THE EXPERIENCES OF SERVICE USERS IN FAMILY FOCUSED INSTITUTIONAL ADDICTION TREATMENT

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ABSTRACT

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The aim of this study was to increase the knowledge about the experiences of service users in family-focused institutional addiction treatment. The research data was collected in a family focused substance abuse rehabilitation facility. Our target group was five service users (parents) in the treatment.

The study is conducted as qualitative research. The research method was semi-structured individual interviews with the service users. We chose this method, because it gave us a chance to gather individual experiences in a discursive, interactive atmosphere. Based on these interviews we conducted a thematic analysis to identify common themes and to structure our findings accordingly.

Our main results show that the service users experience the presence of their family members as a crucial part of their rehabilitation process. They also show that the presence of other service users in similar life situations is experienced as an important aspect of their treatment and is a contributing factor to mutual peer support. The multi-professional expertise of the staff in both family issues as well as substance abuse problems is experienced as another asset within the therapeutic process.

In conclusion, the integration of family members and otherwise close persons into the rehabilitation process should be further increased. Especially children should play a more active role in the process and their perspective should be more acknowledged.

keywords: substance abuse, family, peer support, treatment, experiences, qualitative research

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1 INTRODUCTION

A variety of social services in Finland are aimed at parents and families as a target group. Similarly, there are several services provided for people with substance abuse or other addiction issues. In our research we were interested in a group of service users that uses a combination of these services; namely service users in family focused institutional addiction treatment. Specifically, we attempt to find out about the experiences of these service users regarding their treatment process and analyze the findings from a social service perspective as well as from a diaconal point of view.

We conducted our research in a substance abuse institution in Southern Finland. The institution will remain unnamed. Additionally we included a chapter containing a short diaconal reflection of our thesis findings. As for the timeframe of our research process we gathered the material between the year 2010 and 2013.

We use the term service user to describe the recipients of the treatment since it is the dominant and politically correct expression used in social work today. While in other professions different terms are used, we decided to use a term that corresponds with our professional perspectives.

The aim of this research is to discover how family-focused institutional addiction treatment is experienced by the service users. In the context of this study the defining characteristic of family focused institutional addiction treatment were the combination of family and addiction services, the institutional nature and the specialization of the services to the target group. The target group in this context is service users that are in need of both of these types of services. Of particular interest for us is how the combination of family-, and addiction focused social services is experienced by the service users. We intend to explore if and possibly how these two aspects interact from the point of view of the service users.

Since the nature of this research is qualitative, we focus on listening to the stories of the service users and conducting an analysis of their descriptions. Our aim is not to fully cover the service users’ roles within their families or as social service users in the course of their lives, but specifically within the framework of the current service environment. The focus lies on the service user's experiences during the treatment and regarding the treatment received. We aim to find out concretely what it means for them to be a service user within the service environment present in such an institution.

The reason we conducted this research is to increase the knowledge about parents and other users of family services in specialized institutional addiction treatment in order to refine the understanding of the specific needs of this subgroup. Our research could serve as a useful text for others trying to research or improve the services for this group. Lastly, it was an exercise as part of our studies to improve our ability to research and present findings of scientific value.

2 BACKGROUND INFORMATION

2.1 Substance Abuse Services in Finland

The provision of health services and addiction treatment in Finland is a responsibility of the municipalities (§3 Päihdehuoltolaki). The Law regulating the treatment of substance abuse problems, the Päihdehuoltolaki defines the goals of the treatment in §1 as such:

> The goal of substance treatment is to prevent and reduce substance abuse and promote the wellbeing and safety of the substance abuser and their closest.

Finland's National Institute for Health and Welfare gives an outline of the services for substance abusers in their latest official Yearbook of Alcohol and Drug Statistics:

> Outpatient services form the core of services for substance abusers. These services are complemented, if necessary, by institutional detoxification and more long-term rehabilitative institutional treatment as well as by day activities, housing services and peer support that give support for daily life. Persons with substance abuse problems can also seek help from general health and social services. Some persons with substance abuse problems and persons close to them can also seek help from peer support, such as AA groups. (Terveyden ja Hyvinvoinnin Laitos 2013. Päihdetilastollinen Vuosikirja 2012, 90.)

While the municipalities are required by Law to provide these services the municipalities have a lot of freedom in regards to how they provide these services to their inhabitants. There is a broad range of solutions and options for the organization of these services. Possible solutions are services via general health care centres, special addiction treatment facilities as well as cooperation with other municipalities or private service providers. Also NGOs play a role in the therapeutic ecosystem, like Alcoholics Anonymous, Narcotics Anonymous or the churches. (Lappalainen-Lehto, Romu & Taskinen 2007, 129-139.)

According to the official yearbook of Alcohol and Drug Statistics 2012 the number of service users in long term institutional care has decreased by 22 percent from 2005 till 2011, while the number of service users of detoxification treatments in general has increased during the same time frame. This marks a trend away from institutional care towards other forms of treatment in Finland. (Terveyden ja Hyvinvoinnin Laitos 2013, Päihdetilastollinen Vuosikirja 2012, 91.)

2.2 Institutional Substance Abuse Rehabilitation

Substance Abuse Rehabilitation is considered a sub group among all drug abuse related services in Finland. Substance abuse related social- and health

services can be discerned into five different groups: General services of the social office, somatic health care, psychiatry, rehabilitative treatment and the services of substance treatment for underprivileged. (Kaukonen 2001, 117.) Drug rehabilitation usually starts after a period of detoxification which can vary in length. Sobriety is a common prerequisite of rehabilitative services although in some cases a reduction of use as a goal is possible.

In the context of this study institutional treatment means that the service users live in the institution providing the services and spend most of their time there. However, it is important to note that there are also housing services with combined substance abuse services. The difference between the two categories is that the housing is not the primary service and reason of stay for the service users in institutional rehabilitation and the stay is planned for a limited time.

Substance abuse rehabilitation includes several different types of services. A-klinikkasäätiö, one of the biggest providers of specialized substance abuse and addiction treatment in Finland lists discussion-based therapy and functional therapies as the two primary types of therapy. Discussion therapies include individual therapy, couples-, and family therapy, group therapy and network therapy as different forms of treatment. Functional therapy includes music, art or crafts. In addition there are accompanying social and health services such as mapping the service user's general social situation, substitution therapy and additional physical treatments like massage, relaxation or aromatherapy. (A-klinikkasäätiö)

According to A-klinikkasäätiö the main idea of family therapy is that it addresses a family as a whole instead of an individual service user. Family therapy is described as follows:

> Couple- and family therapy means conversational help with a worker or workers to clarify the family situation and to find new point of views. Its purpose is to explore, understand and treat the problems of the family members in the inner interaction of the

> family, taking into consideration the aggregative situation of the family and the resources of the family. The core idea is to treat the whole family, not just one member of it. (A-klinikkasäätiö, www.a-klinikka.fi, accessed 13.9.2013, translated by Sara Dhakal)

One of the characteristics of the service environment is the presence of a variety of staff members from different professions. Multiprofessional team work involving social workers, nurses, physicians, psychiatrists and family workers have become an essential part of the work in the institution already when it was established. During the years, the basic ideas in the background of the institution have been inherited to form the basis for alcohol and drug abuse treatment throughout the country. The institution is an institution specialized for the treatment of addictions in Finland. Therefore it has a significant role in the service sector. It offers a range of inpatient programs, including short-term alcohol detoxification, short-term and long-term managed withdrawal from various substances, a therapeutic community program, a rehabilitation program which includes a women's unit, a men's unit and a mixed unit, where people can come also as a couple and a family treatment program. Some of the patients are in substitution treatment, others are not.

