

Relationship of help in the community outpatient program for people in situation with predatory consumption and / or dependence on alcohol and other drugs: a case study in the municipality of osorno, Chile

Summary

The People in Situation of Calle are one of the most vulnerable groups in terms of physical and mental health. In Chile, around the middle of them present problems with the consumption of substances, increasing its condition of social exclusion. To obtain a comprehensive measure of the mode in which the assistance relationship is established with persons in a situation where the prejudicial consumption of alcohol and other drugs is aborted, from the perspective of women interviewed in a psychosocial intervention program in Chile, the way in which the intervention in practice is configured. For this purpose, a case study of a program is carried out, conducting semi-structured interviews with the integrants of the psychosocial intervention team. Complementary documentary analysis of program acts and information was carried out. The main results are arrojan that, in the configuration of the relationship of ayuda, the emotional and relational angle that is established with the users of the daily support, the active listening, the empathy, are the central elements for the development of the work that allows users to adhere to their treatment plan. These dimensions are complementary to work routines with institutional redundancies for better logarization of the living conditions of the people involved in the program are the key elements for the development of a psychosocial intervention that allows users to adhere to their treatment plan. These dimensions are complementary to work routines with institutional redundancies for better logarization of the living conditions of the people involved in the program are the key elements for the development of a psychosocial intervention that allows users to adhere to their treatment plan. These dimensions are complementary to work routines with institutional redundancies for better logarization of the living conditions of the people involved in the program.

Keywords: people in call situation, consumption of children, helping relationship, adherence, angle, models of psychosocial intervention

Volume 6 Issue 1 - 2022

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Received: February 09, 2022 | **Published:** February 28, 2022

Introduction

The Community outpatient program for people in need of alcohol and other drug abuse, in line with an intersectoral strategy to integrate the work of the National Service for the Prevention and Rehabilitation of Drugs and Alcohol Consumption, (SENDA) Social (MIDESO) and the Ministry of Health (MINSAL) in the various regions of Chile. Central to this program is the psychosocial intervention, focused on strategies from the Community and living ambitions, it is said that the interventions take place in the cotidian and habitat spaces by which the persons in the situation of the call.

The last catastrophe of MIDESO in 2012 is that 41.5% of the people present consume alcohol and 19.1% of other drugs, this indicates that the meeting of the people who find themselves in a situation where they have a problem associated with consumption. Thus, the annual information provided by SENDA regarding the implementation of this program indicates that 32.9% of the persons entering the year 2019 completed the process and 25.8% abandoned the process. Another relevant date is that 77.8% of the persons receiving the treatment present a consumption with dependence and a 69.6% also have a associated psychiatric comorbidity, which also complicates and complicates the challenges in terms of intervention, SENDA 2019).¹ The information of the year 2019.

People in the cold situation have historically relegated to spaces of exclusion and marginalization,²⁻⁴ it has reiterated that some authors have denounced the annulment of the concept of ciudadanía,⁵ provoking a quibble on access to participation spaces, to decision spaces, access to basic rights, which también repercute in the loss of identity of the people living in the cold.⁶⁻⁸ These people live by Robert Castel (1995), denominadas “defiliation” of the groups or collectives, social systems, process that is more than the loss of labor or wage spaces, can involve the loss of familiar, social and communicative angles as descendants of positions of exclusion.

From the perspective of the social determinants of health, it is planted that the social stratification that takes place in the groups or populations ultimately impacts the physical and mental health states of their persons.⁹⁻¹⁰

In the specific case of the persons in the situation of the call, to be found in permanent exclusion systems, they are affected in their state of health and well-being, generating major costs and risks.

