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THE ORGANIZATION OF REHABILITATION ACTIVITY WITH YOUTH WITH ALCOHOL ADDICTION

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The purpose of our research is to conduct a comparative analysis of the study of the features of the temporal perspective of the personality of patients with alcohol dependence.

Research methods. The following theoretical methods of the research were used to solve the tasks formulated in the article: a categorical method, structural and functional methods, the methods of the analysis, systematization, modeling, generalization. The main empirical method is psychological and pedagogical experiment. We used the Alcohol Use Disorders Identification Test (AUDIT) in the author's modification, Zimbardo Time Perspective Inventory (ZTPI) in the author's modification, Methodology "Semantic differential of temporal paradigm".

***The results of the research.** As for the respondents of the experimental groups statistically significant positive correlations were also found between the factor "future" and the factors "average assessment of the past" ($r = 0,6510$, $p = 0,028$), "emotional coloring of future time" ($r = 0,6710$, $p = 0,05$), "size of future time" ($r = 0,5678$, $p = 0,05$) and "average assessment of the future" ($r = 0,6710$, $p = 0,001$). Here also, the direction of these relationships is positive. Thus, the increase in the values of the factors "average assessment of the past", "emotional coloring of future time",*

“size of future time”, “sensitivity of future time” and “average assessment of the future” corresponds to an increase in the value of the factor “future”.

Conclusions. In our research, we proposed to conduct group psychotherapy of persons with alcohol dependence. Rehabilitation of persons with alcohol dependence in group psychotherapy involved the use of the following principles during its implementation: Voluntary consent to participate in rehabilitation activities. Cessation of alcoholic beverages. Confidentiality. Stages of rehabilitation measures. Positive orientation of rehabilitation measures. Responsibility. Inclusion of other people into the rehabilitation process. Reorganization of the living environment and the formation of a rehabilitation environment. The results, obtained by us in our experimental study, indicate the effectiveness of our rehabilitation program with youth with alcohol addiction.

Key words: rehabilitation activity, alcohol addiction, group psychotherapy, factors “future”, “average assessment of past”, “emotional coloring of future time”, “size of future time”, “average assessment of future”.

Наталія Михальчук, Євген Харченко, Едуард Івашкевич, Ернест Івашкевич, Наталія Хупавцева. Організація реабілітаційної роботи з молоддю з алкогольною залежністю

Метою дослідження є проведення порівняльного аналізу вивчення особливостей часової перспективи особистості пацієнтів з алкогольною залежністю.

Методи дослідження. Для розв'язання сформульованих у статті завдань було використано такі теоретичні методи дослідження: категоріальний метод, структурно-функціональний метод, методи аналізу, систематизації, моделювання, узагальнення. Основним емпіричним методом був психолого-педагогічний експеримент. Ми використовували «Тест для виявлення зловживання алкоголем та алкогольної залежності (AUDIT)» в авторській модифікації, «Опитувальник тимчасової перспективи Ф. Зімбардо (ZTPI)» в авторській модифікації, авторську методику «Семантичний диференціал темпоральної парадигми».

Результати дослідження. Доведено, що в респондентів експериментальних груп виявлено статистично значущі позитивні кореляційні зв'язки між фактором «майбутнє» і факторами «середня оцінка минулого» ($r = 0,6510$, $p = 0,028$), «емоційне забарвлення часу майбутнього» ($r = 0,6710$, $p = 0,05$), «величина часу майбутнього» ($r = 0,5678$, $p = 0,05$) та «середня оцінка майбутнього» ($r = 0,6710$, $p = 0,001$). І тут напрям зв'язків є позитивним. Отже, зростання значень факторів «середня оцінка минулого», «емоційне забарвлення часу майбутнього», «величина часу майбутнього», «відчутність часу майбутнього» та «середня оцінка майбутнього» відповідає збільшенню значення фактору «майбутнє».

