

The Effects of Solution-Focused Group Therapy in Treatment Outcomes and Psychological Well-Being of Substance Abuse Clients

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Abstract

Psychosocial interventions are varied for substance abuse treatment. The aim of the present article was to investigate the effects of solution-focused group therapy with substance abuse clients in Kuala Lumpur, Malaysia, from July 2015 through August 2015. In a quasi-experimental design, fifty-seven participants were selected and they completed a pre- and post-assessment on Treatment Outcomes Questionnaire and Clinical Outcome in Routine Evaluation. Results indicated that the participants' treatment outcomes and psychological well-being significantly increased upon receiving solution-focused therapy. However, adaptation of its interventions, such as the miracle question and scaling technique may be necessary in response to collectivist and past-time orientation culture of Malaysian client.

Keywords. Solution-Focused Group Therapy, Substance Abuse, Cross-Cultural Counseling, Malaysia

1. Introduction

Substance abuse is a global problem and efforts to combat substance abuse are the number one priority in many countries including Malaysia (United Nation Office on Drugs Crime; UNODC, 2014). Malaysia being a multi-ethnic country located in Southeast Asia also subjected to substance abuse issues among its population. In Malaysia, the Malay ethnicity accounts for the majority group (50% of the population), followed by Chinese (22.6%), Indigenous (11.8%), Indian (6.7%), and other minority ethnicities such as Kadazan, Dusun, and Banjar (8.9%) (Department of Statistic Malaysia, 2014). The increase of clients with substance abuse issues in Malaysia is seen across all types of substances, including heroin, cocaine, and marijuana, among others (National Anti-Drug Agency; NADA, 2013). Malaysia has much to

explore and with which to experiment before it can arrive at truly effective ways and means to combat substance abuse.

Ghani, Brown, Khan, Wickersham, Lim, Dhaliwal, Kamarulzaman, & Altice (2015) investigated the outcomes of substance abuse programs by evaluating the perspectives and satisfaction of clients enrolled in the Cure and Care program – a government-assisted treatment and rehabilitation center in Malaysia. Their findings revealed that group therapy components focused on drug trigger management and behavioral change were helpful in contributing to outcomes (Ghani et al., 2015). Although there were positive results in treatment outcomes, the researchers provide less elaboration on which approaches were used in the group therapy given to the participants in the Cure and Care treatment program and to what extent the therapy contributed to outcomes and progress toward treatment goals.

The lack of attention given to psychosocial components of the ambulatory care programs in Malaysia have resulted in efforts to explore the potential of utilizing Solution-Focused Group Therapy (SFGT) in residential care settings. SFGT is a solution-oriented approach and is cost-effective therapy, but was not specifically designed for delivery in residential care settings (James, Alemi, & Zapeda, 2013). There is a need to test its efficacy for treating substance abuse in residential care settings (Mott & Gysin, 2003; Smock et al., 2008). Previous studies have focused on using this treatment in outpatient community settings (Coe, 2000; Spilsbury, 2012), rural settings (West, 2010), and college settings (Hayes, Curry, Freeman, & Kuch, 2010). Utilizing SFGT in residential care settings seems to further the contribution of solution-focused approach in creating efficient treatment for substance abuse clients. The findings of an extensive experimental research regarding SFGT utilization will make a significant contribution to the existing body of knowledge, in terms of retesting and refining solution-focused techniques and strategies that contribute to the eventual outcome.

2. Solution-Focused Group Therapy (SFGT)

SFGT is rooted in post-modernism philosophy of knowledge that believes in the notion of multiple truths in explaining a reality (de Shazer, 1991). This philosophy uses a social constructionist idea, according to which an understanding of reality is socially constructed based on one's perspective through language (Anderson, 1997). This philosophy is employed by SFGT in substance abuse treatment; that is, the reality of recovery is constructed by the clients themselves and the therapy focuses on building solutions rather than focusing on problems. The development of SFGT can be traced back to the work of de Shazer, Insoo Kim Berg, and associates in the early 1980s at the Brief Family Therapy Center in Milwaukee, Wisconsin (de Shazer, 1991; Berg & De Jong, 1996). They discovered that when clients are frequently asked about their problems and symptoms, they tend to be trapped in the problem-saturated story of their life. This prevents clients from seeing the fact that they do have some strengths themselves.