In the treatment the service users form a community and many of the therapeutic and educative sessions happen in groups, similarly to therapeutic communities. Therapeutic communities have been distinguished from other modalities of substance-abuse treatment by their comprehensive range of interventions provided within a single setting and an emphasis on the community itself as primary therapist (Eliason, 2006). Peer support intervention is a process in which clients are responsible to both themselves and one another, with group consequences for individual behaviour. Moreover, positive 'peer pressure' is expected during the process as central principles of treatment programming.

As De Leon (2004) describes, the overarching goal of treatment is to establish skills to maintain a drug-free way of life. The initial phase of the process is known as orientation. During this process treatment are progressive, and

advancement is marked by a client's ability to meet the strict demands of the daily routine and earn privileges through behavioural and psychological change.

One has to acknowledge that increased autonomy should be established as client accepts more and more responsibility regarding duties within the residence, peer support, and his or her own behaviour. The increased autonomy leads to the Re-entry phases of treatment. Re-entry phase is the final phase that prepares individuals for re-entry into the community. The expectations during this period are to obtain employment and independent living outside of residence (sometimes together with other peers). The idea is to target sustained recovery from addiction.

The concept for the peer-to-peer intervention is to make clients more autonomous with their life and surroundings with treatments gradually lowered and finally stopped. The process starts from orientation which focuses on clients' ability to meet behavioural and psychological change.

Naturally, the transition expected is the complete shift from residential living back to the community (for a more comprehensive review, see De Leon, 2004).

2.3 Family Focused Rehabilitation

As mentioned earlier the Finnish Substance Treatment Act explicitly mentions the care of relatives as an integral part of the treatment provided for the substance abusers themselves. Besides §1 this is stated additionally in § 7 where it says.

> Substance Abuse services must be provided for a person with problems relating to substance abuse as well as for his or her family and other persons close to them, based on their need for treatment and protection.

This paragraph shows that the Finnish Legislator intended the family and other close persons to be included in the provision and planning of substance abuse related services.

Family work as a part of institutional drug rehabilitation developed in Finland around 1963 when the increasing number of visits of family-members to social workers, nurses and doctors was noticed in official statistics. This started a process of integration of close family members into the therapeutic processes of the service users and creating a service environment that acknowledged the needs of these close family members themselves. Studies by Bruun and Markkanen showed that the treatment of alcoholics yielded better results if family members were included as well. (Ahonen 2005, 129.)

Although family focused substance abuse rehabilitation has increased it is still a rarely used method of rehabilitation for families. Riitta Hyytinen describes the state of family focused substance abuse rehabilitation as such:

> There is quite little family focused substance abuse services available, even though the amount is increasing. The contents` of the rehabilitations vary, but only in few forms of rehabilitation the point of view of the child is central or the child is him/herself the actual client receiving the rehabilitation. (Hyytinen 2006, 17., translation)

Hyytinen appeals in her book to make more room for the expressions and needs of the children.

According to Jan Keene, drug rehabilitation programs that focused on the social dimension of the users' drug issues, both on a family and on a community level, were more successful in treating addiction and preventing relapse. He also shows that this is true for both in treatment as well as after treatment social factors. (Keene 2010, 59.)

Separation from spouses and children can be a serious side effect to both the process of starting substance abuse as well as the process of quitting as this

quote illustrates.

> This picture of how drug users understand their social worlds indicates that drug use is perceived to be associated with increasing access to inclusive social networks of drug users and decreasing access to exclusive non-drug using partners and parents. (Keene 2010, 129)

Even though Keene mentions non-drug using partners and parents, the assumption of exclusive effects of drug use can certainly be extended children as well. The idea of family focused addiction treatment addresses this issue since it is at its core about including the whole family. The inclusion of other family members in the therapeutic process can be remedy to the negative effects of this social isolation.

> The transition process from supportive drug-using social networks to non-using groups may be difficult and/or involve a period of social isolation, which few are equipped to cope with without help (Keene 2010, 130).

Similarly international researchers suggest that mothers with corresponding treatment programs share the similar experiences. For example, the Engaging Moms (EM) program in Mississippi, USA, which was initially developed for mothers of cocaine-exposed infants involved with child welfare (Dakof, Quille, Tejeda, Alberga, Bandstra & Szapocznik 2003). EM interventions are also guided by principals derived from multidimensional family therapy and incorporate approaches focused at the individual and family level. Important, the EM is a manualized home-based 12-week intervention designed to promote maternal enrolment and retention in substance abuse services (Dakof et al., 2003). When the rates of moms continuing the treatment successfully in this program were compared to the ones who participated treatment as usual (without the children), the difference was from 30 to 40% in different phases of the treatment (higher in EM).

2.4 The Role of the Social Environment in Substance Abuse Rehabilitation

Petri Kylmänen categorizes the actors of drug-prevention, including the prevention of relapse, for young people into three categories: the individual and the family at the core, the social interest group in a wider circle, and lastly the wider area of residence (Kylmänen, 2005. 17).

Giving up drug use can be seen as an act of leaving a certain social environment, with all the social contacts and benefits that come with it, as Jan Keene describes in his book Understanding Drug Misuse:

> The previous chapter has illustrated how starting drug use is seen, by the users themselves, as a social process where they are integrated into a social support network. Similarly, Stopping is seen as an anti-social process that involves breaking away from that social support network and relapse as a re-integration with the network. (Keene 2010, 131.)

In his book he outlines how not only are the community and social aspects of drug important for the process of starting and quitting drug use, but they are also how these processes are primarily experienced by the users. At another point in the book the author warns of the consequences of mixing drug-using and non-drug-using clients:

> Similarly if users associate relapse with drug-using friends, it would be important for them to avoid all contact with drug using social groups in order to avoid relapse (Keene 2010, 130).

3 METHODOLOGICAL FRAMEWORK

3.1 Research Question

The setting in which our research was conducted was an institution providing family-focused institutional addiction treatment. Our research question was

derived from the general characteristics of such an environment. The core question of our research is how this particular arrangement of services is experienced by the service users.

3.2 Data Collection Method

When we started our research process we intended to utilize semi-structured individual interviews as the primary method of our data gathering process. The reason we chose individual interviews is that they allow for a more personal, subjective account than a focus group interview where consensual, group centred perspectives might interfere with the subjective expressions of the individual interviewees. We chose semi-structured interviews because they allow interviewers to adapt to the interview situation which again suits the subjective nature of our research topic and allows for more personal account. However during our research process our conversations with the interviewees ended up staying very close to the questions we had prepared, which means that in practice our interviews were closer to structured interviews in nature. One of the reasons for this was that in order to obtain a research permit we had to submit our interview questions beforehand to the institution issuing the permission so, as a result we didn't have the possibility to conduct the interviews as flexibly as originally intended. Nevertheless during the interviews we received valuable data by asking our prepared questions and thus saw no reason to extend or change the topics. During our first interview we also noticed that the more structured approach allowed us to occupy a more neutral position during the interview and let the interviewees do most of the talking without our guidance.