The social policies that have been implemented in Chile in order to address the situation affecting this population, will be incorporated within the social protection systems from the decade of 90. Currently, as part of the security and opportunity system, includes the MIDESO

call program, which finally supports the social integration of the people in the call situation, being one of its central objectives and can restore its basic rights.¹¹

Considering the adverse conditions in which people live in cold conditions, the precedents profile challenging challenges for orientation programs aimed at this population.^{12-15,7} One of the challenges is the treatment of the addictions presented in an important number of the people in call situation. This treatment is limited by the low adherence to the treatments, being a good amount of people who are high exits.¹⁶

The literature that analyzes the relevant aspects of the intervention with persons presenting addictions distances the activity that toman the therapists as one of the elements that help during his process, the mode of constructing a close and horizontal angle. In this relationship of help appear as important the confidence, the support, the capacity of the therapist to pose in the place of the persons in treatment and understandable (Ramírez, Álvarez, Cabello, Riquelme and Guerra, 2018). In addition to the specific case of people living in a cold situation, if the material dimensions are necessary to intervene in the intervention, the need to establish a helping relationship that depends on the center of the construction of weight loss careful in its immaterial dimension, emerge as a fundamental question (Di Iori).

Apart from these precedents, we can conclude that we need to build a relationship of quality help to help improve the situation of these people, favoring a process for modifying the behavior and overcoming the situations that support this problem of exclusion. In this relationship of help cobran special relevance the interpersonal relationships that the interveners need to construct with the people to whom you can help.¹⁷

Surge emphasizes the interest in retrieving the experience of the relational processes that live in the day-to-day life and the professionals in the relationship that are established with the people in the situation of those with addiction problems. This study, therefore, pretends to contribute to the identification of the relevant elements in the construction of the ayuda relationship with this group of people in difficulties.

Continuation, will be presented in international experiences are interviewed with people in a situation, a way to identify trends and differences in this matter.

Models and influence interventions with people in calle situation

International evidence, in relation to policies and intervention programs with people in the cold, planting three large models. The first of them, named Continuum of Care or the escalating model, as well known in Chile, is a European model that has adapted to Latin American realities. Plant as the central premise, that people transit through distinctive areas, from passages to refuges, hospices, and albergues have to develop autonomous status that allows them to finally establish a stable residence and maintain their calling condition.¹⁸ Another model, Housing First, is the single surge in the United States, also adapting to European countries. This model proposes as a basis for its intervention, that, to support the recovery processes of the persons, is required as an initial point, with a habitable and secure space, for which, this model does not exclude persons who present consumption of substances or well connected with a pathology associated with mental health.¹⁹ The third model is the Eco 2, which also introduces lineages for the intervention with people in a social situation. It is a Latin American model that surges in Mexico

and that has at its base the community and the rate of reduction of data. Introduce a flexibility brand with respect to intervening with people in situations of calamity, as it seeks to mobilize personal and community resources to resolve situations and problems associated with living and living in callability, above all, reducing the risks of being calamitous all of them abstain from abstinence processes.^{20,21}

Existing models, the evidence does not determine that some of them are better than others, so that its implementation or its dependence depends on the social, cultural and ambient contexts of each territory and the particularities of the groups of persons that encuentran in calle, responding also to individual characteristics.

In relation to approaches and intervention strategies based on these models, the communication focus is also the one that also forms part of SENDA's technical orientation. It is the plant which directs the interventions to this specific population, is carried out in the cotidian and habitual entourage in which they move, search for the intervening teams to reach the people, more than the people to reach the teams (Mart) 2006.^{22,23}

Otro de los enfoques también muy utilizados para el Trabajo con personas en situación de cal, es elfoque de reducuacion de dane, el cual establece ein pisso minima par comanzar a desarrollar intervenen, que no necessaramente presentan como objective de loginen sino more well, apuntan to reduce at least the risks, in terms of physical and mental health (Subcommission del Modelo de Reducción de Daños, 2017; OMS s / f; Conferencia de Consenso, 2000).⁹

Inside the jars used for the therapeutic development in addictions, the Jambian Transitional Journey, planted as the premise that, the persons transiting distances stages the behavioral stages in relation to their health problems. There are five phases or stages of change: Precontemplative stage, contemplative stage, stage of action, stage of maintenance and recovery.²⁴

In the implementation of policies and programs aimed at working with people in the situation, the right of restitution of Derechos forms part of the interventions in the medium that the contribution of those involved that the people want to be active participants and participants in the construction de ciudadanía.¹¹

The Biopsychosocial approach, very much used in the familiar and well-used health salute models in the communal mental health model, addresses the health problems solely from the physical point of view, in addition to the need to consider the person as a whole in relation with its entourage, with its ambiente and as well as that which influences its health states.²⁵

These models and interventions of intervention can not be read to be concretized and there are no qualitative relational processes within the programs in order to concretize a relationship of help specialized in psychosocial intervention. In continuation, we will take some elements to understand the challenges that underlie the construction of this type of relationship.