To heighten clients' strength, four main techniques were developed in SFGT. Exception questions are described as exploring clients' strategies in times when a problem was not very severe or did not occur. This is based on the belief that problems do not happen all the time in human life (de Shazer, 1991). Relationship-oriented questions are used to ask clients how someone else might see their changes. This is appropriate to apply especially with clients who

have difficulty in describing future changes or have poor insight skills. Scaling is described as a tool to measure changes toward desired goals.

Finally, miracle questions are essential in SFGT, making it very different from problem-focused therapy. Miracle questions serve as a tool to encourage clients to believe that change is possible; that is, clients focus on a situation where the problems do not exist, thus allowing hope in clients and more possibilities for change can be explored (Pichot & Smock, 2009). To simplify the techniques in SFGT, they are operated in future-oriented mode, in which clients are asked to project themselves into a future where the present problems do not exist.

2.1 SFGT in drug treatment

When applied to addiction treatment, substance abuse clients are viewed from strengths and potential perspectives rather than deficits and resistance. Clients are empowered with their own abilities to make change. Solution-focused approach in addiction is action-oriented, with little attention given to the clients' past. Current and future successes are more important. Soliciting the details of changes in the future serve as a mechanism of change in SFGT as it creates a catalyst for change in clients and leads to developing hope.

Over the past decade, SFGT has been a subject of interest for researchers in the field of substance abuse (Coe, 2000; Proudlock & Wellman, 2011; Spilsbury, 2012). However, as previous literature has studied the utility of SFGT in western populations, the conclusions do not permit definitive generalization to non-western populations. The utilization of SFGT in Malaysia is still at an early stage; thus, there is limited and inconclusive evidence regarding its efficacy compared to other drug treatment programs. Cross-cultural issues must be taken into account pertaining to the applicability of SFGT. Thus, this article aims to investigate the effects of SFGT on treatment outcomes and psychological well-being in substance abuse clients by considering Malaysian cultural sentiments (i.e., collectivism and past-time orientation).

2.2 Collectivism and past-time orientation

Malaysian being a collectivist and a past-time orientation society is supported in previous studies (e.g., Hofstede, 1991; Gong, 2001; Fontaine & Richardson, 2005). Collectivist cultures is characterized as enmeshed, interdependent, and contextualized, meanwhile individualist cultures is characterized as self-contained, independent, and clearly bounded. Malaysian society values collectivist culture, which is an emphasis is placed on "we" rather than "I" orientation in describing one's relationship with the group or society and the society focuses on group harmony and being loyal to fulfillment of group expectations (Fontaine & Richardson, 2005). Some values encompassed in collectivist culture include self-reliance and loss of face. Self-reliance in collectivist culture is described as one not being a burden to one's ingroup (e.g., family, relatives, and community).

Furthermore, Malaysia being a past-time orientation society prioritize traditions and normative tasks (e.g., fulfillment of social obligations like reciprocating favors) as sources for inspiration, motivation, and guidance to live in present. The context in which the Malaysian population depicts past-time orientation culture can be seen in their ways of thinking (Hofstede, 2001). In Malaysia, younger individuals often defer to their elders for inspiration and advice.

The cultural characteristics of Malaysian that practice collectivism and past-time orientation require the therapist to consider an approach that is suitable to the group. In SFGT, the client's frame of reference is utilized throughout the counseling process (Berg & De Jong, 1996). Since the therapist uses the client's worldview when interpreting meaning in the session, solution-focused therapy is a culturally sensitive approach and deserved to be explored in Malaysian context. Research question for this article is twofold; what effect does SFGT have on treatment outcomes and psychological well-being, and how cultural sentiments play its part in creating a solution-oriented story in recovery.

