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THE APPLICATIVE POSSIBILITIES OF SOCIAL INTERVENTION METHODS FOR PEOPLE WITH ADDICTIONS

Master's thesis

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Summary

The analysis has been done of the theoretical social work intervention methods application opportunities for people in the situation of dependence.

Semi-structured interview survey was done in written which aim is determine social work intervention methods application opportunities for people in the situation of dependence. A qualitative content analysis was carried out.

The study involved six Lithuanian social workers and two Ukrainian social workers who work with addicted people.

The empirical part deals with individuals in the situation of dependence and the social assistance techniques and principles for them; the effectiveness of social intervention methods in providing social support to socio-cultural context was identified; the comparative analysis was carried out in social work intervention methods application opportunities for people in a situation of dependence in Lithuania and Ukraine.

The main *conclusions* of the empirical part:

1. Results of the study revealed that most dependent people are included by the initiative of social workers providing individual counselling. Personal initiative of the patient is also very important when applying themselves voluntarily. Engagement effect is observed if the client has inner motivation. The most common social intervention methods for individuals are social work and group sessions.

2. Social worker's organized activities are beneficial because it helps patients to know themselves, analyse their behaviour, feelings, emotions, constructively address conflicts, overcome stress, promotes patient's motivation, they are enabled to act.

3. Employment activity in social work is important because it helps patients to learn in a meaningful way to spend time, enables an objective view and assess their situation, be given the opportunity to share with others their own experiences. Others support is very important as it determines the success of changing lifestyles and successful reintegration into society.

4. Lithuanian and Ukrainian informants indicate that the main problems are social interventions aim of providing support for patients. Social intervention occurs during the resolution changes. Patients take active steps in solving their own problems but there is a lack of social work with clients inner motivation building which is important for long-term personal change through changing behaviour and lifestyle.

Key words: social intervention, addiction, social and educational activities, socio-cultural work.

Contents

INTRODUCTION

Scientific problem and the relevance of the problem.

The processes of globalization and the ongoing restructuring period in Lithuania values changes affected all areas of human life and human health. Spread through various addictive substances that directly or indirectly leads to health − related human behaviour. Gostautas, Pilkaitiene, Povilaitis and others (2007) confirm that there is a social problem of high consumption of addictive substances.

Lately the number of addicted people is growing. These diseases affecting younger people who have contributed to the lack of employment, the inability to resist the influence of friends, weak will and lack of information. These diseases are treated not only with drugs, but also applies to social intevention methods that help people successfully integrate into society and the labor market in order to avoid social exclusion. People who suffer from the disease of addiction for a long time of period have experienced a variety of constraints, public ignorance and even deliberate isolation from society. In Lithuania addicted persons are still one of the most vulnerable groups experiencing social exclusion and discrimination, so it is very important for such individuals to provide the necessary assistance to the appropriate integration into society through the acquisition of lost skills (Brijunaitė, 2007).

In social work, therapy as an effective method of social intervention today is understood and used in a broader sense − as any human health and quality of life improving, enhancing or supporting method (Aleksiene, Zviceviciene, 2009). The role of occupational therapy and its place in today's environment is analyzed by academics, clinicians, artists and teachers in the practical experience. The occupational therapy is considered as one of the most subtle and accurate instruments not only in psychotherapy, but also in social work.

Alcohol consumption harms more others than the drinker, for example, the people, including those of the European Union, each year 60,000 premature birth, newborn, 5 − 9 million children living in the negative effects of alcohol consumption affected families and 10,000 deaths in road accidents when not driving people were killed (Anderson P, Baumberg B., 2006). Use of drugs, their effects and the reasons are examined by these authors: Bulotaite (2004, 2009), Cernauskaite (2000), Caplinskas, Dragunevicius, Griskevicius, Kalasnykas, Milosz, Stoniene (2003), Subata, Kriksciukaityte, Povilaitiene, Pincevičiute (2003) Kuoriene (2002) and others.

The opportunities of the social intervention methods application were analysed by the following foreign researches: Fisheris (2005), Hameris (2006), Leungas (2009), Ringelis (2004), Sawyeris (2006). The following Lithuanin researches have analysed the risk factors of alcohol

consumption and negative health consequences: Beresnevicius (2006), Grakauskaite-Karkockiene (2006), Veryga (2007).

The problem of the research. Persons in a situation of dependence, not reaching help in time, increase distancing itself and becomes lonely or even more immerse in alcohol or drugs usage (Grun, 2005; Alekseicikas, 2012). A significant number of patients choose the wrong means of compensation and sharpness the problem and delays recovery (Григорьева; Козлова, 2006). Which methods of social intervention for addicted individuals reinforce the motivation for recovery? What factors help to get inveolved in to the applied social intervention?

The object of the research – the possibilities of the social intervention methods application for the persons in the dependence situation.

The aim of the research – to determine the possibilities of the social intervention methods application for the persons in the dependence situation.

The objectives of the research:

1. By theoretical analysis to highlight the social intervention principles and methods for the provision of social assistance to persons in a situation of dependence.
2. To analyse the methods and principles to help for the dependent individuals to get involved in the context of social inclusion.
3. The qualitative study helped to identify the effectiveness of the methods of social intervention in the provision of social assistance in social and cultural context.
4. To carry out the comparative analysis of the possibilities of the social intervention methods application for the persons in the dependence situation in Lithuania and Ukraine.

The participants of the research:

Dependent persons and social workers who work in dependent addiction centres.

The methodology and methods of the research.

The application of social intervention methods in the recovery process of motivation is based on the study of modern phenomenology (Mickunas, Stewart, 1994), which corresponds to the postmodern era spirit and allows exploring the meaning of being freed from pre – theoretical assumptions, interpretations, and humour. Studying of people with addiction recovery motivation as a phenomenon is getting deep into the actual patient / client experience. Moreover, the study aims to eliminate the pre – existing beliefs.

The qualitative research method allows looking at the problem comprehensively through a unique human experience of the phenomenon under investigation and is focused on process analysis (Zydziunaite, 2005).

The methods of the research:

1. *Theoretical: philosophical, psychological and sociological literature study of selected aspects of the investigation, analysis, comparison and generalization*

2. *Empirical:* The content analysis was used in order to reveal and identify the possibilities of the social intervention methods application for the persons in the dependence situation.

The structure of Master's thesis. *This Master thesis consists of: summary in Lithuanian, introduction, 3 chapters, conclusions, recommendations, list of literature (62), summary in English, annexes. The research data is illustrated by 17 tables.* The annexes provide a semi-structured interview questions in written for the social workers, the operationalization of studied phenomenon. *The volume – 54 pages (without annexes).*

Main Concepts

Dependence: dependence syndrome is defined as a physiological and cognitive phenomena complex where the substance or class of substances for an individual is more important than any other behaviour which was more previously evaluated. The most important feature of the dependence syndrome is the desire (often strong, sometimes overpowering) to take psychoactive substances (which may be granted for medical purposes or not), alcohol or tobacco. (International Classification of Diseases, ICD-10, 1997).

Detoxification: this is a health care service, pointing to the withdrawal symptoms of depression medication (Carr A., 2004)

Anonymous Alcoholics (AA): group of individuals which recognizes that they are powerless to deal with alcohol and they can only help the sharing of experiences with other dependent persons in joint meetings (Fleming M., Murray P, 2000).

Socio-cultural work: social service that is provided to individuals, groups, organizations or communities to their cultural and social participation (Aleknaite-Bieliauskiene, 2008).

Social and Educational Activities: this is a permanent nature with activities directed to the full powers of personal development and education, ensuring the learner's full socialization of the surrounding environment (Stuopyte, 2010).

The operational determination

The social intervention – the appropriate and structured work of social worker, whose aim is the person, his thinking, behaviour, situations and environmental changes. The object of the social work intervention can be an individual, group, organization, community, society and the global community (A. Bartkeviciene, 2011).

CHAPTER I

**PRINCIPLES AND METHODS OF SOCIAL WORK INTERVENTION FOR THE
PROVISION OF SOCIAL ASSISTANCE
TO PERSONS IN THE SITUATION OF DEPENDENCE**

1.1. Paradigm Empowerment of Problems of People in the Situation of Dependence

To begin with, it is important to define the term of "crisis". Rapoport (1970:276) defines this term as "*upset in a steady state*". Moreover, the author states that crisis appears then person cannot adapt to „overwhelming challenge". The key factor is how a person manages it. Usually it is learned through the socializing but when an individual is struggling a professional help is strongly advised. Therefore, the principals and methods of social work intervention are the crucial topic to be discussed.

According to Ebersholdo (2002), one of the main directions of development of social participation is to enable a person to his involvement in public life, "to help express his strengths and weaknesses in suspension" (Ruskus, Mazeikis, 2007). The narrow integration is not sufficient for the successful integration (family or institution) for achieving the implementation of interests, it is necessary to promote interpersonal, interdisciplinary and inter-institutional relations, involving the same customer and the people around him, professionals, partners, and community. It is important to activate the whole environment of the individual, because he is part of that environment.

Petruzyte (2013) has done the study and found out that in organizing the process the patient must get the opportunity to acquire the fundamentals of life, learn to overcome the difficulties of life, to develop, grow and look for yourself. The assistance system incorporating meaningful leisure organization measures involving social work and other professionals can fully develop personality. Tested themselves in various fields can restore confidence in yourself and your abilities, learn to live a full and complete life. System of help which provides the following options for patients can help to achieve empowerment and solving of deep social problems.

According to Ruskus et al. (2013), empowerment has to be a permanent problem solving and in general vocational thought, action and share methods, regardless of the theoretical use. Those who get hekp must be able to help themselves as well. The social worker should increase the sensitivity by using a variety of methods to help maximize the patient a better understanding of yourself in your environment. Only finding out how customers see social choices, what their needs and according to their needs and experience social worker can provide assistance to patients on how to acquire knowledge, skills and information.

Petrauskaitė-Dusevicienė (2012) points out that the development of the social work profession is particularly actualized by empowerment of concept and its practical application (Gvaldaite, Svedaite 2005). Empowerment as a person's strengths and opportunities for enhancement and, ultimately, the responsibility for their problems promoting the concept of social work professionals provide guidance and vision of what should be the focus of values and objectives by linking them with the patient and his problem situation. Promoting an individual's ability to manage their own lives and feel aims to develop self-confidence and greater resistance to focus on long-term perspectives that eventually the client strengths – the internal and external resources – and he will be able to be outweighed by identifying problems (Alisauskiene, 2005; Johnson 2003). It can be argued that empowerment is associated with changes in the patient's internal promotion, his education (Dirgeliene, 2010). In the interest of social work efficiency and make use of the degree of novelty and quality to respond to a wide range of psychological, physiological and social problems it is important to look for a variety of solutions.

Makstutyte, and Vaskeviciute R. L. (2011) also argue that empowerment is composed of two major parts – power and empowerment. Enabling patients directly associated with their participation so the social worker must seek to persons in a situation of dependence, power and should take responsibility for the decisions of your life on social, psychological and material well-being. Individuals chooses solutions that are important to them personally, and, based on their own knowledge, gives them meaning. Therefore, persons in the situation of dependence empowerment directly related to their own participation.

