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SOLUTION-FOCUSED SOCIAL REHABILITATION

Abstract: As social change continues, resulting, among others, in a different nature of inter-personal relations or greater access to various stimulants, there is an increase in the number of young people's behaviours which can be called maladaptive. The question about effective ways of helping young people who manifest symptoms of social maladaptation remains valid. This article is a voice in this discussion and an attempt to present a model of RES-ocialisation focused on solutions, developed in clinical conditions within the space of a specific institution, which is a 24/7 Youth Addiction Treatment Clinic in Toruń. This model draws on the Solution-Focused Approach and falls within the post-modern paradigm of social rehabilitation, using the idea of social construction of opportunities that occurs through and by means of language. It is based on the processes of reification, signification and extrapolation.

Keywords: youth resocialisation, solution-focused social rehabilitation (resocialisation), extrapolation, reification, signification

INTRODUCTION

This article attempts to characterise the social rehabilitation model based on the foundations of the solution-focused approach developed for almost 20 years in the conditions of a centre for young people experiencing problems and addicted to psychoactive substances. It has been symbolically defined as the Solution-Focused Social Rehabilitation (RES-ocialisation – RESsr). The very fact of using the term rehabilitation in relation to the area of work with addicted youth, which is formally located within the broadly defined healthcare service, may raise some controversy. As an explanation it is worth mentioning that, on the one hand, it is connected with the generalised medical paradigm of addiction, where it is seen as a disease. The consequence of this is the method of financing aid for addicted

youth adopted in Poland, from the National Health Fund resources. Therefore, terms such as rehabilitation, therapy, treatment, etc. are used alternatively. On the other hand, this terminological differentiation may be the proof of the trans-disciplinary entanglement of social rehabilitation pedagogy as a scientific sub-discipline (Pytka, 2009).

The relevance of using the term "rehabilitation" in relation to work with addicted youth is confirmed by yet another type of argument. Drug use by young people is associated with a particular lifestyle that exposes them to various consequences, but also results in a series of behaviours commonly considered as maladaptive. The very fact of possessing and trafficking drugs is subject to penalisation. In addition, it is often accompanied by thefts, violence and aggression, vandalism, etc. Therefore, working with young people experiencing such problems is not only about quitting stimulants, but also about changing the current style of life, i.e. secondary social rehabilitation.

SOCIAL REHABILITATION – A TEMPORAL APPROACH

In the relevant literature we can find many attempts to define and specify the essence of social rehabilitation. One of the criteria cognitively organising the analysis of this matter is the temporal perspective. On the one hand, we are deal-ing with concepts geared to the past and focused on the diagnosis and elimina-tion of unwanted attitudes, behaviours, emotions, thoughts or personality traits (including: K. Pospiszyl, J. Konopnicki, C. Czapów. L. Pytka, B. Urban). Follow-ing Ewa Wysocka, this trend can be defined as pathogenic (Wysocka, 2017). On the other hand, we are dealing with concepts focused on the positive dimension of functioning of the human, his abilities, potentials and transgression (i.a. K. Obuchowski, C. Czapów, M. Grzegorzewska, M. Konopczyński). This dimension of social rehabilitation is sometimes referred to as salutogenic (Wysocka, 2017). It is worth mentioning that some authors point to the complementarity of these two dimensions of social rehabilitation, while others emphasize the dichotomous nature of such an approach. Therefore, it is primarily about the vision of man, his nature and the possibility of change. A specific vision, different for each of these approaches, is reflected in social rehabilitation activities. Various procedures are subjected to this, including diagnostic and interventional ones.

