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# Enslavement and Freedom of Choice: The Perspective of the Solution-Focused Approach in the Resocialization of Addicted Youths

Zniewolenie i wolność wyborów. Perspektywa  
podejścia skoncentrowanego na rozwiązaniach  
w resocjalizacji młodzieży uzależnionej

## ABSTRACT

One of the manifestations of the social changes observed over the last decades is the increase in the availability of mood-changing substances and the tendency of young people to use them. This phenomenon is inseparable from a specific lifestyle and often results in exceeding social norms and breaking the law. Therefore, the current challenge is to seek effective opportunities to help addicts. As far as youth is concerned, the dimension of institutional rehabilitation, ensuring temporary isolation from the social context related to the current lifestyle, becomes particularly important. This article presents an understanding of the phenomenon of addiction from the perspective of a solution-focused approach according to the concept of the Belgian psychiatrist Luc Isebaert, co-author of the Bruges Model. Moreover, it presents institutional solutions tested in clinical conditions at the 24-hour Youth Addiction Treatment Clinic in Toruń, based on the idea

## KEYWORDS

youth, drug  
dependency, solution-  
focused approach,  
resocialization,  
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## SŁOWA KLUCZOWE

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of free choice. Free choice, taking into account the trap of addiction, can be treated as a desired outcome of rehabilitation effects, as well as a means leading to it. The key to responsibility remains independence, which we create by building subjectivity and freedom of choice.

## ABSTRAKT

Jednym z przejawów zmian społecznych obserwowanych na przestrzeni ostatnich dekad jest wzrost dostępności substancji zmieniających nastrój i tendencja do ich zażywania przez młodzież. Zjawisko to nierozdzielnie wiąże się z określonym stylem życia i często skutkuje przekraczaniem norm społecznych oraz łamaniem prawa. W związku z powyższym aktualnym wyzwaniem pozostaje poszukiwanie skutecznych możliwości pomocy osobom uzależnionym. W odniesieniu do młodzieży szczególnego znaczenia nabiera wymiar resocjalizacji instytucjonalnej, zapewniającej chwilową izolację od kontekstu społecznego związanego z dotychczasowym stylem życia. Artykuł prezentuje rozumienie fenomenu uzależnienia z perspektywy podejścia skoncentrowanego na rozwiązaniach (PSR) według koncepcji belgijskiego psychiatry Luka Isebaerta, współautora tzw. modelu z Brugii. Ponadto przedstawia sprawdzone w warunkach klinicznych Całodobowego Młodzieżowego Oddziału Leczenia Uzależnień w Toruniu rozwiązania instytucjonalne, bazujące na idei wolnego wyboru. Wolny wybór, biorąc pod uwagę pułapkę jaką stanowi uzależnienie, może być traktowany jako pożądany efekt oddziaływań resocjalizacyjnych, jak również jako środek do niego prowadzący. Kluczem do odpowiedzialności pozostaje bowiem samodzielność, którą kreujemy za sprawą budowania podmiotowości i wolności wyboru.

## The trap of addiction – a sign of the times

Modern times are characterized by the acceleration of social changes in different areas of life. We live in a period of permanent changes when what is “modern” mingles with the “postmodern” (Kwieciński 1999). Postmodernism offers a radically different description of the social reality and mechanisms that govern that reality (Sztompka 2002). Social changes and modifications lead to new forms of organizing the postmodern society. Kenneth J. Gergen describes its specific features as “multiphrenia” understood as the state

of population and saturation of our inner SELF. He believes that the reason for this state of being is the “confusion” of modern life caused by civilization’s development (Gergen 2002: 106). Such modifications, in turn, lead to changing the essence of human relationships.

These changes are especially noticeable among the contemporary youth. The representatives of the Facebook and Instagram generation have difficulty making true, deep and meaningful relations. Their relationships are superficial and often based on instrumental reasons. The world of immediate gratifications expressed by the number of “likes” results in a lack of patience, i.e. the need to satisfy one’s needs as soon as possible (Kuczamer-Kłopotowska 2016; Babecki and Żyliński 2018). One of the forms of satisfying those needs is drugs. Taking into account their popularity, we may perceive the use of drugs as normative by now.

