound problems naming	"The talking about wanting to drink, because the sound problem naming reduces the desire immediately"; "When bad thoughts are coming, I am seeking to talk with somebody"	2
		Total: 26

Many relapses can be avoided. To avoid them, the addicted person needs to understand what is happening with him and how to deal with it. Coping with relapse planning process helps to reduce the relapse caused damage and provide a sense of security. Coping with relapse planning consists of[10]:

1. *Stabilization*. Regain self-control.
2. *Self-evaluation*. Understand what is going in your mind, heart and life.
3. *Education*. Everything to know about relapse and what to do to prevent it.
4. *The warning signs of recognition*. To get your personal list of signs of relapse.
5. *Setting order with warning signs*. Learn how to stop the warning signs until you did not lose control.
6. *Introspection education*. Learn how to consciously recognize the warning signs when they occur.
7. *Healthy recovery program review*. Make sure, that your healthy recovery program can help control the warning signs.
8. The inclusion of other people. Teach others, how to work with you, so that you can avoid relapse.
9. *Improvement*. Regularly improve their coping with relapse plan.

In this category MCP their strength, to avoid relapse and to live soberly, discover analyzing yourself, learning to recognize the feelings and control them. Addiction community knowledge of the negative effects of alcohol/drug effects, symptoms of relapse and the management of the current situation provides a sense of control. Besides, are very important men's

[10] *Narkomanija: viskas apie atkrytį*. http://psichologas.lt/narkomanija-viskas-apie-atkryti-vii-dalis/ (previewed 2015-04-02)

mentioned personal effort, to avoid relapse: "*I avoid companies, gatherings, which is used; "I try to avoid anything, that has to do with the use*".

Fpr participants important not to lose recovered health and well-being: "*It seems, if I will use once again, the whole immune system will shatter, "the gate will be open", "Prevent health problems. When after overuse I could not to sleep weeks, after which were filled with fear, paranoia, feeling that will go crazy*";

Alcohol was important (central) part of the dependent person's life, so it is completely normal, that a time comes thoughts about alcohol and willingness to use it. Alcohol hunger can occur after a few weeks, months, and even years, when the person stopped use alcohol. It is important to recognize alcohol hunger and to cope with it. Some participants, as one of the ways of overcoming alcohol hunger choose „Sound problems naming" ("*The talking about wanting to drink, because the sound problem naming reduces the desire immediately*").

The majority of participants, in order to avoid relapse, mentioned the importance of social relationships. The new social, working relations beginning, get marry, rebuild relationships with their parents, relatives, new friends are very important motivational factor, which supports and clearly shows, how much has already been achieved in life and that all this is no point to lose. MCP state, that the fear of losing is stronger, than the feeling of pleasure, which for many years hold them in the grip of addiction: „*God's presence experience and fear that He would withdraw", "Reluctance to lose all that dear: family, work, relationships, have some kind of situation", "I do not want to disappoint people, mother"*.

The statements, which consist of MCP involvement in church activities, practical expression of faith, entered into a new category.

Table 10

The category "The role of religion support in the process of sobriety"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Supportive relationships with the church, church leaders, servants, faithful	„"The evangelical community, where I hear the word of God, men's meetings take place on Thursdays"; "I attend the community of believers. I have some friends there"; "Believers's community support"; "Pastor support"; "The Church support"; **„All kinds of support from the church. Pastor support"; "The pastor of the church. Church leaders who are motivated and understand "; „Support in the Church"**	8
Faith practical expression	„Spiritual values aspiration and compliance"; "Strong spiritual values"; „Only the addicts who find serious spiritual values and able to control themselves and their behavior.manage to stay sober"; **"Faith, prayer and action"**	4
Church ministers serving and support	**"All support is needed. in the church provide support and moral and taught how to live in sobriety and be responsible**	3

	for the salvation of others ";"They gave time to listened, to prayed, instructed, shared experiences, seted an example";"They helped change my life. Specifically, this is who I am at this stage of life, thanks to the family and the church, in the first place to God"	
Participating in church activities	The presence in the church provides the understanding that I need and that I have to change“; **"God, the Church, and service to others"**	2
		Total: 17

According to the Church's ministers, particularly important role in the healing process for dependents and later living in temperance lies the Church. It is important to realizme, that you can not fight against alcoholism and drug addiction manifestations, can not effectively treat and rehabilitate victims of drugs ignoring human love and life values, because simply they can give our existence meaningful fulfillment. Addiction is not possible to overcome entirely sanitary or legal interventions – the most importantly the development of new human relationships, which are based on spiritual and emotional values (Bažnyčia, narkotikai ir narkomanija, 1994).