The feature shared by all these concepts is the assumption that with the help of specific interventions, previously planned activities, it is possible to change the functioning of a youngster, regardless of what will be the means of this change, i.e. correction or development of an individual (Szczepkowski, 2015, p. 227). This

approach assumes objectification of the social rehabilitation system and the possibility of multiplying solutions. In practice, it takes the form of a countless number of programs that are implemented in various social rehabilitation institutions. A large portion of them are based on various psychoeducational workshops and classes. One of the properties of this process is schematism and algorithmisation. Moreover, at its core lies the not always verbalised conviction about the special status of the educator who is the implementer of specific projects. He is attributed the role of an expert, an omnipotent in social rehabilitation and changing people. An expert who, based on his knowledge and experience, is able to design specific procedures, content and situations that will change his pupils. This is in contradiction with the postulate of subjective treatment of clients and is connected with the illusion that the other person and specific programs have the power to change another one (Szczepkowski, 2015, p. 228). Meanwhile, it is not programs that change people. Studies in the field of therapy clearly show that the work model is only a small part of the success related to change. The factors determining the results of the activities are distributed as follows (Lipchik, 2011, p. 25):

- 40% non-therapeutic factors (internal and external),
- 30% therapeutic relationship,
- 15% factors related to the therapy model and techniques,
- 15% other, including the placebo effect (see e.g. Beyebach, 1996; Turnell, Lipchik, 1999, etc.).

Therefore, the variable we have the greatest influence on is relationship. Of course, a specific approach or model assumes a specific way of understanding, and thus building the aid relationship. It also determines the place and role of both the client and the helper. Therefore, the afore-mentioned program-mania may be surprising, not just only in the field of broadly defined social rehabilitation. A similar tendency may also be observed in other areas of the aid practice, e.g. in social work or prevention.

POSTMODERNISM IN SOCIAL REHABILITATION

In simple words, postmodernism means giving up universal solutions, generalisations and abandoning the primacy of scientific knowledge. In return, it gains the ambiguity, complexity, contextuality and narrative nature of reality. So, reality is conventional and is the result of a social discourse (Berger, Luckmann, 1983). The world is given to an individual through awareness, by experiencing, getting to know it and giving it meaning (Schuts, 2008). Therefore, knowledge and experiences are actively constructed in relationships with others and with oneself.

However, this awareness has also its intersubjective dimension, because our way of perceiving reality is also conditioned by the social framework, rules and regularities that define our way of functioning. Simply speaking, reality is dialectical. On the one hand, individual knowledge about the world as a result of biographical experiences (constructivism), and on the other hand, a certain social consensus regarding the social order and what is defined as a norm and pathology as a result of such a social order (social constructionism). The role of language is crucial at the same time, because the world is created by and through the language, and social reality is conceptualised (Szczepkowski, 2016, p. 69). We find this magic of words in the concept of the "linguistic turn" and language games attributed to Ferdinand de Saussure and Ludwig Wittgenstein (Saussure, 2004; Wittgenstein, 2000). Contrary to the traditional "problem-focused language game", this approach employs a "solution-focused game" (Shazer, 1994). When having a dialogue with clients, their language, its internal logic and structure are used. The goal is to create new meanings, to interpret what the person is saying or thinking. The change requires creating a certain difference that will make the difference and make it possible to make the change desired by the client himself, which is useful from his perspective. It is the language that is a key tool to achieve it (Deissler, 1998, p. 68). At the same time, perhaps a term which better reflects the process and specificity of the aid relationship understood in such a way is the word "multilog" proposed by Kenneth Gergen (Gergen, 2009). By that, the author shows the appropriateness of expanding the circle of interlocutors by using the so-called relational questions, i.e. recalling in a conversation opinions and views of other people important to a given client. The appropriateness of such a strategy is related to the conviction that clients do not change for us, but they change for themselves or because of other people who are important in their lives.

KEY ASSUMPTIONS AND TECHNIQUES USED IN SFA

The key assumptions of the solution-focused approach were developed by Steve de Shazer and Insoo Kim Berg and a team of colleagues in Milwaukee at the turn of 1970s and 1980s. They can be reduced to a few key issues explained below (Lipchik, 2011, pp. 14–23):

1. "Each client is unique". Obviously people are different, there are no two identical cases and two identical solutions. Adopting this assumption results in greater curiosity and maintaining the attitude of lack of knowledge, and thus greater openness to understanding the client's perspective.