3. Method

3.1 Population

This article employed a quasi-experimental research design on a single group. The target population was individuals who (a) had a history of abusing substances, (b) had no co-occurring issues set for other major disorders in DSM 5, and (c) were currently not in drug substitution program.. The drug treatment center involved was Cure and Care 1Malaysia Clinic, a residential drug treatment clinic in Malaysia.

3.2. Instruments

First, the Outcome Questionnaire (OQ; Lambert, Lunnen, Umphress, Hansen, & Burlingame, 1994) was used to assess the outcome of SFGT. The OQ consists of 45 items and it is designed to be short, cost-effective and measure changes over time. The treatment outcome is assessed by evaluating three subscales: symptom distress (SD), interpersonal relationships (IR), and social role (SR). The subscales are used to determine any problems in clients' everyday functions and responses are based on participants recollection of the preceding week. This instrument was reported to have high internal consistency value for total score $\alpha = .94$, and the value of .93, .78, and .70 respectively for the SD, IR, and SR subscales (Boswell, White, Sims, Harrist, & Romans, 2013).

Second, the Clinical Outcome in Routine Evaluation (CORE; Mellor-Clark, Barkham, Connell & Evans, 1999) was used to assess the status of the participants' psychological well-being over the course of treatment. The CORE consist of 34 items that measures four subscales of psychological wellbeing: symptoms, life functioning, risk/harm to self, and general well-being. This instrument has been demonstrated its ability to assess the participants' progress in routine settings and has been tested in different culture, such as $\alpha = .88$ with Chinese community in Britain (Ming, 2001) and $\alpha = .94$ with a diversified clinical sample using the Norwegian language version of the CORE (Skre, Fribog, Elgaroy, Evans, Myklebust, & Lillevoll et al., 2013). Both of the instruments were translated into Malaysia Language. The Malaysia language version of the OQ and the CORE obtained overall internal consistency value of Cronbach's alpha .93 and .87 respectively.

3.3. Procedures

This article received permission from the Institutional Review Board (IRB) of the university and from the research site prior to conduct the treatment. A screening and assessment was conducted to all clients; resulted to sixty participants. The participants were scheduled to meet at a pre-group session. The researcher who was also the group therapist. Participants were advised that the session would be audio-recorded and they were also be informed that

while participating in the treatment, they would not have standard group therapy at the treatment center. However, they could still continue to have other regular therapy sessions at the center (e.g., spiritual guidance sessions, etc). SFGT served as a treatment and it was provided for the participants in July through August 2015.

3.3.1 Pre-testing

During pre-group session, an instrument booklet consisting of demographic information, substance abuse history, the OQ, and the CORE instrument was distributed to each participant.

3.3.2 Treatment

The treatment consists of a four-week SFGT. The approach's techniques and strategies was adopted from Pichot and Dolan's manual of SFGT (see Pichot & Smock, 2009), that consists of major techniques in solution-focused therapy.

3.3.3 Post-testing

The data from two instruments: the OQ and the CORE were collected at the end of the group therapy at week four.

3.4 Data Analysis

Quantitative analysis was used to assess the effects of SFGT on participants' treatment outcomes and psychological well-being and summary analytical procedures of content analysis was performed. Content analysis was used to do a micro-examination of more macro psychological well-being constructs in participants. Each group transcript was first coded independently through the process of words count. Then, the participants' spoken words were manually counted and associated words/synonyms were themed together (e.g., "God loves me" and "go to mosque" constituted the same theme; spirituality). Words referenced at least five times per group were deemed sufficient to support the themes.

