The Construction of the VACT for Women: A Flexible Tool for Treatment of Female Substance Abusers

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Introduction

The National Treatment Agency for Substance Misuse of the United Kingdom defines treatment as "a range of interventions which are intended to remedy an identified drug-related problem or condition relating to a person's physical, psychological or social (including legal) well-being" (NTA 2002). In this context, treatment consists of taking adequate action in special situations where taking care of people is involved. Treatment aims at facilitating (mental) health and well-being, and can be considered as a form of methodical approach that involves the whole person and his social network. The reference in the definition to interventions for well-being, implies that meaningful action is needed and this should lead to the logical conclusion that treatment should primordially be researched from a qualitative perspective. Its success should be measured by the reported effects (on well-being) of the intervention. Using a deducting methodology, without taking the meaning of action into account, could lead to an incomplete picture and should at least be complemented by a phenomenological methodology (Black 1994). However, nowadays the actual tendency in substance abuse research towards evidence-based research relies heavily on the empirical analytical methodology of the natural sciences. It concentrates on clear objectives, obvious research designs, methodological rigor, statistical reporting and analysis, adequate use of data, and conclusions based on data. This tendency leads for example to the ambiguous position of Westermeyer (2004). He correctly sees the missing link between the clinical intervention and the scientific methodology as the main reason for the failures of science in substance abuse treatment and consequently questions the treatment results of the temperance movement, Alcoholics Anonymous (AA), the Therapeutic Community (TC)… On the other hand, he promotes behaviour therapy that is based on an empirical analytical model and restricts treatment by meaningful action (Gielens 1992). In this way he segregates the clinical intervention from its scientifically adapted methodology and weakens his basic theory and his position towards believe-based approaches. It is a fact that qualitative evidence-based studies on the treatment of substance users are seldom reported in scientific

literature. Only a few can be found on the "Web of Science". Qualitative research with clinicians (semi-structured interviews) has begun to identify the factors that influence treatment placement decisions. Ethnographic tree modelling seems to be adequate in predicting (85%) new referral decisions (Breslin, Gladwin, Borsoi & Cunningham 2000). Drumm and colleagues examined the elements of the decision-making process involved in accessing formal health care among chronic and injecting street drug users. Twenty-eight in-depth interviews provided the data for the analysis, but his study is part of a large quantitative study of 1.479 injecting and chronic drug users and non drug users in Miami, Florida (Drumm et al. 2003). Ethnographic fieldwork, carried out in a Kenyan Coastal town, utilized a range of qualitative research methods and identified an urgent need for harm reduction strategies (Beckerleg & Hundt 2004). Bradizza and Stasiewicz assessed high-risk alcohol and drug use situations in dually diagnosed individuals using focus group methodology. This information facilitates the development of relapse assessment instruments and treatment strategies, appropriate for this population (Bradizza & Stasiewicz 2003). Brun and Rapp used qualitative data collection methods to gather individuals' experiences of participating in strengths-based case management, implemented in a substance abuse aftercare programme. Implications for social work practice were discussed (Brun & Rapp 2001).

The core of our question and the relation between scientific empiric analytical approach and phenomenology and action goes back to "Methodenstreit" of the 19th century. The question was raised whether we have to rely on objectivism or subjectivism, on a nomothetic or idiographic approach, and whether the methodology of the exact sciences is applicable for social action. It was argued that human motives, social interaction and human beliefs are far too complex to be open to statistical analysis and purporting theories of human action to be universally valid (Smith 1990). Weber stated that in order to reach a scientific and causal explanation of the proceedings and the effects, there is a need for an interpretative understanding. He insisted on rational evidence and "Erklärendes Verstehen". Nowadays, post-positivism in qualitative research still follows to some extent those Weberian modernist and rational tendencies. It favours a precise methodology method and avoids explicit subjective interpretations (Clarck 2004). Post-modern theory, however, challenged the rational evidence of the "grand narrative". Precise methodology was replaced by irrationalism and relativity, and gave rise to a new belief in "subjectivity". The subject became the keynote player of the decision-making with the "why" and "how" of treatment and success as focal points. Inclusion, collaboration, self-advocacy and emancipation of the subject concerned became quintessential (Best & Kellner 1991). In qualitative research, post-modern theory led to constructivism, where the social construction of knowledge is now considered as a collaborative effort of the researcher and the researched. Constructivist research is carried out in relation to context and situation (Schwandt 1994).