2. "The client has his own resources to cope with problems and make a change". This assumption reminds of the need to look for solutions based on the possibilities and strength of the client himself and what is available to him in his environment. This approach builds his subjectivity and self-confidence better. Moreover, when the client feels more competent, he tends to be more open in a helping relationship.

3. "Nothing is completely negative". We can view each behaviour or event from different perspectives. Even those that seem undesirable might reveal the client's needs and resources, ways of coping with the problem, etc. Moreover, what may be seen as a maladaptive behaviour from an individual perspective tends to be useful from a systemic perspective.

4. "There is no resistance". There are many concepts of resistance, and the SFA not only refuses to accept the term, but also abandons other diagnostic labels describing and categorising clients' behaviours. Traditionally, resistance is attributed to the client, whereas in this approach it is viewed as the result of the relationship and the sign of the helper's lack of understanding of the client's situation, resulting in an inappropriate procedure. Therefore, it can be treated as a signal indicating the need to change the procedure and ensure real cooperation with a given client (the principle of the so-called central philosophy: "Don't do what doesn't work").

5. "You can't change the client, it is only them that can change themselves". This thesis reminds us of the subjectivity of clients and the fact that, as helpers, we do not control change. Clients are free to choose and only they themselves are able to change their behaviour. Moreover, it indicates that what we have influence on is only our behaviours, and perhaps changing them will help the client decide to make a change.

6. "Work slowly". The paradox of this assumption is that by working slower we get results faster. This is the result of getting to know the client better and adapting the method of work to his needs and possibilities. Also, we cannot determine the time frame needed by a specific client in advance. Thus, the short-term nature of a solution-focused approach does not mean rush.

7. "There is no simple relationship between cause and effect". The principle of cause and effect is not recognised in a constructivist approach, where there is no principle of one truth. Problems and solutions are perceived as unpredictable life events. Nor does there necessarily have to be any kind of relationship between them. In other words, the solutions do not have to have much to do with the problems and can appear in the client's life without the need to understand the nature and mechanisms of these problems, both by the client and the helper.

8. "Solutions are not necessarily related to the problems". This thesis is based on the belief that building solutions to the problem may limit and slow down the progress, as well as the change itself.

9. "Change is permanent and inevitable". Our life is constantly changing, nothing is ever the same, and permanence is an illusion.

10. "You cannot change the past, you can take care of a better future and change what is today". In the SFA it is assumed that future is negotiable and its better version can be co-constructed during the client's conversation with the helper (Lipchik, 2011, pp. 14–23).

The above assumptions determine our interventions and actions undertaken, they create our attitude towards clients. Thus, they influence the shape and quality of a helping relationship, which seems to be crucial in the process of social rehabilitation. The combination of theory, assumptions and practice creates the essence of the solution-focused approach (Lipchik, 2011, p. 22). Of course, like any other alternative therapy or social rehabilitation model, it also has a specific type of instrumentation, i.e. a set of specific techniques and tools. However, before their brief presentation, it is worth stressing at this point that it is not the tools that make a difference, but the way they are used, which is directly related to and dependent on the theories and assumptions presented above.

One of the advantages of the solution-focused approach is its simplicity and minimalism. It is based on the use of ideas and strategies developed by the clients themselves, and not some miracle tools created by the educator or therapist. Apart from the previously described theoretical sources and assumptions, it consists in a set of simple interventions that can be reduced to the art of talking about the problem, solutions, resources and possibilities of the client and his current place on the way from problem to solution, etc. (Szczepkowski, 2016, pp. 92–105). During such conversations, techniques such as:

1. Complementing – understood as bringing out, strengthening and expanding the client's resources that may be useful in achieving his goals (Szczepkowski, 2010, p. 65). The way of complimenting is important at the same time, where several rules apply, such as using facts, minimalism, formulating in terms of the client's skills and possibilities and not his properties ("you know how to", "you can", and not "you are..."), etc.