Relationship of ayuda

Some authors define it as the relationship that involves the basics of change processes and requires basic elements to build it, so that everything related to it is strengthened and the confidence intervals between the intervening teams and the people being atienden in the programs.²⁶⁻³¹

Confidence corners require a construction that provides distinct moments or phases. Horvath³² signals that there is a first phase in which the relationship is characterized by being more robust and

supportive, while the com-mandants will generate trust in the team of interveners or therapists, in order to advance to a second phase, from the joint collaboration and also from the design of an intervention plan that addresses the health issues that the person wants to resolve. Among these construction processes, the support is found, a central element that is required to be present during the help relationship process and that is not only aimed at addressing the health issues as well as addressing other aspects of interests for the people.³³

If well, there is actual evidence in relation to psychosocial interventions with persons in situ situations, it is centered in characterizing the persons, more relevant specific aspects related to the consumption of substances. As such, the evidence reveals that one of the problematic principles that applies to those who also tend to be aware of them is that they are related to the consumption of substances. For this reason, the development of this specific program for the treatment of addicts with persons in the situation, generates a challenge to the social policies directed at this population and without doubt have an impact on public health terms, in the midst of public health results of this program reflected in the states of health and recovery.

In particular, we are interested in the psychosocial intervention and assistance in a specific program in the municipality of Osorno, in southern Chile, which is not covered by previous studies on this topic. In this way, we plan how to conduct research: How is the relationship between the Psychosocial team of the Community Outpatient Program and the users involved in Calle and the users involved in the program understood and implemented?

The question is based on the general objective: Understand how to establish and implement the help relationship between the users and the psychosocial team of the Community Ambulatory Program for people in situations, with alcohol consumption and / or dependence drugs, from the Municipality of Osorno, from the perspective of a psychosocial intervention team. The specific objectives are: Understand the relationship of help established by the psychosocial team with the persons waiting for the program; Develop in the construction process of the help of the models and intervention outcomes used by the psychosocial team; and Describe the compensation of the adherence of the persons in the situation of each part of the psychosocial team of the program.

Methodology

A case study was developed, implementing quality methodology. The production of data is carried out through semi-structured interviews, revision of assessment acts that are applied to the team from the state unit responsible for the program. Includes additional information and reports elaborated by the team in the market required by the state entity supervised by the program supervisor. The register of information, in the case of interviews, is made of audio/video works. Given the context of pandemic, it is not possible to realize presensory manner, for which, realizing virtual platform work.

Participants

The topics for the effects of this study correspond to three people who accompany the team: A Professional Social Worker, a Professional Psychologist and a Nurse Technician.

Analysis plan

The information produced through the interviews, is transcribed textually and has a coding code integrating emerging categories and categories of major abstraction related to the subject in the study

and the objectives proposed in the investigation. The results are organized according to categories of analysis, defined in the course of the theoretical revision and also depend on the objectives of the investigation. If a work is performed using a matrix of results, the information of the distances is triangulated to determine common points and differences in the information retrieved.

Ethical guards

The study takes into account the revision of the Ethics Committee of the Health Service involved in the study. Among the ethical guards contemplated in the investigation, there is the anonymity and confidentiality of the persons participating. The informed consent of the persons participating is guaranteed, information is provided to the participants, taking into account the objectives of the study and the use of the information provided. Depending on the results of this study, check with the participants.

Results

Continuation, the main results of the mode of response to the planted objectives are presented:

Compensation for the help relationship

The ayuda relationship is being constructed in moments of moments or phases. The team recognizes important moments for realizing the first encounters, the numbers are produced in the habitats and daily spaces in which the persons whose derivatives in the program are located, that is, the team moves to the places where they are located the people.

The habitual derivation is carried out through a file, which does not reveal the information of the person in the situation, because it is necessary to locate the person in which the person is located, which can be a nursery, some specific location of the person o well debajo de un puente de la ciudad. Most of the space the team has is generating the first ones.