As stated by Ruskus and Mazeikis (2007), social participation fosters individual characteristics such as courage, dignity, justice, responsibility, the ability to freely choose, future planning, respect for tradition. It's just part of qualities that a person can gain if his purposeful social participation. Therefore, one of the main directions of development of social participation is to enable a person to his involvement in public life. It is important to create conditions to develop their potentialities and to put them into situations of social participation.

Bulotaitė (2009) has identified four main stages for people in dependence situation:

- Assessment. Assesses the physical, psychological and social condition of the patient in the form of treatment and rehabilitation plan, choosing appropriate intervention methods.
- Detoxification. Safe removal of psychoactive substances from the body by medical means.
- Specific intervetion.
- Maintenance treatment and rebilitation.

However, it is necessary not to forget that these treatments will not help anyone if the person does not have the intention to give up alcohol. Although relatives may invite or advise dependent person it does not mean that he needs it. He has to justify himself and understand that

alcoholism is a disease nuodijanti his body and life. However, it has to be understood that most will have attempted to find solutions to their situations, and at the point of social work intervention, may feel overwhelming inadequacy and failure. Lindsay (2009:40) states that "often the person will fully believe that he is responsible for the dependency. Attending to people's efforts, and their situation as they perceive it then, is important to provide the reassurance of their desire to function and have control in the current situation".

Recently it has been a big interest in our society and discusses about the growing number of narcotic substances users. Drugs, their effects and reasons have been analysed by the following authors: Bulotaite (2004, 2009), Cernauskaite (2000), Caplinskas, Dragunevicius, Griskevicius, Kalasnykas, Milosz, Stoniene (2003), Subata, Kriksciukaityte, Povilaitiene, Pincevičiute (2003) Kuoriene (2002) and others.

In summary, in order to provide social assistance to persons in a situation of dependence, social intervention methods, occupational therapy can be an effective way to tackle the problems of our clients. To apply them successfully it is necessary to activate the whole environment of the individual through the empowerment theory concepts.

1.2. Social work intervention principles and methods of application possibilities in social activities

Drinking is spread throughout the world and for many it is a painful subject. Its consequences are painful. So why do people forget everything and begin to drink? One of the reasons why people are so willing to turn to alcohol is that it is used as a way of solving problems - alcohol helps to forget, to feel better. Although it is only an illusion and problems have not really disappear, just being marginalized, like sadness, pain, and worst of all, that all the problems are not only repressed becomes exacerbated, but also the increase (Bulotaite 2004).

That all this can be avoided as early as possible is important to take the intervention, which usually makes use of the patient's relatives, and then connects to the process and social workers. In order to provide efficient and effective support to the social worker is very important to be able to assess social work and aid effectiveness and efficiency. The client and his family members must be present throughout the intervention process – a social worker must be able to activate the client and his family, to include them in services and support to the process of analysis, choose alternative forms of aid (Lenkevic, 2009).

Intervention is considered to be intervention in a course that is interaction system. Social worker intervenes in the life of the client in order to lasting personal, his way of thinking, behavior, situations of environmental change, enabling the person to continue to live independently

and successfully (Gvaldaite, Svedaite, 2005). Not always the same people in a situation of dependence want to get well, so intervention goal is to persuade the alcohol addicts to treatment.

It appeared ARISE method that is inviting intervention, during which members of the family motivates a person dependent on alcohol treatment. Authors Landau and Garrett (2006) identified the following phases of the intervention:

First call – This phase begins when the person begins to seek help for his close relative who is addicted to alcohol.

Strength in numbers – This phase lasts from one to five sessions, meeting with the person seeking intervention for dependent person in spite of himself or dependent person involved. During these meetings, motivational strategies are being developed, taking into account the dependent's resistance to treatment. The dependent person is informed that dependence will continue not to be tolerated.

The formal ARISE intervention – at this phase of intervention help seekers take strict action against the dependent person but all of that expressed his love and support path. If the addicted person is determined to treatment all persons involved in the intervention meetings are still continuing and planning further treatment.

From the information above is easy to say that treatment is difficult and tedious process in which they must attend both doctors and social workers and family members and other relevant professionals. On top of that, the dependent person should have more problems without support and encouragement from family.

Application of Direct and Indirect Intervention Methods. Gvaldaite and Svedaite (2005) points out that social work methods are divided into direct and indirect intervention methods. Direct intervention is understood as patient and worker interaction and the social worker and the patient is a support process actors, and indirect – where the customer does not take part in the process but all the activities carried out in his interest.

For the indirect intervention, social worker performs during the dependent person and his family assessment providing a variety of resources, strengthen its social network. Also, the worker works in the following directions:

- Concerned with the strengthening of the social network, develop plans of assistance to the client.
- Mediating and advocate for the client.
- Helping the client with other professionals – doctors, psychologists
- Re-evaluate the situation and if it gets worse takes the concrete action (Liobikienė, 2007)

Indirect intervention (intervention) aims to help not only the addict, but also his family. Family working with a specialist and learn more about addiction and how they can interact with the dependence on the person who is dear to them and who have problems with alcohol. Dependence situation a person can participate in meetings together with the family with a specialist, but even if he refuses, the family must still attend meetings. Otherwise, this indirect intervention is called systemic family intervention. This intervention helps families to maintain good mental health and healthy family life. Sometimes, the dependent person, seeing as his family tries to get out of its problems, has consented to the treatment. (American Journal of Drug and Alcohol Abuse, 2010). Indirect intervention is focused on the dependent's family faced difficulties because of a human habit. The opposite of this intervention is a direct intervention, also known as the Johnson intervention. It is named in honor of Bishop Vernon Johnson, who has struggled with addiction and sought his intervention to help many addicts and alcoholics. *This intervention is carried out according to the following steps:*

- *Select a social worker, who will help you in the treatment process. Without professional help, simply take the family intervention is difficult and the results are often disappointing. Therefore, the full recovery phase must be observed by professional.*

- *Family members remain tolerant and positive. During treatment they must not put to shame or blame the person consuming alcohol. If family members are having problems due to their dissatisfaction with someone who has addiction, they should take the indirect intervention in the application and there helping other professional to calm down for them.*

- *Submit the request. Person addicted to alcohol can submit his choice as to where and how long to be treated. The patient can change his decision or not.*

- *Be prepared for failures. The family has to understand that the treatment and recovery process can last a lifetime, can be an inevitable necessity and relapse. So never forget that the intervention will be necessary to continually. [Access on 16th October, 2014].*

  http://www.associationofinterventionspecialists.org/what-is-the-johnson-model/

Organization of Self-help Groups. According to Ruskus et al. (2013), self-help groups empowers people. It helps to discuss problems and to share with those who have the same problems. Group members respond with empathy to all fears, emotions, difficulties, unpleasant experiences. Everyone has a sense of belonging to someone or have a part or member.

Rackauskiene (2008) argues that the assistance, support and understanding people often find in self-help groups as people are united by the same problems and they are more aware of each other, better know how to help one another. Specialists recognize that people who are attending self-help groups their emotional status improves, they learn to "live with your problem". Groups of efficiency 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 in order to break free from addiction. Have the greatest impact on recovering communication with other participants in the program and addiction counselors are as advisors to assist in understanding the issues and find ways to solve them.

In summary it can be stated that direct intervention is currently working with a patient sometimes engaging and his family. During all interventions the patient remains the possibility withdraw at any time or choose another treatment option. All methods of intervention are supervised by a social worker whose activities are very important in the recovery process.

When working with persons addicted to alcohol the following methods are used in social work:

- Social work with individual;
- With group;
- With family;
- Social work in a community.

All of these methods are suitable for working with addiction to alcohol. Because it is work both individually and jointly with other property of the person in joint activities. Also, the work with dependent's family trying to come to terms with them easier for loved disease and its treatment. Social work in the community is also carried out and trying to educate the public about the damage of alcohol.

According to the Lithuanian Association of Social Workers training methods for social workers (2007), Galaway and Comptom identified the following main methods of social work principles of choice:

1. Least injurious and restrictive selection principle. When planning social assistance sought as much as possible and do not cause harm. So, if the aid will be given to a person addicted to alcohol, it must condemn, listen calmly and explain threatening consequences.
2. A community help principle. People feel more comfortable in their surroundings, nor far from their place of residence. Therefore, it is best if a person receives assistance in his district but not in another city.

3. The principle of consistency. It is particularly important in order to help ensure stability. It should not refuse to renew the rehabilitation center or day care center activities after year for lack of funds. Addiction treatment in the centers must ensure continuity.

4. The principle of continuity. The system can work well and the maximum position, if the service network is large and continuous. Every social service center combines cooperation with other agencies.

5. The principle of free choice. Social work is based on values, main to which is to ensure the patient as an individual value and dignity, not ignoring his choices. Therefore, the patient must be guaranteed freedom of choice and equal opportunities. Social assistance must be provided through violence – a man must be willing to change his life and live it soberly. When planning the entire rehabilitation plan a social worker has to do it with the patient, not for him. Becaus what looks the best for a social worker may look differently for the patient (Human Rights Centre, Lithuanian Association of Social Workers, 2007).

1. 3. Application of Social Intervention Methods: Socio-cultural Context

The socio-cultural activities for social work clients is shelter and niche which often becomes the only opportunity for self-expression, the opportunity to interact with others in an informal setting, to freely express their thoughts, creative unfolding and self-realization. And the smallest group - family, group of persons with disabilities and facilitate each of its members socialization processes using examples of achievement or the media. Socio-cultural activities are highly effective methods in groups, where patients are provided mediation and activation services so that they can feel their inherent value of (Dirgeliene, Veckiene 2010).

Socio-cultural activity profile is highly dependent on the features, but the crucial importance of interaction functions. Socio-cultural work is characterized by a large variety of activities that make up the essence of socio-cultural work. R. Aleknaitė - Bieliauskienė (2008) a variety of activities divide into four areas: recreation (recreation and leisure), education (education and upbringing), community development and arts education (see. Fig.1.2.1.).
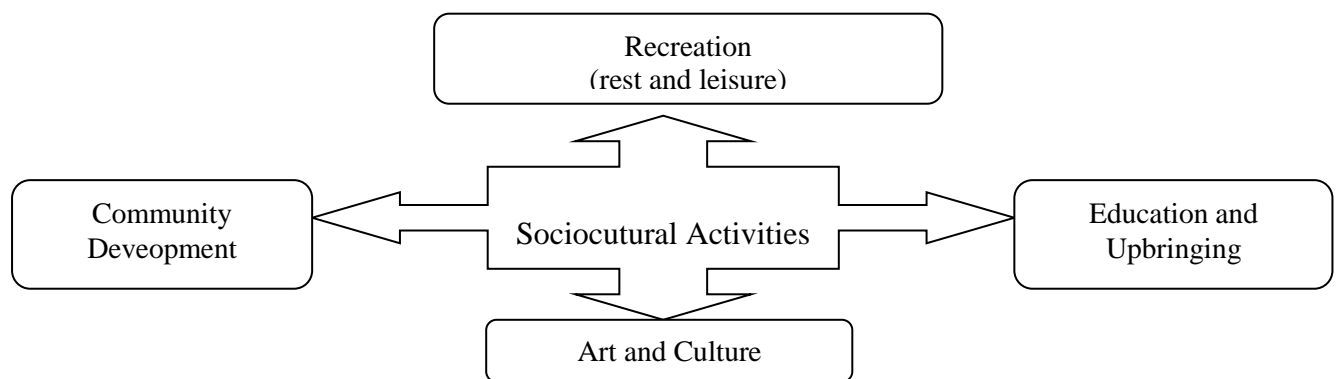

Fig.1. Sociocultural Activities (Aleknaite – Bieliauskiene, 2008, quot. by Spierts, 2003, p.141).