2. The miracle question and other interventions that bring out the picture of the so-called preferred future. The most characteristic technique of achieving this is this miracle question which is used as a vehicle for bringing out the vision of the client's future regardless of the currently existing limitations and obstacles (Szczepkowski, 2010, pp. 71–74).

3. Looking for exceptions – using the client's experience and the moments in his life when it was better than now. As Wittgenstein pointed out, the problem itself carries the idea of a solution, which is expressed precisely through or by means of occurrence of exceptions (Miller, O'Byrne, 2007, p. 58). If it had never been better, the client would not know that it is worse now. So, being aware of the problem means that there are exceptions, which in turn provide the origins of solutions. Solutions that meet the client's context, are proven and effective.

4. Scaling – this technique allows both the therapist, but first of all the client, to better explore the client's reality. In practice, numerical (from 1 to 10), percentage-based, circular, symbolic, spatial or descriptive scales may be used, using a description of some metaphor, e.g. mountain climbing.

REIFICATION, SIGNIFICATION AND EXTRAPOLATION AS SIGNIFICANT DIMENSIONS OF SOCIAL REHABILITATION

There is no specific theory of change in the SFA model. It is assumed that people take certain actions, say certain things and think about them in relation to what is happening around them. The type of actions and the content of what they think or say depend on the context in which they are at a given moment and are a reaction to these circumstances (McKergow, Korman, 2009). What is important, these reactions, that is clients' behaviour, are not pre-determined. Both the client and the helper have influence on them, so they can be modified in various ways, including those that will create a context more or less aimed at making a change by the client. A term that accurately reflects the effect of discursive creating of this context is 'narrative emergence' (Thomas, 2013, p. 33).

Using these assumptions in practice, instead of diagnosing problems, deficits and trying to eliminate them, in the solution-focused therapy conversations serve to create new opportunities through more useful interpretations of the client's own resources and competences as well as his desires, needs and goals related to the future. The essence of social rehabilitation understood in this way is, on the one hand, ensuring conditions for better understanding of young people by themselves, what they want and what is really important to them. On the other hand, the key issue is to enable young people to experience success in discovering their own competences and achieving personal goals, i.e. getting to know a better version of themselves.

It is not possible to describe social rehabilitation understood as a co-construction of possibilities in the process of a dialogue between the client and the helper,

both in terms of an individual relationship and group interactions, in the form of ready-made scenarios, programs or sessions. Even less so, we cannot transfer and easily use elsewhere what works in a given context. This unique institutional context is created both by the rules prevailing in a given institution, the space and its arrangement, tradition and customs, people, etc.

REIFICATION PROCESS

In a solution-focused approach, the direction of work is determined not by the client's problems, but by his needs and goals. Therefore, the most important direction of the searching process is the answer to the question: what is a given person looking for? What does he really want? We can define this process as "reification". The term means materialisation of mental structures and experience of individuals. Reification takes place in the process of conversation, thanks to the language and words spoken, which then gain their status and meaning (Szczepkowski, 2016, p. 171). The answers can be sought within three areas, i.e.

- needs related to using drugs and the current life style;
- values, that is, existential choices;
- plans for the future, i.e. your preferred vision of the future.

The first area focuses on diagnosing the needs related to stupefying oneself with drugs and other asocial behaviours of young people. They are usually reduced to two important categories: hedonistic and escape-related reasons. The first group is dominated by the need for play, peer relationships, acceptance, courage and boldness, etc. The other group includes such reasons as coping with the problems both from the past (e.g. traumas and difficult experiences) and also from the present (e.g. family situation, appearance, weight, etc.). Focusing on these issues communicates understanding to the client, normalizes his behaviours, which in a way serves to depathologise an individual. Focusing the conversation around the client's needs is also a form of showing him respect, which also translates to some extent into the quality of a helping relationship (Szczepkowski, 2016, p. 189).

