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On the effectiveness of group cognitive-behavioral intervention of the spouses on the reversion prediction of the people in methadone therapy

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Abstract

Problem setting: Lack of the necessary skills and unsuitable relationship between spouses, are concerned as factors of continuation in addiction. This research has been done in order to define the effectiveness of group cognitive-behavioral intervention of the spouses on the reversion prediction of the people in methadone therapy. **Method:** 70 addicted people who had come to “Omid Desertion Center” in Iran-lahijan, were studied by DASS21, and RPS standard measures and CRQ, WRQ, CRI, and AQ questionnaires in this research. Among these people, 30 addicted subjects, who had the criterion for this study, were selected randomly and put into two groups of experimental and controlled group, each with 15 people. The experimental group was in an experiment of cognitive-behavioral intervention for 12 sessions of 90 minutes. At the end, both groups were assessed by the same mentioned questionnaires one more time months, they answered to the RPS standard measure. The data were analyzed by the co-variance (ANCOVA, MANCOVA) statistical method. **The results:** The results showed a significant difference between the two groups in reversion prediction of the people in theory and the management of stress, anger and worry, and coping skills (problem focused) and not significant in coping skills (emotion focused) and negotiation and solving the problems in their spouses. **Conclusion:** The results of the study show that group cognitive – behavioral intervention on the spouses is an effective method for reversion prediction of the people in methadone therapy.

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1. Introduction

Lack of necessary skills and unsuitable relationship between spouses, are concerned as factors of continuation in addiction. In fact a patient, who abuses drugs, is always a part in the system of a family, and affects or is affected by this system. (Newcamd, 1992, reported by Besharat, Mirzamani, pour Hossein, 2002). Addiction is a disease which has damaged family relations a lot. In a chaotic family there will be a lot of disagreements and it may be difficult to solve them. The family members should learn how to enjoy from being together and solve their problems in order to increase family constancy. If members of a family have more positive reactions in their relationship, they will have a

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more supporting feeling too. The family members should know that by their incorrect behavior (forcing an addicted person who is deserting or deserted the drugs or not paying attention to him) may cause a relapse in his situation, and by their good and correct behavior, they can prevent this relapse. It's good for families to know that there's no definite treatment for addiction and relapse may always happen. But by the passage of time and a change in the person's lifestyle, the probability of that will decrease (Farhady, 2005).

Concerning the serious for need for psychotherapy and specific training families in therapeutic centers, and having little research done on the effectiveness of group cognitive – behavioral intervention on the reversion probability, this research has been done in order to investigate the effectiveness of group cognitive – behavioral intervention of the spouses on the reversion prediction of the people in methadone therapy.

2. Method

2.1. Participants and research design

Concerning the objective and hypothesis, this study is an experimental research and will be done by the pre-test post-test design for the controlled group. The participants in this study were among the patients (addicted people) who come to the Omid therapeutic center in Iran-lahijan with their spouses who had been in methadone therapy from October to the end of November in 2010. There were 70 people and the participants of the study were 30 people among them who used drugs for at least 3 years and don't have any psychiatric disorder. 15 people were selected randomly from the experimental group and 15 people were selected randomly for the controlled group.

2.2. Instruments

2.2.1. Reversion Prediction Scale (RPS)

In order to investigate the tendency towards the drug usage, the reversion prediction scale (RPS) was used (Wright, 1991). This test contains two subscales with 45 items which is answered on the basis of Likert Spectrum (scoring 0-4). The calculated reliability of this scale by the usage of Cronbach's alpha method for the subscale (usage probability) is 0/94, and for the subscale (desire intensity) is 0/97. The correlation between the two mentioned subscales by the usage of the correlation method ($r=0/85$), also shows a significant relationship ($p<0/0001$) (Reported by Mehrabi, 2005).

Depression, Anxiety and Stress Scale (DASS – 21)

To assess depression, anxiety and stress intensity, DASS test was prepared (Lovibond, 1999). This test has a long form (42 questions) and a short form (21 questions) Cronbach's alpha of the short form of this test which has been used in this study, in a group of 400 people from the population of Mashhad, for depression is 0/77, anxiety 0/66 and stress 0/76.

2.2.2. BASS Aggression Questionnaire (AQ)

This questionnaire contains 29 items, assessment and aggression in 4 subscales: physical aggression, verbal aggression, anger and hostility, which has been prepared by Arnold H. BASS and has had a wide usage. This questionnaire has a good internal consistency. The Alpha coefficient for the subscales for the subscales physical aggression, verbal aggression, anger and hostility is as follows: 0/89, 0/85, 0/72, and 0/83 and the total Alpha coefficient of the questionnaire is 0/89. This questionnaire is a reliable and consistent instrument.

2.2.3. Checking Response Inventory (CRI)

In order to gain an easy and reliable way assess checking responses, Billings and Moos studied a number of adults for a period of time and prepared a questionnaire with 19 items. In this study, a questionnaire has been used of 32 items, which has been prepared by Braheni and Mousavi by making multiple choices in the questions in 1992. Then Mr. Hosseini Ghadamgahi calculated the reliability coefficient as 0/795 by retesting for the total score.

2.2.4. Relapse Worrying Questionnaire (WRQ)

In order to assess the worrying rate from the relapse in the spouses of the people in methadone therapy , a questionnaire called relapse worrying questionnaire , was prepared and after applying the test on 30 people among spouses of the people in methadone therapy , the validity of 0/81 by the usage of cronbach's alpha , means that this questionnaire has a correlation whit the worrying questionnaire on the state of Pennsylvania ($r = 0/62$).