3.3 Interview Approach

During our planning process we found ourselves confronted with the question of how we see our roles as researchers and interviewers in the data collection

process in the interview situation and how these roles affect the way in which we can collect data relevant to our research question. We tried to position ourselves in the framework of three major ideologies of data collection, namely positivists, emotionalists and social constructionists (Miller & Glassner 2004, 125). Positivists believe verbal communication is a viable tool enabling researchers to access objective information and interviews allow us access to objective data. Emotionalists view unstructured open-ended and often naturally occurring communication as a better tool to produce real accounts and point out the flaws of overly sterile interview situations. Radical social constructionist deny the possibility of creating these authentic accounts altogether and see the interaction between researcher and participant as a social interaction instead of an account of reality. (Miller & Glassner 2004, 125.)

Miller and Glassner propose not to abandon the idea of accessing relevant and objectively useful data through interviews while still acknowledging and adapting to some of the valid criticism voiced by emotionalists and social constructionists. They represent an anti-dualistic tradition of understanding data gathering through interviews. (Miller & Glassner 2004, 126.) For our own research purposes we attempted to employ such an anti-dualistic methodological approach as well.

As mentioned before emotionalists criticize heavily formalized interview situations as being a hindrance to the authentic accounts of the interviewees experiences. They believe free-flowing natural talk can produce more authentic accounts of social reality. In their perspective the fact that more open interview situation is a better known social setting for the interviewees than a formal procedure enables them to give more accurate accounts of their social reality. To reduce the disadvantages of an overly sterile and distant research approach Miller and Glassner suggest creating a more open and natural conversation by being open and honest about the researchers own interests and goals. They argue that revealing one's own interests and perspective will create more trust between interviewer and interviewee and a more natural social setting for the interviews to take place thus allowing the interviewees to express themselves

more authentically. (Miller & Glassner 2004, 129.) In our methodological framework we try to emulate this approach and attempt to create n open and friendly environment be disclosing our own interests and objectives. It is also important to note that Sara Dhakal was conducting the research while being in a placement in the same institution. For this reason many of the interviewees knew her already, which helped create an atmosphere of trust. We will later discuss how our present and earlier roles as trainees in the institution of question might have impacted our perspective in the research process.

A social constructive view of interview situation is the idea that data stemming from interviews is not gathered, but is instead generated as a result of the social interaction (Baker 2004, 163). Baker emphasizes that asking interview questions is a social action that should be a central part of the research data. According to her the participants of the interview situation create data through their interaction that is largely based on what she calls the parties' cultural membership. The generated data is a result of the interviewees and the interviewer’s cultural membership, which means their perspective and actions as participants in a social interaction. Baker proposes to utilize what she calls membership categorization device analysis to contextualize the social interview situation and better understand the motivations and ideologies behind the participants' social actions. (Baker 2004, 162-176.)

While we still believe in the possibility to collect data in a positivist sense we also believe that Baker's and other social constructionists’ criticism is valid since demonstrates how the social context influences the qualities of the accounts of the interviewees and the type of data that is gathered through the interview. To implement this criticism of the conventional neglect of this type of secondary data we tried to be observant of the interview situation and the social interactions that take place within it. That is why we decided that one of us was adapting a position of an observer during the interviews. The notes from these observations served as help to understand the data from the verbal communication. We decided that Dietmar Fritsche would focus mainly on the

observation of the interview situation and Sara Dhakal would conduct the interviews.

3.4 Design of the Interview Questions

We created a catalogue of interview questions following certain predetermined focus areas to give the interview structure. We started with questions regarding the service users' practical routines at the family unit to get an overview of their treatment process. Based on this we further explored how they viewed their role as service users during those practical routines, in particular how they feel they are treated and how they are participating. We also tried to address important events in the interviewees' treatment processes besides the regular treatment. See the appendices 1 and 2 below for the exact interview questions.

3.5 Reflecting our Personal Perspectives and Roles

When the interviews were conducted one of us was on a study-placement at the institution in question. It is important to reflect how this fact has had an influence in our research process. We aimed to separate the two roles, a researcher and a trainee, from each other but since the interview process and the placement happened simultaneously it was sometimes challenging. It is also important to remember the role this researcher had within the service environment and how it might have affected the relationship with the interviewees. Even though the researcher emphasized to the interviewees that the answers are completely confidential and do not affect their treatment process, the probability that they regard him/her as part of the staff might have had an influence on the way they answered the questions. We felt that the interviewees where honest and sincere, but we cannot know if they told everything that was in their mind.

The second author of this thesis has too been on a placement at the institution, but not at the time of our data collection process. The author's relationship with the interviewees was therefore different of the other, since the interviewees

didn't know him and his role in the social interaction with the interviewees was solely that of a researcher. Based on the interview approach we outlined in chapter 4.2 we decided that the author who was currently on a placement would mainly be the one talking and conducting the interview. As mentioned in this chapter we believe that familiarity between the interviewer and the interviewee can help alleviate the formality of the interview situation and allow for more natural conversations. The familiarity between the main interviewer and the interviewees in the service institution also helps the parties involved to understand each other's interests in the research process, something that Miller & Glassner recommend (Miller & Glassner 2004, 129).

The second researcher naturally occupied more of an outside position in the interviews, which is why we decided that this author would take an observant role in the interviews. This author concentrated on observing the interview situations and only contributed to the interview in rare occasions.

While we occupied different roles during the interview conduction, during the data analysis our previous placement experiences put us both in a similar situation. We both had to find out how our previous placement experiences could be a factor in the way we understand and analyze the data. Our previous roles were similar to those of employees since we were working for the service institution. As students of social services we also intend to work in more or less similar institutions. This could influence our assumptions regarding the importance, necessity and effectiveness of the services since they ultimately justify our employment and professional skills. We might assume that the elements of the therapeutic process are experienced as helpful because we want them to be helpful based on our professional identity. To counter this it is important to be very careful when it comes to the assessment of these elements in the accounts of the interviewees and to be aware of our own bias. It is important to separate the role of the researcher from that of a practitioner.

Another issue worth mentioning is the possibility of us replacing or extending the experiences of the interviewees with one's own. As the authors of the

research we naturally hope to give a conclusive and extensive description of the interviewees' experiences, which creates the risk of substituting perceived "missing information" with one's own understanding of what is of importance. What we perceived as important might not be important for the service users. To counter this we must stay close to the primary data in our analysis and when drawing conclusions. Similarly to the idea of disclosure of interest creating more natural and viable interview data, the reflection and disclosure of potential bias to ourselves can help create a more viable analysis (Miller & Glassner, 129).

3.6 Data Analysis Methods

We based our data analysis method on the concept of thematic analysis. Braun and Clarke define thematic analysis as a "method for identifying, analyzing, and reporting patterns (themes) within data" (Braun and Clarke 2006). Based on this idea we aimed to identify these themes or patterns in the accounts of the interviewees and structure our analysis of the interviews accordingly.

The reason we chose thematic analysis as a data analysis method is that it a flexible method and allows us to adapt to the data that stems from the interviews. Because the interviewees themselves are the experts in regards to their own experiences we need to be flexible in our approach since our own pre-conceptions of what are the important themes in their experiences might differ from the interviewees' perspective. This method allows us to take a more neutral position in the development of the theoretical knowledge stemming from the data. Thematic analysis is an inductive analysis method since it aims to develop theoretical knowledge on the basis of the collected data instead of testing a pre-existing hypothesis in the light of it.

We searched the expressions of the interviewees for recurring themes and structured our analysis according to them. Then we conducted an analysis of these themes in more detail. It was important for us to sort the data in a way that is representative of the common experiences of the interviewees but at the

same time didn't ignore interviewees accounts that were contradicting or only important to some of them. We tried to set the themes in a way that would be as inclusive as possible while still giving structure to our analysis. We used our best judgment to determine which themes were the most representative of the interviewees' experiences, not only based on the frequency in which certain topics were addressed, but also how essential and important it was for the interviewees to address them.

