The Effectives of Determination of Cognitive – Behavioral Group on Mental Health and Substance Abuse Addicts Tend in Abuse to Addiction Abandonment Center City of Noshahr Asayesh

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ABSTRACT

The goal of this study has been the effectiveness of behavioral – cognitive group therapy on mental health and substance abuse addicts tend in abuse to addiction abandonment center city of Noshahr Asayesh. This study statistical social was 75 person from addict patients that they refer to center city of Noshahr Asayesh. The research design has been experimental and pretest and sub test with control group. 30 samples were selected using area sample method and were systematic randomly put in control and test group. Two inventories were performed (15 people in every group). At first, two questionnaires performed between two groups. Groups before, after of follow-up period were measured. Resulted data has been analyzed using multi variable covariance test. The results show that the efficiency cognitive behavioral therapy compared addicts receiving methadone the tendency to reduce the consumption of narcotics and to promote mental health.

KEYWORD: Cognitive – behavioral therapy, mental health, consumption of narcotics tend.

INTRODUCTION

One of the most (anxieties) is substance abuse teenage and youth in modern societies. Addict to substance is a serious threat for cultural, hygienic, social and economic structure, break the bale of balance of growth and development of societies and waste more human, economic and social sources (Yar Mohammadian, 2004).

Effects of use of psychical substance divided to parts, physical and physical effects that physical effects like neural problems, sneeze, repeated fall water of noise and eyes, severe muscular problems, severe pressures in spinal column, stomachache, in appetite and etc, and psychical effects like addict to substance (narcotics).

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One of the ways of control and decrease and time returning consumption substance is change place and control people rated to substance abuse because people resort external reasons for account of more addiction they will go to addiction in future because this tend make by uncontrolled feeling, distress, suspicion of position himself and his family about addiction (Rudfar, 2003). Phenomenon correlation (tend) to substance abuse and inability of person for cut tend and more fail in therapy programmers in addicts and in other hand, probability returning and again start restart narcotic in societies caused to prevent of primary tend by more programmers (Madadi, 2005).

Cognitive behavioral therapy group is as a therapy method that goal of construct in prevent of returning and can be provide psyche health as suitable method for treatment addiction (Gilestani, 2007).

Cognitive – behavioral therapy represented weekly throughout 12 – 16 section. The goal of this therapy method fairly is short – term and limited is making abstention situation and primary stabilization in sick. But this period is nor enough for many of sicks, so we use of long – term for cognitive – behavioral therapy in start period and advised additional sanctions for these people. So, it is better adopt therapy that influence psychical aspects, too. One of the cognitive – behavioral interference advantages is involved with psychology, excited and behavioral subjects result to distress that happened therapy or educational interference (Omidvar, 2006).

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Shoakazami (2009) in research, study influence of confronting ways in prevent of returning addicts by emphasize on cognitive – behavioral techniques, this purpose accomplish by prevent of returning.

For available addicts in this national addiction center by statistical universe in Tehran city that cognitive behavioral in change behavior addictions is effectual based in prevent expressiv returning.

Ahmadkhaniba et al (1384) findings of study show that effectual usage cognitive – behavioral especially management is dependent on decrease severe addiction and the amount of falling and increase cooperation dependent people narcotic substances (Orki, 2008).

In research find that effectiveness cognitive – behavioral therapy comminuted whit anger management over self – efficient comparison styles, control anger, low tend to consume substances and prevent returning in group of search of treatment dependent to narcotics which show that combined cognitive – behavioral.

Method with anger management increase significantly effectiveness cognitive – behavioral therapies and medicinal therapy for prevent of returning to narcotics and other elements related to recovery in dependent to narcotics.

Manual (2009) present to study addiction therapies and of addiction. His findings show that sick had been received medicinal therapy and 130 sicks, psychological therapy in accordance wit DSM criteria addict had been realized between 261 sicks, there is difference from time point of view that addicts return to addiction.


His results on 121 people in experimental group and 250 people in control groups show that cognitive – behavioral therapy is effectual in outpatients in consume of cocaine.

Mech (2006) for compared effectiveness groups, he takes tests in exciting, cognitive, behavioral interviews methods.

And so results show that is it difference between effectiveness therapies and also therapy in every person was more effective in rate to adults.

In direction of above studies show that is compared effectiveness group cognitive – behavioral over amount of psyche health and tend to narcotic and so present study following theory :

The main hypothesis

Cognitive – behavioral group education over psyche health and decrease tend to narcotic is effectual.

Secondary hypothesis

1- Behavioral – cognitive education is effective in clecrease tend to substance abuse;
2- Behavioral – cognitive education group in clecrease tend to substance abuse is effectual.

THE METHOD OF RESEARCH

Recently research is a kind of experimented designs and per form pretest and sub test designs with control group. Statistics universe research refer to center city of Noshahr Asayesh that consisted of 75 people from addict sicks. In this question are use of two questionnaires.

