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# Psychological Intervention for Development of Disease Awareness in Addicts: Villa Colibri Therapeutic Community of Santiago de Cuba

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*psychological;*
*therapeutic community;*

**Abstract**

In the research, a Mixed Method was used and the execution was through a sequential exploratory design. For the initial diagnosis was used, semi-structured interview, sentence completion test, disease awareness questionnaire, attitude to the disease, interpersonal relationships, and conflict management, were the dimensions of the awareness indicator of the disease. Based on the results of the diagnosis, the Psychological Intervention Program was developed, based on the cognitive-behavioral model with a humanistic approach. with respect to the attitude towards the disease, the subjects predominated in ambivalence in 70.6% and non-consciousness in 23.5%, referring to interpersonal relationships, ambivalent in 58.8% and not healthy in 29.4% and conflict management was inconsistent in 70.6%, and inadequate in 23.5%, after the development of the program, positive attitude increased 52.9% and ambivalence decreased to 41.2%, healthy interpersonal relationships grew to 47.1% and adequate conflict management was imposed in 58.8% of the sample. The lack of awareness of the disease in patients was identified, the preliminary results of the application of the program proved to be very useful to develop awareness of the disease in the subjects studied, thus achieving a better therapeutic adherence.



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**Contents**



## 1. Introduction

Drug use is a problem that has reached great relevance in today's world due to its negative impact on the economic, social and health sectors in many countries. It is estimated that in recent years more than 200 million people used drugs worldwide (4.8% of the population between 15 and 64 years). (Pedrero, et, al 2015), Marijuana continues to be the world-preferred drug, more than 7.0% of young people between 12 and 17 years old concur in its use (Center for Behavioral Health Statistics and Quality, 2016).

In Cuba, alcohol continues to be the most consumed drug and the caretaker for the start of illegal drugs, especially in adolescents and young people, in the ranges of ages between 15-44 years (Fariñas, 2017) figures that correspond to The world statistics, corroborating the criteria that they pose, that alcoholics incubate in childhood and pre-adolescence, flourish in the second and third decades of life and suffer the consequences of consumption, in terms of illness or death, from the age of forty. ahead (Garcés, 2016).

In order to respond to this problem and using the strengths of Cuban Public Health, by having professionals with vast experience in the treatment of addictions, the Cuban Program for Comprehensive Care for drug-dependent patients is created in the Villas Quinqué Therapeutic Communities , Cocal and Colibrí, which have prestige and high effectiveness, in the rehabilitation of the addicted patient) maintained for more than 27 years (Pérez, 2010), (Viñas, 2016), (Program and Treatment for Addiction, 2015). This treatment modality allows through multidisciplinary teamwork that the rehabilitation of the addict is articulated in a dynamic, flexible and personalized process (Rueda, 2016), capable of accommodating the needs of each individual and each situation, empowering the subject of his treatment, being evaluated his evolution of continuous way, on the part of the therapeutic equipment.

In the process of rehabilitation there is a decisive element to take into account, is the awareness of the disease, according to the concept (Nuñez, 2001) "awareness of disease is to assume that you suffer from a mental disorder and that, therefore, it is accepted to be treated psychotherapeutically and pharmacologically to be able to overcome it, or at least, not to suffer too much ", considered the core of the treatment (Ramos, 2016). This indicator is determinant in the acceptance of the disease and its consequences, in a way that allows the subject to modify the negative moral qualities of the addictive personality and thus promote a change in lifestyle.

Once the patient understands that he is sick, everything becomes easier and even more so if his relatives and close friends understand that the addition is a disease, because it allows to recognize and understand his illness and above all to want to collaborate with the specialists to facilitate the path towards the recovery and avoid relapses, the specialists of the subject recognize that it is not easy to understand that the dependence is in the substance but the addition is in the person (Lorenzo, 2013), therefore it is vital to help the patient to get out of the deception of the lack of conscience, because it is not easy to abandon what the body seems to feel, the reality that each one builds with that, the balance function that has been achieved, even in the wreck of mental suffering.

This research responds to the need to improve the Cuban Treatment of addiction rehabilitation by providing a program of psychological intervention for the development of awareness of the disease, which allows through the dimensions proposed by the author, positive attitude to the disease, management Adequate conflict, and healthy interpersonal relationships are a tool to channel work with the addict and avoid resistance to change that results in the abandonment of treatment and consequently relapses in consumption. There is no study history of this indicator through these dimensions, hence the methodological utility of it.