The second direction of the searching process is the area of existential choices, i.e. values that are important to a given client. Here, issues such as family, friendship, education, occupation or independence, etc. appear. Usually as well, taking drugs stands in contradiction with these values, creating a kind of tension, cognitive dissonance.

The third area is the vision of a preferred future. Taking into account the specificity of functioning of young people, it is sometimes necessary in the initial phase of cooperation to focus more on the client's resources and possibilities.

Their greater awareness allows them to define their dreams and plans in a more confident way. It is also good for this picture of the desired solution to have its polisensoric dimension and include a detailed vision of what a person's life will look like in a few years. In this vision, it is important to include behaviours, thoughts, emotions, relationships, new possibilities that will be more real then, etc. The findings of Chilean neurobiologists confirm that experiencing such a vision leaves a permanent bodily mark, and therefore this intervention is more significant than it might seem (Maturana, Varela, 1980, 1987).

Taking into account the above-mentioned areas or directions of work, specific abstractions, mental constructs (e.g. normal life, peace of mind, love, etc.) materialise during individual and group "language games". On the one hand, the process of normalisation of needs takes place, on the other, further specification of what is important, essential and desired by young people. At the same time, further specification of goals appears as a continuous, long-term process, where rush is not desired. This process begins already during the first meeting and practically lasts until the last day of the youth's stay at the centre.

The task of the professionals is to create a context in which clients engage in the process of change, including primarily in establishing a cooperation relationship. It is also important to help and enable the clients to specify what they really want. In addition, it is also our task to show various options for possible activities and pragmatic choices of the client (Isebaert, 2017, p. 6). The question of what to start from and which of the goals should be the starting point for further work and searching for means of implementing the desired vision of the solution is also subject to negotiations and mutual arrangements. When making the choices, it is worth taking into account one of the assumptions of systems theory, namely equifinality. The term means that different pathways may lead to the same outcome (Nelson, 2019, p. 11). So it is worth simply to start somewhere, leaving the final choice to the client himself, thus strengthening his subjectivity and involvement in the change process.

SIGNIFICATION

The second dimension of solution-focused social rehabilitation is signification, i.e. the process of giving meanings to situations, experiences attributable to clients. Referring to constructivism, it can be said that experiences of individuals are subjective in nature. Following this idea, it is not so much important what we do within specific interactions, but what is the meaning given to it by the youth themselves (Szczepkowski, 2015, p. 233). Thus, the conclusive issue for the use-

fulness of various interactions will be the meanings assigned to these experiences by individuals (Szczepkowski, 2016, p. 173). These meanings are also created in the course of a conversation, thanks to the language that creates a specific reality. Ultimately, it is the young people themselves who decide how useful a given conversation, classes or experiences were. However, we can catalyse and create this process of assigning meanings as part of a helping relationship by creating a specific framework that will be filled in by the client with his own content. The process is made of two elements. The first one is to encourage reflection and determine how important a given experience, event, situation or conversation was for the client. This can be facilitated with simple questions like:

- "What would you like to remember from this conversation?"
- "What have you gained from today's meeting? What conclusions do you have?"
- "What does the situation that has happened mean to you?"
- "In what sense was it important to you?"
- "What was this experience for you?"