Scientists from various countries give greater attention to socio-cultural development of the population in the community, the better to meet the socio-cultural social work patients' needs. The term "sociability" includes all that is socially common people, it is a condition that allows people to constantly be in touch with each other. Culture education – what is the commonality of the corresponding shapes and reflects the cultural identity. Culture is one of the main factors facilitating human life necessary for human existence, his inner world to reflect expectations and describe its development. (Sinkuniene, 2005).

"Social Service Directory" (2006) indicates that institutional care (rehabilitation, day and community centers, temporary or stationary institutions) among other special services recreational services are provided as well and these goals and activities of the main tasks is reflected in the table below.

Table 1. **Socio-cultural work areas** (Sinkuniene, 2005)

Activity Area	Aims	Nature of Activity	Objectives
Recreation (rest and leisure)	* Mentoring. *Communication and meetings. * Passive or active recreation.	* Organizational activities (planning). * Play activities. * Holiday activities. * Sporting events.	* Meaningful activities (quality of life). * Employment (experience). * Entertainment.
Education and Upbringing	* Non-formal education and training. * Teaching / learning throughout life. * Social - cultural knowledge and skills.	* Organization of the training process. * Courses and seminars. * Lap training * Creative (study) methods.	* Public orientation. * Competence. * Activation of individuals.
Art and Culture	* The cultural aesthetic education. * Self-expression. * Creativity (thinking) education. * Socialization.	* Arts & cultural activities / amateur. * Project Management. * Cultural outings. * Art therapy.	* Intercultural interaction. * Art Cognition * Art of survival and practice reflection.
Community Deveopment	* Management * Representation of interests * Support system	* Administration * Mediation * Information * Consultation	* Identification of needs and interests. * Teamwork. * Active promotion. * Community-based development.

Socio-cultural performance objectives should always try to match with the patient needs. People can not be forced to participate in activities that they do not care. Socio-cultural work covers a range of areas - education and parenting, recreation, employment, culture and community building. Working socio-cultural work need to work with people to help them solve unemployment, life stress, or social exclusion. Together with them, organize recreational activities, care homes to make the place where you can live well (Sinkuniene, 2005).

The main principles of socio-cultural work:

- Socio-cultural work to be carried out on the basis of people's needs and initiative of a group, people's living and working conditions.
- Socio-cultural work is carried out with individuals and groups who have found themselves in different ways on the sidelines of society and became dependent on the support of others. Their social, societal, economic and cultural situation of the labor supply is determined by socio-cultural and methods.
- Creating favorable conditions and opportunities to engage in socio-cultural activities. Encourage the population to actively participate in such activities.
- For residents, the easy availability of the physical and psychological authorities at local, socio-cultural work is organized in a residential installation. Socio-cultural work gives individuals the opportunity to participate and feel active members of the community, and meet with others.
- Socio-cultural work provides people the opportunity to transaction-oriented cultural and social life and to develop their social and cultural attitudes that are reflected in their full potential and improve their inner world.

Sneidoraityte (2010) carried out the study of art therapy as a service application of special institutions in Lithuania and found that, *"staff working with people with disabilities in the field of art state that the artistic activity is enhancing health-improving quality of life, helping to make new acquaintances and social skills"*.

One of the main activities of any group task is to enable the person to help express his strengths and weaknesses of his suspension. Social participation is possible only if the disabled person and his family to help develop their competencies action, empowering them to be partners in helping them find the resources to enable a disabled family and develop their potentialities, their participation in the implementation of social situations. Enabling the disabled means its powers and resources development (Ruskus, Mazeikis, 2007).

Gerulaitis (2006) points out that it is very important how a person perceives and evaluate his options. Saying to yourself, that is unable to carry out certain things, man will never and will not do. It is important to help draw attention to the positive aspects of things that lucky. It does not get upset or evaluate themselves negatively because it is something that fail or have limited options. There are individuals who do not have adequate employment, which leads to a feeling of emptiness, which is worsening the emergence of more free time. The lack of activity develops depression, because the content of the lack of perception of life. Therefore, a social worker and more attention should be paid to the interpretation of the current situation, teaching activities, mitigating customers' spiritual experiences.

According to Brijunaite (2007), the original social activities of occupational therapy goal is to provide patients with satisfaction and develop leisure skills. Many crafts are suitable for all ages and physical abilities and the mentally ill. This activity is beneficial for both tasks to develop skills and social interaction to take place. Various sports games provide an opportunity for group interaction. Various other games (board games, charades, crossword puzzles, bingo, etc.) can help to implement the various patient objectives. According to the author, communication activity and division of occupational therapy is only group one. This method is encouraging members to share experiences and support and encourage one another. Discussion groups can be clearly agreed with formal rules and structure and vice versa based solely on personal sharing (e.g., reading a newspaper article and discussion).

Another effective method of socio-cultural activities of persons who are in a situation of dependence is music therapy. Brijunaite (2007) argues that music therapy distinguishes two directions: the first – the music emphasizes the psychological impact of the second – compares it to a method of psychotherapy. In the first case is important works recommended by various pathological conditions, selection and structuring. In this regard, music therapy is an independent method. The second strand is to facilitate communication with emotional and behavioural disabilities, to help overcome unforeseen conflicts. This can be a deep state of relaxation where the patient's attention is directed to the imagination under development pictures music background. According to the author, music therapy usually practiced passive music therapy. "Passive" form means that the patient can listen to music and interpret it. During therapy, sound recordings of music social worker discretions. Programs are used which meet the requirements of music therapy.

Petrauskaite-Duseviciene (2012) conducted a study to reveal the elements of music therapy methods of application experience in social work. The data revealed that music therapy methods are positive elements that impact the patient's physiological, psychological, cognitive and emotional states. Elements of music therapy methods in social work carried out by the client empowerment function: allow achieving his goals in an innovative efficiency, patients are encouraged to assess problems, discovering new solutions to express emotions and to realize them. Social worker, as well as music therapists in their work with a variety of client groups pursuing the same objectives – the physical, psychological and / or social problems coping and quality of life. Methods of cell selection are spontaneous action: professional must constantly be able to respond to all the "here and now" and constantly adhere to this principle. It is also important to know the two main methods of music therapy forms receptive (passive) and improvisational (active) music therapy as a basis for the specialist in order to select the most appropriate methods or their components.

Bruzaite, Purvinaite (2009) conducted a study of art therapy values for mentally ill persons. Their study revealed that even a short-term course in art therapy showed improvements include improved physical well-being, mental health and quality of life. Art therapy helps psycho-emotional experiences that are directed to expression, stimulating persons in a situation of dependence, the creative possibilities and abilities. Operation of internal resources helps potentially to improve status, activities of daily living and other disorders that are difficult to treat by traditional methods.

In summary it can be said that the main aim of socio-cultural activities is to improve social skills of people in the situation of dependence, abilities, daily life and work tasks and skills. These groups of patients are enabled to continuous improvement and full professional, social and cultural life. They are activated and encouraged to participate in national and community life, free to choose how to participate. In summary it can be said that socio-cultural methods of operation – each person's freedom of choice, which shows the person's wishes, approach to the system of values and a common internal culture.

CHAPTER II

PEOPLE'S IN THE SITUATION OF DEPENDENCE INCLUSION INTO SOCIAL ASSISTANCE

2.1. Enhancing motivation to recover in the context of social cognitive theory

The self-efficacy is defined as people's faith in their abilities to perform tasks to a certain level which affects their lives. The self-efficacy belief determines how people feel, think, motivate themselves and behave (Bandura, 2009). Perceived self-efficacy is defined as a person's beliefs about their capabilities to achieve the behaviour or performance which helps to control events affecting the life of a person (Zimmerman, 2006). The self-efficacy is designed by social cognitive theory of A. Bandura (2009) in which a person is regarded as as a huge potential opportunity. Between man and the environment takes place the interaction caused bysome reason. Environment affects the man, the man – the environment but a person can also have an impact on himself and his behaviour. With the system to help individuals develop their thoughts, feelings and action control. The self-efficacy belief is the most influential human assessor because the self-efficacy is a significant component with a huge effort, perseverance and performance effects. Social cognitive theory is based on three interacting elements in a model of human behaviour is determined by its internal, behavioural and environmental factors. Human behaviour affects their terms and expectations and its performance and experience affects his self-efficacy (Bandura, 2009). All three elements of this model are equally important. The self-efficacy assessment is based on four sources of information:

1. Real authentic action and the results achieved (i.e., experience);
2. Additional experience gained from observing the actions of others;
3. Other provisions of the concerns expressed by individuals, opinions, evaluations;
4. The body's physiological and emotional state.

Malinauskaite (2013) has conducted the study in self-efficacy and the results obtained revealed that the self-efficacy promotes research to continue the process of personal development. It is one of the most important success of the operation and functioning of the personal factors and can vary depending on how the same person interprets his previous successes and failures. The self-efficacy main value is that it can be determined by how successful person will be in the future to overcome the difficulties and how his activities can be successful.

According to A.Bandura (1986), observational learning is adjustable to four interrelated terms: attention, preservation, restoration and motivation. Man must pay attention to the

behaviour that he can understand and model. Behaviour is saved in memory and converted into action. In order to learn new steps to acquiring skills motivation is needed (positive reinforcement).

Social skills formation behaviours mastering include some stages: 1) Introduction of the model. This is the initial model in the cognitive level. It acquaints with specific behavioural characteristics, its main components; 2) Evaluation model. Estimated social skills if they are important, personally acceptable, what are the benefits of customization in everyday life situations; 3) Application of skills. Tasks conducted, played role games; 4) Giving good feedback; 5) Discussion. Personal experience is valued.

Social cognitive theory has been codified and scientifically-based on opportunities for individual behaviour change. This led to the concept of behavioural development groups and various forms of social group work skills. This concept means four interpersonal interaction elements that help to effectively handle any social situation (Argyle, 1972): perceptual sensitivity (the ability to accurately understand other people); interaction ability (ability to reach out to people and groups); granting of reinforcement (the ability to respond to individual needs); lack of social anxiety (the ability to communicate without internal voltage). These interpersonal interaction elements are interpreted as expressing the basic social competency skills (S.Sniras, R.Malinauskas, 2006, p. 39).

Based on social cognitive theory the concept of social anxiety emerged which is identified as a lack of social skills (Curran, 1977; Crozier, 1982; Trower, 1982). It is argued that socially worried individuals often underestimate themselves, their beliefs are irrational, they pose a very high standard requirements, they tend to blame themselves for the failure of all, they have an inferiority complex. Different ways were offered to consolidate the social skills that they would be successful as long as possible subject: skills must be developed consistently, the individual must be taught how to assess their behaviour and reinforce itself. (S.Sniras, R.Malinauskas, 2006, p. 40).

