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Measuring Social Problem Solving Style and Needs of Rehabilitation in Patients with Substance Abuse

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Introduction

It had long been believed that social problem was one of the most prominent factors for patients with substance abuse (SA). Comprehensive but concise assessments are essential components for proper SA treatment. Assessments can be used to identify specific needs, to determine appropriateness for treatment and facilitate communication with different professions and community partners whom are providing SA rehabilitation services (Lehman, Simpson, Knight & Flynn, 2011).

Objectives

The purpose of this study is to measure rehabilitation needs and social problem solving style of SA patients through a set of questionnaire assessment. This study scrutinized the Treatment Process Model (TCU) by Simpson (2004), which incorporates evidence for the roles of pre-treatment factors and specific-tailored treatment engagement in promoting sustainable positive change over time.

Methodology

Data were collected from SA patients whom were admitted in 1Q 2016 to a regional psychiatric hospital in managing their acute mental condition after their SA intoxication. It has long been believed that social needs, social influence and social problem solving were profound factors of SA in Hong Kong (Siu & Shek, 2005; Shek, 2006, 2007, 2015). To understand patients' precipitating believes on SA, their knowledge on adversity and frequency of SA would be assessed. For their readiness in receiving rehabilitation service, Treatment Needs and Motivation Assessment (Lam, Ng & Boey, 2002) would be used to assess their ability in their problem recognition, their desire for help, treatment readiness, pressure for treatment and their treatment needs. To assess their beliefs and values, Drug Involvement Scale – DIS (Lam, Ng & Boey, 2002) would be used. For social problem solving, Chinese Social Problem Solving Inventory (Siu & Shek, 2005) would be used to note for their social problem tendency like positive problem orientation, rational problem solving, avoidance,

negative problem orientation, impulsiveness and carelessness. Moreover, the Chinese Stimulant Relapse Risk Scale (Ogai, 2007) was used for assessing potential risk in relapse like intention to use drugs, emotionality problem, compulsivity for drugs, positive expectancy for drugs, impetus and confidence to avoid stimulant, lack of control over drugs.

Result

Preliminary results from twelve patients indicated that genders yielded no significant difference in the knowledge on adversity and frequency of SA. Subjects showed to have avoidance, negative problem orientation, impulsiveness and carelessness in their social problem solving. Nevertheless, females reported more desire for help than males, and subjects older than 35 years old reported more problematic beliefs and values than younger subjects. There was no significant difference in responded potential risk in relapse across genders. Alike the findings from Simpson & Joe (1993), motivation for treatment like problem recognition, desire for help and treatment readiness, is closely tied to positive problem orientation. Moreover, acknowledgement of personal and social problems (e.g., depression, anxiety, hostility, risk taking) is negatively correlating with stimulant relapsing. Furthermore, alike the findings from Simpson & Joe (2004), motivated patients are nearly twice as likely to attend occupational therapy sessions and develop productive relationships with occupational therapists compared to their unmotivated counterparts. This study showed that there is gender difference in treatment needs. Moreover, in preventing further stimulant relapsing, different types of social problem solving styles needed different perspective taking. A large group of subjects are recruiting to increase the effect size of this study and future researches are suggested.