2.2.5. Conflict Resolution Questionnaire (CRQ)

This questionnaire is an instrument to measure conflict resolution ideas and the ability of the person to create and give effective solutions for the conflict in the general population which is prepared by Viks and Fisher 1994, Ory,1991) . After applying the test for 30 subjects among the spouses of the people in methadone therapy its validity was 0/81 by the usage of cronbach's alpha.

2.3. Instruments

The spouses of the people in methadone therapy (both experimental and controlled group) completed DASS scale (Lovibond, 1999), DRI questionnaire (billings, moos, 1981) AQ questionnaire (Bass, 1992), WRQ questionnaire (Ebrahimi, 2010), CRQ questionnaire (Viks and Fisher 1994, Ory, 1991) , and the people in methadone therapy completed RPS scale (Wright, 1991). After the inversion for 12 sessions of 90 minutes , the spouse of the people in methadone therapy , completed the same questionnaire again and the people in methadone therapy answered RPS questionnaire again after 3 months from the last session of intervention .

3. Results

Concerning the research design and hypothesis , the data were analyzed by co – variance statistical method (for more than one variable) (Moncova) and co-variance one-way (Ancova) .

Hypothesis 1: There's a significant relationship between group cognitive – behavioral intervention of the spouses on reversion prediction of the people in methadone therapy.

Table 1: covariance analysis (for more than one variable) F ratio for measuring the compound variable (reversion prediction rate)

Source	Value	F (2-25)	Sig.	Eta
Compound variable (reversion prediction)	0/740	4/383	0/023	0/260

Note : F ratio in compound variables is calculated by Wilks'Lumbada approximation.

Concerning the results of the Moncova , the relationship is significant.

Hypothesis2: there's a significant relationship between group cognitive – behavioral intervention and stress management of the spouses of the people in methadone therapy.

Table2: co-variance analysis (For more than one variable) F ratio for measuring compound variable stress management.

Source	Value	F (2-23)	Sig.	Eta
Compound variable (stress management)	0/702	4/875	0/017	0/298

Note: F ratio in compound variables is calculated by Wilks' Lumbada approximation.

Concerning the results of the Moncova (as shown in the table), the relationship is significant.

Hypothesis 3: there's a significant relationship between group cognitive – behavioral intervention and anger management of the spouses of the people in methadone therapy.

Table3: The summary of the co-variance analysis of anger management in experimental and controlled group for the interactive effect test .

Source	Sum of squares	df	Mean square	F	Sig.	Eta
anger management	1393/944	1	1393/944	12/575	0/002	0/335

The result of the Moncova (as shown in table 3), show a significant relationship in this case.

Hypothesis 4: The summary of the co-variance analysis of coping skills (problem-focused) in experimental and controlled group by eliminating the interactive effect.

Table4: The summary of the co-variance analysis of anger management in experimental and controlled group for the interactive effect test .

Source	Sum of squares	df	Mean square	F	Sig.	Eta
Coping skills	67/063	1	67/072	14/072	0/001	0/360

The results of the Aoncova (as shown in table 4), shows that the relationship is significant.

Hypothesis 5: there's a significant relationship between group cognitive – behavioral intervention and worrying management of the spouses of the people in methadone therapy.

Table5: The summary of the co-variance analysis of worrying management in experimental and controlled group for the interactive effect test .

Source	Sum of squares	df	Mean square	F	Sig.	Eta
Worrying management	388/748	1	388/748	6/523	0/017	0/207

The results of the Ancova (as shown in table 5), shows that group cognitive-behavioral intervention increases their worrying management.

Hypothesis 6: there's a significant relationship between group cognitive – behavioral intervention and discussion and solving the problems of the spouses of the people in methadone therapy.

The results of the Ancova showed that the relationship is not significantly different.

4. Discussion

This study has been done on the effectiveness of group cognitive – behavioral intervention of the spouses on the reversion prediction of the people in methadone therapy. The results of the study showed that a group cognitive – behavioral intervention of the spouses is effective on the people in methadone therapy. In other words, the probability of the usage has significantly decreased in the experimental group who had participated in therapy session that shows the effectiveness of these interventions on reversion prediction in addicted people. The results of this study are consistent with the studied of Karimi and Eskandari,(2003) reported by Golestani, (2008), Mehrabi, (2005), Liddle, Dakof, Tumer and Henderson(2008),McCrary, Epstein, cook, Hildenbrandt(2009), Henderson, Dakof, Greenbuam and Liddle (2010). The role of the family to start and continue the usage after the treatment, has

been approved in different studies. This is also emphasized that reversion towards the drugs, brings the spouses under more pressure. Therefore the results of the study showed that a group cognitive – behavioral intervention is effective in stress, anger, worry management and coping skills (problem-focused) of the spouses of the people in methadone therapy. The results of this study are consistent with those of O'Farrell (1999), O'Farrell, Stewart (2003), Drapkin, McCrady, Swingle and Epstein (2005), Munaf, S Dultana, Zubair, Ali and Agha (2006), copllo, Templeton e, Orford, Velleman, Patel, Moore, Mascleod and Godfrey (2009), Templeton, Velleman and Russel (2010). The results showed that the people in methadone therapy could reduce the probability of their usage after their spouses were in controlled group and intervention.

After their spouses could manage their stress, anger and coping skills (problem-focus) and their worrying, and therefore have a better behavior, less tension and be more relaxed, the probability of the drug usage reduced in people in methadone therapy and they've been more responsible for their treatment. So with these interventions we can obtain reversion prediction.

The limitation of this study was as follows, these interventions have been done just for the spouses of the people in methadone therapy and there were no intervention for other patients with other treatments (Clonidine, boproxin). Only the patients with opiate abuse were in this study and also there were no interventions for the patients who used other opiates like (Amphetamine, Methamphetamine and Etc).

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