Висновки. Ми в роботі пропонуємо проводити групову психотерапію осіб з алкогольною залежністю. Реабілітація передбачала дотримання таких принципів під час її реалізації, як: добровільна згода на участь у реабілітаційних заходах; припинення прийому алкогольних напоїв; конфіденційність; системність реабілітаційних заходів; поетапність упровадження реабілітаційних заходів; позитивна спрямованість реабілітаційних заходів; відповідальність; включення у процес реабілітації інших осіб; реорганізація життєвого середовища та формування реабілітаційного середовища. Результати, отримані нами в експериментальному дослідженні, свідчать про ефективність запропонованої нами реабілітаційної програми з молоддю з алкогольною залежністю.

Ключові слова: реабілітаційна діяльність, алкогольна залежність, групові психотерапія, фактори «майбутнє», «середня оцінка минулого», «емоційне забарвлення майбутнього часу», «величина майбутнього часу», «середня оцінка майбутнього».

Introduction. Alcohol addiction is one of the most common forms of addictive disorders of people. The fact that alcohol is a legal, accessible and completely acceptable, widespread psychoactive substance only enhances the significance of this situation. According to the World Health Organization, in many countries, including Ukraine, there were a lot of attempts have been made repeatedly to reduce the scale of alcohol abuse and prevent alcoholism, but so far this has not led to any global serious changes in the organization of the activities with young people with alcohol addiction [6].

The etiology of alcoholism is quite diverse. Scientists include psychological, biological and social aspects of its occurrence, development and existence [4]. Such a stratification indicates the ambiguity and multifactorial nature of the genesis of alcohol dependence [10]. Of course, the presence of a specific criterion that largely determines the causes of alcoholism as a disease and addiction has greatly

facilitated the identification of different ways to help this category of patients [14].

Among many scientific theoretical and empirical researches carried out by scientists in order to find different ways to help patients with alcohol addiction, we consider it appropriate to identify in our article the features of organizing the activities with young people with alcohol addiction [8]. To achieve this goal, the procedure for studying the subjective perception of the temporal continuum by the addicted individual can greatly help. However, such studies in the scientific field are completely insufficient today. That is why our research has the attempts to determine the features of the temporal perspective of the personality of this category of patients [7].

So, *the object of our research* is the features of organizing different types of the activities with youth with alcohol addiction in the paradigm of the temporal perspective of their personality.

The subject of our research: features of organizing the activity with youth with alcohol addiction, taking into account the temporal perspective of the personality of individuals with alcohol addiction.

The purpose of our research is to conduct a comparative analysis of the study of the features of the temporal perspective of the personality of patients with alcohol dependence.

Alcohol is a psychoactive substance that has a great depressing effect on the central nervous system and causes intoxication (drunkenness). Accordingly, alcoholic beverages are considered to be beverages containing ethanol, ethyl or wine alcohol [9]. Consideration of alcohol dependence should begin with the definition of what alcoholism is. Alcoholism is a chronic mental illness of an addictive type, manifested by three main symptoms: a painful craving for alcohol, which is formed on the basis of this craving by alcohol dependence and systematic alcohol abuse [11].

It is necessary to distinguish between the concepts of “alcoholism” and “alcohol abuse”. *Alcohol abuse* or excessive consumption is only one of the symptoms of alcohol dependence and can be observed in a case of people who do not suffer from alcoholism. In contrast to alcohol abuse, moderate alcohol consumption is distinguished, which, in turn, is so called starting point for further excessive alcohol consumption, which leads to the formation of alcohol dependence [5].

Psychopathological manifestations of alcohol dependence are divided into three categories: 1) pro-addictive disorders, in particular, personality traits that predispose to the development of alcoholism; 2) addictive disorders themselves: motivations expressed in pathological craving for psychoactive substances and the associated addictive behavior; 3) meta-addictive disorders, which include disorders resulting from the abuse of psychoactive substances [12].

The main criteria for diagnosing alcoholism include such aspects: 1) alcohol occupies an excessively high place in the individual's value system; 2) loss of the ability to control the amount of alcohol consumed; 3) social environment, professional interests, and other factors, that are not an obstacle factor to alcohol consumption; 4) the occurrence of withdrawal syndrome [15].