The other element assumes using what was important for the client, giving it a useful meaning, and above all, bringing out and strengthening the client's competences, including awareness of his goals. Such situations constitute a kind of a-posteriori experiences. The signification process assumes focusing on several important issues:

- Exploring experience – it is important to build a narrative describing the experience in the client's words. By building their own story about a given event or situation, the client gives it a specific meaning. The following questions can be helpful: "What kind of experience was it for you? If you were to describe to someone, how would you define it?".
- Exploring the mode of operation – it is also important to learn about the client's modes of operation that resulted in a given effect. This is connected with specific competences, skills and resources. The following exemplary questions can be used: "How did you do it? "What did it require from you?".
- Getting to know oneself better – an important area of investigations is the analysis of a given experience from the perspective of how it affects thinking about oneself: "What did you discover in yourself because of this experience? In what did you assure yourself? What did you learn about yourself because of this experience?".
- Analysing similar situations from the past – analysing similar situations from the past may strengthen a new way of the client's self-narration. Experience based on a greater number of situations takes on a different dimension.

- Exploring the future – this element is about showing the perspective of using a given experience, applying the acquired knowledge about oneself and one's own skills in working on the goals and vision of the desired future (Szczepkowski, 2016, pp. 193–196).

Paying attention to these aspects of experience contributes to building clients' competences, their subjectivity, and thus translates into a change in the prevailing self-narrations. It does not matter to what extent and in what form we use the presented procedure. In practice, this may take the form of a questionnaire and a detailed discussion of all described elements. On other occasions, it can be done in a fragmentary form, focusing on some selected element of it. It obviously depends on the circumstances, type of relationship, time and the possibilities of both the client and the helper.

EXTRAPOLATION

The last of the discussed aspects of solution-focused social rehabilitation concerns the transfer of new models of behaviour into the old context, natural for the client, i.e. his family environment, living environment. This aspect is particularly important considering the fact that we are talking about institution-based social rehabilitation taking place in an artificial, isolated context. Meanwhile, the essence of social rehabilitation is re-socialisation, i.e. improving social functioning in an open environment. This goal cannot be achieved under conditions of complete isolation. Therefore, the challenge is to organise the activities in such a way as to ensure the possibility of not only changing behaviours and creating new, more functional habits in young people, but first of all, effectively maintaining the continuity of change outside the institution (Szczepkowski, 2016, p. 174). In this case, we can also distinguish two areas of potential activities. On the one hand, it is about solutions that will give clients an opportunity to experience a real change in safe institutional conditions. The keyword is the term "real", that is, connected with and conditioned by the old context. On the other hand, it is about the transfer of new models of behaviour into the external non-institutional environment.

In relation to the first of the distinguished aspects, the following solutions are used in practice:

1. Contact with the closest family members. Basically, it is unlimited, both by phone and in person in the form of visits, and limited only due to the organisation of time and plan of the day at the centre. The key issue, however, is how the family is perceived – not as a source of pathology for

our clients, but as a resource helpful in making a change. Another form of cooperation are regular individual and group therapeutic family sessions, which serve building understanding between a child and his family (Szczepkowski, 2016, p. 243). The purpose of these consultations is to discover family resources, as well as to monitor and strengthen changes. In addition, it is also important during such sessions, but also in other situations (holidays, family picnics, etc.), to create such moments when family members have an opportunity to cooperate with each other, and by that experience a different model of intra-family contacts.

2. Enabling contacts with people from outside the facility. In practice it means that institutions are open to people from outside, and thus provide an opportunity to exchange experiences. Sometimes it takes the form of student visits, permission to complete traineeships and internships, etc. Such situations create opportunities for different, better behaviours of young people.

3. Completion of some of the optional classes by people not being members of the facility staff. This form involves cooperation with various organisations and associations whose goal is to work for the benefit of the youth. Some of the tasks assigned to them can be implemented for the benefit of our pupils, with mutual benefit. These are, for example, various forms of workshops developing interests of young people, but also classes in career counselling and sex education. Another important element of therapeutic work are the classes conducted by student volunteers cooperating periodically with the centre. As part of the contract signed with them, they run optional afternoon classes, using their own and their pupils' interests and resources (e.g. classes in music, film,cooking, sports, etc.).

4. Implementation of compulsory education in the form of individual classes conducted by teachers who are not members of the centre staff.