The phenomenon of young people abusing various psychoactive substances may be better understood by analyzing their needs related to this. The youth have important reasons for using drugs. Usually they say that they take drugs or drink alcohol to have fun, belong to their group of peers, deal with difficult emotions, experience something new and mysterious, etc. (Szczepkowski 2007: 51). Thus, drugs are, in a way, synonymous with freedom, independence and power. Those needs reflect healthy features of adolescence. Apart from individual reasons (hedonistic and those related to escaping from problems), we may also indicate reasons for using drugs in social conditions and cultural norms (Baumeister, Heatherton and Tice 2000: 181).

The phenomenon of getting addicted to consciousness-altering substances is described from various perspectives: the biological-genetic one (G. Di Chiary, R.L. Solomon, G.F. Koob, T.E. Robinson, K.C. Berridge), the sociological one (D.H. Stanton, D.B. Kandel, J.S. Brook, F. Streit), and the psychological one (C. Colinger, K. Dąbrowski, C.J. Frederic, A. Bandura) (Jędrzejko 2009). In those first theories, the efforts are focused on specifying the role of genetic, neurophysiological and neurohormonal factors. Sociological attempts to describe addictions emphasize the importance of cultural and social factors (Cierpiąłkowska and Ziarko 2010: 115). Psychologists, in turn, attempt to specify intra- and interpsychological factors which are also determined by the environment and which influence the development of addiction from psychoactive substances. Within

all those concepts, we come across many different opinions reflecting many theoretical orientations in psychology, from psychoanalysis and humanist-existential psychology to cognitive-behavioural concepts (Prochaska and Norcross 2006).

In the discussion on the nature of addiction there are two basic paradigms that differ in their way of understanding the phenomenon: a medical and a non-medical paradigm (Cierpialkowska and Ziarko 2010: 290). The medical approach to drug addiction or alcoholism as an illness is opposed by the view that treats addiction as a learnt, misadjustment-related model of behaviour being a bad habit (e.g. Sobell and Sobell 1997; Tatarsky 2007; Szczepkowski 2010).

Irrespective of the way of defining the phenomenon of addiction, the epidemiological dimension of the phenomenon that comprises alcohol and drug addiction is related to many problems. They refer both to the individual who takes drugs and his/her family and to a broader, i.e. social, area of our life. Damages related to the trap of addiction may be grouped into several fields that constitute a certain problem map that orders the issue in question. They include damage to the people who abuse consciousness-altering substances, damage to their family members, the economy of work, infringement of the law and public order, as well as crimes related to producing and selling alcohol and drugs.

In turn, while analyzing the damages and problems related to the phenomenon of chemical addictions from the individual perspective, we can see that they occur in the area of psychological and physical health, social functioning and family life (Woronowicz 2009). Instead of bringing the desired freedom, independence and strength, drugs – at least for some people – become a trap. The group that is particularly threatened by such consequences includes children and youth (Castele, Murray and D'Souza 2013).

### The solution-focused approach – theoretical sources

The solution-focused approach (SFA) includes a specific image of a person and a particular way of thinking both about the nature of human problems and about the efficient way of helping people (Szczepkowski 2010: 56). Since the 1970s, this model has been developed by S. de Shazer and I.K. Berg along with their colleagues at the

Short-term Treatment Center in Milwaukee, USA (Szczepkowski 2010: 56). The model is applied in many different areas of professional practice, including resocialization. Irrespective of the specific features of the difficulties, the direction of work is not determined by the customers' problems but by their objectives and needs. Thus, the main area of treatment is not solving problems but building solutions. The latter do not have to have much in common with the problems.

While describing the theoretical frames of the solution-focused approach, we have to distinguish three levels of possible answers.