## 2. Materials and Methods

Due to the complexity of the addiction process and the indicator studied, a mixed study was carried out and the execution was made through a Sequential Exploratory Design (Sampieri, 2014), which allowed connecting the qualitative analysis of the data with the collection of quantitative data. The final interpretation is the comparison and integration of qualitative and quantitative results allowing the analysis of reality from an objective and subjective perspective, offering greater integrity to the intervention and ensuring its reliability (Sampieri, 2014).

The research was conducted in the Villa Colibrí therapeutic community of Santiago de Cuba, the population was composed of 28 patients who were admitted in the period from October 2016 to January 2017. The sample consisted of 17 patients determined number by intentional sampling non-probabilistic, fulfilling the inclusion criteria, manifest disposition to participate in the study and be new patients.

The semi-structured interview was used to collect the data (Rodríguez, 2006) with the aim of exploring general information on the subjects, the Rotter or sentence completion test (Alonso, 2005), the interpretation is qualitative and its qualification is performed by grouping the items in indicators that allowed enriching the dimensions defined for the study of disease awareness in the subjects investigated and the disease awareness questionnaire designed by the author and submitted to expert criteria (Sampieri, 2014). The dimensions of the disease awareness indicator studied were the attitude towards the disease, interpersonal relationships and the management of conflicts, thus assessing the existence or not of the disease awareness indicator in three levels at the null level, (or without awareness), level ambivalent (without conscience) and positive level (with awareness of illness).

*Stages of the investigation*

Stage I: a first contact was maintained with the 17 patients that made up the study sample. During this first encounter, the initial diagnosis of the group was made in order to identify the existence or not of the disease awareness indicator, for which the following diagnostic techniques were applied:

*Semi-structured interview:*

Objective: To explore in the subjects general information, as well as the time of active consumption, family functioning, work situation, knowledge of the disease, previous treatments, motivation for change, expectations regarding treatment, existence or not of the Disease Awareness indicator.

Description: It is a technique to collect qualitative data, based on a guide of issues or questions where the interviewer is free to introduce additional questions to clarify concepts or obtain more information. Open interviews are based on a general content guide and the interviewer has all the flexibility to handle it.

*Rotter technique or sentence completion test:*

Objective: To explore in research subjects the way in which they handle their conflicts, their frustrations, fears, unmet needs, explore attitude towards treatment, the type of relationship they establish with their environment and your future projects.

Description: It was created by JB Rotteren 1949, (Alonso, 2005), the interpretation is qualitative, and its qualification was made at the proposal of the author, grouping the items into indicators that allowed to enrich the defined dimensions for the study of disease awareness in the subjects investigated. Table 1 shows the variables and the items.

Table 1
Variables and the items

| Variables | Items |
|---|---|
| Self-concept | - (18, 23, 25, 32, 37, 38, 48, 49, 50) |
| Inner-affective states | - (5, 9, 20, 28, 29, 34,43, 44, 51) |
| Motivations | - (1 , 3, 22, 42, 45, 46, 47) |
| Values and attitudes | - (8, 16, 31,41) |
| Problems and failures | - (2, 15, 21, 46) |
| Interpersonal relationships | - (7, 10, 19) |

| | |
|---|---|
| Childhood and parental home | - (4, 11, 14, 17, 36) |
| Sex and marriage | - (6,12, 24, 33) |
| Future expectations | - (13, 26, 35,39) |

*Disease awareness questionnaire:*
Objective: To explore the existence of the variable consciousness of disease through the dimensions proposed by the author (Sampieri 2014).
Description: In social phenomena, perhaps the most used quantitative instrument to collect the data is the questionnaire. A questionnaire is a set of questions about one or more variables to be measured.

For the present study, the author decides to elaborate a questionnaire, validate it according to expert criteria (*face validity*) in order to measure the variables in question and subject it to consultation of "qualified voices" (Sampieri, 2014), conceived today as an additional type of evidence "must be consistent with the approach of the problem and the hypothesis".
In the presented research, no evidence of study of the Disease Awareness indicator was found with the dimensions proposed by the author and that is described in table 2.

Table 2
Study evidence

| Variables | Items |
|---|---|
| Positive attitude | - 1, 2, 3, 4, 8,9, 14, 19 |
| Healthy interpersonal relationships | - 11, 12, 15,16 |
| Conflict management | - 5, 6, 7, 10, 13,14, 17,18 |

The questionnaire states that there is no awareness of illness when the subjects manifest a negative or ambivalent attitude towards the disease, when interpersonal relationships are not healthy or ambivalent and conflict management is inadequate and inconsistent, determining that the existence of the disease awareness indicator is present when there is a positive attitude towards the disease, when interpersonal relationships are healthy and there is an adequate handling of conflicts.