4. Result and discussions

4.1 Participants

Fifty-seven clients agreed to participate in the present research and completed pre- and post-test measurements. From the total ($n = 57$), six groups of SFGT were formed. All the participants came to the session consistently for four weeks. The participants were males of Malay ethnicity, who identified their religion as Islam ($n = 57$). Their ages ranged from 19- to 60-years-old with a mean age of 33. The majority of participants (45.6%) were below the age of 30, 33.3% were below the age of 40, while the remainder (21.1%) ranged in age from 40- to 60-years-old. With respect to participants' marital status, a majority (71.9%) were single, 19.3% were married, and the remainder (8.8%) were divorced.

4.2 Analysis

To answer whether SFGT have effects on treatment outcomes, results from a paired t-test showed a statistically significant difference between pre-test ($M=118.00$, $SD=6.14$) and post-test ($M=105.18$, $SD=24.10$, $p = .001$) Mean scores for the OQ were decreased at post-test (i.e., participants' outcomes increased), which suggest SFGT had had effects on treatment outcomes. Analysis was conducted for each sub-scale of the treatment outcomes; symptom

distress, interpersonal relationship, and social relation. Significant differences were found on all subscale ($p = .001$) but social relation.

The results also indicated a significant difference on psychological well-being between pre-test ($M=119.71$, $SD=6.12$) and post-test ($M=72.68$, $SD=18.52$, $p = .001$), which suggests participants' psychological well-being significantly increase immediately post-treatment. Moreover, significant differences were found on all components of CORE; symptom, life-functioning, harm to self, and general well-being ($p = .001$).

Results from the correlation analysis indicated a statistically significant relationship between psychological well-being and treatment outcomes ($r = .719$, $p = .001$). The correlation value indicated that 52% of the participants' differences in treatment outcomes score is associated with their differences in psychological well-being ($r^2 = 0.52$).

4.3 Content Analysis

Identified words were categorized into three areas; collectivism, past-time orientation, and psychospiritual.

Collectivism. The participants described the importance of family and/or group oriented in helping them to change toward recovery. This evidenced through their verbal response towards miracle questions and subsequent use of family or extended relatives words when processing their response. For example, group four described their hope as to see their parents and children "happy" again, just like they were before substance abuse issues became the central of family matters; during this time, the participants repeatedly used the sentence as in "...putting the family first gives me motivation to stay in recovery". Similarly, group one used the following circular description in addressing the importance of group harmony: "I have done so many things [substance abuse issues] that embarrass my parents and they have to bear with it for the rest of my life..its time for me to give back their dignity". This remarks supported the values of face saving in collectivist culture.

Past-time orientation. The importance of traditions was highlighted in content analysis related to participants' being a past-time orientation society. For example, most participants processed a situation where they faced a harmony back then before drug use, as a response to the miracle question. So, instead of projecting the future, the participants noted attempting to recall past time in their life. One of the participants used the following description in addressing the values of traditions: "My father was a drug addict too, I wonder what he would have done when he was in my spot right now.." This remarks supported the values of traditions and the participants utilized them as direction for change in the present-time orientation.

Spiritual. Participants also reported that spiritual and the concept of higher power as contributive factors in the process of change toward recovery and enhancing psychological well-being. When discussing the construct of spirituality and its influence with their motivation to maintain changes toward recovery, one of the participants remarked, "I know I have done very bad things in the past... being brought up as a Muslim... being loyal to my God is a huge factor" and "I think the largest influence". Likewise, another participant reported "my core beliefs that my God [Allah] has better plan for me come into it [changes toward

recovery] and that is how I interpret it [the situation of being resilient in maintaining recovery].” In clarifying the construct of spirituality and its relation to solution-based story, the participants noted that “believing that God knows best has provided us hope.... as long as we have faith in the process”.

4.4 Confounding variables management

The researcher used the SFGT Analysis Form (see Coe, 2000) to reduce and minimize improbable confounders on treatment outcomes. Two licensed counselors were appointed as evaluators to evaluate the therapist, who each listened to audiotaped recordings of SFGT sessions. The results of the session analysis indicated that 87.51% of the interventions used by the therapist were solution-focused and this meets the criterion 75% cutoff score. Thus, therapist adherence to SFGT guidelines was confirmed.