The first one is a kind of *background* that inspires the authors of the approach. This background includes sociological-philosophical theories that describe the essence of social reality and the mechanisms of creating it (Berger and Luckmann 1983). Postmodernism is a cultural and intellectual background for social constructionism (Burr 2003) which assumes that what we accept as true mainly results from social relationships. Thus, for constructionists, social reality is the result of discourse and social agreement. The process of creating meanings, i.e. building a specific interpretation of the reality, also refers to the way of defining problems by a given individual and possible future solutions. Therefore, we can assume that customers are the "product" of their environment, which means that their way of thinking, experiencing and interpreting themselves and what happens around them is determined by and refers to what – based on a certain *consensus* – is perceived as a norm or a pathology. This also refers to understanding the essence of addiction (Szczepkowski 2016: 46–47). Constructionists emphasize that the world is created through language, and social reality includes conceptualizations, i.e. points of view connected by history and context. According to Ludwig Wittgenstein, words have ceased to perform the role of a "*board attached to a thing*" (Rasiński 2012: 113). Language creates a person and his/her world. Thus, the inseparability of the connection between reality and language is emphasized (Lyotard 1997).

In the assumptions of the solution-focused approach, we can also find some influences of the system paradigm (Nelson 2019: 1–28). This concept assumes a contextual way of thinking that approaches things from a broader, interpersonal-relational perspective. An individual influences his/her environment and other people just like other people influence a given individual.

The other level of the analysis of theoretical conditions for the SFA refers to the very model of work. In this case, its authors used the notion of a theory with a small “t.” Such an operation emphasized pulling back from aiming at the generalization and universalization of practice. Instead, the scholars confirmed that this model was based on observations of what is effective in the support practice. Thus, it constitutes a collection of specific key assumptions and interventions that make a difference in working with customers. The most important of those assumptions are as follows:

1. Each customer is unique.
2. Customers have their own resources to deal with the problem.
3. There are always exceptions to the problem.
4. Resistance does not exist.
5. You cannot change customers; they are the only ones who can change themselves.
6. Act slowly.
7. There is no cause and effect.
8. Solutions do not have to have much in common with problems (Lipchik 2011: 14–19).

The most important interventions can include talking about:

1. the problem,
2. solutions,
3. exceptions,
4. the place of the customer’s current situation on the path to change – scaling (Szczepkowski 2016: 72–87).

The dialogic approach to such talks called, according to the idea of Wittgenstein, “language games” (2000: para. 7) assumes using the customer’s inner logic, interest and thinking structures to create the space for new meanings or read what he/she thinks/says and why he/she does so. The conscious use of the customer’s language is to lead to the creation of a difference that will make it possible for the customer (oriented at achieving the desired change) to develop new opportunities to understand, behave, feel and act (Szczepkowski 2016: 54).

The last level of the considerations concerning theories in the solution-focused approach refers to the customer. The model does not assume the existence of a specific theory of a person’s change. Paradoxically, it is sometimes called the “theory of no theory” (Jackson and McKergow 2002: 9). Instead, it is assumed that the *context* and

*relationships* are important and that the customers take up certain actions, speak certain things, and think in a particular way as a response to what is happening around them (Clarke 2012: 14). There is no determinism, and the individuals' actions are taken up in a situational manner based on given circumstances. Also, it is worth emphasizing that such conditions are subject to modifications not only by the customer himself/herself but also by his/her environment, including the people involved in helping him/her. The nature of such relationships is multi-vector and modifiable. Therefore, the process of change or, to be more precise, changes is continuous and inevitable, which is why stability in such a situation is just an illusion (Berg 1994: 9).

Now it is worth mentioning the proofs that confirm the effectiveness of this method. Solution-focused therapy, or, more broadly, the solution-focused approach, has been considered as “based on evidence” by many federal and state agencies and institutions in the USA (e.g. the National Registry of Evidence-based Programs and Practices (NREPP) of the Substance Abuse and Mental Health Services Administration (SAMSHA)). The conclusions from two meta-analyses and systematic reviews, as well as the general conclusion from the newest scientific research, indicate that this is an effective way to help people who experience different problems, with similar effects as in other evidence-based approaches. What makes this way of working different is the fact that these effects are achieved with a smaller average number of sessions (short-term influence) and with the use of a more cooperative approach (Gingerich et al. 2012: 95–111; Trepper and Franklin 2012: 405–412).