Church's response for addiction - hope and assistance, it is concerned not only the symptoms and personal behavior - it appeals to the same human heart. Church is not the desire to cure disabilities, while offering a choice of life. It is crucial to keep dependents on their human dignity and the discovery of his recovery, to help them revive and develop their personal resources, which can only be achieved by returning confidence in their faith, focused on the real and noble ideals.

MCP states that a person who is addicted to alcohol, essential assistance is a moral and spiritual, which comes through faith, living according to Christian standards and values and maintaining a stable relationship with the Church and its servants. All respondents talked about spiritual experiences, various spiritual experience that strengthens and supports them and gives them hope for a new life on the road. They support the spiritual growth, the Church's staff support and services, life according to Christian values, prayer, sense of responsibility before God, etc. MCP are focused on the objectives, for them it is important to have meaningful activity, work, it keeps and motivate them for a new life. One participant noted, that it is very important ministry, helping others, especially those who are facing similar problems, which he himself managed to overcome, i.e. dependence on psychoactive substances. This shows, what a special and important role of religion in the lives of MCP, in order to live in temperance.

Table 11

The category "The supportive social networking creation, involving the family and relatives, friends, co-workers, NGO, public institutions, rehabilitation center workers, self-help groups and individuals, following a decision to live soberly"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Supportive family and relatives	"It is very important the support of family"; "People support, understanding, daughter helps resist"; "My girlfriend. Girl's parents are very supportive"; „Mother and daughter support"; „Mother's support"; "Friends support"; **"Relatives who understand and support"; „Family support"**	7
Supportive relationships with friends	"Supports the friends"; "Support from friends"; „Friends"; „Support from friends"; "New friends, but are not using drugs"; **„Support from friend"**	6
Addictive Disorders Rehabilitation Center staff	"Rehabilitation center staff with which so far have good, close relationships"; "Former center staff helps with food, items, information support"; „Rehabilitation center staff assistance";	3
Public sector involvement in helping recovering individuals	"Labour Exchange: I received compensation';"In the beginning, even as a minority, but assistance from the Social Assistance Department"; "I get compensation for water and heating of the Social Support Department"	3
Supportive relationships with co-workers	"Supports the co workers"; "Support from co-workers"	2
NGO participation providing assistance	"When I returned to Vilnius assistance, I received from the Vilnius „Caritas": accommodation assistance, food, clothing, transport tickets, medical certificates, employment assistance, short-term aid until I found the home, where I live"; "Non-governmental organizations aid <...>"	2
Supportive relationships with people, who completed rehabilitation center	"Communication with the addicts, but now sober living people"; "Maybe it will sound paradoxical, but helps me addicted people, which I am now helping, their problems, seeing through the difficulties they go"	2
AA, self-help groups support	"Alcoholics Anonymous group; "I walk into a psychological group"	2
Strangers help	I had more aid from strangers.	1
		Total: 28

Each person has social networks in society with other members. MCP in the social network should receive aid from the widest range of support systems, i.e. people or organizations who can provide emotional, informational, material and maintenance support. The members of support system can be individual closest friends, family members, nearest peers, coworkers, members of the organizations and institutions to which can turn for help. Social network members behavioral techniques should be expressed: love and intimacy, respect, safety assessment (Duck, 1984).

One of very important factors in the recovery process is the social relationships, i.e. examples of people around, showing love, attention and care. Based on participants' answers, it can be said that very important is social network creation and support. participants, as a significant and important supportive relationships, indicated relationships with family and loved ones, friends: "*It is very important the support of family", „Relatives who understand and support", „People support,*

understanding, daughter helps resist", „New friends, but are not using drugs“. Some respondents see the importance of keeping in touch with co-workers, because they themselves are currently the rehabilitation center staff and helps for addicts. Needed supportive relationship with "Addictive Disorders Rehabilitation Center staff" and „co - workers", because it is the people who are most aware of the addicts problems and needs: „*Rehabilitation center staff with which so far have good, close relationships“; "Former center staff helps with food, items, information support*".

Participants distinguishes the public sector and NGO participation, as important informal network, importance. They noted social services and support obtainment of these institutions: "*Labour Exchange: I received compensation‘, "In the beginning, even as a minority, but assistance from the Social Assistance Department“; "I get compensation for water and heating of the Social Support Department", "When I returned to Vilnius assistance, I received from the Vilnius „Caritas“* <...>“.