The first three criteria reflect the mental component, and the last one has a deal with the physical component of alcohol dependence. As an additional criterion for the diagnosis of alcoholism, the increase in tolerance to alcohol is sometimes

used. However, this phenomenon can manifest itself even before the formation of alcohol dependence and accompany alcohol abuse. Tolerance should be understood as the ability to tolerate an increase in the amount of alcohol consumed. Thus, tolerance is determined by the minimum amount of alcohol that can cause intoxication of a person [13].

According to the International Classification of Diseases, the 10th revision, the diagnosis of “Alcohol Dependence Syndrome” is established according to at least three items from the following list: 1) a strong or irresistible desire to drink alcohol; 2) a great difficulty controlling alcohol consumption; 3) a state of withdrawal when alcohol consumption is stopped or reduced; 4) tolerance or need to increase the dose to achieve the same effects; 5) increasing disregard for other sources of pleasure and activities due to the increase in time spent drinking alcohol and the subsequent restoration of a normal state; 6) continued alcohol consumption despite obvious harmful consequences for physical and mental health [14].

Methods of the research. Psychological and pedagogical experiment. The experimental research included young people (34 respondents from the experimental group E1 and 34 respondents from the control group C1, a total number is 68 people) with alcohol dependence, who underwent inpatient treatment at the alcoholism treatment department of the Narcology Center “Mothers Against Addictions” in Rivne, as well as healthy respondents who have certain problems with alcohol use (Table 1). The inclusion criterion for the main study group E1 was the presence of a diagnosis of “Alcohol dependence syndrome” (F10.25, F10.26), as well as the absence of concomitant mental illnesses, and the control group C1, the comparison group, included healthy respondents who have certain problems with alcohol use. To identify such groups of respondents, we calculated the sum of the scores on the Alcohol Use Disorders Identification Test (AUDIT) in the author's modification made by the authors [1].

Therefore, as it was evidenced by the data presented in Table 1, no statistically significant differences in the age of the representatives of the experimental and control groups were found (the value of the Student's t-criterion was 0,182 at the significance level $p = 0,861$).

Experimental psycho-diagnostic methods included such **technique**: Zimbardo Time Perspective Inventory (ZTPI) in the author's modification proposed by the authors [3]. We have presented in the author's translation the Ukrainian adaptation of the questionnaire, made in 2024 specifically for our

Table 1

Distribution of respondents in the experimental and control groups by age characteristics (by number)

Sample	N	Min	Max	Average value (M_x)	Standard deviation (σ_x)
Group E1	34	13	22	42,30	9,76
Group C1	34	14	25	43,18	9,91

research. The questionnaire consists of 56 items, which are rated by respondents on a five-point scale: from “completely not true” (1 point) to “absolutely true” (5 points). The instructions are proposed in such a way: “Please read all the proposed items of the questionnaire and answer the question as honestly as it is possible for you: “To what extent is this characteristic or true of your side?” Mark your answer in the appropriate cell, using the scale (1 – not at all true, 2 – rather false, 3 – neutral, 4 – rather true, 5 – true). Please answer all questions.

The Methodology includes five main scales (factors): “Negative Past”, “Hedonic Present”, “Future”, “Positive Past”, “Fatalist Present”. Of all these scales, two factors orient a person towards the past: a negative past, which is seen as mainly unpleasant and disgusting, if we talk about the person’s abuse of alcohol and alcoholic beverages in the past; positive thoughts about the past, where past experiences and times have been seem pleasant, “through rose-colored glasses” and with a touch of nostalgia. Two aspects are diagnosed regarding the person’s orientation towards the present – on the one hand, it can be seen as hedonistic ones, that is, filled with pleasure, where the enjoyment of the moment is valued without regret about possible further consequences, and, on the other hand, the present can be fatalistic one. People with this temporal orientation believe in their destiny, have a subordinate attitude towards the present, in which, according to a lot of scientists, changes are impossible, and they believe that by their actions they can influence different events neither in their present nor in the future. The fifth factor is future orientation, which is characterized by the presence of perspective goals and plans for the future and the person’s behavior will have the aimed at the implementation and realization of these plans and goals.

Before calculating the number of points, it is necessary to replace some answers to the questions with the opposite ones, using “a key”. Then the points for each question that form each individual factor are summed up, after which the total score is divided by the number of questions that include a particular factor. The results obtained are the average score for each of the five factors (scales). The higher the

score, the more clearly this or that type of temporal perspective of the individual is manifested.