### The Bruges Model – addiction as a habit

On the basis of the solution-focused approach, an addiction is understood as a certain habitual pattern of behaviour. It is a dysfunctional pattern, which results from satisfying particular needs and causes numerous health, social and other problems. An addicted person is convinced of the inability to overcome this pattern and to change his/her behaviour (Szczechowski 2016: 28). Luc Isebaert, a Belgian psychiatrist, developed this theory. He is one of the creators of the model called the “Bruges Model” (Isebaert 2017). Its starting point is the definition of personality adopted by the author, i.e. the sum of

habits of a given individual. We can summarize this in the following statement: “Tell me what you do, and I will tell you who you are.” Bad habits result in maladjustment and pathological behaviour. Such habits contradict the person’s existential choices that specify what is important for him/her (Szczepkowski 2016: 28). While describing an addiction as a habit, Isebaert referred to *Rhetoric* by Aristotle and his understanding of *logos*, *pathos*, *ethos* and *oikos* (Aristotle 1988). These concepts refer to the triad comprised of thoughts, emotions and behaviours which are an alternative description of the figure of a habit. As an indivisible whole, a habit may also be described at three levels: consciousness, unconsciousness and interaction. A change within one area (e.g. thoughts, emotions or behaviours) may lead to changing the structure of the entire habit. A change may be started at any point or time and may be influenced by different means, which can be described as the equifinality of change.

### From addiction to independence and responsibility – the idea of free choice in resocialization

The conceptualization of addiction does not only remain in the area of theoretical discourse, because it determines the frames of support practice. On the other hand, the limits of our thinking on the essence of influences specify the frames of resocialization proceedings. Therefore, in the books on the subject there are many different terms specifying the actions taken up among addicted youth, such as therapy, rehabilitation, treatment, re-education, psycho-corrective actions or, finally, resocialization (Cekiera 1993). This fact can be explained, on the one hand, by the transdisciplinary nature of resocialization pedagogy, i.e. the richness of its sources and areas of interest (Pytka 2009). On the other hand, it is important to state that taking drugs has become a normative behaviour among the youth, as a result of which we deal with this problem in many institutional contexts, starting from education, through medical care, up to resocialization as such. With reference to the essence of the solution-focused approach, the use of the term ‘resocialization’ in working with the youth is justified by the conviction both that the direction of work is not determined by the customer’s problems but by his/her needs and



objectives and that solutions do not have to have much in common with the problem. Thus, it is not only about coping with the addiction – it is also about changing the entire way of functioning, i.e. the lifestyle, of young people.

Starting from the assumptions of the Bruges Model in the solution-focused approach, the objective of working with the addicted youth is helping them eliminate their bad habits and develop/reinforce new and more satisfactory habits that comply with their existential declarations. In institutional conditions this is facilitated by “[...] the creation of a context in which the customer will regain the ability to make life choices and overcome the sense of inability that results from persistent bad habits. In this case, the customer’s freedom of choice means the possibility to choose specific actions that lead to shaping particular habits” (Szczepkowski 2016: 80). Instead of diagnosing the problems and deficits of the addicted youth and trying to discover the sources of those disorders, the therapist is trying to dialogue with the customer to make new opportunities through creating more useful interpretations related to the past, present and future. Such new opportunities refer to two important areas: the customers’ competences and the vision of the desired future. Each change requires these elements: we have to know what we are aiming at and we have to possess real competences to achieve this.

In the SFA, the essence of working with young addicts is making it possible for them to achieve success understood as discovering one’s own resources, needs and potential goals, i.e. a “better version of oneself” (Szczepkowski 2016: 139). This boils down to *creating conditions for better understanding and experiencing oneself*, including in and through relationships with other people. The new way of seeing and understanding oneself is to lead to *changing one’s status* (Szczepkowski 2016: 139). This kind of experience increases the chance of a real choice concerning one’s future. Therefore, a free choice can be treated as a final effect of therapeutic actions, which is not only identified with overcoming the addiction but also as a means that leads to such an overcoming. Creating an opportunity for the customer to make choices builds his/her independence which, in turn, is the key to engendering his/her responsibility.