The first encounters in the natural spaces in which encounters the persons in call situation, are mediated by what the integrants of the team denominate as a "commitment". This can be a concrete element that will allow to resolve a basic need. Specifically, a baby food supply that allows the free range of the zone to resolve the hamburger, while sharing an interchange moment.

Advances are first and foremost, they invite you to join the space where the team meets (a container located at the Mental Health Community Center). It is in this space that cominanzan will develop its most stable enclosures, which are then continuous and complementary to the informal enclosures mediating shared life. We are collaborating on the construction of trust and angle, which will be reinforced throughout the process.

Permanent support is one of the key elements of the intervention for the team. It is implied that from the knowledge gained from the day-to-day relationship with the people in the situation, they are helping to resolve various needs and interests. The team will manage events to mobilize speeches from institutional, social and community support areas to resolve aspects that appear as priorities for the person (for example, greetings).

While mediating the angles, constructing a relationship of trust and horizontality, the team approaches motivation for the change. Look for it to advance in the construction of objectives and a work plan to improve the life situation. In some cases, the methods are directly used in consumption, as logging abstinence, while others are able

to improve their quality of life. Once the metrics are complete and complete, the program's growth processes are generated, however, the termination relationship does not end in the growth process, meaning it is permanent at the time and is included during the process following.

According to the planting by the professionals, the construction of the therapeutic angle is gravitational in the relation of help. It emerges as part of the conviction in natural spaces, while it begins to establish a relationship that makes it possible for people to share their experiences and emotions. To log in build this angle, the team's contact style and relationship needs to be differentiated from the habitual mode of intervention of other professionals with whom he first entered into contact with the persons. This should be a style of daily contact in the natural spaces in which permanence, dialogue and active listening, in addition to respect and acceptance of the person and his condition of life. It allows to construct a horizontal relationship, mutual recognition and symmetry with the other.

Models and enhancements of intervention used in the construction relationship process

The team identifies three areas that are for those centers in the work that is done with the people in the program. One of them is the communication hub, the one is understood as a genuine approximation to the daily spaces in which the persons are encounters. In this case, it is different from other professionals, they are from the concrete life contexts of the people who are incorporated into the program, recognizing and respecting the logics that exist in their spaces. This approach, too, is based on the management and dynamics of resources in institutional and communicative speeches in a way that reflects and guarantees the rights of the people in the situation.

The signal team that can initiate an intervention and mobilize change processes, first has to solve the basic needs of the people in call situation. Many of them require food and ideally some living space and security. Of these minimums, the team executes managements in order that at least the persons accounted for with a committee of the day, from which other resources are mobilized with various institutions and programs.

In complementary mode work with the reduction of dose, in bushes can generate conditions that minimize the risks associated with life in the cold and the consumption of alcohol and other drugs. For this, promote the attention in health mode that receives attention to able-bodied people, while also changing the diet and best conditions to sleep and stay during the day. The umbilical cord intervention interferes with the reduction of data, given that it proposes to minimize the risks of being in a cold situation. From this point of view, there is greater flexibility in interventions with people who live in them, differentiating between other directive programs and general people.

Adherence to the program of people in the situation of the call

For the psychosocial team of the program, the adherence to the construction of a corner, which requires strength, security and confidence. This corner, as it has been built, is constructed as part of permanent support for the people involved in the program, by the management that is realized with the institutional and communicative speeches that exist in the territory and that ultimately support the people vayan generando autonomy.

Intervention can help people in situations where visibility is close to institutions such as rights, with the ability to decide on aspects of

their health; at the same time that conditions are generated for the professionals of the institutions to respect in their subject condition.

Another important aspect of adherence to treatment, is keeping in touch with the form in which the team approaches the users' records. People who ingress, can maintain abstinence processes, which implies that pueden can be found between six months of consumption, but with regularity during this period, pueden can generate time. In agreement with what is being reported, many people in the situation are calling to see if he has failed the team. There are allusions that professionals manage the collection, plant-based as part of the process, and explicit that counter with the support to be willing to start and retrieve the treatment.

To access the rescues, the team works with the person in the situation to identify the factors that cause the difficulties, revising alternative forms to identify these situations in the future. In addition, the manifesto in the practice of the interest in them and the permanent support are explained. They show in practice that they will not abandon the difficulties they face. This component of support and genuine consideration is intended as a critical factor in maintaining adherence.