Formating of personal skills it is important for his own motivation and determination to return to the normal functioning of society. Independent living skills training may be associated with interventions that are directed to the daily life activities. In order to achieve good results in the formation of the skills it is necessary to take into account the further a person's life that he could use in the future and to develop these skills. "Social skills training can be defined as a theory of learning certain principles utilization, improving social skills acquisition, aggregation and stability. Both skills training methods must be related to the real experience of everyday life, and not be closed, nothing to do with real life-free areas" (Brijunaite R., 2005, p.21).

Before starting treatment it is important to motivate the person for recovering. There is a special method that is called a motivating interview. Motivational interviewing has been found to effect positive changes in health-related behaviour (Miller at al. 2011, Tripp et al. 2011). It is a

more aim-directed approach that works on enchancing motivation to change by exploring and promoting clients (Miller and Rollnick, 2002). The aim of motivating interview is to increase a person's internal motivation to change his behaviour. It is very important that the changes come from within, i.e., same person understand the need to change his behaviour and not willing to change (treatment) forced passing. In addition, it is essential that the arguments why we should change their behaviour and find a different person. (Principles of Drug Addiction Treatment: A Research-Based Guide. NIDA, 2000).

Bulotaitė (2009) based on George de Leon (2001) has described the stages of addiction treatment:

- Refusal of harmful substance use. At this stage, not only to refused habit but also terminate relationships with people linked to consumption.
- Abstinence. It is a longer stage when a person has stopped taking alcohol. A person learns to recognize the signals that encourage consumption.
- Stay in abstinence state. A person who pays much attention to self-analysis and control their lives.
- Integration and personality changes. Keep in touch with family and friends, self-realization becomes the main thing at this stage for the person.

In 2008 Social Economic Institute has conducted the study about individuals with alcohol dependence problems and its system in Lithuania. The study has revealed that persons' who are in a situation of dependence the decision to consume alcohol is stronger than a medical or physical reasons. Alcohol is considered as communication, relaxation method. Liberal legislation, media and advertising encourages the public to consume alcohol and develop positive attitudes of society against him. The investigation revealed that Lithuania highly promoted alcohol connection with sport and particularly alcohol dependence reduces independent and responsible behaviour. Liberal alcohol policy weakens the motivation to follow temperance those people who have begun a course of treatment.

Myers (2008) points out that motivation is the most important and the first step to any changes in behaviour. It is believed that drug addicts are motivated for treatment influences the course of treatment and its consequences:

- People for various reasons are unable to articulate what their motivations are the most important;
- Motivation is often referred to as saying what they want to hear;
- Some people name the motive for what they think it is, but it can be not a motive;
- It can be the case that others just do not want to tell their motives for a variety of reasons.

There are two types of motivation: internal motivation and external motivation. External motivation is money, recognition, and so on. However, external motivation depends on the environment: a person suffering from addiction suddenly lose interest in work, to temperance, if not notice his achievements for work carried out and so on. Internal arise from people's own satisfaction in their work. Internal motivation is constant so the temporary changes in the environment do not have terriblr consequencies. When working with people suffering from addiction the two types of motivation are useful because they encourage work and achieve good results. Although the internal motivation is more effective long-term treatment to results but external motivation is driven by short-term abstinence from drugs, increased participation in treatment programs and improve its short-term consequences. However, due to the limited effectiveness of treatment of external motivation is more geared towards the promotion of internal motivation. Human motivation does not change to the logic or his knowledge, but depending on what is truly important for him. Thus, the first and most important task is to find out what you can use as a source of reinforcement. Emotion leaves the trace in the memory not the words.

Social workers organizing activities and maintaining a patient who trust, open maximum capacity for development and motivation to address the promotion of meaningful activities and collective work atmosphere. Without effective communication skills and group activities social workers must have an understanding of the individual psychological characteristics of the underlying social and psychological problems of the patient with no discriminatory attitude towards them, to be tolerant, patient and good-natured. Social worker equivalent collaborative involve patients in the overall decision-making and ensure their full participation in the implementation of the objectives. (Social Work, Professional Introduction, 2004).

Motivating Help of Relatives. Some patients can be motivated easily. Bandura (1997) suggested a social cognitive model based on the role of perceptions of efficacy and humanity. He defined self – efficacy as "individuals' confidence in their ability to organize and execute a given course of action to solve a problem or accomplish a task" (Bandura 1997:110). Thus, some patients have a strong sense of self – efficacy however, some not. In this case the help of family members and other close relatives play a crucial role.

To help patient become and stay motivated the expactancy – based theory could be used which can be called as control theory as well. This theory was proped by Crandall in 1965. According to Crandal (1965), "one should expect to suceed to the extent that one feels in control of one's successes and failures". Integrated control beliefs into a broader frame in which they state that there are three basic psychological needs: competence, autonomy and relatedness. These control beliefs were linked to competence needs, i.e. patients who believe they control their achievement outcomes should feel more competent. Connell and Wellborn also hypotheised that the extent to

which needs are fulfilled in influenced by family and environment. When these needs are fulfilled, patients will become fully integrated and motivated.

2.2. Help Methods for People in the Dependence Situation in Ukraine

Two the main problems of alcoholism in Ukraine – a complete lack of public attention because it is considered one of the forms of relaxation and rest, and the seconds is fact that people rarely apply themselves to the doctor for treatment of alcoholism. Every year in Ukraine from alcohol abuse die almost forty thousand people. People in the situation of dependence in Ukraine the same as in Lithuania the psychosocial support is provided by a team of specialists: psychiatrists, psychologists and social workers. Ukraine social-pedagogical work with the dependent's family employs social workers who himself helps to adapt and integrate into society after psychosocial rehabilitation course. In Ukraine, unlike Lithuania, the enhanced mode of treatment and rehabilitation are runned by centers that provide social adaptation for people in the dependence situation.

Ukraine's short-term social rehabilitation centers for persons in dependency situations are covered by the following intervention:

- 12-step program – technique is used to help patients with mental problems (dependence) caused by psychoactive substances (surfactants) use.
- Physical therapy - involves physiotherapy, sports and applied exercises, games, Pilates, range.
- Bath and sauna - enhances physical health.
- Occupational therapy - helps to form a positive attitude to work, to restore the lost working skills.
- Music, drawing therapy helps to look at the interior, restore emotional balance [previewed on 25th of Januray, 2015].

In summary, it can be emphasized the social skills development and reconstruction importance because it affects the patient's life – facilitate social adaptation. As well as personal skills raises self-esteem, as individual autonomy, the better he feels psychologically and decreases psychosocial problems. Social worker's role in the treatment process is very important. It is they who are for addicts create a good atmosphere in which they feel themselves and to talk openly about the problems affecting them. Social workers together with the patients entering their purpose to help them to carry out and monitor how patients are doing to cope with their woes and successful completion of treatment to integrate into society.

CHAPTER III

SOCIAL WORK INTERVENTION METHODS APPLICATION OPPORTUNITIES FOR PERSONS IN THE SITUATION OF DEPENDENCE

3.1. The Methodology of Research

In order to achieve the aim the qualitative research method was chosen that allows according to Tidikio (2003), a more comprehensive and detailed investigation of the subject to form an image, a better understanding of the phenomenon. Respondents were chosen who work in social work with individuals in a situation of dependence. The study design diagram is given in the third annex.

Qualitative research was very helpful to reveal the social work intervention methods application opportunities for persons in a situation of dependence based on the analysis of experienced situations. In a qualitative study, the informants were given semi-structured interviews (See. Annex 2). Semi-structured interview research method helped to reveal the social assistance techniques and principles for the persons in the situation of dependence in order to identify the effectiveness of social intervention methods in providing social support to socio-cultural context. The data were processed using the content analysis.

Zydziunaite (2004) has conducted the survey and found out that data processing process main components were: 1) semi-structured interviews putting to computer file; 2) semi-structured interview reading and analysis on the basis of qualitative content analysis technique; 3) qualitative investigation results; 4) targeted scientific literature; 5) to receive the interpretation of the test results; 6) the preparation of the results of the discussion.

Qualitative research ethics. In order to respect the social research ethics voluntary participation and anonymity principles of self-determination to participate in the study were emphasized. It was coordinated the convenient time respondents.

The study of social work intervention methods application opportunities for persons in a situation of dependence was carried out *in the following stages*:

The first stage – **qualitative research**: a qualitative study was carried out in March, 2015 using a semi-semi-standardised interview writing method. This qualitative study aimed to investigate the dependent people social reality as they see it themselves.

The second stage – the scientific literature analysis.

The third stage – Lithuanian and Ukrainian parties of social work intervention methods application opportunities for people in a situation of dependence comparative analysis took place on the basis of qualitative research: A study carried out in March, 2015 (see. - annex).

3.2. Participants of the Research

Semi-structured interviews were carried out with 6 social workers from Lithuania and 2 from Ukraine who work with people in a situation of dependence of short-term psychosocial rehabilitation.

The Characteristics of Qualitative Research Sample's Conduction. Qualitative research sample form shall not apply strict volume requirements because the representativeness of the data is determined not by random selection of test methods but of flexible theoretical statements (Gladiolus, 2002).

In order to get high-quality information on social work intervention application opportunities methods for people in a situation of dependence, informants were chosen social workers who are working with this kind of patient group. During the research conducted in March, 2015 eight semi-standardized written interview with informants been done. Informants were selected according to their roles, responsibilities and participation of persons' in a dependence situation short-term psychosocial rehabilitation process. Interviews were carried out with social workers from various Lithuanian cities' addiction centres, mental health centres and short-term rehabilitation of communities as well as with social workers from Ukraine. Experts have been selected to investigate the topic and in order to obtain the information a semi-standardized interview writing method was used (Tidikis, 2003; Kardelis, 2002).

The Expert Survey. Expert survey is defined as a specific type of survey during which specially prepared group of people with any knowledge is interviewed. One of the most important tasks is the selection of experts and their principles (Kardelis, 2007). Having analysed intervention principles and application opportunities methods in social work for persons in a situation of dependence theoretical analysis led to the choice of qualitative research. Qualitative research is a tool for collecting data for a qualitative approach adopted. A source for qualitative research is interview, narrative, context, relationships. The research instrument – questionnaire. Interview method reliability is determined by the relationship between investigator and the respondent. The investigator should be qualified and honest informant and in a mood to answer all questions. During the interview it is necessary to comply with ethical principles - privacy, anonymity, confidentiality (Kardelis, 2007). In order to realize the objective of the study a semi-standardized interview writing method was applied. Semi-standardized interview method based on a written plan that includes specific issues and their presentation sequence provided however, during the investigation the investigator can ask additional questions that are not written in a plan. The

qualitative content analysis method was used to process the answers. For the empirical investigation qualitative research method was applied which allows to have a comprehensive look at the problem through a unique human experience of the phenomenon under investigation (Bitinas, Rupsiene, Zydziunaite, 2008). Asking questions during the interview helped to have a deeper look at the social intervention methods approach opportunities for persons in a situation of dependence. The aim has led to a qualitative method choice which is characterized by the realities of life and the feeling of understanding (Luobikiene, 2002). The aim is to figure out how respondents' opinions or arrangements as research reality are explained by participants, as they understand, describe and interpret the actual facts.

Based on the analysis of the scientific literature and sources semi-structured interview guiding questions were set up (see. Appendix 3).