The subcategory "AA, self-help groups support" suggests, that participants seeing the importance to visit these groups, where they can discuss current events, to share experiences, to feel permanent attention and concern for each other. Participation and communication in these groups creates trust security atmosphere, develops stressors coping strategies, fosters a sense of meaningfulness of life. Sharing your experience, compassion for one another minimize the negative emotions. Understanding and solving each other's problems, self-help group members at the same time help themselves and each other.

Table 12

The category "The social networking creation involving family, friends, former employees and church in social workers subjective assessment"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Family and friends support	"Needful family, relatives, friends support“; "Clearly the family is number one“; "In terms of informal support to which they are more open, it is first of all, I would name friends (new friends), followed by family, relatives“; **"Most of all, a man after undergoing rehabilitation, needs a family, friends (not what they used to drink together)"; "Of course, the most effective support – it is microsocium“**	5
Relatives support importance of communication	"Particularly important is the support of relatives (informal), but without the formal support, I do not think that a positive result will be achieved“; If you would need only to close people help, then there would be neither rehabilitation, nor addiction centers“; „Conversely, a person in a situation of dependence and participating in a rehabilitation program it is much more difficult to reintegrate into society if there are no relatives, friends support“; "It is difficult to discern, because I think that both are needed"	2

Continuous contact with former employees	**"This man should be in constant sight of the people, who worked with him"; "That is, it must be constant communication with him"**	2
Relatives codependency	"Usually they are accepted their friends and newly, but the family and relatives have preconception opinion. On the one hand they believe in change, on the other hand have heard thousands of promises and now they look reserved position, and those people feel it"; **"But it is important to keep in mind that the family, the relatives were codependent. Before mom were washing, were cooking, they "was sitting on the mothers neck". It is therefore important, that mothers love unconverted there again as it was"**	2
The Church's social support	**"An important role in providing social support plays church (community of believers). Generally, works with addicts it is activity, where people do not want. Because people want to live for yourself, for your children. Those, who are not exposed with alcoholics, they look like the leper, the humped, which only tied the tomb. There are some good, good heart people, who assisted in the heart, but such units. My experience shows, that working with this group of people take religious people "**	1
		Total: 12

Social workers, talking about social networking, considers at important relatives and friends support*: "Clearly the family is number one"; "Needful family, relatives, friends support"; "In terms of informal support to which they are more open, it is first of all, I would name friends (new friends), followed by family, relatives".*

It is important to note, that alcoholism affects all members of the family emotionally, spiritually and often physically. The alcohol consumption negative consequences experience not only addicts, but and other family members. Bulotaitė (1998), Black (1981) compare alcohol dependent person's family with "unhealthy, sick" family, characterized by insularity, confidentiality, conflicts, problems of denial and ignorance. Nissen (1998) claims that alcohol-dependent family members life is to suppress and overshadow consuming ups and downs. Nissen (1998) claims that alcohol-dependent family members life is to suppress and overshadow addicts ups and downs. Both the patient and his relatives' behavior patterns are similar. People close also learn and form a similar denial, the desire to control, intellectualisation, rationalization, compulsive and impulsive behavior, i.e. morbid mechanism as the chemically dependent person.

Participants also points out, that alcoholism is not only an individual's disease, it is the whole family disease. Persons living with a dependent person, is also damaged - they are also dependent. Often they help the dependent person is not healthy, but ill. Relatives assisted dependent person be ill, when they trying to take over their duties, responsibilities, which they does not carry

out, „withdraws out“ from all the unpleasant situations, pays bills and debts, financially dependent, feeds, clothe. These participants observations reflected in the subcategory "Relatives codependency" statements: *"But it is important to keep in mind that the family, the relatives were codependent. Before mom were washing, were cooking, they "was sitting on the mothers neck". It is therefore important, that mothers love unconverted there again as it was“; "Usually they are accepted their friends and newly, but the family and relatives have preconception opinion. On the one hand they believe in change, on the other hand have heard thousands of promises and now they look reserved position, and those people feel it“.*

Religion or spirituality has been described as a source of social support, i.e. as an incentive to practices and values advocated by religious groups which include: control of the impulses and practice of fraternity, and may promote socialization, healthy behavior and ways of making sense of their experiences and anxieties.