4.5 Discussion

Overall, the results of this research, concludes that SFGT is appropriate to be utilized with substance abuse clients in Malaysian context. The findings are congruent with the literature supporting that SFGT had effects on treatment outcomes (Smock et al., 2008) and increased overall functioning (Proudlock & Wellman, 2011).

The CORE was chosen to measure participants change in psychological well-being and its relation to treatment outcomes. Results found a significant difference occurring from pre- to post on the CORE. Since the items of the CORE measure co-occurring issues associated with substance abuse, such as depression, anxiety, self-harm, and trauma (Compton, 2003), this article concludes that significantly improved change scores on the CORE indicate improvement in co-occurring issues after SFGT treatment. SFGT has also been shown to reduce psychological symptoms in substance abuse clients and has a significant relationship with improved treatment outcomes (Coe, 2000; Li, Armstrong, Chaim, Kelly, Shenfeld, 2007), decreased chances of relapse (Sacks, Sacks, McKendrick, Banks, & Stommel, 2004), and prolonged abstinence (Sigmon, Steingard, Badger, Anthony, Higgins, 2000). The research findings also support previous research on the role of symptoms (i.e., depression, general anxiety, and trauma) in predicting treatment outcomes among substance abuse clients.

The findings of the article support the utilization of SFGT in non-western population on better treatment outcomes among substance abuse clients. In using SFGT with Malaysian population, Malaysian cultural values can be utilized to put meaning in the reality of recovery. The reality of recovery in a collectivist culture took the form of “*I want to stay sober so that I would not have to be a burden to my family.*” This expression stresses the cultural dimension of face saving value in Malaysia. This is very different from individualistic cultures where recovery is expressed as “*I want to stay sober, so that I could have good life and move on.*” As such, while this research acknowledges that sobriety has a common meaning across populations (that is, sobriety means leading a drug-free life), collectivist values determine the contextual manifestations of being sober wherein sobriety is also interpreted as not being a burden to one’s family.

Despite such compelling findings, this article also addresses some cross-cultural issues in applying SFGT in Malaysian context; time orientation of different cultures. Solution-focused approach utilizes future-time orientation in the sentence structure in order to project

changes or solutions that may occur in the future. This is contrary to the past-time orientation of many Malaysians, where they favor traditions as they bring inspiration, motivation, hope, and direction for change in the present-time orientation (Hofstede 1991; Gong, 2001).

For this research, the miracle questions occasionally had to be rephrased to focus on a time when the participants experienced harmony with all people and things or when things were better back then. Rewording the miracle questions in this article is congruent with the practice of other researchers, such as Meyer and Cottone (2013) who restructured the miracle question to a present-time orientation when they worked with American Indian clients. This concludes that it is important for the therapist to work with the client's time orientation to explore more potential resources that the client can use to create a solution story in therapy.

Furthermore, the participants of this article expressed the importance of spirituality in their journey of recovery. That is, the comfort derived from spirituality, which ultimately helps increase general well-being. The findings from this article that incorporate spirituality into psychological well-being upon receiving SFGT, will come as no surprise to treatment providers in Malaysia, neither this is new to the field of substance abuse. Many clinical psychologists viewed that spirituality is a dimension human experience that warranted scientific investigation (e.g., Arnold, Avants, Margolin, & Marcotte, 2002). The finding of this article, although preliminary, hoping it could encourage clinicians and researchers to integrate the role of spirituality in investigating the effectiveness of drug treatment program.

5. Conclusion

In conclusion, the points of the findings highlight the significance positive effects of SFGT in treatment outcomes and psychological well-being of substance abuse clients. This article considers cultural sentiments in discussing the effects and application of SFGT in a multi-cultural country, Malaysia.

Research Involving Human Subjects

Statement of Human Rights. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

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