3.3. Social Work Intervention Methods Application Opportunities for People in a Situation of Dependence Content Analysis and Interpretation

According to Zydziunaite (2003), the aim of qualitative content analysis is to calculate the information in an array of interesting conceptual investigation units. Qualitative content analysis was performed through multiple text reading, categories splitting into sub-categories of content and their interpretation and their justification of text extracted evidence.

In received texts the social workers' who work with people in a situation of dependence intervention methods application possibilities are reflected, their experiences, texts are concretized. The content analysis is based on the interpretation because the categories and sub-categories is the creative process of trying to decode the meanings contained in the text. This analysis allowed to distinguish subjects covered by social intervention methods that addiction situation to reinforce the motivation for recovery. It helps in the social intervention and to compare Lithuanian and Ukrainian social work intervention methods. Socio-demographic informants data is shown in Table 2 below.

Table 2

Socio-demographic data of informants

Sample Size (Lithuania)	n=6
Sample Size (Ukraine)	n=2
Sex, Average Work Experience	7 women, 1 man; 8 years
Place of Work	The informants work in Kaunas, Kėdainiai, Vilnius and Panevezys, Akmene, Kiev.
Occupation	Social Workers

After outreach to those receiving social assistance techniques of content analysis identified three major categories and 4 subcategories. Ways of social assistance (categories and subcategories) for people in the situation of dependence are presented in Table 3.

Table 3

Ways of Social Assistance (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
PATIENT INITIATIVE	Patients' personal initiative	3	Appeal themselves I1, I4
			Everything voluntarily I5
SOCIAL WORKER INITIATIVE	Individual advice	2	Added during personal consultation time I2 Information, advice I3
		1	Included in motivation rising sessions I2
		1	During personal contact I7
	Cooperation with other organizations	2	We cooperate with the probation service, hostel, Public Health Office I2 "...directed by other specialists" I4
RELATIVES INITIATIVE	Relatives' encouragement		"...encouraged by relatives" I4

Ways of social support for people in the situation of dependence can be described according the following categories: *patient initiative, social worker initiative, relatives initiative.*

The informants described what is their inclusion into social assistance techniques. Speeches highlights a few moments.

The category of "Social Worker Initiative" contents shows that the majority of the informants adding patients in social assistance use the individual advise (inclusive personal advice; information, advice).

Category "Patient Initiative" explains that persons in a situation of dependence ask for help themselves as well by showing personal initiative. Social workers include patients to the social assistance by provision of general social services during individual advice (include personal counselling at the time).

Category "Relatives Initiative" reveals that dependent persons are encouraged to seek help of their relatives. The obtained data suggest the support of relatives and their encouragement are very important.

In summary, having analysed the informants expressed statements about the social assistance techniques it can be said that most people in the situation of dependence are included by the initiative of social workers providing individual advice. Personal initiative of patients is very important as well when applying themselves and voluntarily. A comparison of Lithuanian and

Ukrainian informants statements data reveals that in both countries social workers initiative to include persons in the situation of dependence to the process of help is crucial.

After the factors that promote or inhibit patient's engagement, content analysis identified two main categories and 11 subcategories. Addiction situation of the people's involvement in social support factors (categories and subcategories) presented in Table 4.

Factors promoting and inhibiting patient's involvement in assistance (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
PROMOTING FACTORS	Inner motivation	2	Influenced by the patient's inner motivation to obtain social assistance. I1, I2
	Specialist respect for patient	1	Specialists providing services respect for patient. I2
	The intervention of cooperating persons and specialists	2	Intervention of employers, family members, friends, social services and health care professionals, probation officers, court. I2 Referral to treatment services, self-help groups, information about the disease, its course of recovery methods grant. I3
	Surrounding support	2	Surrounding support encourages. I3 Examples about solved problems. I6
INHIBITING FACTORS	External motivation	1	Consumer consequences - problems at work, family, legal problems, etc.). I1
	Lack of specialists	1	Lack of competency of specialists and their disrespectful attitude. I2
	Low inner motivation	2	Lack of motivation, illness denial. I3 Lack of motivation, ignoring problem. I5
	Distrust of help effectiveness	1	The surrounding people, affecting a person negative attitude to help effectiveness. I2
	Negative society attitudes	2	Some negative public attitudes on dependent persons. I2 Myths in the society's attitude. I4.
	Negative close social environment	2	Negative social environment factors. I3 Apathy of close people. I4
	Lack of information about services	1	Lack of information about services that can be provided. I7

The factors that promote and inhibit customer engagement can help to define these categories: **"Promoting factors"** and **"Inhibiting factors"**.

The content of category "Motivating factors" reveals that for dependent people in the social assistance factor is very important is their own inner motivation *(influenced by the patient's inner motivation to obtain social assistance)* as well as collaborators and professionals intervention, some employers, friends and family members, social services and health care professionals, probation officers, court is directed to treatment services or to self-help groups. Moreover, surrounding people's support is very important which also acts as a motivating factor for customer engagement to support the process.

Category "Inhibiting factors" and its subcategory "There has been little inner motivation" explain the contents of the factors that inhibit patient's involvement to help. In this context it highlights the informants disease denial, obliteration of problems and weak inner motivation. Adding to say, patient's involvement to help is inhibited by the negative close social environment (*inhibition of negative social environmental factors, dipped indifference*). The obtained data suggests that outreach to aid in the process it is important to enhance their inner motivation, confidence in the effectiveness of aid and to show respect and empathy.

Having compared Lithuania and Ukraine, factors that promote and inhibit patient's involvement in social assistance, highlighted the fact that in Ukraine informants miss the information on the services provided for persons in a situation of dependence.

In summary, the key factors identified by informants are contributing inner motivation, professional goodwill and respect for patients, collaborators and professionals during intervention process for the people in the situation of dependence.

Having done the content analysis of involvement to activities and benefits for patients 2 main categories and 5 subcategories can be identified. The benefits of involvement to activities of people in the situation of dependence (categories and subcategories) are given in Table 5.

Table 5

Benefits of involvement to activities for patient (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
BENEFICIAL EFFECTS	Performance of inner motivation	1	JIt is more efficient if patient is inner motivated – he analyses himself, works with himself, changes behaviour. I1

Benefits of involvement to activities for patient (categories and subcategories) continuation

Category	Subcategory	Number of Statements	Proposition of Proof
BENEFICIAL EFFECTS	Receive of useful information	2	Patient's decisions are made not on the basis of subjective personal opinion but on received comprehensive information and using other people's experiences.I2 he more a person knows about his disease, the better it can find ways to cope with it. I3
	Individual consultations benefits of self-knowledge	4	Provides the ability to know himself, analyse his behaviour, feelings, emotions constructively to address conflicts, overcome stress. I3 Patient's motivation is promoted. I4 Changes in character features and behaviour. I5 Patient receives information. I7
	Activity benefits of diversity	1	One activity develops social skills and other help to improve and promote the exchange, the third and lifestyle changes. I6
USELESS EFFECTS	External motivation of inferiority	1	If only external motivation is present, the client usually only formally works with himself, the real action fails.I1

Benefits of involvement to activities for patient can be identified by categories: **"Beneficial effects"** and **"Useless effects"** and its subcategories which are as follows: "Receive of useful information", "Individual consultations benefits of self-knowledge", "Activity benefits of diversity" and "External motivation of inferiority". These categories and subcategories reveal the benefit of professional social help.

The results reveal benefits of individual consultations of self-knowledge for persons in a situation of dependence. The informants note that individual during consultations not only receive useful information but he is enabled to function (*promoting the patient's motivation, he is enabled to operate. I4*), analyse his behaviour constructively to solve problems (*with the ability to know himself, analyse his behaviour, feelings, emotions constructively to address conflicts, overcome stress*). Inclusion of benefits reflected in the sub-category "Receive of useful information": informants indicate that persons in a situation of dependence engaging in activities receive comprehensive information about their disease, can benefit from the experience of others and to make decisions based not only

on its subjective view *(the more a person knows about their disease, the better it can find ways to cope with it)*.

The informants actualize the benefits of provided activities' diversity: the more diverse activities, the more it benefits the client because *one activity develops social skills and other help to improve and promote the exchange*, the third – lifestyle changes. However, if the inclusion of the activities taking place only by social workers initiative is to get informants' statements reveal that external motivation is little benefit because the client only formally working with himself.

Having done a comparison of Lithuanian and Ukrainian parties informants engagement impact and benefit analysis of the content to the patient it can be assumed that the individual advice of social worker benefit of self-knowledge, which the patient receives himself useful information, motivation and promotion because his function is enabled.

In summary, the engagement effect is observed at the client's internal motivation, but if the customer is motivated only by external motivation no big goals will be achieved. Activities organized by social worker are beneficial because it helps for patients to know themselves better, analyse behaviour, feelings, emotions constructively to address conflicts, overcome stress, promote customer motivation, they are enabled to operate.

Social intervention methods (categories and subcategories) analysis is presented in Table 6. 6 categories and 7 subcategories have been identified.

Table 6

Social intervention methods (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
SOCIAL INTERVETION METHODS	Individual social work	5	Individual work with client. I1, I4, I5, I6. Motivational interview applied. I1
	Work in groups	5	Case management, relapse prevention. I1, I3, I4, I5. Work with patients' group. I4.
	Social work with family	1	Work with family. I3
	Team work	1	Teamwork mental health centre. I4
	Crisis intervention method	2	Crisis intervention. I7, I8.

Category **"Social intervention methods"** and its subcategories "individual social work", "work in groups", "social work with families", "team work" and "crisis intervention method" reveal the methods used by informants while working with dependent people. The analysis has shown that informants use various methods while working with patients during short rehabilitation. Subcategories *"individual social work"* and *"work in groups"* show that informants'

most often used social intervention methods are individual and social team work with people in the situation of dependence. Subcategories *"social work with families"* and *"team work"* reveal that these methods of social intervention are not used so often.

Having compared the applied methods in Lithuania and Ukraine it can be stated that social worker in Ukraine *"crisis intervention method"* use more often than social workers in Lithuania.

Interventions regarded as a social worker intervention to the client's life, to durable person, his way of thinking, behaviour, context, environmental change, enabling the person to continue to live independently and successfully. It is not always the same people in a situation of dependence want to get well, so intervention goal - to persuade alcohol addicts seeking treatment. Frequent cases are where that was driven by his relatives. (Gvaldaite, Svedaite, 2005). The obtained data reflects poorly social work with the family: only one informant states that the social work intervention methods to help process are relatives included as well.

In summary, it can be stated that usually applied social intervention methods are individual social work and group activities. The obtained data suggests that it should be improved and a greater application put to the intervention method of social work with the family.

1 category and 6 subcategories have been identified having done the content analysis of the importance of attending activities of people in the situation of dependence. Participation in activities (categories and subcategories) analysis is presented in Table 7.