One participant, particular emphasis on the church's role in providing assistance to addicts. In her view, the community of believers (the church) is the only institution that engages in activities on a voluntary basis, since this activity people usually do not want to take *(<...> Generally, works with addicts it is activity, where people do not want. Because people want to live for yourself, for your children. Those, who are not exposed with alcoholics, they look like the leper, the humped, which only tied the tomb. There are some good, good heart people, who assisted in the heart, but such units. My experience shows, that working with this group of people take religious people").*

The addicts in the rehabilitation center usually being as in greenhouse: everything is given, mode, everything is planned, nothing to think about. However, after leaving the community, in daily life, recovering people are faced with stressful, new situations, new needs. Drug Control Department (2008) identifies main problems faced by drug dependent persons, leaving of the social rehabilitation communities - there are unemployment and lack of residence. Žemaitis (2012) name three practically every recovering dependent person problem areas: money, work, relationships with other people. They need to learn to manage their finances. If earlier the money was not counted, only allowed for drinking, now it is necessary to buy food and pay taxes. Often the addicted people usually want money, but do not want to work. They want to work only minimal, but get a big salary. An addict often lazy work in general, but wants to live well.

MCP named the social support needs and identified the following factors, were grouped into 3 subcategories and 10 statements.

Table 13

The category „A need of social services and social support in the MCP view“

Subcategory	Statements (lexical-semantic units)	Statements frequency
The need for material assistance and finding residence	"It is clear, in particular material support. The words will not feed you. You need somewhere to reside, eat, and when you start to work and go to work”; "After the completion of the community need a place to stay, cash for documents, the clothes that you could go to an interview with the employer”; "Need material support items; **"Help the housework"**	5
The emotional support and understanding from the surrounding people	"Need a man, who support and believe in you. Understand.“; "We need emotional support, i.e. conversation, compassion, encouragement, hearing encouragement"; „Requires consultation with the psychologist“	3
Complex assistance need	"It should be an emotional and material support"; **"Emotional and physical support and financial as necessary"**	2
		Total: 10

In this category, participants as the most important social support need ordered material support and assistance in finding residence: *"It is clear, in particular material support. You need somewhere to reside, eat, and when you start to work and go to work”; "After the completion of the community need a place to stay, cash for documents, the clothes that you could go to an interview with the employer”*. Two participants needed emotional support, i. e. understanding, support, encouragement, sympathy, encouragement. Two respondents indicated a need for both, material and emotional support. In summary, the integrated help: material support, listening, understanding, support, faith in personal change encourages refrain from returning to the previous way of life and the success of the reintegration process.

Table 14

The category "Emotional, material and integrated support for MCP of the social workers approach"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Social support in finding residence, items, household work, and physiological needs assurance	"The material support, it is not that you give money. The point is that people should work and livelihood. Consolation is not enough“; „"It is necessary to help the residence, because after finishing the rehabilitation and come out of the center, they have nowhere to go. Needed social housing“; "It is equally important temporary housing after completion of rehabilitation program‘;"The mere emotional support person will not satisfy their basic physiological needs, he needs bread and a roof over your head"; **"We can help with some things, clothes, but do not load with presents"; "Friendly help with the housework"**	6
Necessary emotional support	"They need support and encouragement“; „Focus on emotional support. The material assistance necessary, but they've been accustomed to live the life that gives them	6

	everything, or someone steals. Now they need to get started work, but started to work they have two kinds of experiences: on the one hand they realizme, that it is better than the old way of getting money, on the other hand is the emotional and psychological pressure, which is a reluctance to commit to assume, responsibility for long-term use. Do not trust your own forces, that long endures. Hard to find satisfaction at work, lazy to work"; „It is necessary to teach moral values" "It is very important to give the dependent to sense that he is not alone with his illness, that he listens and understands, when necessary - to encourage and advise; **"Emotional support is absolutely necessary: support, encouragement, acceptance"; "Psychological support"**	
Complex social support	"The help the dependent person must cover all the areas must be comprehensive";"It's hard to distinguish the aid goes in parallel"; "In my opinion, it can not single out any of the types of social support, is needed both emotional and material support"; **"These people require a full package of social support"; "These people require a full package of social support"**	5
Vocational training and employment support	"It is necessary to teach the" catch fish", rather than to give"; "Job search assistance and employment"; "Vocational counseling"; **"As for the material, it is possible, but money is better not to take, but to give them the opportunity to earn"; It would be a big help, sort of vocational training courses, so that they could participate in the training cheaper"**	5
Support, AA groups attendance	"I mention communication, but in a different context, as it has occur to be new friends"; „It is necessary, men who have completed the rehabilitation program included in the activities such as the one he himself. They must take responsibility"; **„Support Groups"; „AA group consultation tables"**	4
Information support	**"The necessary information support: how to be a father, how to be a mother, to raise a child. How to plan finances. Because if you get only benefits, it will not work and will not help and will be even worse"; "„Legal assistance"**	2
		Total: 28

