

Få dem att vilja

Motivationsarbete inom tvångsvården av vuxna missbrukare

Motivational work with adult substance abusers in coercive care

av

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ISBN 91-7153-070-2

Abstract

The coercive care of adult substance abusers is aimed at motivating them to seek voluntary treatment. The purpose of the present study is to throw light on how motivational work is perceived and articulated by care providers working in coercive care.

To select the LVM institutions for the study, an initial survey was made of the motivational work being carried out in the entire area of substance abuser care, both coercive and voluntary care. From this survey four institutions were strategically selected on the basis of their therapeutic points of departure. The focus group method was used for the data collection.

The care providers at the four LVM institutions gave different pictures of coercive care, although they worked under the same paragraph of the law. The differences could be attributed to their different therapeutic points of departure. It was impossible to discern an explicit description of motivational work at any of the LVM institutions. The care providers did not present any methods or techniques that clearly differed from what we call diagnosis, education or upbringing. In their view, everything they did aimed at increasing their clients' motivation. There were three main tools the care providers used to accomplish their central task of transforming unmotivated clients into persons who choose not to be substance abusers: assessment, treatment and the establishing of a relationship with the client and working within its framework. The clients' needs were described in a corresponding way. They were to be led, taught or compensated. Only one of the four LVM institutions specifically treated the clients' substance abuse problems. At the other three institutions, substance abuse was considered either secondary to the clients' other problems, a symptom of underlying problems, or a topic to be avoided in order to focus on future solutions. The clients' resistance and negative attitudes to coercive care were obstacles that care providers tried to overcome by various means. They encouraged clients to regard coercion as a privilege or tried to make them feel at home, or else the care providers worked as if the coercion did not exist. All in all, the picture that emerges is that because of the coercive element the care provided was without contours, the clients did not have a range of options from which to choose. The only thing the care providers could do was to get the clients to stay at the institution, or bring them back if they ran away. The goal of getting clients to take the next step into voluntary treatment had to give way to the less tangible goal of exerting a positive influence on them – of “sowing the seeds of change”.