Table 7

Participation in activities (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
MEANINGFULNESS OF ACTIVITIES	Learning to spend time in a meaningful way	1	*[...]*This is one of the most important things as having an unoccupied free time immediately have thoughts about alcohol, i.e., turns the old mechanisms of action when a person did not know how to use time meaningfully and knew only one way to use it - drink. I1;
	The importance of planning the day	2	Structure and planned day helps for dependent people *[...]* I1 *[...]* planning the day keeps busy and less time left to get upset about the problems. I5
	Opportunity to share the personal experience	2	Person has opportunity to share his personal experience and get to know others' experience. I2 *[...]* patients express their problems while communicating. I4

Category	Subcategory	Number of Statements	Proposition of Proof
MEANINGFULNESS OF ACTIVITIES	Empowerment for dissociation	1	It enables person to see and objectively assess his situation and select possible solutions. I2
	Integration into society	2	Helps for patient to integrate into society. I3; *[...]* It is a way to find himself, join society. I6
	The importance of support	2	*[...]*support is 40 % of luck. I7, I8.

Category **"Meaningfulness of activities"** and its subcategories *"Learning to spend time in a meaningful way"*, *"The importance of planning the day"*, *"Opportunity to share the personal experience"*, *"Empowerment for dissociation"*, *"Integration into society"*, *"The importance of support"* reveal the meaningfulness for people in the situation of dependence.

The content of subcategory *"The importance of planning the day"* reveal that structured day is important for patients (*structure, planned day helps them to live*) as it helps for dependent people start living from the beginning.

Meaningfulness of activities is identified as opportunity to share the experience with others who are in the situation of dependence as they can tell their problems, learn from others experience (*person has the opportunity to share jis experience and learn from others personal experience, I2*).

The content of subcategory "Integration into society" shows that it is meaningful at it helps to find himself during the integration process *([...]it is a way to find himself, integrate into society I6).* Human behaviour has impact on its terms and expectations, and its performance and experience affects his self-efficacy (Bandura, 2009). The obtained data coincides with a survey done by Malinauskaite (2013) stating that the activity promotes research to continue personal development process, gain experience by observing the actions of others and thus help to integrate into the society.

Informants assign a meaningful way to spend time learning as the meaningfulness of activities. Subcategory of "Learning in a meaningful way to spend time" emphasized the significance of employment activity, when learning to use free time in a meaningful way and avoid relapse (*having an unoccupied free time immediately have thoughts about alcohol,* I1).

Participation in employment provides personal benefit, because it allows introspection. This revealed by the subcategory *"Empowerment for dissociation"*, when person is empowered to value situation in objective way and to choose possible ways of dealing with a problem (*It enables person to see and objectively assess his situation and select possible solutions. I2*). According to Ruskus and others (2013), only found out how patients see the social solutions,

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what their needs and according to their needs and experience the social worker can provide assistance to patients on how to acquire knowledge, skills and information.

Ukrainian informants reveal that activities are important and meaningful, because people in dependency situation gets support *([...]support is 40 % of luck. I7, I8.).*

In summary, informants suggest that activities in social work are important because it helps patients to learn in a meaningful way to spend time, enables an objective view and assess their situation, be given the opportunity to share with others their own experiences. Support is crucial as well as it is the success of changing lifestyles and successful reintegration into society.

Content analysis of organizing and carried out activities identified 4 main categories and 6 subcategories.The analysis (categories and subcategories) are given in Table 8.

Table 8

Organized and carried out activities (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
EDUCATIONAL ACTIVITIES	Carried out educational activities	2	*[...]* lectures, literary readings, individual and group training and counselling, and so on.I1; *[...]*watching video, I2.
SELF-HELP GROUPS	Participation in self-help groups	3	Participation in AA activities i1; Meetings with representatives of self-help groups (Alcoholics Anonymous, drug addicts, gamblers)I2; self-help group, I4;
		1	*[...]* self-regulation works, I1.
		1	*[...]* motivation increasing group, I2.
OCCUPATIONAL THERAPY	Occupational therapy activities	2	*[...]*occupational therapy, I3; Occupational therapy, I5;
	Art therapy activities	3	*[...]*art therapy, I3; employment in crafts, arts education group, I4; fairy-tales therapy, I5;
	Relaxation	2	*[...]* relaxation, I3; *[...]* sometimes conducted autogenous training, I8.
SOCIAL SKILLS TRAINING	Social skills training and rehabilitation	1	*[...]*social skills training, I6;

Organized and carried out activities are identified by the following categories: **"Educational activities"**, **"Self-help groups"**, **"Occupational therapy"**, and **"Social skills training"** and its subcategories *"Carried out educational activities"*, *"Occupational therapy activities"*, *"Art therapy activities"*, *"Relaxation"* and *"Social skills training and rehabilitation"*. It reveals the variety of applied intervention methods used by informants for people in a situation of dependence.

The most relevant categories are *"Self-help groups"* and *"Occupational therapy"*. Categories of *"Self-help groups"* content reveals that informants organize and carry out activities of

self-help groups to meet with their patients, invite representatives to join self-help groups (meetings with representatives of self-help groups (Alcoholics Anonymous, drug addicts, gamblers), I2). According to Ruskus and others (2013), self-help groups enable people to share problems with those who have the same problems. Group members respond with empathy to all fears, emotions, difficulties, unpleasant experiences. Everyone has a sense of belonging to himself or someone else's part or member.

In the category *"Occupational Therapy"* work of art, relaxation and organized activities are emphasized. Subcategories of "art therapy" content shows that a situation of dependence in persons is organized in art, fairy-tale therapy, art education group ([...] of art therapy, I3, employment in crafts, arts education group, I4, tale therapy, i5;) . The obtained data are related to Petruzyte's (2013) carried out aid organization study stating that the system of aid is to include meaningful leisure organization measures involving in social work and other fields can fully develop personality. Tested themselves in various fields of dependent persons can recover confidence in themselves and their abilities, learn to live a full and complete life. Assist, which provides the following capabilities, patients can achieve empowerment. Less relevant is the content of category *"Social skills and rehabilitation"* which reveals that social skills training and rehabilitation activities are organized and carried out. ([...] social skills, I6;).

Summarizing the data of survey it can be suggested that not enough is being organized of social skills training and rehabilitation activities which are important for persons who are in a situation of dependence.

After the applied arts therapies content analysis two main categories and five subcategories have been identified. Applied art therapy methods are given in the table below.

Table 9

Applied art therapy methods (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
TYPES OF APPLIED THERAPIES	Artistic education	1	We have a group of arts education, which led thematic drawing, as well as mandalas are drawn, etc. I4.
	Art therapy	1	Art therapy, I3.
	Variety of applied therapies	2	We use music, dance, biblio therapy, sand therapy, drawing, singing, writing short stories therapy, working with wood, stone and clay modelling therapy, I7. I8.
ART THERAPY EXCLUSION	Individual elements of the application	1	We do not use art therapy, only occasionally its individual elements, I1;
	Provision of information about potential therapies	1	I do not apply. Patients are informed about the possibilities for therapy through the media (writing articles, interviews with professionals providing art therapy services). I2

Categories **"Types of applied therapies"** and **"Art therapy exclusion"** and its subcategories *"Artistic education"*, *"Art therapy"*, *"Variety of applied therapies"*, *"Individual elements of the application"* and *"Provision of information about potential therapies"* reveal applied art therapy methods for persons in a situation of dependence.

Categories **"Types of applied therapies"** significant subcategory *"Variety of applied therapies"* reveals the content of the Ukrainian informants' statements about the applied therapies to their patients which are: music, dance, sand therapy, biblio therapy, drawing, singing, writing short stories therapy, working with wood, stone and clay modelling therapy (*We use music, dance, biblio therapy, sand therapy, drawing, singing, writing short stories therapy, working with wood, stone and clay modelling therapy, I7. I8.*).

The subcategory "Artistic education" reveals that drawing helps to understand the meaning of activity, frees feelings, emotion, promotes self-realization (*We have a group of arts education, which led thematic drawing, as well as mandalas are drawn, etc. I4.*), discussions carried out. The findings of the study can be compared with data of Kriukeliene's (2014) survey findings which show that "artistic expression is an important activity because it is wholesome living conditions, providing spiritual personality development, creative ideas and enables the realization of a meaningful life experience feeling. Artistic expression can change the view of human nature, the human essence, because artistic activity promotes creative thinking, develops initiative to help solve problems and to purify values".

The category of "Art therapy exclusion" shoes that informants use only separate elements of this therapy (*We do not use art therapy, only occasionally its individual elements, I1;*) or only provide information about such types of therapy to be applied *(writing articles, interviews with professionals providing art therapy services). I2.*

Comparing and summarizing the Lithuanian and Ukrainian parties received informants' statements it can be suggested that the Ukrainian country has music, dance, sand therapy, bible therapy, drawing, singing, writing short stories therapy, working with wood, stone and clay modelling therapy. In Lithuania the art therapy is not yet widely applied by informants working with people in a situation of dependence but information is provided about such therapies targeting options or individual elements of art are applied.

The analysis of objectives of social intervention methods (categories and subcategories) is given in Table 10. 1 category and 4 subcategories have been identified.

Table 10

Objectives of social intervention methods (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
Social intervention methods of the objectives pursued	Empowerment of person	2	The main purpose - to enable a person to take responsibility for their own problems and to take concrete steps to solve their problems. I2; The aim is to draw the patient's attention to his own behaviour, here and now" of his actions and their consequences, and examines what the client is willing and able to do for their recovery. I1
	Self-awareness	1	*[...]* can be helpful for patient's self-awareness. I3
	Behavioural change	1	*[...]* recognize their illness, seek recovery for ways to change the patterns of behaviour, I3.
	Solving problems	5	Help to solve the problems. I4; *[...]* to deal with the social, psychological problems. I3; For a man to understand his behaviour, learn to live independently and to solve problems soberly.I5; assistance in solving problems, I7, I8

Objectives of social intervention methods are revealed by the category **"Social intervention methods of the objectives pursued"** and its subcategories *"Empowerment of person"*, *"Self-awareness"*, *"Behavioural change"* and *"Solving problems".*

The most relevant subcategory "Solving problems" underlines the informants' stating about the main objective of social intervention – help for the patient dealing with his problems (*Help to solve the problems. I4*). Social intervention methods intended to help patients to solve psychosocial problems, learning to live independently and soberly.

The subcategory "Empowerment of person" brings informants pursuit enable a person to take responsibility for their own problems and to take concrete steps to solve their problems (*The main purpose - to enable a person to take responsibility for their own problems and to take concrete steps to solve their problems. I2;*)

Less relevant subcategories "Self-awareness" and "Behavioural change" reveal that by applying the social intervention methods informants seek to help clients to change their behaviour and to know themselves better *([...]recognize their illness, seek recovery for ways to change the patterns of behaviour, I3.).*

Summarizing the informants' data it can be seen similarities between Lithuania's and Ukraine informants while applying social intervention methods. Informants from both countries agree that solving problems is the main aim of social intervention in order to help patients.

Having done the content analysis of changes during the process of the social intervention 3 main categories and 6 subcategories have been identified. Noticeable changes for patients during the process of social intervention are given in Table 11.

Table11

Changes during the process of the social intervention (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
PERSONALITY CHANGES	Growing self-confidence	2	Growth in personal self-esteem, responsibility, desire and commitment to positive change in life.I2; *[...]*appears criticism, I1
	Growing inner motivation	1	*[...]* inner motivation increases for recovery, I1.
	Increasing self-knowledge	3	Patients begin to know them and their problems, restores the correct understanding of life without addiction, I6; become more tolerant of himself and those around of their errors. I5; *[...]* know himself, recognize and express their feelings and emotions. I3
	Strengthening of spiritual growth	2	*[...]* The discovery of spiritual values, their practices and fostering. I6, *[...]* mental health improves, I8
SOCIAL ENVIRONMENT CHANGES	Replacement of social environment	2	*[...]* not to get in touch with addicted friends, i.e. patient does everything what can help him to recover. I1; *[...]*willingness to attend AA, I3
SOLVING PROBLEMS	Active solving of problems	3	Patient starts analysing problems, plans a model of sober life *[...* I3, *[...]* deal with problems, improves social situation. I7, I8.