3.7 Ethical Considerations

All information concerning the identity of the institution and the service users, as well as the timeframe of our research remains undisclosed. The only details we mentioned to characterize the place of conduct are, that it is an institution in southern Finland that is providing family focused addiction treatment. In addition, our interviews did not reveal intimate details of the interviewee's life or history, but focused on their experiences in institutional treatment itself, making them less identifiable. We reached informed consent concerning the details of our study with all participants. As for the protection of data, we used state of the art anti-virus and anti-malware software on our private computers and did not store the collected data online.

4 THEMATIC ANALYSIS OF THE DATA

4.1 Identifying the Themes

We had five individual interviews. They lasted from 10 to 20 minutes each. We recorded them in the institution in a soundproof room. During the interviews one of us concentrated on the recording and observing and the other one of us was in the role of interviewer. Afterwards we transcribed them and made the analysis from the transcripts. Altogether the transcribed interviews produced 32

pages of text of the same format as this thesis.

In the following chapter we will discuss the different themes we identified within our collected data. When we first started to analyze the data we recognized certain phrases and topics that were repeatedly used by the interviewees. It was important for us to not only take the frequency in consideration in which certain themes came up but also to take into consideration how our own questions might have influenced the answers of the interviewees and how the interviews mentioned certain themes. Considering on all these factors we tried to understand what was important in their experiences.

While the quotes in this thesis are in English, we analyzed the data first in Finnish, found the themes, chose the quotes and translated them into English. After that, we continued the analysis in English. However, since one of us does not speak Finnish as a mother tongue a clear distinction between original text and translation was not always entirely possible.

After familiarizing ourselves with the data we identified the following themes in our data: the family experiences, the community experience and the experiences with the staff. These were the issues that we felt were emphasized by the interviewees and the interviewees referred to those issues when they were characterizing their experiences in the treatment. To illustrate our thought process we created the following table.

TABLE 1

Original expressions	Themes	Subthemes
It`s a very good thing, good thing that the family is here.	Family experiences	
Here is like a good thing like this, that the child is included here so, that we are all together like.	Family experiences	

Then it would be really nice that there would be something related to children, that we could be together, would be like a group, where the children are included.	Family experiences	
There is certain kind of interaction, like peer support, that is extremely important, at least I experience it as important.	Community experience	Interaction with peers
We talk a lot about everything. That`s definitely one of the most important things about this treatment, that there is peer support.	Community experience	Interactions with peers
Very good interactions. A good crowd.	Community experience	Interactions with peers
Well, another good thing in this place is that there are these voluntary based groups.	Community experience	Organized interaction
In my opinion, there should be more of those group sessions.	Community experience	Organized interaction
So, it`s like good that there are professionals in family work then there are those social therapists, all like, then there are also people specialized is substance-, like work.	Staff/workers	Qualities of the staff
You might hear, some short-tempered, rude comments may come…It`s not always understood the reality what it is, what is it like to live with a child every day out there.	Staff/workers	Qualities of the staff
So like here all my things clicked into their places and I think I got exactly the right kind of treatment for me.	Staff/workers	Interaction with the staff
…it is really uptight to be here in the beginning. But good experiences, here are professional people; I have got help to like different kind of things, and help by talking.	Staff/workers	Interaction with the staff

4.2 Family Experiences

The interviewees talked often about how it is to be in the treatment with the children and spouses and what should be developed in the treatment with the children. So we chose it as a theme and analyzed their experiences as a family

in the treatment and their criticism of the treatment concerning the inclusion of the children. When we were asking what she/he thought of the combination of drug rehabilitation and family services one of the interviewees answered

> It's a really good thing. Because after all we live here as a family, and we both have problems with those things as parents. It's a very good thing, good thing that the family is here. If I'd be here alone, it would be useless because after all we go forward everyday as a family and we need support as a family and help with those things. And besides, we live our lives as a family.

The interviewee emphasized that they were in treatment as a family, meaning that the services and the environment are perceived as being aimed at the family as a whole, or at least take the whole into consideration. The family is described as the subject of the support, not the individual members. This interviewee was not the only one to mention the positive impact family activities and the focus on the whole family had on their treatment. Other interviewees mentioned the family activities as well.

> Here is like a good thing like this, that the child is included in here so, that we are all together like. I think this is a very good thing.

Some interviewee also voiced criticism concerning the lack of inclusion of the children into the services. According to some interviewees there should be more common (group) activities for the parents and their children. This was mentioned often, for example like this:

> Then it would be really nice, that there would be something related to children, that we could together, would be like a group, where there are children included. That we have discussed with many people, so that would be like really nice, that there would be something (a group) like that.

Another interviewee voiced similar criticism:

> And I think there should be more like – that was a funny thing when we were then last week so we went out there to take photos, together like all, shooting our own family. But more like those that we would do together, like with your own family here something.

This shows that, even though some interviewees experienced the inclusion of children and spouses as more sufficient than others they all emphasized that it was a positive element in their treatment process.

Keene's theory seem to coincide with our findings in that the presence of spouses and children of the service users is experienced as a helpful factor in the treatment process and not just a practical commodity. Family oriented addiction treatment can be seen as a more community oriented form of social work than traditional treatment. First because it acknowledges the importance of the family as a community with shared social issues and strengths, and secondly because the peer support of other service users can help create a sense of community among the families.

The inclusion of children and non-drug using spouses can be seen as measure to substitute this loss of social networks that is a result of the exclusion from drug-using social networks. One problem with this view is however the relative idea of being non-drug using. While ideally the community of service users at a rehabilitation institution is non-drug using and the rehabilitation process at such an institution is usually preceded by a detoxification period, in practice relapses can happen even in treatment. It is safe to say that such relapses are a danger to the rehabilitation process of the family members and peers as well. Still, the presence of family members has clearly been experienced by the interviewees as a benefit for the rehabilitation process regardless of the potential risk of relapses of previously drug using family members.

It is appreciated that the children are included in the treatment process. One description of that is:

> Here is like a good thing like this, that the child is included in here so, that we are all together like. I think this is a very good thing.

According to the interviewees, the workers are professionally competent. They found that the treatment, both for them and their children, was helpful. During the addiction treatment parents were allowed to be with their children and cope

together as a family. To be able to be with their children, however, they required appropriate interaction measures and success in coping with children. Appropriate interaction with the children is essential as a part of the child welfare law. According to one interviewee, patients under the treatment were very cautious with the child protection law and the fact that they may lose the child, and therefore took the parenthood seriously. In that matter, it can be also be seen that children were a motivation for them to look forward in life.

The opportunity to be able to be with children provided genuine sense of responsibility, according to study observation. In treatment, where the children are included and not taken into custody the parents are given the chance to show their parental skills and the rates of parents quitting the treatment are low.

4.3 Community Experience

The second theme that we were able to identify was the experience regarding the community of service users at the treatment institution. The interviewees addressed the other service users and the interaction with them while answering a variety of our interview questions. We were able to identify two sub categories of these experiences. One was the general interaction between the service users which was mostly based on the common living and shared everyday life. The other was a more formal form of peer interaction that was based on the common therapy and group meetings.