Discussion

The bus school will understand how to establish and implement the help relationship between the users and the psychosocial team of the Community Outpatient Program of the Municipality of Osorno for people in situations, with consumption of alcohol and / or dependence on alcohol and other from the perspective of a psychosocial intervention team. The results obtained allow us to indicate that the relationship of aid in the program of study, is a mark that is based on all the relations in the interior of the program, which is constructed in terms of moments or phases that guide the intervention processes conforms to the motivation and approaches the interests that motivate users to generate change processes.

In this scenario the conformation of the angle is much more than the technique y / o of the clinic or from the position of expert experts of the team, is associated with the division of personal abilities of the professionals, which implies integration, reconciliation and effect on another humano. This is on the line of what was reported by Di Iori, Seidmann, Gueglio, y Rigueiral,³ who reported on his research into the importance of the vincular as an intervention, in a perspective that recognizes the people in the situation as such subjects of right, with potentials and who need care especially in their immaterial dimension (be listened to and generate new angles).

The help relationship is intended as a process, whereby the life shared in the daily life of the people plays a fundamental role. It is not only necessary to validate the existence and experience of the persons, but also to make an approximation that includes their living spaces. This approximation coincides with the planting of the Psycho-education of origin quebequense, which includes the interaction in life shared as the point of departure of the relationship of aid. This interaction aims at small gestures, albeit somewhat significant, but vividly of great relevance in the experience of the subjects, for an effective intervention, and that is mediated by a set of relational conditions on the part of the Professional.

These relational conditions are the result of the team members, who include empathy, trust and active listening. These elements have been reconciled in the literature as paramount in constructing the "therapeutic angle" or as the so-called "Therapeutic Alliance".²⁶⁻²⁸ On this line, the construction of the helping relationship from

the perspective of the interviewed team, as well as the therapeutic angle that must be maintained during all the intervention, including the egreso and post egreso of the persons. This angle determines the success rate of the process that includes the conjunction of the treatment plan with the user and the form in which it adheres to the plan.

For Horvath³² in the conformation of the relation of ayuda, the generation of the corner requires confidence, the cual debe becomes reciprocal and is constructing median moments or phases. In a first stage the relationship is characterized by being cool, empathetic and supportive of the people and in a second stage the work in collaboration between the team and the user is done. These moments are planted by the team from an initiative, to establish themselves in the first encounters with the users the trust, active listening, empathy and mutual support, enlisted in a permanent accompaniment, to progress to work in the future treatment plan, but the user can feel that it is part of them.

Read to establish these processes in the relationship of ayuda, plant antes that all, know the other and validate as a subject of right, considering that there is a lack of trust in the institutions, from the stigma and discrimination of the one whose object.³⁴ In the study program, from this very moment a compromise relationship is established, which includes the part of the professionals to have an act of consideration, which includes the person present during the change process.

In the process, it also completes a role dedicated to the coordination and dynamics work of support speeches, which allow to restore rights and access resources that allow resolving priorities. This dimensional material, led by an assistant worker, supone accompanies a process in which the person in the position of each advances in a dignified, autonomous and accessible path to rights.

The actions coordinated with other institutions, the integration into the program a integral part of the treatment processes of its users, where in a first instance the psychosocial team centers on assisting aspects, which involves implicating basic procedures for of intervention. In this sense, the team demonstrates that the satisfaction of the basic needs of the users is paramount to access any process, ensure the food, a habitable space (if possible), its elements that contribute to the user's adherence plan of treatment. From the plant by the derivative team that the various privations, that parten are materials (comida, space to live), the following basic services such as salud, for example, and that abordarlas no only implicitly count with careful materials, meaning that restores dignity and dignity. Thus, there are symbolic and relational dimensions that simplify assistance. This is in contrast to the report in another investigation that signals that the socio-assistance circuit organizes itself mainly to offer careful materials for those who need the people in a cold situation (clothing, food, hygiene, relaxation, etc.), but we know the need for angle that there is a need for relevance for these people.³⁴

While the team is recording the lives and experiences of the users working through the relationship, it provides information that will allow them to identify needs and interests and expectations that the vehicles will carry out. At this point, the approach to motivating people in situations of need, for the psychosocial team of the program, there is no consensus, then only there is no problem of consumption.