Changes during the process of social intervention are identified by the following categories: **"Personality changes"**, **"Social environment changes"** and **"Solving problems"** and its subcategories: *"Growing self-confidence"*, *"Growing inner motivation"*, *"Increasing self-knowledge"*, *"Strengthening of spiritual growth"*, *"Replacement of social environment"* and *"Active solving of problems"*.

The content of subcategory's "Increasing self-knowledge" reveals that during the process of social intervention the relevant personality changes appear, because intervention influence to increase self-knowledge, restores the correct understanding of life without addiction, patients become more patient and tolerant *(Patients begin to know them and their problems, restores the correct understanding of life without addiction, I6; become more tolerant of himself and those around of their errors. I5)*. Informants claim that changes are noticeable in self-esteem sphere (Growth in personal self-esteem, responsibility, desire and commitment to positive change in life.I2), it gets easier to work and help for the patient. Having analysed the data it was noticed that only one informant stated that during the process of social intervention the inner motivation of patient has increased. As indicated by Myers (2008), motivation is the most important and first step to any changes in behaviour. It is believed that people dependent motivation for treatment influences the course of treatment and its consequences. Internal motivation is constant, so temporary environmental changes from human smitten track and it is effective for long-term goals.

The content of category "Social environment changes" shows that during the process of social intervention client changes his attitudes towards social environment when he attends self-help groups and does not get in touch with addictive friends *([...]not to get in touch with addicted friends, i.e. patient does everything what can help him to recover. I1;)*. Rackauskiene (2008) argues that for recovery the greatest impact has the communication with other program participants, counsellors and addiction counsellors as helping to understand the problems and find ways to solve it. Assistance, support and understanding people often find in self-help groups, united by the same problems they are more aware of each other, better know how to help one another.

The content of category "Problem solving" shows that during the process of social intervention changes are noticeable – patients start to solve their problems in the active way, take responsibility of it (*[...]deal with problems, improves social situation. I7, I8).*

Having compared the data of Lithuania's and Ukraine's informants the main tendencies became clear, i.e. during the process of social intervention noticeable changes appear in problem solving. However, not enough is done to increase patients' inner motivation which is very important in changing behaviour and life style.

The analysis of success of inclusion to activities is given in Table 12 below. 2 categories and 4 subcategories have been identified.

Table 12

Success of inclusion to activities (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
PATIENT'S INNER MOTIVATION	Patient's inner motivation	3	It depends on the patient's inner motivation because if only external or non-existent motivation present, there is no way of intervention will be effective or it will give only a short-term effect. I1; If the patient acknowledges his sickness, has motivation for recovery usually is simple and effective to include him to activities, I3; From person's motivation to recover, I5
PROFESSIONALISM OF SOCIAL WORKER	Personal skills	2	First of all, from the social worker's personal qualities – the ability to respect the client, insight, creativity, sense of humor,I2; *[...]*self-development, I8
	Professionalism of social worker	2	Success depends on the social worker's professionalism and capabilities, I4; Social worker's ability to attract patient. I6
	Inter-institutional cooperation	1	*[...]* inter-institutional cooperation, I4.

Factors of success of inclusion to activities are shown in the following categories: „**Patient's inner motivation**" and **"Professionalism of social worker"** and its subcategories

"Patient's inner motivation", *"Personal skills"*, *"Professionalism of social worker"*, *"Inter-institutional cooperation"*.

The informants, based on their experience showed what belongs in the success of the operation. The content of the category "Patient's inner motivation" shows that it is extremely important for the client's inner motivation, then the engagement is usually straightforward and effective *([...]It depends on the patient's inner motivation I1; [...]; If the patient acknowledges his sickness, has motivation for recovery usually is simple and effective to include him to activities, I3)*.

The category of "Professionalism of social worker" content reveals that informants identified success as a social worker's personal and professional qualities and inter-institutional cooperation. The obtained data reveals that social workers are able to take client as it is a non-judgmental, without imposing his own personal position. Success factor is the ability of a professional social worker to engage patients (*success depends on social worker's skills and professionalism I4;*). The subcategory "inter-institutional cooperation" identifies that it is not enough cooperation with other institutions. Only one informed stated that the factor of success is the inter-institutional cooperation.

Summarising the statements of informants the engagement factor of success was highlighted – the patient's inner motivation, social worker's available expertise and personal qualities. It is believed that inter-institutional cooperation is not an important success factor in the patient's involvement in the activities. Ukrainian informants participated in the study said they do not know of such success factor.

The analysis of success factors (categories and subcategories) is given in Table 13. 1 category and 4 its subcategories have been found.

Table 13

Factors of successful cases (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
FACTORS OF SUCCESSFUL CASES	Patient's inner motivation	2	If the client has internal motivation to recover - he is working with it towards recovery and then the cases are successful because the client is making efforts. I1; When patient is motivated his inner motivation is relevant. I5
	Active patient's involvement	2	*[...]*he is actively involved in the treatment process, we can say that the case has already been successful, I3; *[...]*overall, intensive work with the client and his family.I4
	Empowerment of patient	1	*[...]*managed patient to enable to recognize the alcohol dependence. I2
	Religion influence	1	*[...]*He returned to a sober life discovered the faith, I6

The category **"Factors of successful cases"** and its subcategories *"Patient's inner motivation"*, *"Active patient's involvement"*, *"Empowerment of patient"* and *"Religion influence"* reveal the successful cases of informants while working with people in the situation of dependence. The results show that the most significant factors in successful cases are identified as inner motivation of the patient as social intervention techniques with persons in a situation of dependence (*When patient is motivated his inner motivation is relevant. I5*) and active involvement of the patient (*he is actively involved in the treatment process, we can say that the case has already been successful, I3;*).

At least informants emphasize "Empowerment of patient" as a factor in a successful case. It can be assumed that enable the person to make a change a situation of dependence cannot be successful when there is a little of his inner motivation. According to Dirgeliene (2010), empowerment is associated with the patient's inner development promotion, his education and to social work efficiency and make use of the degree of novelty and quality to respond to various kinds of psychological, physiological and social problems, it is important to look for a different effect.

The informants attribute the influence of religion as success of the factors. Sub-category "Religion influence" indicates that it helps for persons in a situation of dependence to return to a sober life and helps to believe the discovery (*[...]He returned to a sober life discovered the faith, I6*).

Summarizing the survey data it was showed that successful cases factors are patient's inner motivation and its active involvement in the social intervention. Patient's empowerment is also a success factor when it has a strong inner motivation to change and the pursuit of intensive work with the client and his family.

The study put attention to what conclusions are made by informants in a case of failure. These conclusions are given below in Table 14. 1 category and 4 subcategories have been identified.

Table 14

Conclusions in a case of failure (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
WORKING WITH RELAPSE	Individual work with case	3	Recovery is a process, addiction is characterized by relapses.I5; If the patient desires, should try again, bad cases absent. I3
		1	Conclusions are made case by case. But I would not call it failure - success has nothing to do with it, a person working with it and receives and hears what he is saying or accept help.I1
EXPERIENTIAL LEARNING	Failure allocation to patient	3	Patient's personal motivation to recover what is lost, I6 ; *[...]*forced him help is not inserted. I1; In case of failure I evaluate patient's motivation, I2
	Failure allocation to me	3	Learning from failures, I4; new experience, I7; *[...]*it can happen to everyone,I8

Categories **"Working with relapse"** and **"Experiential learning"** and its subcategories *"Individual work with case"*, *"Failure allocation to patient"* and *"Failure allocation to myself"* reveal the conclusions made by informants in the case of failure.

The most important category **"Experiential learning"** shows that failure case is allocated to patient's personal motivation (*Patient's personal motivation to recover what is lost, I6 ;*) because it is important that patients would be willing to accept help *([...]forced him help is not inserted. I1*). The subcategory "Failure allocation to me" reveals that informants learn from failure cases and gets new experience. In Ukraine informants believe that failure cases can appear to everyone *([...]it can happen to everyone,I8*) and they gain new experience from it (*new experience, I7;*).

The content of category "Working with relapse" indicated that in the case of failure informants work with every case individually because relapse is common in work with dependent people as healing is the process (*Recovery is a process, addiction is characterized by relapses.I5;*), conclusion are made individually depending on each case (*Conclusions are made case by case, I1*).

In summary, drawing conclusions in case of failure it can be said that with relapse occurring individual social work is done and conclusions are drawn for each case individually. From a comparison of Lithuanian and Ukrainian informants' statements we can see that the occurrence of the failure of Ukrainian informants tend to assign themselves while in Lithuania informants in case of attribute it to the patient.

The study reveals what problems are faced and how they are addressed. Problems and solutions (categories and subcategories) analysis is presented in Table 15. 3 categories and 3 subcategories have been identified.

Table 15

Problems and solutions (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
PROBLEMS OF SPECIALISTS	Problems of specialists' professionalism	5	Professional staff shortages, lack of communication with other institutions, I4; I face with manipulation; ask help of colleagues I5; I miss motivated professionals to work with addicts, I2; Solved through teamwork and collaboration with the customer and, if necessary, with other specialists. I1; *[...]* lack of experience, I8.
FINANCIAL PROBLEMS	Lack of space	4	Lack of facilities tailored for group therapy, I2; I adapt to current conditions and looking for opportunities to improve their personal situation and the quality of services, I2; financial problems, lack of finances, I7, I8;
DIFFICULT PROBLEMS OF PATIENTS	Financial and legal problems	1	Patient financial liabilities, working with the probation service. I6

Categories **"Problems of specialist"**, **"Financial problems"** and **"Difficult problems of patients"** and its subcategories *"Problems of specialists' professionalism"*, *"Lack of space"* and *"Financial and legal problems"* reveal the problems informants face with during the application of social intervention methods.

One of the most pressing problems informants consider being "professional issues". The informants claim that the social intervention methods need to improve co-operation with colleagues and other institutions, the key is to solve the lack of professional specialists (*Professional staff shortages, lack of communication with other institutions, I4;*). There is a lack of motivation of colleagues to work with people in dependency situation, and the informants' own problem solved through teamwork and collaboration with the patient.

Category "Financial problems" reveals the content of social work system of financing gaps (*financial problems, lack of finances, I7, I8;*) , informants reveal the lack of space and measures and a solution – adapting to current conditions *(adapt to current conditions and looking for opportunities to improve their personal situation and the quality of services, I2)*.

A less significant category of "Difficult problems of patients" indicates that the informants are facing challenging patients' financial and legal problems by working in cooperation with the probation service.

In summarizing the research data revealed that during social intervention the informants experienced the professional and financial problems which can be considered an obstacle to successful intervention. Difficult situations were faced as well where there is a lack of knowledge about how to deal with client's financial and legal problems.