Drugs, Tobacco and Alcohol Control Department[11], analyzing persons depend on psychoactive substances of social integration problems and ways of solving them, notes that addicts, who wants to adapt in society, need a comprehensive social, spiritual, psychological assistance. Therefore, in order to help these people recover and reintegrate into society needed to meet not one, but many of their needs. Only an integrated aid can lead to a successful social integration of addicts and that's, the end of the psychological and social rehabilitation period, they will be more resistant relapses.

[11] *Asmenų, priklausomų nuo psichoaktyviųjų medžiagų, psichologinė ir socialinė reabilitacija, socialinė integracija, socialinės atskirties mažinimas* (2013). Narkotikų, tabako ir alkoholio kontrolės departamentas.

One of the main tasks of social exclusion is to help individuals, addicted to psychoactive substances, to integrate into the labor market. Studies have found, that people have found work, twice as less again begin to use psychoactive substances, than those who do not have it. Individuals, suffering from addiction to psychoactive substances, often do not have professional skills, general and work skills or the existing skills are very weakened and inadequate for modern labor market. In the absence of sufficient employment, people quickly revert to old habits. Need help individuals adapt to the modern labor market requirements and to employ.

After living in the fully equipped community, hard to get back into the natural environment, especially the loss of autonomy. MCP need to help create or find a new location and position in society: to find a place to work or study, find a place of residence, make new friends and learn to soberly fun, learn to manage money, identify high-risk situations. European Union countries help the housing issue is very diverse: from emergency day shelters, hostels and short-term housing to to intermediate flats, financial aid for housing and rent subsidies. But, in the European Drugs and Drug Addiction Monitoring Centre 2011 annual Report[12] noted, that overall in Europe, MCP provided few services related to housing demand.

The responses of social workers show, that social integration is an important integrated aid: material and emotional support. Talking about the material support, specialists consider, that the most important to help find a place of residence, items, household work and ensure the physiological needs: *„<...> The point is that people should work and livelihood. Consolation is not enough“, „"It is necessary to help the residence, because after finishing the rehabilitation and come out of the center, they have nowhere to go <...>.", "We can help with some things, clothes, but do not load with presents", "Friendly help with the housework*". Furthermore, this is consistent with the needs expressed by the MCP, as subcategories „Social support in finding residence, items, household work, and physiological needs assurance“ and „The need for material assistance and finding residence“ are in the highest ranking subcategories spot.

Giving emotional support, MCP needed encouragement, support ("*They need support and encouragement*“), listening. The given psychological assistance („*Psychological support*") increasingly motivated dependent persons for sober living, behavioral changes, to help manage stress, deal with conflicts, which would give them more confidence. According to the importance, this subcategory is in the third ranking place.

Often alcohol dependent people are losing jobs, young people have no job skills, therefore employment opportunities are very limited. According to the participants, it is necessary to

[12] Narkotikų problema Europoje. 2011 metų metinė ataskaita. http://www.ntakd.lt/files/informacine_medzega/2-ENNSC_medziaga/1-metines_ataskaitos/ENNSC-MA_2011_LT.pdf (previewed 2015-03-10)

provide professional skills training, consulting services on employment opportunities, assist in getting employment: "*It is necessary to teach the" catch fish", rather than to give", "Job search assistance and employment", „It would be a big help, sort of vocational training courses, so that they could participate in the training cheaper*".

Kolitzus (2002), May (2004), Bulotaitė (2004) notes that assistance, support and understanding people often find in self-help groups, unifying people with same problems, because they better understand each other and know how to help one another. Self-help groups - there are not groups of professionals to help addicts recover from addiction. They are recovering addicts, who meet regularly to help each other to stay in sobriety. Perform research (McLatchie, Lompy, 1988) has proven AA philosophy, as the importance of enabling resource, restoring the alcoholic personality and maintaining long-term sobriety, and AA sponsoring another member of the group, highly correlated with stable long-term remission.