*Stage II*
In this stage, the intervention program was designed and applied with the objective of developing awareness of the disease in the research subjects. The program was organized in 10 sessions, applied with a frequency of 2 times a week and a duration of 5 weeks. For the design, the results of the diagnosis of Stage I were taken into account, adjusting the Program to the main limitations and deficiencies of the dimensions of the study variable.

*Stage III*
The final evaluation was carried out with the application of the Disease Awareness Questionnaire. It is important to note that it was carried out two weeks after the intervention was implemented, which makes it possible to consider this long-term study relevant.
Information processing plan.

*Statistical Procedures:*
The statistical analysis was carried out through the Statistical Package for the Social Sciences (SPSS version 21). The descriptive statistical analysis was carried out through the *distribution of absolute and relative frequencies*. *Proof of difference of proportions*. *Test "T-Student"*. The research is used to compare the development of the disease awareness indicator in two moments, before and after the intervention, and the Mc Nemar statistic was used to evaluate the level of significance of the changes before and after the intervention. Confidence levels of 0.05 were established in the realization of the proposed statistical tests.

*Qualitative evaluation*

The psychological intervention program is based on the precepts of cognitive behavioral theory and humanist philosophy (Kaplan, 2005) when considering the problem of people addicted to drugs as the center of intervention. The qualitative character comes from the complexity and quality of our object of study: the awareness of disease, which is a dialectical process peculiar to each subject and therefore requires a particular, humanistic, holistic, deeply descriptive and interpretative perspective of how they flow the processes of reflection in the awareness and change of the subjects participating in the research (Reyes, 2008).

The qualitative evaluation of the process was done through an analysis in each of the 10 group work sessions, based on the proposals from the Pigeon Rivière Group Theory. Pichon (1995) tell the pertinence, belonging, communication, cooperation, and learning.

*Ethical Aspects:*

The authorization of the management of the Vila Colibrí Therapeutic Community was given to carry out the research, the voluntary nature of the patients that make up the sample, the privacy of the information is guaranteed and the results of the process will be used only for scientific purposes

## 3. Results and Discussions

As a result of the interview, it was obtained that of the 17 patients, 15 were male and 2 were female, average age 31 years, average high school education 12 (70%), 13 are unemployed 76%, single 15, (88%), they have more than 15 years average of consumption, of 15 is their first treatment for one (88%) and they recognize the existence of hostile family relationships 100% of the sample.

Table 1 shows that the attitude towards the disease that prevails before the intervention is ambivalent in 70.6% of the sample, coinciding with (Becoña, 2002), (Becoña *et al.,* 2002), (Paramita *et al.,* 2018). Many Patients at this stage do not see the seriousness of the problem prevailing in them the contemplative phase, although as explained, feeling ambivalent in the early stages of treatment is a frequent element and we would say that normal in addictive behavior as explained by Arnold (Washton & Donna, 2006), in his book "Wanting is not power", "to whom would it be easy to get rid of something that has become a primordial part of your life?"

Already in the post-test, the ambivalence decreases to 41.2% indicating an increase in the need to modify the attitude toward their disease to achieve better rehabilitation. The negative attitude decreased from 23.5% in the pretest to 5.9%, ie 1 subject in the posttest. (See Table 1). Regarding the difference in proportions, between the positive and the negative attitude towards the disease were significant for 2.66% and 2.98% respectively, if we take into account that Z acquires a value greater than 1.96, an important jump in Regarding the awareness of the condition of patients of research subjects, not so with the ambivalent attitude because the differences were 1.88 not significant, which is attributed to the multiplicity of factors that influence the modification of the behavior of the addict and that was explained previously shown in Table 3.

Table 3
Pretest, posttest, attitude toward the disease

| Attitude | Pretest | | Posttest | | Difference of Proportions (Z) |
|---|---|---|---|---|---|
| | Freq. | Porc. | Freq. | Porc. | |
| Positive attitude | 1 | 5,9 | 9 | 52,9 | 2,66 * |
| Negative attitude | 4 | 23,5 | 1 | 5,9 | 2,98 * |
| Ambivalent attitude | 12 | 70,6 | 7 | 41,2 | 1,88 ** |
| Total | 17 | 100,0 | 17 | 100 , 0 | |

* Significant difference - ** Non-significant difference

Healthy interpersonal relationships show a significant change, (Table 2) 47.1% corresponding to 8 subjects in the posttest, in relation to 29.4% obtained in the pretest , which speaks in favor of an adequate management of interpersonal relationships, guaranteeing stability in community functioning, creating a climate of cooperation and empathy among the subjects; results that differ from those obtained in the by Claudia Terán (2015) in their research, which states that interpersonal relationships between subjects in the therapeutic communities

studied are perceived as unpleasant, allude to a life in community mediated by violence and in occasions lack preparation of the personnel in general; On the other hand, the Cuban program for the treatment of addictions is distinguished by the humanistic treatment based on respect for the subject, where there is an empathic relationship between patients, therapists, and workers in general of the community, (Vinas, 2016), preserving the memory of life in the village as one of the most pleasant experiences you have ever had.