Method

Background

The Department of Orthopedagogics at Ghent University found itself in the middle of these challenges while developing the "Video Addiction Challenge Tool" (VACT) (Broekaert et al. 2001). When starting the development of the tool during the mid-nineties, the authors used a classic qualitative evidence-based modernist phenomenological methodology and were still partially stuck in an analytic empiric methodology. They used a video depicting the "average life story" of a resident of a TC for substance abusers. The tape was used as a clinical method for assessment and individual treatment planning. Out of 456 questionnaires 200 were selected through systematic random sampling and the characteristics that cropped up persistently in 25% or more of the investigated files, were kept back.

They compared the selected characteristics with a systematic sample of 1000 Belgians which resulted in 42 profile characteristics. The life stories of the 10 residents whose own characteristics corresponded the most with the common ones, were kept back. Two of those residents were willing to discuss their life in depth. On the basis of those interviews a script was written and discussed with the actual residents (n=14) of the TC. Later, the script was adapted and made into a video. It was believed that if "new" residents were confronted with the video this would quickly give them a wider knowledge and better understanding of their problems. This knowledge should be the basis of further and more individualized treatment. At the end of the study the authors analysed the statements of the researched population and compared those results with the facts already established from social anamnesis and life story of the residents. They clearly demonstrated that they gained new and more profound knowledge because of the VACT (Broekaert et al. 2001). For the analysis of the statements they applied the "case-oriented quantification approach" of Udo Kuckartz. This "case-oriented quantification approach" constitutes the scientific model behind the text analysing tool WinMAX, and is based on the methodological work of Max Weber and Alfred Schütz (Kuckartz & Prein 1995). It is a tool to analyse texts and to categorize the context within well (socially) constructed typology on the basis of a search to understand the meaning of the transcribed action. When the VACT was further developed in a drug-free TC for substance abusers as part of a major European research project entitled "Improving Psychiatric Treatment in Residential Programmes for Emerging Dependency Groups" (IPTRP) (Broekaert et al. 2002), it came in for some criticism: the VACT was considered to be too confrontational during the first stages of treatment and should be used as a therapeutic tool only after the initial stabilization of the resident. Secondly,

it was considered female-unfriendly, as the "average life story" relates to the common male resident. It is the goal of this paper to describe the development of a female-friendly version of the VACT. This aim will be discussed from a constructivist and collaborative perspective, with less emphasis on the dichotomies rationality and subjectivity. In this study we will be concentrating more on the subjective meaning and beliefs of the stakeholders: "women in TCs". The used qualitative methodology will be explained in depth and transparently to serve as an example on how phenomenological research can be a part of treatment while researching it at the same time. The proposed procedure can be of use to other researchers and practitioners.

Development of the New VACT for Women

The development of both the old and new VACT took place in the TC "De Kiem" in Belgium. In 1976, TC "De Kiem" was established, modelled on the American drug-free programmes such as Daytop Village and Phoenix House, and was based on the principles of the "drug-free concept" or hierarchical TC. The programme of "De Kiem" is designed for drug users who want to adopt a different way of life. It consists of a residential induction, a TC, a reintegration/ rehabilitation, after-care and graduation phase. This programme involves "the community" as a primordial method, confrontation of negative behaviour and self-help (Broekaert, Van der Straten, D'Oosterlinck & Kooyman 1999). "De Kiem" expanded its programme with a section for women and children and increasingly focuses on special groups, such as "women groups". It pays more and more attention to individual treatment planning. It is believed that those moves determine the actual (1/3) female/male residence rate (De Wilde et al. 2004).

In the development of the VACT for women, there were nine distinct phases. During the first phase in November 2003 the six women who stayed in TC "De Kiem" at the time were asked for their comments on the original video. The VACT was viewed in a group, but the women wrote down their findings individually. Afterwards, their views were discussed. The comments of the women dealt on the one hand with the content of the story, on the other hand with the way in which the story was told.

The most important criticisms were: not dealing with some "female" issues such as pregnancy and abortion; the lack of background information on family history and childhood; the exclusion of subjects which were too painful to speak about; the aggressive and defensive way in which the story was told; the failure to invite them to participate in the project and to open up themselves. The most recognizable themes were: going out all night, relapsing after treatment, bad

relationship with parents, violent and abusive relationships, feelings of loneliness and pain…

During the second phase, the women were asked to tell their life story. Six women participated in this research phase: five told their story, one only listened. The women who told their story were more or less stable residents who had already been participating in the programme for some time. The woman who only listened had been in treatment for a short time only. One female staff member and two female researchers were also present. They were female because the sessions were part of the women groups of the TC and males were excluded. Three sessions were held; one woman left the TC after the first sessions. She had already told her story. The five life stories were videotaped. At the end of this phase, we had collected nine hours of footage.