This study shows that social workers see the benefit and the importance of MCP to attend AA and / or self-help groups. This is important and for MCP *("Support, AA groups attendance*). The social workers' view, addicts found support, understanding in group, they encouraged to refrain from returning to the previous way of life. For the MCP necessary communication and support each other the same as they are.

The systematic use of psychoactive substances devalued human personality. Traditional values gradually replace the " alcoholic values" system, so it is important to teach moral values and meet the spiritual needs of the person: *"It is necessary to teach moral values", „And vice versa - even full material support will not be effective and the main goal - temperance will not be maintained, if he will remain one with their problems, fears and so on., without satisfying their spiritual needs"*. This shows the importance of the role of religijon, which had already been discussed above.

Thus, social workers say that for addicts are very important psychological, moral, social support, understanding, encouragement, acceptance, non-judgmental relationship with the immediate social environment and specialists.

Table 15

The category „A need the State institutions help, support funds for MCP"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Aid fund need	"In my opinion, it is necessary fund to provide assistance to men who have completed a rehabilitation center. It should be a prerequisite for a fully completed the rehabilitation program. This should be the initial aid of residence, to acquire a specialty, one or two months to provide financial aid, because if a person got the job, it is somehow necessary to go to work, in a month to live "; „It is mportant social	3

	assistance"; "There is need of public assistance in recruiting these individuals. Most guys are former judge, because employers do not want to take them into work".	
Distrust in government institutions	„I pessimistic look at the institutional support, because really nothing gives. Maybe the only allowance"; "In practice I meet, that people formal support to avoid: they are struggling to turn to non-governmental organizations, often do not know how to do it. These people have been marginalized, so they have a negative attitude in general government. But in terms of allowances and benefits, these people are trying to claiming what belongs to them"	2
		Total: 5

The MCP integration into society is a major task not only for narrow group of specialists, but also for society as a whole, because the disease of addiction brings harmful consequences for both patients and all members of society. Into the dependents persons integration process necessary to include public and various public institutions. An important policy objective is to develop non-governmental organizations activity, for people with addiction problems, integration into society field (Bulotaitė, Rimkutė, Kondrašovienė, Vaitiekus, 2008).

This category emphasizes the fund creation, which would help the MCP to live independently ("*In my opinion, it is necessary fund to provide assistance to men who have completed a rehabilitation centre*"). This fund aid should be given for persons, who have completed full rehabilitation program, should provide accommodation and employment, for some time term free meals, other non-monetary support. *(„<...> It should be a prerequisite for a fully completed the rehabilitation program. This should be the initial aid of residence, to acquire a specialty, one or two months to provide financial aid, because if a person got the job, it is somehow necessary to go to work, in a month to live*").

Social workers have been asked the question, what specifically assistance they had given and are giving to MCP now?

Table 16

The category „The social workers provided forms of support and methods"

Subcategory	Statements (lexical-semantic units)	Statements frequency
Information, moral, psychological support	"I talk, listen, counsel"; "Informs on various issues"; "To provide information"; **„I provide moral support"**; **"I personally provide psychological assistance"**; **"Informs on various issues"; „After the dependent's rehabilitation continues in contact with him"**	7
Aid with money, objects, food	"If he needs give items", „I'm helping food and items", "Helping with food; "Helping financially; **"Looking for sponsors who would help financially"**; **"Helping with things"**	6

Self-help groups organizing and conducting	"I lead workshops, meetings for those who have completed a rehabilitation centre“; "I lead weekly meetings, where men have completed rehabilitation center can talk, express their thoughts, doubts, share their victories"; **„Group work“; „I lead self-help groups in my home, where we help each other“**	4
Consulting on the issues of employment, employment	"I am helping to employment“; **„I consult on the issues employment and other"**	3
		Total: 20

This category is important, because it shows that the social workers not only see and defines what are MCP needs and what social services they need. They themselves as much as possible, try to answer and satisfy them. The social workers provide financial, informational, moral, psychological assistance and support, advice on employment issues, employ. Four participants leads weekly self-help groups. This shows, that social workers are concerned not only successful addicts rehabilitation program completion, but also further their sobriety personal life, their successful integration into society and the work market.