In order to find out where is a lack of knowledge and skills to successfully incorporate customers into social intervention content analysis extracted one main category and 4 subcategories which are presented in Table 16.

Table 16

Lack of knowledge or skills (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
SKILLS SHORTAGE OF SUCCESSFUL INCORPORATION PROCESS	Art therapy uptake	1	Lack of time to learn some of the techniques (art therapy, relaxation techniques). I2
	Difficulties include family members	1	There are difficulties involving family members in the treatment process, I3
	Patient's inclusion in the process of recovery	1	*[...]* it is problematic to involve person who denies his illness, I3
	Lack of legal knowledge	1	In most cases the lack of legal knowledge is faced because in most cases clients are cheated in debt or simply alienate and had nothing to live from, I4

The category **"Skills shortage of successful incorporation process"** and its subcategories *"Art therapy uptake"*, *"Difficulties include family members"*, *"Patient's inclusion in the process of recovery"* and *"Lack of legal knowledge"* reveal the informants opinion about the lack of knowledge or skills in order to successfully incorporate the patient into the social intervention.

The informants emphasized the need to learn the application of some of the art therapy or relaxation techniques and regretted a lack of time *(Lack of time to learn some of the techniques (art therapy, relaxation techniques)). I2*). Aleksiene (2010) indicates that the therapeutic goal of social work – to discover another world and "me" in it. Therapies' activities are aimed at activating the client, to create a favourable environment for social capacity of, helps the client become healthier and more socially responsive to the environment.

Informants revealed the difficulties they face while involving family members and the addicted person who denies it *([...] it is problematic to involve person who denies his illness, I3*). The obtained data shows that for patient's success in the recovery process there is a lack of legal knowledge when help to deal with the loan or other financial problems is needed (*In most cases the lack of legal knowledge is faced because in most cases clients are cheated in debt or simply alienate and had nothing to live from, I4*).

Summarizing the survey data it can be suggested that informants in order to successfully incorporate people in a situation of dependence miss art therapies uptake and legal knowledge and skills as well as a lack of skills in active recovery process involving the addicted person who denies it and to support him including family members.

After the successful cases and their factors content analysis 2 main categories and 4 subcategories were identified and shown in the table below.

Successful cases and failures and its factors (categories and subcategories)

Category	Subcategory	Number of Statements	Proposition of Proof
SUCCESSFUL CASES ASSUMPTION	Successful cases a percentage of expression	3	80% of luck. Determining factors: professionalism, assumption of responsibility, motivation, opportunities. I4; More successful, I6; more luck 70%, I7; *[...]* "success" comes after several or more times, I3; *[...]* positive results are pretty much. I2; *[...]* more successful, I7, I8, I6
	Specialists contribution to the success	1	If the client tries and works with himself specialists are always near and helps him - he manages to avoid alcohol and to form positive attitudes towards healing, I1
	Client's initiative	1	*[...]* here is not the success factor, but consistent work with themselves to achieve the result. If the patient does not desire – no specialists can help him by force. I1
FAILURE AND ITS FACTORS	Non-receipt of feedback	3	*[...]* knowledge of whether they are taking and do not seek treatment, or successfully takes temperance, usually we do not have, I3; It is difficult to talk about successful cases as there is no feedback, I5; *[...]*Those who do not return, 100 per cent cannot be identified as success stories, as I3

Categories **"Successful cases assumptions"** and **"Failure and its factors"** and its subcategories *"Successful cases a percentage of expression"*, *"Specialists contribution to the success"*, *"Client's initiative"* and *"Non-receipt of feedback"* reveal the percentage of successful; cases and failure and its factors.

As seen in the table, the most significant according to informants is the subcategory "Successful cases a percentage of expression" which states that successful cases is 70-80 per cent which leads to professionalism, assumption of responsibility and motivation (*professionalism, assumption of responsibility, motivation, opportunities I4;*), it is stated that there are more successful cases than failures. One informant stated that success comes after relapse (*"success" comes after several or more times I3;*). It is noted that specialists have an important role (*If the client tries and works with himself specialists are always near and helps him - he manages to avoid alcohol and to form positive attitudes towards healing, I1*), successful case is related to initiative (*here is not the success factor, but consistent work with themselves to achieve the result. If the patient does not desire – no specialists can help him by force. I1*). The obtained data suggest that an

important part of social work intervention is patient empowerment and according to Ruskus (2013), social work professionals seen as one of the most important actors in these processes.

The category "Failures and its factors" reveal that informants feel the lack of feedbacks while working with people in the situation of dependence (*knowledge of whether they are taking and do not seek treatment, or successfully takes temperance, usually we do not have, I3*).

According to the informants' opinion it can be said that the lack of inter-institutional cooperation is noticeable. A comparison of Lithuanian and Ukrainian informants speeches highlighted the similarities of the social workers that they reach many successful cases working with people in a situation of dependence. It can be assumed that the Ukrainian informants receive feedback on their performance while it is missed in Lithuania.

CONCLUSIONS

1. Literature and sources analysis suggests that social work intervention methods for individuals within the context dependencies are applicable in the context of the theory of empowerment. Empowerment is associated with the patient's inner development and promotion of its development. To social work effectiveness, novelty and quality it is important to seek various sanctions by applying a motivational interviewing approach in order to enhance a person's inner motivations recovery. During intervention time not only to work with the person but to help involve his family, organize self-help groups which enable people to share problems with those who have the same problems.

2. Qualitative research results helped to distinguish the essential techniques and principles in the social assistance for persons in the situation of dependence:

   2.1. Most dependent people are included by the initiative of social workers providing individual counselling. Patient's own personal initiative is very important when applying themselves and voluntarily.

   2.2. Engagement effect is observed when patient has strong inner motivation, but if patient has only external motivation when the impact will not be big.

   2.3. The most common social intervention methods for individual are social work and group activities.

3. The results helped to identify the effectiveness of social intervention methods in providing social support in the socio-cultural context:

   3.1. Informants have identified the most important factors as the inner motivation, professional goodwill and respect for patients and collaborators in the aid process.

   3.2. Activities organized by social worker are beneficial because it helps patients to know themselves, analyse behaviour, feelings, emotions constructively to address conflicts, overcome stress, promotes motivation and enables to operate.

   3.3. Activities are important in social work because it helps patients to learn meaningfully spend time, enables an objective view and assess their situation, be given the opportunity to share with others their own experiences. Others support is crucial as it determines the success of changing lifestyles and successful reintegration into society.

   3.4. Having done the comparison of Lithuanian and Ukrainian informants' statements, survey data reveals that in both countries it is an important initiative of social workers to include people in the situation of dependence to the process.

4. Lithuania and Ukraine, countries in social work intervention methods application opportunities for people in a situation of dependence comparative analysis revealed the following similarities and differences:

   4.1. Both countries informants indicate that problem solving is the main goal of social intervention, providing support for patients. Social intervention occurs during the resolution changes. Patients take active steps in solving their own problems but there is a lack of social work with patients' internal motivation building which is important for long-term personal change through changing behaviour and lifestyle.

   4.2. The engagement factor of success – patient's inner motivation, social worker's available expertise and personal qualities.

   4.3. In Ukraine the following therapies are applied: music, dance, sand therapy, biblio-therapy, drawing, singing, writing short stories therapy, working with wood, stone and clay modelling therapy. In Lithuania the art therapy is not yet widely applied by informants working with people in a situation of dependence but they are provided with information about the application possibilities of such therapies or individual art elements are applied.

RECOMMENDATIONS FOR SOCIAL WORKERS

Social work intervention methods application opportunities for people in a situation of dependence improvement directions:

1. To develop and increase the use of social work with the family intervention approach: to improve social work skills in active recovery process involving the person who denies his addiction and help him to include family members.
2. To acquire a lack of knowledge of how to deal with patients' financial and legal problems.
3. Create a network of inter-institutional cooperation in order to obtain feedback from the patient.
4. It is recommended to involve people in dependency situation in to the recovery process, to apply the motivational interviewing approach.
5. Socially working with people in a situation of dependence to enhance their inner motivation for recovery through self-efficacy and empowerment theories.
6. To apply personal self-help and self-motivation, social skills training practicums for persons in a situation of dependence.
7. To increase the variety of socio-cultural activities for dependent people according to their individual needs.

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Magistro darbo santrauka

Darbe atlikta *teorinė* socialinio darbo intervencijos metodų taikymo galimybių asmenims esantiems priklausomybės situacijoje analizė.

Pusiau struktūruoto interviu raštu buvo atliktas tyrimas, kurio tikslas – nustatyti socialinio darbo intervencijos metodų taikymo galimybes asmenims esantiems priklausomybės situacijoje. Atlikta kokybinė (content) turinio *duomenų analizė*.

Tyrime dalyvavo šeši Lietuvos šalies socialiniai darbuotojai ir du Ukrainos šalies socialiniai darbuotojai, dirbantys su priklausomais asmenimis.

Empirinėje dalyje nagrinėjamos asmenų esančių priklausomybės situacijoje įtraukimo į socialinę pagalbą metodai ir principai; identifikuojamas socialinės intervencijos metodų veiksmingumas teikiant socialinę pagalbą sociokultūriniame kontekste; atlikta Lietuvos ir Ukrainos šalių socialinio darbo intervencijos metodų taikymo galimybių asmenims esantiems priklausomybės situacijoje palyginamoji analizė.

Svarbiausios empirinio tyrimo *išvados*:

1. Tyrimo rezultatai atskleidė, jog daugiausia priklausomybės situacijoje esančius asmenis įtraukiama socialinių darbuotojų iniciatyva, teikiant individualų konsultavimą. Svarbi pačių klientų asmeninė iniciatyva, kai kreipiasi patys ir savo noru. Įsitraukimo į veiklas poveikis pastebimas esant kliento vidinei motyvacijai. Dažniausiai yra taikomas socialinės intervencijos metodai individualus socialinis darbas ir grupiniai užsiėmimai.

2. Socialinio darbuotojo organizuojamas veiklos naudingos, nes padeda klientams pažinti save, analizuoti savo elgesį, jausmus, emocijas, konstruktyviai spęsti konfliktus, įveikti stresą, skatinama kliento motyvacija, jis yra įgalinamas veikti.

3. Užimtumo veiklos taikymas socialiniame darbe yra svarbu, nes tai padeda klientams mokytis prasmingai leisti laiką, įgalina objektyviai pamatyti ir įvertinti savo situaciją, suteikiama galimybė dalintis su kitais savo asmenine patirtimi. Svarbus yra gaunamas kitų asmenų palaikymas, kuris lemia sėkmę keičiant gyvenimo būdą ir sėkmingai integruojantis į visuomenę.

4. Lietuvos ir Ukrainos šalių informantai nurodo, kad *problemų sprendimas* yra pagrindinis socialinės intervencijos tikslas, teikiant pagalbą klientams. Socialinės intervencijos metu įvyksta problemų sprendimo pokyčiai. Klientai imasi aktyvių veiksmų sprendžiant savo problemas, tačiau pasigendama socialinio darbo su klientų vidinės motyvacijos stiprinimu, kuri yra svarbi siekiant ilgalaikių asmens pokyčių keičiant elgseną ir gyvenimo būdą.

Esminiai žodžiai: socialinė intervencija, priklausomybė, socioedukacinė veikla, sociokultūrinis darbas.