During the third phase, the various themes in the stories were systematically selected and coded into "old" (of the old VACT) and "new" themes. This was done after each session by two independent groups of two researchers each (master-level students at the Department of Orthopedagogics). Each group constructed a list with main and sub-themes, which was discussed with the other group until agreement was reached. The "discussed" list was again used by the two groups separately to code the next session of videotaped stories. After the third and last session, one inter-subjective accepted and widely applicable list remained, which incorporated old and new themes (see table 1). This means that, as shown in table 1, themes of the VACT for women were represented in the old VACT but new female-oriented ones were added.

Table 1: Main-themes of the old and new VACT

Old VACT – main-themes	New VACT for women – main-themes
1. Maltreatment / abuse	1. Maltreatment / abuse
2. Substance abuse	2. Substance abuse
3. School (problems)	3. School (problems)
4. Employment	4. Ways to earn money
5. Ways to earn money	5. Dating
6. Dating	6. Suicide
7. Suicide	7. Treatment
8. Admission	8. Relapse
9. Relapse	9. Loneliness
10. Loneliness	10. Family situation
11. Family situation	11. Social network – relationships
12. Social network – relationships	12. Legal situation
13. Legal situation	13. Characteristics / behaviour
14. Characteristics	14. Living situation (movements)
15. Living situation (movements)	15. Sense of guilt
	16. Feeling of being unwanted
	17. Mourning
	18. New family
	19. Pregnancy
	20. Abortion
	21. Relationship with their own children
	22. Depression

During phase four, we ranged the different themes in order of importance, based on frequency and continuation of occurrence. Once again we followed the procedure of inter-subjective discussion on the basis of an initial sorting by the two separate groups. We continued the procedure until a final agreement was reached. This led to a final list of all the main-themes plus the most important sub-themes.

During the fifth phase, using our same inter-subjective methodology, parts of the women's stories that best illustrated a specific theme, were selected and assembled on a DVD. This formed the basis for writing the new video script. Visualizing the stories was important for the scriptwriter and the actresses.

During phase six, a first attempt was made to write a script. The writer based the text on the images of the DVD, which showed the emotions, expressions and phrasing of the women while they told their story. The script was then discussed with the women and some staff members of the TC. After that, it was fine-tuned and finalized.

As an illustration, consider these two parts of the script:

> …Then my brother was born. That brings back mainly bad memories because the fighting between my parents got even worse. My dad used to drink … sometimes he lay around in his chair for days. My mom then told us to be very quiet. Or she sent us out in the street to play. Sometimes he took off and stayed away a few days. My mom was left with my little brother and us. She was often crying. Her behaviour was so unpredictable. Sometimes she was really nice and my sister and I could snuggle up to her, or she let us hold my little brother. But other times she would be angry for no reason and we had to be quiet, or go out in the street or somewhere. Sometimes she sent us away together with our father. He was rather nice to us. We used to do something together we quite liked…or he bought us a present. But in the evening it was the same old story again, fighting and yelling…

…It couldn't last and one day Johan was arrested for dealing and smuggling. He didn't give me away then, but I was left with these other guys… He was in jail and that's when it all went wrong. One of those guys, Frank, he was so strong physically and he knew I couldn't do without the heroin any more. He raped me. Then he put me on the streets. I would never have thought it. Drugs, that's what they do to you. I needed my fix, I couldn't go without. Frank was my pimp. It all began in a bar. At first I just had to drink with them or dance. But it didn't stop there. It went from bad to worse. If I used a lot, I didn't feel anything. I knew he would beat me up if I didn't bring in the money. One day the place was raided and closed down. Frank was arrested and so was I…

In the seventh phase, the final script and DVD were given to two actresses. We chose two actresses of different ages (20 and 28 years) in order to facilitate the residents to identify with them. The actresses studied the script and watched the DVD before performing on the new video.

During the eighth phase the video was recorded. The actresses were pictured with a mirror in the background, instead of a plain, dark wall. They wore a neutral T-shirt, so as not to distract the viewers. They each acted out the script in

their own way, in order to make the story more vivid and natural. The style of the video is animated, but not too emotional. The residents watching the VACT must be given the impression that they are being addressed directly. The actresses looked straight ahead in the camera to achieve this. We did not use many time-indications, because we wanted to avoid the possibility that some residents could drop out.