CONCLUSIONS

1. Social support is dynamic, transactional communicative process, including verbal and/or nonverbal communication, that aims to improve an individual‘s feeling of coping, competence, belonging, and/or esteem and potentially useful activities, carried out by the person in respect of relatives, social network members, the community and which has a positive impact on the health, emotional well-being or behavior. Social support is categorized into types: emotional, informational, instrumental, esteem, network, tangible. The social network is defined as a person surrounding interpersonal communication or system, which consisting of an emotionally close people and provide some benefits. Social networks are divided into psychological, interactive, primary, secondary, formal, informal, passing, exchanges, interactions networks. A network of supportive relationships contributes to psychological well-being. A social support network benefit is in the following ways: sense of belonging, increased sense of self-worth, feeling of security.
2. Relapse is a complex and dynamic phenomenon that appears to be determined by both neurobiological and psychosocial processes. Relapse is a vicious circle, which concentrates all of alcoholism evolution: ever increasing nondescript uncomfortable feeling in uncomfortable situation, the growing tension and the temptation to resort to drugs, the last convulsive effort to avoid relapse, ultimately narcotic substance liberating from discomfort and tension. All relapses have common symptoms: unmet feelings with the pain, sadness and anger, emotional paralysis, stress, unconscious aggression as compensation for the unacknowledged recognition, "controlled drinking", separation, isolation, loneliness. The most important warning signs of relapse are internal change, avoidance and defensiveness, crisis building, immobilization, confusion and overreaction, depression, loss of control, thinking about relapse.
3. This study has shown that social support is an important factor after completion of rehabilitation community program, because it motivates and helps the person to live a sobriety life. Were identified these MCP distinguished social support categories: *"The role of religion support in the process of sobriety"*, *„The supportive social networking creation, involving the family and relatives, friends, co-workers, NGO, public institutions, rehabilitation center workers, self-help groups and individuals, following a decision to live soberly", "Personal factors, factors and activities that help prevent relapse and maintain sobriety"*. MCP identified the following key social support structure, that determine the life of sobriety: the supporting formal and informal social networking creation, involving the family and loved ones, friends, co-workers, NGO, public institutions, rehabilitation center personnel, self-help

groups and individuals; a material aid and help in finding residences, surrounding the emotional support and understanding, professional advice; faith, participating in church activities, faith practical expression, church ministers serving and support.

4. This study has shown, that social workers identified social support structure elements confirms the MCP identified social support structure elements. But in addition to material aid, a help to find a place of residence, emotional support and understanding, social workers specify: vocational training and employment assistance, support and AA groups attending, an information support, assistance to other addicts, teaching moral values and spiritual satisfaction. Were identified these social workers distinguished social support categories: *"Emotional, material and integrated support for MCP of the social workers approach", „The social workers provided forms of support and methods", "The social networking creation involving family, friends, former employees and church in social workers subjective assessment"(12), „A need of social services and social support in the MCP view", „A need the State institutions help, support funds for MCP".*
5. The study suggests that a very important social support element is a spiritual factor: church members support, involvement in church activities, practical expression of faith and action, sense of responsibility before God emergence, self-evaluation.

RECOMMENDATIONS

1. Men with addiction after community rehabilitation program access to reintegration system is problematic, because the system is not. There is no collaboration between the participants of Service. Reintegration is narrowed to provide services, although the reintegration is a complex phenomenon. MCP needs are very different and require different departments interventions. The study has showed that the success of the reintegration and sobriety life ensure only integrated social support. Services providing must participate in non-governmental organizations, municipalities, medical institutions, labor market subjects. Organizations providing services to MCP should connect to the system, network.

2. Most men with addiction after community rehabilitation program doesn‘t have a place of residence, vocational training, job skills required for the modern market. For Social policy makers are suggesting the establishment of a fund to provide initial assistance of MCP: assistance in finding residence, acquiring a specialty, employment support, two months granting monetary financial aid. A requirement for support - people have to be fully completed rehabilitation program.

3. Municipalities practically does not contribute to MCP reintegration. Lack of institutions, which provide long-term services to the MCP, interested in how they live, to mentor, advise, help solve social problems. It should be more efficient use of regional and district municipalities in providing social services structures and human resources.

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Jūratė Tuominienė

VYRŲ, BAIGUSIŲ PRIKLAUSOMYBĖS LIGŲ REABILITACINĖS BENDRUOMENĖS PROGRAMĄ, SOCIALINIO PALAIKYMO STRUKTŪRA

Magistro darbo santrauka

Magistro darbe analizuojama galima vyrų, baigusių priklausomybės ligų reabilitacinės bendruomenės programą, socialinio palaikymo struktūra.