1- General Health Questionnaire (GHQ)

This questionnaire at fist once regulated by Goldberg and use of widely considering diagnosis low psychical disorders in different situations. 28 questions of form by Goldberg and Hiller 1979 regulated in 4 points scale like physical symbols, anxiety, discovered in social operation and depression. Result of super analysis earned 43 related researches by Williams Mari and Goldberg (1998). Average sens – oibility is found 84% and Mean characteristic is found 0.82.

2- Tend to narcotics test by Golparvar

This criteria consists of 54 questions that provide and regulate and its reliable has evaluated by Golparvar. Give score perform by determine positive and negative questions in this test. Answer to questions of questionnaire is as "yes" and "no" give score to question by Terstone Methods. In this method give score buoy (buoi)es is as Zero and One reliable of test evaluate by Golparvar and base of reliable coefficient crowbakh a has calculated 0.79 or 0.89.

The performance of research method

For performance of research choose 30 sicks in randomly organized way based on register of list as every ten people choose one person and fifth person as sample in experimental and control groups.
At first, tests evaluated in pretest then after perform sections of cognitive behavioral education group again evaluated.

**The method of data analysis**
Collected data analyze by multi–variable covariance analysis.

**FINDING OF RESEARCH**
Cognitive–behavioral education group over in crease psyche health and decrease to tend to consume substance is effectual.

**Table 1**--Frequency average and standard deviation experimental and control groups

<table>
<thead>
<tr>
<th>Variables</th>
<th>Experimental group (education theatrical therapy)</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>sd</td>
</tr>
<tr>
<td>Psche health pretest</td>
<td>14.98</td>
<td>2.011</td>
</tr>
<tr>
<td>Psche health sub test</td>
<td>10.00</td>
<td>2.411</td>
</tr>
<tr>
<td>Pretest tent to substance abuse</td>
<td>26</td>
<td>1.398</td>
</tr>
<tr>
<td>Tend to substance abuse subtest</td>
<td>16.87</td>
<td>2.91</td>
</tr>
</tbody>
</table>

**Table 2**--Frequency score sub test (adjusted)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Experimental group (cognitive – behavioral education group)</th>
<th>Control group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>x</td>
<td>sd</td>
</tr>
<tr>
<td>Psche health sub test</td>
<td>10.01</td>
<td>0.461</td>
</tr>
<tr>
<td>Tend to substance abuse subtest</td>
<td>18.012</td>
<td>0.621</td>
</tr>
</tbody>
</table>

**Table 3**--Box test in equality study matrix variance and covariancen

<table>
<thead>
<tr>
<th>Box’s</th>
<th>F</th>
<th>df1</th>
<th>df2</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.011</td>
<td>1.424</td>
<td>3</td>
<td>141.20</td>
<td>0.305</td>
</tr>
</tbody>
</table>

For equality study matrix variance and covariance use box test considergh to results of table (3) because calculated F is not statistically expressive. So equality theory matrix variance and covariance hasn’t problem.

**Table 4**--Correlation coefficient between psyche health and tend to substance abuse

<table>
<thead>
<tr>
<th>Dependent variables</th>
<th>Correlation coefficient (r)</th>
<th>N</th>
<th>Level of expressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psyche health and tend substance abuse</td>
<td>0.479*</td>
<td>30</td>
<td>0.007</td>
</tr>
</tbody>
</table>

The result of table (4) shows that the amount of correlation coefficient between dependent variables as psyche health and tend to substance in addicts is 0.479, and the correlation is between dependent variable of couples must not more 0.90, because the correlation is more than 0.90 and analysis of covariance shows expressive result. Separation share of every one of dependent variables will be hard separately in total effect.

**Table 5**--The results of analysis of covariance for psych health and tend to substance to consume narcotic

<table>
<thead>
<tr>
<th>Source of parish</th>
<th>The sum of squares</th>
<th>The degree of free</th>
<th>Mean of square</th>
<th>F</th>
<th>The level of expressive</th>
<th>The amount of effect</th>
<th>2nd test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psych health</td>
<td>36.018</td>
<td>1</td>
<td>36.018</td>
<td>14.001</td>
<td>0.0001</td>
<td>0.339</td>
<td>0.941</td>
</tr>
<tr>
<td>Tend to substances</td>
<td>463.921</td>
<td>1</td>
<td>463.921</td>
<td>93.012</td>
<td>0.0001</td>
<td>0.811</td>
<td>1.000</td>
</tr>
</tbody>
</table>

After adjusted average pretest psych health in the amount of 15.01 and baled on finding result of table (5) for variable of psych health considering to calculated F (df1 , 26) = 14.001 p < 0.0001, (η² = 0.339) with F, because the level of expressive is lower then measuring ∞ excess root 0.005, so calculated F is statistically expressive. We can say that the scores of sub test of psyche health in experimental and control groups is expressive difference. So after adjust ment mean pretest of tend to substance with the amount of 28.11, considering to calculated F (df1 , 26) = 93.012, p < 0.001, (η² = 0.811) with F, because the level of expressive is lower than measuring ∞ root 0.005, so calculated F is statically expressive. There are the scores of after test tend to consume substance in experimental and control groups by expressive difference. Considering to express have confirmed mean difference 0.99
reliable, so express that theory of research based on behavioral – cognitive education group over increase psych health and decreasing tend to substance abuse is effectual.