## Helpful directions in working on changing a habit

As we have already mentioned, the trap of addiction understood as a persistent and automatic habit is related to making bad choices in the customer's life and limiting his/her range of choices. Isebaert believes that, in the process of change, it is important to *get to know* the functions performed by those old habits and their *structures*. It is crucial to understand how a habit is created, its dynamics, and the way in which it is maintained (Szczepkowski 2016: 80). This way of thinking gives us some tips concerning working with addicted people, oriented at regaining the freedom of life choices and leading to overcoming the addiction. Such work should include:

1. Developing the ability to make decisions compliant with existential choices.
2. Increasing the range of choices.
3. Changing the destructive habit.

Each of these paths determines additional options of acting. According to the first "strategy," the following directions are equally good:

- Diagnosing the needs related to taking drugs. This includes looking for the answer to important questions concerning the reason why a given person took drugs. How did he/she benefit from it? What were the advantages? Each behaviour has its function.
- Focusing on existential choices. In this case, we are searching for what is important for the customer, his/her value, some signs that may help him/her find their way in life. Taking drugs usually contradicts people's existential choices.
- The vision of the desired future. Working within this area extends the customers' temporal perspective, making them reflect on their past and current behaviours.

Increasing the range of choices and building the sense of a real influence on one's life may be facilitated by:

- Searching for exceptions from the past. This includes recalling those moments at which the customer was able, for various reasons, to abstain from taking psychoactive substances or significantly reduce their intake.

- These exceptions contain the beginnings of solutions and helpful strategies of action which have already been tested by the customer.
- Creating exceptions from the present time. Especially in the institutional context we can create situations which reveal the customer's new abilities or competences that may be useful while living outside the treatment centre.
- The symptom – the analysis of the end of a sequence of problem behaviours. In this case the subject of interest includes those moments at which the customer tried to stop or limit abusing drugs.

Changing the very destructive habit, i.e. the addiction, may be supported by the following actions:

- The symptom – the analysis of the beginning of a sequence of habitual behaviours. This is about discovering all those factors, called the triggers, which trigger the destructive habit of the addiction.
- Changing the sequence of habitual behaviours. At this stage, possible small changes in the sequence of habitual behaviours are specified.
- Avoiding the context that triggers the symptom. Old habits are activated within the old context. Thus, this action is connected with looking for alternatives and opportunities to avoid places, people and situations related to using drugs and with accepting those limitations.

Taking into account all the above-mentioned possible directions of working with addicted people, we are offered great opportunities, especially if we assume that a change can start at any point and time.

## Creating a context for the customer's choices – institutional solutions

In this part of the article we will describe the solutions worked out in the 24-hour Youth Addiction Treatment Clinic that functions within the structure of the Regional Centre for Addiction and Co-addiction Treatment in Toruń. The Centre helps both boys and girls, and it deals with treating young people aged 13–20 who are addicted to various

chemical substances. The therapeutic-resocialization programme was built and developed based on the assumptions of the solution-focused approach, and it was created over the course of more than a dozen years with the use of the model of research in action (Szczepkowski 2016). The adoption of such a formula referred to the theoretical frames and sources of the SFA (postmodernism, social constructionism) which assume that the social world is a reality constructed by people's actions and interactions that determine both the individual and consensual sense of meaning (Szczepkowski 2016: 111).

Taking into account the specific way in which addicted young people function (as a rule, most of them do not come to the Centre according to their own decision), it is particularly important to treat them with respect and create the context for choices, which is one of the signs of such respect. In the institutional space, actions that facilitate such an approach can be divided into two areas: organizational-programmatic solutions and the area of work with a particular customer. Freedom of choice is crucial for independence which, in turn, is inseparably connected with responsibility.

Building a context for making good decisions is facilitated by specific procedures and programme solutions that determine the specific nature of the Centre. For better clarity, they are enumerated and described below:

- The welcoming community. The procedure of welcoming a person to the Centre ends with the so-called welcoming community, i.e. gathering all the inhabitants and staff members to meet the new customer. First, all the people introduce themselves, and then the new customer is asked to say something about himself/herself and, possibly, answer some questions of the community members (they are free to answer the questions or not).
- Making an agreement. This is a brief talk with the new person on the first day of his/her stay, during which we try to answer the following question: *What are your best hopes connected with staying at this Centre?* This is about specifying the objective(s) of future cooperation and detailing the length of stay and the conditions that will influence the completion of the treatment.
- Choosing an individual consultant. The youth is to choose their individual consultant/therapist with whom they (from

his/her point of view) can work more effectively. The new customer is to choose such a consultant within the first week of their stay after talking with the staff members, watching them or seeking advice from other customers.