4.3.1 Interaction with Peers

The interaction with peers is another recurring theme we noticed in our data analysis. Many of the answers we got from the interviewees had to do with the company of the other service users and the interaction with them. We also noticed that these interactions seemed to be mostly positive and also seemed important for many of the interviewees in their experience of their treatment.

When asked about what she/he saw as particular strengths in the family

services one of the interviewees answered:

> It's good because it's like a family here. We are here as a family and there are other such families. There is a certain kind of interaction, like peer support, that is extremely important, at least I experience it as important.

From this quote we can see that the interaction between the service users is experienced in a positive way by the interviewee and is able to give a sense of community for him/her. The interviewee also described peer support as important, which indicates that the peer interaction is experienced as an essential asset of the treatment process and the service environment. The interaction with the other service users was mentioned when the question was about the strength of the services. The interviewee specifically mentions that it is a positive element of the services that there are other families present. The families are further qualified as "families like us", which indicates that the service users are able to identify with the other service users and feel like they are sharing the same issues.

Interestingly, another interviewee mentioned peer support when asked about the strengths of the drug rehabilitation services:

> Well, the personnel. And as mentioned before peers support....

Asked about his/her general interactions with the other service users she/he an interviewee answered:

> We talk a lot about everything. That's definitely one of the most important things about this treatment, that there is peer support.

Again this quote indicates that the peer support is experienced as an important tool in the therapeutic process and the service users experience it as a concrete help for their rehabilitation.

Another answer that about the interaction between the service users was:

> Good. I have good interactions in a way that I get along with everybody and everybody gets along with me. At least so far it has been like this that there have been a couple of times some arguments. Very good interactions. A good crowd.

It is interesting that the interactions are described as very good even though there have been some arguments. The fact that there are arguments but still the interactions are experienced in a positive light indicates that there is a certain familiarity among the service users. The fact that in her/his answer the other service users are describes as a "crowd" is an indication that there is a feeling of community among the service users.

We got a similar answer to the same question from another interviewee:

> At the moment good, although sometimes there has been conflict with some people… But generally good. Always when people are living together and everybody has their own way of living and dealing with things, then there's always some issues, but that can't be changed. Normally there are some good momentary friendships.

Another interviewee mentions her interactions with the other service users like this when describing her daily routine:

> We spend time together with our friends and chat and relax,...

Again this quote highlights indicates there is a strong feeling of community and quite intensive interaction between the service users. This affirms our understanding that the communal experience is essential to the experiences of the service users.

However not all interviewees experienced the interaction with the others this way, as this answer to the same question shows:

> Well, we get together when we are smoking, but that is when it stops. Sometimes we chat when doing sports or something. Quite little and sometimes when standing in queue for the medicine.

The experience of peer support as a tool in the rehabilitation process seems to

be also dependent on the individual and his/her willingness or interest in communication. While some experience it as very important others don't feel like it holds much significance for them. However three of the interviewees explicitly mentioned peers support as important and four described their relationship with the other service users in a way that emphasized the significance for their experience.

Lastly we found that for one of the interviewees giving advice and tips to others seemed to be an aspect of peer support worth mentioning:

> I've gotten a lot of peer support and I've been able to give some. And advice, there have been people that were in the same situation as I have been earlier, so I could give advice and tips.

4.3.2 Organized Interaction

Besides the everyday interaction also the organized group activities were shaping the experiences of the interviewees, as their answers indicated.

One of the interviewees mentioned the importance of group therapy, when asked about the weaknesses of the rehabilitation services:

> Well, in my opinion there should be more of those group sessions. Because it's basically only two times per week that we use those. There are the morning meetings, but they are different, in a different way. It would be really nice if there would be something that has to do with the children, so we could be together in a group, that the child could be there.

The interviewee mentions groups positively, but criticizes that they are not used enough and that they don't deal with the child issues and include the children.

Another interviewee mentioned the benefits of other organized groups that are offered to the service users:

> Err... I can't think of anything as such... Well, another good thing in this place is that there are these voluntary based groups, relaxation

> group, opiate withdrawal group and these. They are like really good groups, at least for me current, and yoga... It's good that it has been arranged for, even though there's quite little, anyway for every week. There are these groups that are a good thing. And you don't have to think if you can go because you have the child there, because if both of us want to go, we get a babysitter, if we agree on it beforehand. That's the plus side of this.

4.4 The Staff/Workers

4.4.1 Qualities of the Staff

We chose the staff/workers as a theme, because it was mentioned in the interviews multiple times, which means that it is important for the interviewees. The staff off the institution is said to be professional, pragmatic, good and adequate. Other positive things mentioned of the staff are that they are multiprofessional and specialized in their work. One interviewee describes this like this:

> So it is like good that here are professionals in family work and then there are those social therapists, all like, then there are also people specialized in substance-, like, work.

The staff was mentioned as (an essential) strength of the treatment, and one of the good things mentioned of the staff was that there is old and young workers and the experienced ones teach the younger ones at the work. The descriptions of the staff are that they are easily approachable, expert, nice, caring and that they keep up the patients' spirit in the recovery process. One comment of that was.

> So like here all my things clicked into their places and I think I got exactly the right kind of treatment for me and the discussions with the psychologist were like lifesaving to me, so they were really important for me, and then in other ways here also like.

4.4.2 Interactions with the Staff

Some of the interviewees said they have had disagreements with the staff and one interviewee had been treated unjustly by the staff. One staff member was described to be mean. The first impressions of the staff was described to be tight and the atmosphere resembling a prison, but after the first impressions the staff was found to be helpful and doing the work from their hearts. One interviewee describes it like this:

> The staff here is very professional. The only thing is the institutional circumstances here, which make it quite uptight in the beginning. Or it is really uptight to be here in the beginning. But good experiences, here are professional people; I have got help to like different kind of things, and help by talking.

For some if the interviewees the staff has become close and important. It was also mentioned that in the evenings and weekends there is too little staff in the institution. This was what came up about that:

> In the evenings and weekends there is like quite little staff, so I believe it`s not like possible, even if needed, like discuss, if there comes the feeling of anxiety. I think there would not be enough time, because there is like the medicine delivery and all. That maybe there should be more in a big house like this.

The workers are mainly said to be good in treating the children. The interviewees found it helpful, when their success in coping with the children and interactions with the children are being reported to the child welfare. One interviewee experienced the other patients to be serious with their children.

The queues were mentioned as a criticism of the treatment, because if the interviewees do not get the place from this institution when needed, it is very challenging to get a treatment place with the children, which means that the family would be separated. One interviewee said that the staff has sometimes a weak understanding of how it is to live with a child daily. This is how it is described:

> You might hear, some short-tempered, rude comments may come, so that, it`s not thought through, that you cannot say something like from a book and that`s the way one should live. It`s not always understood the reality what it is, what is it like to live with a child every day out there. But all in all the treatment has been quite good, good.

In our thematic analysis we observed, that the therapeutic tool of discussions between the staff and the service users was important for many interviewees. There are formally scheduled discussion sessions between the staff, as well as discussions with couples. Each service user has a staff member personally assigned to him or herself, who is more involved in the therapeutic process than the others. However there are discussions with staff members of different professions scheduled for every service user as well.

The reason we identified these discussions as a theme for our data analysis is that many of the interviewees mentioned discussions with the staff members in a way that seemed essential for their therapeutic process.

One of the interviewees answered to the question of how she/he experiences the combination of drug rehabilitation and family services in the following way:

> It is good. It is good because we are here as a family and here one can get substitution medication and we worked in a way that we used discussions with our caretaker and couples discussions, that our child is here, that we are all together.