The ambivalent attitude decreases from 58.8% in the pretest to 47.1% in the posttest, which means an increase in the level of security of the subjects; As for the modification of the way in which they relate to others and the increase in the perception of risk with respect to consumer friendships, unhealthy interpersonal relationships decrease from 29.9 in the pretest to 5.9 in the posttest; that is to say, of five patients who maintained unhealthy relationships, it decreased to one, evidencing a favorable change; Regarding the differences in proportions, we can say that they were significant in healthy interpersonal relationships, of 2.12% between the pre and posttest, also in the items corresponding to unhealthy interpersonal relationships, they were 3.98%, in the ambivalent attitudes the differences were not significant, 0.70%, which evidences a certain fear to leave the groups of consumption results that coincide with those of Graciela (Viñas, 2016) demonstrating in addition that this is one of the elements in the process change of the addict who demands more psychotherapeutic work to be able to overcome them, Shown in table 4.

Table 4
Pretest, posttest, interpersonal relationships

| Interpersonal relationships | Pretest | | Posttest | | Difference of Proportions (Z) |
|---|---|---|---|---|---|
| | Freq. | Porc. | Freq. | Porc. | |
| Healthy interpersonal relationships | 2 | 11.8 | 8 | 47.1 | 2.12 * |
| not healthy interpersonal relationships | 5 | 29.4 | 1 | 5.9 | 3.98* |
| Ambivalence in interpersonal relationships | 10 | 58.8 | 8 | 47.1 | 0.70 ** |
| Total | 17 | 100.0 | 17 | 100.0 | |

* Significant difference - ** Non-significant difference

The adequate handling of conflicts undergoes very favorable changes, amounting to 58.8% in the post-test, compared to 5.9% obtained in the pretest, what speaks in favor of a progress in the way of facing the contradictions of everyday life, as well as the internal dilemma that addicts go through between the pros and cons of rehabilitation; In addition to family conflicts not resolved during the recovery and generating "toxic" emotions coinciding with what was raised by Javier (Vicencio, 2014) who believes that the addict is particularly sensitive to negative emotions because it carries a past of rejection and disapproval from very small.

The inconsistency in the handling of conflicts also decreases from 70.6% in the pretest to 35.9% in the posttest, marking a favorable jump in this dimension; Likewise, significant learning is perceived in those subjects who were evaluated as inadequate in conflict management, which decreases by 23.5%, 4 subjects in the pretest, to 5.9%, 1 subject in the posttest, meaning that attitudes of hostility and resistance persist to modify behavioral patterns associated with consumer life. The difference in proportions was also significant with 2.44 of the value Z, shown in table 5.

Table5
Conflict management

| Conflict | Management Posttest | | Pretest Proportion | | Difference (Z) |
|---|---|---|---|---|---|
| | No | % | No | % | |
| Adequate conflict management | 1 | 5.9 | 10 | 58.88 | 2.84 * |
| Inappropriate conflict management | 4 | 23.5 | 1 | 5.9 | 2.98 * |
| Inconsistency in the conflict management | 12 | 70.6 | 6 | 35.3 | 2.44 * |
| Total | 17 | 100.0 | 17 | 100.0 | |

Using Mc Nemar's test, it was found that the changes achieved after the intervention were statistically significant, since the probability obtained was lower than or equal to the level of significance (0.05), as shown in table 6.

Table 6
Values of *t* for all variables

| Interpersonal relationships | Student T-test | | | |
|---|---|---|---|---|
| | t | gl | Sig. (Bilateral) | Confidence level |
| Disease attitude | 2,711 | 32 | 0.001 | 0.01 |
| Interpersonal relations | 1,777 | 32 | 0.025 | 0.05 |
| Conflict management | 3,180 | 32 | 0,003 | 0.01 |
| Total | 17 | 100,0 | 17 | 100,0 |

## 4. Conclusion

During the initial evaluation, the lack of awareness of the disease in the patients studied was identified, with ambivalent attitudes and non-acceptance of the disease prevailing in the sample. The results of the diagnosis determined in the elaboration of the intervention program, based on the cognitive-behavioral model with a humanistic approach. The application of the intervention program allowed the systematization of the dimensions proposed by the author: mental attitude, interpersonal relationships and conflict management. Preliminary results of intervention program performed with an array of reflective processes in the context of group work proved very usefully to develop awareness of the disease in order to achieve better adherence in the subjects studied

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