5. Use of multimedia. One of the forms is using virtual maps to arrange real situations during training classes, e.g. while learning assertive withdrawal behaviours. On the one hand, such a procedure allows us to better understand the real context of the client (you can see where he lives, get to know the surroundings, etc.), and on the other hand, it triggers special emotions in the youth themselves, making training situations more real. Another aspect is work on changing the virtual identity that functions in the social media.

The second of the distinguished dimensions of extrapolation, i.e. transfer of new models of behaviours into the old non-institutional context, is facilitated by the following procedures:

1. Passes to the family home. They help young people to show real change to their relatives, but also provide an opportunity to change some element in the old context. We encourage you and consider the possibility of introducing even a small change in your room, e.g. rearranging furniture, changing the colour of the walls, etc.
2. Outings to the city supervised by family members or alone.
3. Organised trips and outings. From time to time, both group outings for pleasure (cinema, theatre, visiting the old town) and tourist trips (rallies, canoeing, sailing camps) are organised. They offer new experiences to young people in spending their free time, but most of all reveal their possibilities and resources.
4. Organisation of some classes outside the institution in cooperation with other entities. Some of the classes, both developmental and therapeutic, are conducted outside the centre, in cooperation with other entities.
5. External volunteering. At a certain stage of their stay in the centre, young people have an opportunity to do volunteer work in the forms of activity they choose themselves (e.g. an animal shelter, a cooperating association for the disabled).

Of course, taking advantage of such possibilities is both an opportunity and a threat connected with the risk of returning to old behaviours and, for example, breaking the drug or alcohol withdrawal. Hence, each time the decision on the possibility of using one or another option is preceded by specific work and depends on three criteria, i.e. the purpose of specific opportunities, safety and the level of cooperation between the client and the staff.

CONCLUSION

This article presents the assumptions of the solution-focused social rehabilitation (RESocialisation) model as a certain alternative to other proposals functioning in the social rehabilitation practice. Three important dimensions, i.e. reification, signification and extrapolation, have been brought to attention as determining the effects of the entire process. The interactive dimension of social rehabilitation has also been emphasised, where both the clients and therapists have equal importance. Therefore, the cooperation relationship, where responsibility for its result rests on both sides equally, is of key importance. Therefore, the primary task of the professionals is to create a good alliance with the client and provide a context that will favour his change. So understood, social rehabilitation is a constant process of experimenting and searching for what is working. Adequate solutions are therefore

the result of everyday negotiations with clients, and their form depends on the available opportunities, both on the side of young people and a given institution.

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RES-OCJALIZACJA SKONCENTROWANA NA ROZWIĄZANIACH

Streszczenie: Wraz z postępującymi zmianami społecznymi, skutkującymi m.in. odmiennym charakterem relacji międzyludzkich**,** większą dostępnością do różnych używek, wzrasta liczba zachowań młodzieży, które moglibyśmy określić mianem maladaptywnych. Aktualne pozostaje pytanie o skuteczne sposoby pomocy młodzieży, która przejawia symptomy niedostosowania społecznego. Niniejszy artykuł jest głosem w tej dyskusji i próbą zaprezentowania modelu *RES-ocjalizacji skoncentrowanej na rozwiązaniach*, wypracowanego w warunkach klinicznych, w przestrzeni konkretnej instytucji, jaką jest Całodobowy Młodzieżowy Oddział Leczenia Uzależnień w Toruniu. Model ten nawiązuje do *podejścia skoncentrowanego na rozwiązaniach* i lokuje się w postmodernistycznym paradygmacie resocjalizacji, wykorzystującym ideę społecznej konstrukcji możliwości, jaka zachodzi przy użyciu i za sprawą języka. Jego istotę stanowią procesy reifikacji, sygnifikacji i ekstrapolacji.

Słowa kluczowe: resocjalizacja młodzieży, resocjalizacja skoncentrowana na rozwiązaniach, ekstrapolacja, reifikacja, sygnifikacja