For providing correlation analysis in group E1 of patients with alcoholism who abuse alcohol and alcoholic beverages we used Methodology “Semantic differential of temporal paradigm” [2].

Results and their discussion. The results of the Zimbardo Time Perspective Inventory (ZTPI) are presented in Table 2.

As we can see from the data in Table 2.7, most respondents have the temporal perspective of the future as a leading stimulus, along with a positive past. However, differences at a high level of statistical significance were found for the factor “negative past”.

The organization of rehabilitation activity with youth with alcohol addiction we see in the process of organizing this activity and studying of the temporal perspective of the personality of alcohol-dependent patients. We made assumptions about the violation of subjective perception of time of people with alcohol dependence. Young people attach the most important role to the cognitive defect in the temporal functioning of alcoholic patients. A review of empirical studies of the functioning of psychological time of people with alcohol dependence by these authors was presented in the attempt to fairly carefully determine the difference between the concept of temporal perspective, attitude to time and orientation in time. However, scientists emphasize the need for additional research in this area, which we will do by studying the topic of our research.

In our research, we proposed to conduct group psychotherapy of persons with alcohol dependence. Rehabilitation of persons with alcohol dependence in group psychotherapy involved the use of the following principles during its implementation:

- voluntary consent to participate in rehabilitation activities. This principle involves obtaining the consent of the rehabilitator (or his/her legal representative) to participate in the rehabilitation process;

- cessation of alcoholic beverages. The fundamental principle is to form the patient’s motivation (instruction) to completely abandon all major types of alcoholic beverages that were consumed before that time;

Table 2

Results of respondents from group E1, obtained using the F. Zimbardo Time Perspective Questionnaire (Zimbardo Time Perspective Inventory (ZTPI))

Temporal perspective type	Group E1, people who abuse alcohol and alcoholic beverages		Group C1, healthy respondents who do not have alcohol dependence, but have certain problems with alcohol consumption	
	Average value (M_x)	Standard deviation (σ_x)	Average value (M_x)	Standard deviation (σ_x)
Negative past	3,28***	0,88	2,76	0,56
Hedonistic present	3,51	0,62	3,78	0,71
Future	3,43	0,51	3,90	0,55
Positive past	3,57	0,77	3,90	0,78
Fatalistic present	2,94	0,75	2,89	0,64

Legends: statistical significance of differences between groups (Student's t-criterion)

*** – $p < 0,001$.

– confidentiality. All participants in the rehabilitation process must respect the person's right not to disclose information regarding his/her participation in the process of rehabilitation;

– systematicity of rehabilitation activities. Rehabilitation programs are based on the unification and coordination of a complex of educational, psychological, medical and other rehabilitation measures and on the integration of the efforts of all interested parties. The systematic nature of the rehabilitation process is ensured by the coordinated efforts of specialists of various profiles who interact in one structure (a team, a brigade);

– stages of rehabilitation measures. The rehabilitation process is built in some stages, taking into account an objective assessment of a real state of an alcohol-dependent person and its natural dynamics. The following main stages of rehabilitation are distinguished: initial one (the patient's entry into the rehabilitation program), expanded one, and a final stage (an exit from the rehabilitation program);

– positive orientation of rehabilitation measures. Positively oriented influences are given priority over negatively oriented sanctions and punishments. The latter is achieved by focusing rehabilitation measures on approval, support and encouragement. An atmosphere is created that ensures personal growth and development of the patient;

– responsibility;

– inclusion of other people into the rehabilitation process. This principle involves counseling; diagnosis and correction of problems that exist in family members;

– reorganization of the living environment and the formation of a rehabilitation environment.

As a result of correlation analysis in a group of people with alcohol dependence, positive correlations were found between indicators according to the

“Semantic Differential of the Temporal Paradigm” method and the Zimbardo Time Perspective Inventory (ZTPI) (Table 3).