**Secondary hypothesis 1**:
Cognitive behavioral educational over the amount of in crease. Psyche health is effectual.

Table 6- Results of analysis covariance cognitive – behavioral education group and control group over the amount of psyche health

<table>
<thead>
<tr>
<th>Source of parash</th>
<th>Sum squares</th>
<th>The degree of free</th>
<th>Mean squares</th>
<th>F</th>
<th>The level of expressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health group</td>
<td>36.018</td>
<td>1</td>
<td>36.018</td>
<td>14.001</td>
<td>0.001</td>
</tr>
<tr>
<td>Error</td>
<td>70.014</td>
<td>26</td>
<td>2.711</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 7- The results of compare between mean psyche health behavioral – cognitive education and control group over the amount of psyche health

<table>
<thead>
<tr>
<th>Source of parash</th>
<th>Difference of mean</th>
<th>Standard deviation</th>
<th>The level of expressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health group</td>
<td>2.521</td>
<td>0.681</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Considering to results of table (6), calculated F (p < 0.001 (df1 , 26) = 14.001 with f), because the level of expressive is lower than of (p < 0.005) and considering to express F, so we can result. Cognitive – behavioral education is effectual on increase psyche health. And compare whit difference of men in two groups, show that is difference between cognitive behavioral average education group and control group in the amount 2.251 that this difference is statistically expressive in the level 0.01. Considering to expressed difference averages, the degree of reliable is 0.99 that theory of research has confirmed based on cognitive – behavioral education on increase psych health is effectual.

**Secondary hypothesis 2**
Cognitive – behavioral education is effectual in decreasing tend to substance abuse.

Table 8- The result of analysis covariance cognitive – behavioral education group and control group on the amount of trend substance abuse

<table>
<thead>
<tr>
<th>Source of parash</th>
<th>Sum of squares</th>
<th>The degree of free</th>
<th>Mean of square</th>
<th>F</th>
<th>The level of expressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Variable tend to substance abuse</td>
<td>463.016</td>
<td>1</td>
<td>463.896</td>
<td>93.112</td>
<td>0.001</td>
</tr>
<tr>
<td>Error</td>
<td>131.111</td>
<td>26</td>
<td>2.141</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9- The results of compare between average of tend to narcptics by cognitive – behavioral education and control group on the amount of tend to substance abuse

<table>
<thead>
<tr>
<th>Source of parash</th>
<th>Difference of averages</th>
<th>Standard deviation</th>
<th>The level of expressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cognitive – behavioral education group and control group</td>
<td>-9.114</td>
<td>0.931</td>
<td>0.001</td>
</tr>
</tbody>
</table>

Considering to the result of table (7) calculated F (p < 0.001 (df1 , 26) = 93.112 with F), because level of expressive is lower than p < 0.005 and considering to expressed F, so we can result that cognitive behavioral on the amount of tend to consume narcotic by addicts is effectual. Compared with difference of averages in 2 groups show that there is difference between mean cognitive – behavioral education group and control group in the amount -9.114 that this difference is statistically expressive and considering to expressed difference average, so it is reliable in 0.99 that the theory of research has confirmed based on cognitive – behavioral education on the amount of decreasing tend to consume substance is effectual by addicts.

**DISCUSSION AND CONCLUSION**

The results of research show that there is different, the effect of cognitive – behavioral therapy on tend to narcotics and improve psyche health after treatment and following in three mount. The scores sub test of psyche health and the scores of sub test tend to substance abuse have expressive difference in experimental and control groups. Totally the theory of research has confirmed is effectual based on cognitive – behavioral education group on the amount of psyche health and decreasing tend to substance. This findings is one and the same that present by Shoa Kazemi (2009), Golestani (2008), Folparavar et al (2008), Kutline (2010), Manule et al (2009) and Mach (2006). For conforming these results, we can say that it is important that cognitive – behavioral therapy, try to solve set of complex psychical problems and a situation enter to the pain of sick. Cognition group
therapy is a kind of technique therapy for cognitive faults by sick. In cognitive therapy, cognitive faults result in uncorrect behavioral and clear for the member of treated group, and practical ways present for use of this method in routine life, too, so these methods can be effectual over increase general health and decreasing tend to narcotic.

**Secondary hypothesis 1 and 2**

With compare average of two groups defined that there is difference between average of cognitive – group and control group education and this difference is expressive in the level 0.01. Considering to express difference of averages is 0.99 so is reliable that theory of research has confirmed based on cognitive behavioral education group that over the amount of decreasing tend to substance abuse is effectual. These results are one and the same research Sho Kazemi (2009) and Golestani et al (2008). In this finding can pay attention to cognitive – behavioral education group to personal factors consist of attitudes, social skills manner of confront with social – psychical stresses and problems and take feedbacks from other people of group by assistants help and manner of confront with problems is learning after abandonment. These subjects show that can make use of group and personal cognitive therapy method as non – medicinal therapy method that this usage is more effectiveness.

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