The situation of the persons who find themselves in a situation, characterized by a threat to the physical and mental product of being exposed to a situation of a cold person, requires an umbilical cord approach in a first stage of agreement in this case the team. This implies

addressing the relationship of the person with the consumption and with his situation, before problematizing his consumption of alcohol and other drugs. In this sense, the elaboration of a consensual and co-constructed work plan with the person, is a transit that can last a long period of time.

As a strategy for advancing the identification of the interests of the people in order to realize changes in their style of life, the team has an initial plan of intervention for individual intervention, the final needs are to be met, the work must be done separately. It coincides with the principles of treatment in additions, but there is no indication that there is a unique treatment for all persons and that it should not only address the drug use situation, but also other aspects that can influence the situation salud y bienestar de los sujetos.³⁵ As part of this strategy, the team seeks out the needs of the user while changing as the treatment progresses, taking care not to consider the psychological motivation as the only moving element.

In view of the fact that the psychosocial team of the program for the establishment of the relationship of aid, can develop different levels of intervention, as well as working models of working with people in situations. One of these influences, in the pursuit of public health, considers the abatement of the Social Determinants of Health.

Surge in the discussion a basic determinant and necessity to advance in the treatment processes of the users, the habitat situation of the persons being encountered in calf situation. If a lodge, in a first instance satisfies the need for food, no matter, plant as relevant to maintain the adherence to the treatment plan count with a habitable physical space. SAMHSA³⁶ argues that recovery processes require paramount dimensions: Compare healthy and physically fit mental health conditions, as well as live in a safe and stable environment. This is in contrast to public policy for people in cold situations, in Chile that operates from the escalation model to "Continuum of care".¹⁸ In this model, the ultimate debt for a person in the situation of each series is the access to the living, considering in this case a person who has passed through recovery processes. This model is opposed to the sugared by institutions and institutions that treat the treatment of people with alcohol dependence problems and other drugs and / or mental health benefits,^{36,1} which sustain a habitable space, allows to increase the adherence processes of the persons in the situation of call to his treatment plan, maintaining abstinence or reducing consumption. An important echo of this argument is the exposure of the members of the team, signaling that in the meanwhile the users are permanently housed in the winter hostels in the context of pandemic (continuing the 24 hours in them).

The advance in public policy for people in cold situations, during the last years, has led the Chilean system to incorporate the model "Vivienda Primero", based on the Model Housing Firtst,¹⁹ working on the implementation of pilots in some regions of Chile (Gob.cl, 2019), without evidence of the impact of its implementation. This model differs from the model in escalation, plant as central premise it has a life as a first step in the recovery of the condition of citizenship and the restitution of its basic rights, a model that will be installed in the Municipality of Osorno 2020 (MIDESO) and that the PAC-PSC team, visualizes as an opportunity to achieve in terms of conditions the treatment plan for some users.

The program of study, is described in the communication context, subordinating the validation of the properties of the personal properties and the potential of its capacities, as a herraamient estimated for the generation of cambio conductances, as well as the importance of validating the spaces and centers in them the encounters to build a genuine collaborative relationship. It is understood, moreover, that

the particular reality of the people in the situation is encountered by various social and cultural conditions that favor its exclusion, from the importance of working with institutional and communal speeches to generate greater conditions of life and conditions social and communitarian.³⁷⁻⁴⁰

Finally, as a result of this study, we will offer an approximation to the internal dynamics of a program that addresses the needs of people in the situation and what evidence in our country is needed and above all at the local level. Considering that this program is the only one in its region, the evidence presented can contribute to the generation of other programs that can also be installed in the future.⁴¹⁻⁴⁵

In relation to the limitations that this study presents, if a single case is not allowed to extrapolate the results to other programs, as well as to count the number of people who attend the program also powder can generate a session and only the mirada del team intervenor. As a projection, a series of interests will carry out comparative studies between programs that allow evidence of similarities and / or differences in the intervention processes concerning the dimension of the relationship between the persons and situations and the professionals, identifying the elements of the association of the intervention.⁴⁶⁻⁵⁵

Acknowledgments

None.

Conflicts of interest

The autor declares there is no conflict of interest.

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