Not all of the statistically significant correlations obtained, presented in Table 3, should be analyzed. The reliability of these correlations is affected by many outliers in the connection with the scatterplot data. Thus, the factor “negative past” is positively and significantly correlated with the factors “emotional coloring of the present” ($r = -0,4894$, $p = 0,007$), “sensitivity of the present” ($r = -0,4127$, $p = 0,041$) and “average assessment of the present” ($r = -0,7680$, $p = 0,01$). The factor “fatalistic present” is positively and significantly correlated with the factors “sensitivity of the past” ($r = -0,4769$, $p = 0,078$) and “sensitivity of the future” ($r = -0,3981$, $p = 0,043$). It is important that the direction of these relationships is negative. Thus, the increase in the values of the factors “emotional coloring of the present”, “sensitivity of the present” and “average assessment of the present” corresponds to a decrease in the value of the factor “negative past”, and an increase in the values of the factors “sensitivity of the past” and “sensitivity of the future” corresponds to a decrease in the values of the factor “negative past”.

According to the results of a positive correlation analysis of group C1 of individuals without alcohol dependence, but who have problems with alcohol and alcoholic beverages, the following relationships between various variables were found (Table 4).

Not all of the statistically significant relationships obtained, presented above in Table 2.12, should also be analyzed. The reliability of the correlations is affected by many outliers in connection with the scatterplot data. Thus, the factor “negative past” is positively correlated with the factor “present time sensitivity” ($r = -0,4789$, $p = 0,023$). The direction of

Table 3

Results of correlation analysis in group E1 of patients with alcoholism who abuse alcohol and alcoholic beverages

Variable name	Type of time or temporal perspective (Temporal Perspective Questionnaire of F. Zimbardo (Zimbardo Time Perspective Inventory (ZTPI)))				
Factors of time perspective (Methodology "Semantic differential of temporal paradigm")	Negative past	Hedonistic present	Future	Positive past	Fatalistic present
Present	Correlation coefficient (<i>r</i>)				
Time paradigm activity	-0,1076	0,1876	-0,1009	0,0345	0,3231
The emotional background of the time paradigm	-0,4990*	-0,2652	-0,0578	-0,2410	-0,0720
The magnitude of the temporal paradigm	-0,4528	-0,1879	0,1682	-0,0769	-0,0190
Structure of temporal paradigm	-0,0598	-0,2310	0,3451	0,0876	0,0529
Awareness of time paradigm	-0,3891*	-0,1092	0,1018	-0,0767	-0,0098
Average score	-0,5418*	-0,1901	0,0876	0,0234	-0,0298
Past	Correlation coefficient (<i>r</i>)				
Time paradigm activity	0,0345	0,0769	0,1743	0,1009	-0,1287
The emotional background of the time paradigm	0,0567	0,1448	0,0671	-0,0897	-0,0561
The magnitude of the temporal paradigm	-0,1078	0,1610	0,2823	0,2095	-0,4560*
Structure of temporal paradigm	-0,0982	0,1034	0,5981**	0,1768	-0,1091
Awareness of time paradigm	-0,1896	-0,0734	0,4780**	0,0123	-0,4940*
Average score	-0,0239	0,1918	0,4578*	0,1270	-0,3719
Future	Correlation coefficient (<i>r</i>)				
Time paradigm activity	-0,0034	0,0789	0,0234	0,0119	-0,1276
The emotional background of the time paradigm	-0,2093	0,1890	0,5926**	0,2812	-0,0778
The magnitude of the temporal paradigm	-0,0812	0,2456	0,4981**	0,2301	-0,2780
Structure of temporal paradigm	-0,1027	-0,0267	0,3017*	-0,0028	-0,1017
Awareness of time paradigm	-0,2311	-0,0256	0,9012**	0,0187	-0,3810*
Average score	-0,2478	0,0467	0,5008**	0,1349	-0,3017

Legends: statistical significance of differences between groups (Student's t-criterion):

** – $p < 0,01$;

* – $p < 0,05$.