This quote shows that for her/him the discussions were a positive element in his/her experience of the therapeutic process. Furthermore he/she mentions discussion as the way they worked on their problems. From this we can see that individual and couples' discussion were experienced as a viable and valuable tool in overcoming social issues.

Another interviewee mentioned the discussion when she/he was asked how she/he felt the staff was treating him/her:

> Very good. As I said they are nice. Last week we had a discussion

> and tomorrow I think we have another discussion. They are very good.

Asked what she would like to change about the rehabilitation services she/he answered:

> Well, in the evening and on the weekends there is little personnel, so it is not certain that there is someone to have a discussion when there is a panicky feeling.

This quote illustrates how discussions can have a calming effect and help overcome feelings of panic during the treatment.

When we asked one of the interviewees what her/his experiences in the treatment were she/he answered:

> ...Good experiences, here is a professional staff, I've received help in various issues, and help through talking, about my relationship, I could talk about relationship issues, open up about things, that's why they were good.

This quote illustrates that discussions enabled the service users to open up and work on difficult issues with professionals, including family and relationship issues. Many interviewees emphasized that the staff were competent and professional. Since the interviewees didn`t specify this, we can assume that this professional skill meant family specific, therapeutic and social work skills.

5 CONCLUSION

5.1 Results of the Study

Even though the services are in practice addressing primarily the addiction aspects of the service users social needs it helps to be allowed to be at the institution as a family and with the peer support of other families. An expression

that was often used is that the service users could be there "as a family" or "as a mother". The interviewees really seemed to have experienced being seen as a father or mother as an important quality of their treatment. Maybe it has to do with the fact that substance abuse in many cases disqualifies people from being parents or good parents in the eye of the public or the authorities. In family focused addiction treatment nobody questions their identity as fathers or mothers; at least not on a principle level. The existence of a family oriented substance abuse rehabilitation facility alone gives legitimacy to being a recovering substance abuser and a parent at the same time. An important aspect in the experience of acceptance as a parent seems to be the presence of other parents, which provide peer support and a safer social environment. This is shown in the fact that the casual everyday contact and common activities together with the other patients were often emphasized by the interviewees. Many of these activities were arranged by the service users themselves and not the therapeutic staff. This community aspect of the institutional environment was of great importance to many of our interviewees.

First the fact that close family members, usually spouses and children are allowed to be with the service users in their treatment. According to our conclusion this makes it easier to adjust to the service environment and lets the service users practice being drug or alcohol free in the presence of their families, which provides a more familiar environment and helps them continue to be sober after their treatment period.

Secondly the nature of the treatment affects the experiences of the service users in a positive way because it addresses the parenthood of the service users as a fundamental part of their identity. This is expressed in the fact that the interviewees, many of which had previous experiences in other types of rehabilitation institutions, were emphasizing the professional skills of the personnel, both in regards to drug abuse treatment as well as in family matters, as a strong point in the treatment.

Thirdly an institution like this offers an environment where it is possible to get

peer support not only from other recovering substance abusers but also from fellow parents. This can create a positive group dynamic of mutual support and create a group based learning experience for the service users. The strong emphasis on group meetings and the common living areas support this hypothesis. The interviews showed that the service users are giving each other support in raising their children and becoming clean.

Keene's theories seem to coincide with our own findings in that the presence of spouses and children of the service users is experienced as a helpful factor in the treatment process and not just a practical commodity (Keene 2010). Family oriented addiction treatment can be seen as a more community oriented form of social work than other treatment forms. First because it acknowledges the importance of the family as a community with shared social issues and strengths, and secondly because the peer support of other service users can help create a sense of community among the families.

Keene's demonstration of how the process of beginning and quitting substance abuse is experienced as a social process coincides with our findings that the service users experience the community and social interactions with others not only as important elements of their everyday life, but also as an important element in their therapeutic process (Keene 2010). If we apply this understanding of the process and experience of starting and quitting the use of drugs or alcohol to the treatment situation in family focused addiction treatment we can see how the experience of community plays a crucial role in the process of rehabilitation. If drug using friends can lead to relapse or first time use, the company of non-drug using friends can help service users to begin and maintain a drug free life style. Being in a service environment like the one where we conducted a research is inevitably connected to a change in the social surroundings of the service users.

An institution such as this offers an environment where it is possible to receive peer support not only from other addicts but also from fellow parents. This can create a positive group dynamic of mutual support and create a group based

learning experience for the service users. The strong emphasis on group meetings and the common living areas support this hypothesis. The interviews showed that the service users support each other in raising their children and becoming clean.

Lastly we believe an integral part of what shapes the experiences of the service users is the fact that in this kind of treatment environment there is no judgmental attitude from staff members in regards to the parenthood of the service users. Where usually addiction and parenthood seem to be seen as mutual categories in a specialized institution there is no pressure to justify one's life situation and the focus can be on the healing process of the individual and the family. This was not explicitly stated but we believe the description of the staff as friendly, understanding and professional indicates that the service users are able to be open about a variety of issues and find listening ears. The fact that the service users also can receive practical support with child care issues enables them to be with their children while still having enough energy to deal with their substance abuse issues.

The recurring criticism voiced by the interviewees, that the children should be more included in the therapeutic process corresponds with Riitta Hyytinen's statement that children are often not properly heard and integrated in family focused institutional substance abuse treatment in Finland (Hyytinen 2006, 17).

5.2 Suggestions for development

Institutions providing these services could take the results of the study of this research into consideration when planning the services. Our results show that the further involvement of children in the treatment could help the families as a whole to profit further from the treatment. If the treatment is aiming to acknowledge the common identity as a family it is important to address the issues of all family members or other people close to the recovering substance abusers.

Institutions should also acknowledge the key role of peer support as a factor in the experiences of quitting substance abuse. Since specialized institutions are often centralized and provide services for wider regions the continuity of peer support after the treatment period should be addressed.

The interviewees also expressed that they valued the professional expertise of the staff both in family issues as well as substance abuse issues. Local providers of substance treatment services could try to provide more multiprofessional assistance especially including staff with expertise in both fields.

6 DIACONAL PERSPECTIVE

One of the two researchers of this study is also going to get professional qualification of deacon in the Finnish Evangelical Lutheran Church. For that reason this chapter reflects the research findings from the diaconal perspective.

The Finnish Lutheran Church implements a significant amount of the social service work designed to meet needs of different groups including substance abuse related social services. This provides a practical framework to analyse the findings from a diaconal perspective. Besides, this chapter is an attempt to understand how the Evangelical Lutheran Church in Finland sees parenthood and families in these types of circumstances.

The overall Christian understanding of ‘social concern’ expresses itself very clearly as diaconia, as service to one’s fellow man; from the beginning this service formed a central element of the life of the church. As the Apostles proclaimed the Gospel have the death and resurrection of Christ (Romans 1:1–7, New International Version), they presented this act of salvation as an expression of Christ’s boundless love for man. For that reason, the Apostolic proclamation itself entails an offer of love, setting Christ’s love as the

benchmark for all human love (John 13:34, New International Version). The Apostles not only preached the word of God, but they themselves practiced the offer of love in their own lives and support in peoples' concrete everyday lives, and especially in view of the hardships borne by those in need.

> In the Lutheran Church of Finland, Christian social concern i.e. diaconia is reflected via socio-psycho-spiritual counselling, emotional support and material help (Suomen Evankelis-Luterilainen Kirkko, www.evl.fi, accessed 21.8.2013).