We made several recordings, in Dutch and in English, until we had a satisfactory result. The video lasts for about 30 minutes. The script was also acted out in English to make it available to an international audience.

During the ninth phase, the video was shown to the residents. Before starting the video, we gave the residents a list with the main-themes, as shown in table 1. They all liked the way in which the story was screened. Only one woman said that the acting in the sexual abuse scene was too stilted and not emotional enough. As regards the content of the video, it was noticeable that most themes were recognizable for the women. The themes that some women found more difficult to identify had to do with emotions: sense of guilt, loneliness, depression, a feeling of being unwanted. They were not explicitly mentioned in the story. One theme, mourning, was not included at all.

Discussion

If we define "evidence" (Lat. evidentia, evideri: to appear clearly) as search for the truth, and "belief" (Mid Eng. beleven, Old Eng. belEfan) as a conviction regarding the truth, it seems clear that it is the role of research to ground our convictions, assertions and statements in "what really works". To find evidence for our belief, science usually starts from empirical observation and/or experiences, and tries to get valid and reliable answers.

Reliable, evidence-based quality research depends on first-rate, qualitative data that makes use of focus groups, Delphi and nominal group studies, participant observation, meta ethnography and systematic review studies (Davies 2004). It is based on systematic data collection, using "acceptable" research procedures and allowing the procedures and findings to be open to systematic critical analysis from others: triangulation or comparison of findings from different sources, transparency of the data gathering process and analysis, "grounding" of the findings in the raw data. Replication to see if the same findings emerge, transparency in the reporting, checks on consistency in the understanding of the findings by the stakeholders (Denzin & Lincoln 2000), and inclusion of factual evidence and reasonable doubt. It includes the relativity of reported successes of

treatment interventions, and is actually part of the ongoing treatment procedure itself.

Validity in qualitative research is mostly defined as "representing accurately those features of the phenomena, that are intended to describe, explain or theorize" (Hammersley 1987, 69), or as the "degree of approximation of reality" (Johnston & Pennypacker 1980, 190-191). As qualitative research is based on the (subjective) interpretation of the ever-changing reality, some qualitative authors appeal not to use the notion of "validity" (Lat. valEre: to be strong to be of value) – as it is linked too much to a positivist methodology. They prefer to use the term "understanding" (Wolcott 1990) and consider "accuracy" as its best definition (Winter 2000). "Understanding" on the other hand is often an integral part of phenomenology and implies a careful search for reality. In social constructivist research, collaboration and (inter)subjectivity play a more important role. The reliability (Lat. religare: to tie back) of the study has to be seen within a qualitative perspective too. Where "validity" is best approached in terms of "accuracy", "reliability" is best-defined as "replicability" (Winter 2000). Multiple tape viewing and listening sessions, multiple transcriptions and corrections of the script by a person or team were used to enhance the replicability of the study.

The methodology of the new VACT is transparent and easy to repeat. The addition of gender-specific data is based on discussions and dialogue in order to reach a more genuine understanding of reality. During the development of the VACT, the operators were in the middle of the transition from modern towards more post-modern approaches. The female residents, facilitators and researchers followed "their own style", and by doing so contributed to the more collective, inter-subjective and interconnected methodology, in which the attributed meaning depends on the global context. The new VACT is not searching for an ultimate answer to all specifically female problems, but finds its justification in looking for concrete solutions for specific problems in a TC context (Kunneman 1998). The VACT can be regarded as a mirror in which the particular life story of the resident is reflected. Their "own" narrative becomes part of an interactive search for a remedy, shared by the group. Often people identify with the narrator. But this process of identification is in sharp contrast with imposing an imperative value system. In the TC for substance abusers one always has to be careful not to impose the ultimate truth and one must also be aware of the danger of indoctrination and charismatic leadership (Ottenberg 1984). For this the TC has to act as an open system and it must permanently question its reason of existence (Broekaert, Kooyman & Ottenberg 1998). Introducing female-friendly therapeutic tools goes together with the adjustment of the hierarchic structure, and the replacement of harsh confrontational methods with dialogue (Broekaert, Vandevelde, Schuyten, Erauw & Bracke 2004). It could be a way to challenge the classic hierarchical and behaviourist TC and to make it a more open

environment that continuously questions its reasons for existence. Last but not least, it could contribute to a more woman-friendly TC with a higher female/male resident ratio. It is an example of female oriented research where the question is no longer whether treatment has to be based on evidence or belief, but how belief and evidence can play their part within the context of treatment (Weber 1962).

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