Pusiau struktūruoto interviu metodu buvo atliktas kokybinis tyrimas, kurio tikslas - pateikti vyrų, baigusių priklausomybės reabilitacinės bendruomenės programą, socialinio palaikymo struktūrą. Taikant turinio analizės metodą, buvo atskleista vyrų, baigusių priklausomybės reabilitacinės bendruomenės programą, socialinio palaikymo struktūra.

Tyrime dalyvavo aštuoni vyrai, penki iš Lietuvos ir trys iš Ukrainos, baigę reabilitacinės bendruomenės programą ir gyvenantys blaivybėje ne mažiau kaip du metus bei šeši socialiniai darbuotojai, po tris iš Lietuvos ir Ukrainos, teikiantys paslaugas reabilitacinėse bendruomenėse.

Svarbiausios tyrimo išvados:

Tyrimo rezultatai parodė, kad būtina ir svarbi sąlyga blaivybės palaikymui yra socialinis palaikymas. VBP išskyrė esminius socialinio palaikymo struktūros elementus, lemiančius gyvenimą blaivybėje: palaikančio formalaus ir neformalaus socialinio tinklo kūrimas, įtraukiant šeimą ir artimuosius, draugus, bendradarbius, NVO, valstybines institucijas, reabilitacijos centro darbuotojus, savipagalbos grupes bei atskirus asmenis; materiali pagalba bei pagalba susirandant gyvenamąją vietą, aplinkinių emocinio palaikymas ir supratimas, specialistų konsultacijos.

Socialinių darbuotojų išskirti socialinio palaikymo struktūros elementai patvirtina VBP išskirtus socialinio palaikymo struktūros elementus. Be materialios pagalbos, pagalbos susirasti gyvenamąją vietą, emocinio palaikymo ir supratimo, socialiniai socialiniai darbuotojai nurodo dar ir: profesinį mokymą ir pagalbą įsidarbinant, palaikymo, AA grupių lankymą, informacinį palaikymą, pagalbą kitiems priklausomiems asmenims, moralinių vertybių mokymą bei dvasinių poreikių patenkinimą.

Be to, tyrimo duomenys leidžia teigti, kad labai svarbus socialinio palaikymo struktūros elementas, tiek VBP, tiek socialinių darbuotojų požiūriu yra dvasinis veiksnys, t.y. tikinčiųjų bendruomenės narių palaikymas, įsijungimas į religinės bendruomenės veiklą, respondentų tikėjimo praktinė išraiška ir veikla, atsakomybės jausmo prieš Dievą atsiradimas bei savianalizė.

Esminiai žodžiai: socialinis palaikymas, atkrytis, atkryčio sindromas.

APPENDICES

Appendice 1

Interview Questions for men who finished the rehabilitation community program

1. The questions aimed at understanding the reasons (factors),which have led the psychotropic substances use?

• Briefly tell us what family you grew up?
• What was your relationship with your parents?
• When did you start to abuse psychotropic substances?
• What prompted you to use psychotropic substances?
• What were the circumstances when you started to psychotropic substances?
• What were the reasons that you have started to use psychotropic substances?

2. Questions revealing factors influenced the decision to seek help?

- How did you feel when you realize, that you are already addicted to psychoactive substances?
- What problems did you encounter using psychoactive substances?
- Who do you think influenced relapses?
- Why did you decide to receive treatment in the long psychosocial rehabilitation community?
- How did you start to look for a help?
- What led you to seek help?

3. Questions revealing factors, which help maintain sobriety after completion of rehabilitation community?

• What helps you to stay in sobriety?
• What difficulties you are encountered?
• How do you defeat the difficulties?
• Who provide for you social support? (social security Sodra, neighbors, friends, relatives, co-workers, social service center, health care center, day care center, a religious organization (church), the Labour Exchange, AA)?
• What kind of social support is needed the most: emotional support (comfort, compassion, encouragement, listening, encouragement, acceptance, understanding, communication, etc.), material support (money loan, aid items, home chores), emotional and physical support?
• Which type of social network support do you need more (informal (family, relatives, neighbors, friends), formal (government agencies, non-governmental organizations)?

Appendice 2

Interview questions for social workers who work with the individuals suffering from addiction

- In your opinion, what kind of social support is most need: emotional support (comfort, compassion, encouragement, listening, encouragement, acceptance, understanding, communication, etc.), material support (money loan, aid items, home farm work) emotional and material support?
- In your opinion, which a social support network is more needful (informal (family, relatives, neighbors, friends), formal (government agencies, non-governmental organizations)?
- What specifically assistance you had given them and are giving now?
- How long do you work with addicts?