According to the information posted in the Lutheran church website, the parishes provide help, whether you are in economic distress, need a shoulder or simply someone to talk to. Free services are provided to anyone where confidentiality is protected. Pastors and deacons help people for e.g. with: discussion, economic guidance and material help, family issues and relationships, alcohol and drug problems. One can also get spiritual and social support for questions, such as those concerning church, spirituality, life, faith and make a confession(s) to pastor. In the institute in question, it was also possible to talk to a pastor if needed.

> The foundation of Christian parish is the idea of "koinonia" from the New testament. The concept means association, participation and sharing. It used of both the connection to Christ and God and of the connection between people. It includes the idea that we all are participants of a community, which is founded on a gift and meaning larger then ourselves. The disciples had experienced association in the way that Jesus shared his life with them and with the excluded ones. It does not mean only standing up strongly for something, but also being face to face with each other's, especially with the ones, who are the weakest in our society. It means common responsibility, which means sharing burdens, but also drawing everyone to the participation of common gifts and dignity. (Suomen Evankelis-Luterilainen Kirkko,www.evl.fi, accessed 22.8.2013, translated by Sara Dhakal.)

Reflecting the above texts in practice, this would mean that a diaconia worker should encounter these clients with love, respect and mercy. Diaconia is about

accompanying people in their daily struggles and encouraging them to organize themselves. It should never be seen as exploitation for people's situations as an opportunity for getting new converts into the Church. Instead it is about working in a prophetic manner against such situation. God's abundant and unconditional love must be acknowledged in a way that the Church's Diaconia functions unconditionally in its service to people in need. If the client needs help or advice in religious issues, pastoral counselling or care, the initiative should come from the client. The worker can ask if the client wants to be prayed for, but it is up to the client to decide whether he/she wants it or not. This research shows that the way how workers treat the clients really matters. The issue was often cited and highlighted by the interviewees. For the very reason, the treatment of the workers (in chapter 6.4) rose as a theme in the analysis of the study.

> The starting point of the Christian substance work is the recognition of the unique value of human being. The meaning of the substance work is to help people to find the sense and meaning in their lives, to solve the problem of guilt and to liberate from the pressure of the guilt. The role of the church in preventing and treating the harms of substances is in exposing the message of mercy and the point of view of hope in all the circumstances. With the help of mercy and hope the individuals and communities become aware of their resources, possibilities and of their responsibility. (Suomen Evankelis-Luterilainen Kirkko, www.evl.fi, accessed 22.8.2013, translated by Sara Dhakal.)

In practice the above lines mean to empower the clients. Empowerment is often referred as process by which marginalized people assume roles as agents of their own lives and in society. In this study, this means to encourage them as parents and in their recovery process and love and care their children. The diaconal responsibility does not include conversion, but the love is shown in deeds/ actions. Along the way if a client is interested of values behind the work or the message of the Gospel, the diaconia worker can share the ideology that leads their work and the liberating power of the Gospel.

This research showed that a very important method that can be also used in diaconia work is peer support. The interviewees mentioned that they got motivation to move forward and the recovery processes were eased when they

were trusted and supported as parents. These feelings were boosted when they had peers to share their experiences with in the treatment. From the following Bible chapter, from which I have made a contextual theological reflection, I learnt how to solve the problem of guilt and to liberate from the pressure of the guilt, in case they were willing to hear about the Bible. I, personally, believe that the following lines bring hope to people in different and difficult life situations.

> 1 but Jesus went to the Mount of Olives. 2 At dawn he appeared again in the temple courts, where all the people gathered around him, and he sat down to teach them. 3 The teachers of the law and the Pharisees brought in a woman caught in adultery. They made her stand before the group 4 and said to Jesus, “Teacher, this woman was caught in the act of adultery. 5 In the Law Moses commanded us to stone such women. Now what do you say?” 6 …7…8…9…10...11 “No one, sir,” she said. “Then neither do I condemn you,” Jesus declared. “Go now and leave your life of sin.” A woman caught in adultery is about to be condemned by the Pharisees and Jesus. Jesus says that who is without sin, can throw the first stone. Little by little the people go away and Jesus says no one condemned her. He tells her to go and leave her life of sin. (John 8: 1-11, New International Version.)

The above passage provides deep insights of mercy, justice and love. Appearing on the side of the woman who is accused of sins, God restores dignity. Jesus does not condemn, rather light of mercy is introduced into the darkness of condemnation and accusations. It makes us all realize that we are sinners and all the same. God is merciful and understands the limits of human life. There is no mistake that God would not forgive.

When Jesus spoke again to the people, he said,

> I am the light of the world. Whoever follows me will never walk in darkness, but will have the light of life (John 8:12, New International Version).

and:

> I give you a new commandment, that you love one another. Just as I have loved you, you also should love one another. By this

> everyone will know that you are my disciples, if you love for one another. (John 13: 34-35, New International Version.)

As a forthcoming diaconia worker, when I reflect these lines, I feel we have clear mandate to try to follow God's examples in deeds. Diaconia is doing God's will and acting on behalf of God out of love without any judgement against anyone. Loving and serving people in life's real difficulties means serving the 'light of life'. John 8:12 & 13: 34-35, I think provides ways to encounter the parents with problems of substance abuse professionally and morally. Moreover, they provide guidance to deacons to find tools to empower their service users. It is good to know and remember that the darkness of sin touches all the people. With the power of grace God is able to help us professionals and the service users alike to fulfil our roles and responsibilities at different situations. He is always with us to empower us by forgiving us from our sins and providing power (right people, right attitude) to us to move forward.

No person can escape life's vulnerability. We all need God's grace for our wellbeing and empowerment. It is important to realize that diaconia is one of the important and essential forms of God's graces, which was revealed by the God himself in Christ. And, empowerment often seeks transformation. As mentioned above, diaconia-led empowerment must include mercy, justice and love where human dignity of each person is highly valued and respected.

To sum up, according to the office of the church council in Finland,

> Christian diaconia aims at meeting people who are otherwise out of reach of other type of help (. Earlier, diaconal work took place mainly among the elderly in the congregation. Today, it is focused increasingly upon helping groups otherwise disadvantaged in life. The Diaconal services do not always mean practical assistance; they may mean help through discussions and counselling. Diaconia workers meet people every day during normally scheduled office hours as well non-formally at private homes, clubs, events or during recreational happenings. (Office of the Church Council/ A Guidebook to Confirmation for Immigrants and Finnish Expatriates. Education and Youth Work, www.evl.fi, accessed 21.9.2013.)

To conclude, I take quote from Matthew 5:43-48, 22:34-40, Luke 6:27-36, John 13:34-35, and Romans 12:17-21 where Jesus himself clearly suggests us that we do not have to agree with other people's belief and opinions or condone their actions, but overcome our prejudices and show our kindness to people around us and consider them as our 'neighbours' and love them when needed. I feel these above references provide clear foundation and guidance for all the diaconia work including the one in this study. It is a humble role of pure service and an honest commitment to need of our neighbours.

7 EVALUATION OF THE RESEARCH PROCESS

7.1 Evaluation

The research process has been an interesting experience. The starting point of the research process was through the practical placement and the contacts we made there. We were given support and feedback and started a open discussion with the responsible staff in which we could refine our research plan and adjust it to the possibilities that the place offered as well as our possibilities as students.