- Behaviour observation sheet. During the first week of their stay, young people go to meetings every evening. At such meetings, so-called behaviour observation sheets are discussed. The objective of these meetings is to increase the customers' self-control instead of providing them with external control. Each participant is given a sheet that takes into account different dimensions of their functioning, e.g. observance of the regulations, performing obligations, the culture of language, the fulfilment of individual tasks, etc. The person is to assess himself/herself with the use of the scaling technique (from 1 to 10). Then he/she has the opportunity to listen to other people's opinions on the assessment. Also, he/she specifies the goal for the next day. The goal is related to progress in one of the scales.

Also, one of the elements related to young people's free choices is making it possible for them to make proper decisions. The word *proper* refers to existential choices and to the previous specification of what is important for the customer. This can take place in many situations connected both with the area of individual work and with group work. Here are a few ideas to fulfil this postulate in practice:

- Projection of a better version of the future. According to the solution-focused approach, it is assumed that the direction of work is not determined by problems but by needs and goals. Thus, it is important to create a vision of a desired future that is free from problems and limitations related to the situation that is being experienced.
- Selecting the objectives for work. This includes enabling the customer to choose what he/she wants to begin with. The vision of a solution contains different elements which constitute the customer's reality. The change can start at any point, so choosing where to begin has to be based on the customer's independence which, in turn, builds his/her subjectivity.
- Co-deciding the strategies related to the fulfilment of the objectives. When the potential goals of the customer are

established, it is worth discussing alternative ways of fulfilling them, leaving the final decision to the customer.

- Choosing the inter-session tasks. The youth's subjectivity may also be reinforced through possible inter-session tasks that are the means to fulfil particular objectives. In this case, good practice includes formulating at least two options for the customer who chooses one of them.
- Tentative language. The SFA is characterized by specific, tentative language. The less confident and "expert" we sound in our judgments, the more subjective and independent our customers feel. The objective of using such language is to give the customer a choice (e.g. "*From what I hear, perhaps it would be a good idea to... On the other hand, there is also another solution...*").
- Scaling. This is a technique that enables us (and the customer) to better explore the customer's reality. Apart from specifying the current point on the path to solving the problem, scaling may be used to evaluate other dimensions of the customer's functioning and to rank the issues that are important for him/her. What is important is that it makes it possible to avoid binary, dichotomous thinking (I have – I do not have, I can – I cannot, etc.) and replace it with thinking about the degree to which a person has something, can do something, etc. This may indirectly reinforce the customers' competences and their hope for a change (De Shazer 1994: 92).
- Discussing the possible consequences of various choices and talking about the possible choices a customer did not make in a given situation as an alternative to the consequences of improper behaviour.
- Selecting topics during the meetings of therapeutic groups and rejecting ready-made scenarios. One of the forms of therapy conducted by the Centre includes group work. Some of these meetings do not have a specified topic; instead they are based on the expectations of the participants who are free to choose what they want to discuss.

## Summary

According to the solution-focused approach, we cannot force anyone to change, and we – supporters, therapists, teachers – do not control the change. The only person who can change his/her behaviour is the customer. However, this does not mean that we are useless. The staff of each institution dealing with resocialization has a real influence on the context they co-create within a specific institutional space. This context can be more or less helpful; it can facilitate, to a greater or lesser extent, the development of new habits of the addicted youth that are connected with their existential choices, i.e. with the search for “a better version of themselves.” The desired effect of resocialization is an improvement in the youth’s social functioning, and one of the signs of such progress is more responsible behaviour. Responsibility, in turn, is inseparably connected with independence and the ability to make good life choices. Thus, building the customers’ autonomy and independence seems to be one of the dimensions of efficient resocialization.

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