Table 4

Results of the positive correlation analysis of individuals of group C1 without alcohol dependence, but who have problems with alcohol and alcoholic beverages

Variable name	Type of time or temporal perspective (Temporal Perspective Questionnaire of F. Zimbardo (Zimbardo Time Perspective Inventory (ZTPI)))				
Factors of time perspective (Methodology "Semantic differential of temporal paradigm")	Negative past	Hedonistic present	Future	Positive past	Fatalistic present
Present	Correlation coefficient (<i>r</i>)				
Time paradigm activity	0,0445	-0,0078	0,1352	-0,0678	-0,0034
The emotional background of the time paradigm	-0,5678	0,6718	0,4578	0,3096	-0,0710
The magnitude of the temporal paradigm	-0,0879	0,3410	0,0238	0,6720	-0,0927
Structure of temporal paradigm	0,0781	0,6720	0,0028	0,6719	-0,0457
Awareness of time paradigm	-0,8209*	0,3810	0,0262	0,3091*	0,0672
Average score	-0,1091	0,0831	0,0941	0,0348	-0,0671
Past	Correlation coefficient (<i>r</i>)				

Continuation of table 4

Variable name	Type of time or temporal perspective (Temporal Perspective Questionnaire of F. Zimbardo (Zimbardo Time Perspective Inventory (ZTPI)))				
	Negative past	Hedonistic present	Future	Positive past	Fatalistic present
Factors of time perspective (Methodology "Semantic differential of temporal paradigm")					
Time paradigm activity	0,0231	0,2875	0,0891	0,0547	0,0871
The emotional background of the time paradigm	-0,4562	-0,0778	0,0913	0,0556**	0,0932
The magnitude of the temporal paradigm	0,0876	-0,0101	0,0567	0,1872	0,5009
Structure of temporal paradigm	-0,0289	-0,1810	0,1082	0,0931	-0,1093
Awareness of time paradigm	-0,0245	-0,0109	0,0892	0,0891*	-0,0771
Average score	-0,1078	0,0034	0,0786	0,0967**	0,0778
Future	Correlation coefficient (<i>r</i>)				
Time paradigm activity	0,0231	0,2782	0,3498	0,3098*	-0,0450
The emotional background of the time paradigm	-0,2239	0,3710	0,3091	0,2088	-0,0913
The magnitude of the temporal paradigm	-0,1980	0,1044	0,0892*	0,0358	-0,2670
Structure of temporal paradigm	0,0745	-0,0550	0,2710	0,0761	-0,3720
Awareness of time paradigm	0,0439	0,1709	0,3276	0,1055	-0,0772
Average score	-0,0294	0,2908	0,4478*	0,0267	-0,2871

Legends: statistical significance of differences between groups (Student's *t*-criterion):

** – $p < 0,01$;

* – $p < 0,5$.

the relationship is negative, in such a way an increase in the value of the factor "present time sensitivity" corresponds to a decrease in the value of the factor "negative past", and vice versa.

Conclusions. As for the respondents of the experimental groups, statistically significant positive correlations were also found between the factor "future" and the factors "average assessment of the past" ($r = 0,6510$, $p = 0,028$), "emotional coloring of future time" ($r = 0,6710$, $p = 0,05$), "size of future time" ($r = 0,5678$, $p = 0,05$) and "average assessment of the future" ($r = 0,6710$, $p = 0,001$). Here also, the direction of these relationships is positive. Thus, the increase in the values of the factors "average assessment of the past", "emotional coloring of future time", "size of future time", "sensibility of future time" and "average assessment of the future" corresponds to an increase in the value of the factor "future".

As for the respondents of the control groups, statistically significant relationships were also found between the factor "future" and the factor "average assessment of the future" ($r = 0,4651$, $p = 0,028$). The factor "positive past" correlates with the factors "emotional coloring of the past" ($r = 0,4321$, $p = 0,001$), "sensibility of the past" ($r = 0,3871$, $p = 0,028$) and "average assessment of the past" ($r = 0,5761$, $p = 0,003$). Here also, the direction of the relationships is positive. Thus, an increase in the value of the factor "average assessment of the past" corresponds to an increase in the value of the factor "future", and an increase in the values of the factors "emotional coloring of the past", "sensibility of the past" and "average assessment of the past" corresponds to an increase in the value of the factor "positive past". These results, obtained by us in our experimental study, indicate the effectiveness of our rehabilitation program with youth with alcohol addiction.

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