The process of applying for a research permit forced us to plan ahead and limit our ability to adapt and modify our plans through the course of the data gathering process. It also limited our possibilities to use more flexible interview approaches since the contents had to be approved beforehand by the responsible staff of the institution where we conducted our research.

Arranging the interviews was challenging since the service users' schedules were thoroughly organized. We found that what motivated the service users to participate in our research was the chance to express themselves and to support the development of the services. Despite the circumstances we managed to gain enough interviewees and data in the end.

Another issue was that the time schedule for our interviews was often tight and our interviewees did not have very much time. This affected the atmosphere of the interview since it created a certain time pressure that we would have liked to avoid. On the other hand the communication between us and the interviewees was very focused which helped alleviate the time constraints.

Ultimately we believe we succeeded in gathering sufficient and relevant data to our research question. We even felt that the structure of the interview was suited well to gather or create valuable data. We had the impression that the interviewees understood our motivation and were actually interested in sharing their experiences. During the interviews we realized that there was some repetition in our interview questions but it helped the interviewees to add additional information and think of their experiences from a different perspective.

Analyzing the data was challenging since this is our first actual research within our studies. Coordination was also an issue as we found it at first difficult to combine our points of views. By discussing we came to a common understanding and managed to reformulate our ideas in a way that represented both our points of views.

The team work between us was mostly without complications and we felt our different skill sets complimented each other well. Due to our very different schedules we weren't always able to work together on the thesis with the same intensity but we feel we divided the workload quite equally overall and each one of us was involved in every phase of the process to some extent. While we started the research process one of us was not actively studying as a present student so the participation was limited, but towards the end we evened up the contributions and workload between us. We managed to divide the work so that both of us could utilize their strengths in the process. The communication between us has been mostly fluent and in case of miscommunications we solved the problems afterwards.

7.2 Professional Development

This process taught us a lot as social service professionals and as researchers. What made this process so special was the long time frame and the academic standard demanded from us. It allowed us to improve our coordination and planning skills as well as time management. As mentioned earlier it also helped us develop our group work skills. We learned to take risks and accept that there can be unpredictable elements in a research process. We learned to adapt to the changes and to proceed on a day by day basis. Also our networking skills improved, since we had to use contacts with our teachers, the staff members of the institution and the interviewees to realize our thesis. We also learned more about academic writing and research methods.

Regarding the subject of our thesis the research gave us a greater understanding of the service users in substance abuse treatment, especially the ones with children. We feel that the knowledge we gained will help us work in the field of substance abuse treatment or use this knowledge as an additional asset in our professional careers. See chapter 7 for the professional development of the other researcher in the field of diaconia work.

7.3 Evaluation of the Ethics of the Process

One of the ethical dilemmas we faced on the way was, that while the other researcher was having practical placement at the institution at the same time when the research was conducted, it was a challenge to not be biased with the research analysis, and to keep the answers of the interviews confidential, when the staff was interested of the answers we got from the interviewees. We tackled the challenges by keeping the confidentiality agreement that we had made, and by separating the role of a trainee and a researcher from each other. We conducted the research following the ethical principles of social work research.

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APPENDIX 1: INTERVIEW QUESTIONS IN ENGLISH

BASICS

1. How long have you been here and how long is your stay going to last?

2. What is your basic daily routine and which services do you use?

GENERAL EXPERIENCES

3. How have you been experiencing your treatment here so far?

4. How do you feel about the combination of parental services and substance abuse at this unit?

5. How are you treated by the personnel?

6. How are your interactions with the other service users like?

7. Are there any special events or experiences you would like to share?

SUGGESTIONS

8. Are there any weaknesses in the services? If there are any, what are they?

9. Is there anything you would like to change about the treatment and services here?

10. Are there any particular strengths in the services? If there are any, what are they?

11. Are there any weaknesses in the familyservices? If there are any, what are they?

12. Is there anything you would like to change about the familyservices here?

13. Are there any particular strengths in the familyservices? If there are any, what are they?

APPENDIX 2: INTERVIEW QUESTIONS IN FINNISH

YLEISTÄ

1. Kuinka kauan olet ollut täällä hoidossa ja kuinka kauan hoito kestää?

2. Minkälainen on sinun päiväohjelmasi ja mitä palveluita käytät?

KOKEMUKSET

3. Minkälaisia kokemuksia sinulla on hoidosta täällä?

4. Miten koet perhekuntoutuspalveluiden ja päihdeongelman hoitojen yhdistelmän täällä?

5. Miten yksikön henkilökunta kohtelee sinua?

6. Minkälaista vuorovaikutusta sinulla on toisten yksikön potilaiden kanssa?

7. Onko sinulla ollut täällä joitain erityisiä tapahtumia tai kokemuksia, jotka haluaisit jakaa?

EHDOTUKSET

8. Onko kuntoutuspalveluissa joitain heikkouksia? Jos on, mitä?

9. Onko kuntoutuspalveluissa ja hoidossa jotain, jota haluaisit muuttaa? Jos on, mitä ja miten?

10. Onko kuntoutuspalveluissa jotain erityisiä vahvuuksia? Jos on, mitä?

11. Onko perhekuntoutuspalveluissa joitain heikkouksia? Jos on, mitä?

12. Onko perhekuntoutuspalveluissa jotain, jota haluaisit muuttaa? Jos on, mitä ja miten?

13. Onko perhekuntoutuspalveluissa jotain erityisiä vahvuuksia? Jos on, mitä?

APPENDIX 3: RELEASE FORM IN ENGLISH

Study of experiences of patients in family focused institutional addiction treatment by Sara Dhakal and Dietmar Fritsche, students of social siences at Diaconia University of Applied Sciences.

RELEASE FORM

I agree that the data resulting from my participation in the study can be used for the aforementioned research purposes. All data will be stored and used safely and in anonymous and non-identifiable form and will be deleted immediately after the completion of the research. The data will be stored on our private computers, which are protected by anti-virus and anti-malware software. The collected data will not be stored online. I can withdraw my participation in the study at any time as well as demand the return or deletion of my data. The finalized study may be published at www.theseus.fi, a database of theses from various Finnish Universities of applied sciences. The approximate time of the publication will be in December 2013.

Participant's Name:

Signature of Participant:

Signature of Researchers:

Date

In case of questions, please contact us at (our emailadresses)

APPENDIX 4: RELEASE FORM IN FINNISH

Tutkimus päihdehoidon perhekuntoutuksen potilaiden kokemuksista, Diakonia-ammattikorkeakoulun opiskelijat Sara Dhakal ja Dietmar Fritsche

SUOSTUMUS

Suostun, että antamiani tietoja käytetään yllämainittuun tutkimustarkoitukseen. Kaikki tiedot säilytetään ja käytetään turvallisesti anonyymissa ja tunnistamattomassa muodossa ja hävitetään välittomästi tutkimuksen valmistuttua. Tietoja säilytetään tutkimuksen tekijöiden yksityisillä tietokoneilla, jotka on suojattu viruksen- ja haittaohjelmantorjuntaohjelmilla. Tietoja ei tulla säilyttämään verkossa. Voin vetäytyä tutkimuksesta koska tahansa ja vaatia antamieni tietojen hävittämistä. Valmiin tutkimuksen saa julkaista www.theseus.fi-sivustolla, suomalaisten ammattikorkeakoulujen opinnäytetietokannassa. Julkaisun arvioitu aika on joulukuussa 2013.

Osallistujan nimi:

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Tutkimukseen liittyvissä asioissa älä epäröi ottaa yhteyttä: (sähköpostiosoitteet)