

A Study on Effectiveness of Metacognitive Treatment Training on Hopelessness and Despair of Addicted People Being Treated by Methadone in Tehran

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ABSTRACT

The present research is focused on studying the effectiveness of Metacognitive Treatment (MCT) training on hopelessness and despair of addicted people being treated with methadone (MMT) in Tehran. That is of experimental type with two groped pretest – posttests and the population included addicted people who were under treatment with Methadone in the West of Tehran city. They were selected accidentally from among 250 people and after filling the primary questionnaire regarding hopelessness and despair questionnaire 30 people who gained the highest score were selected and were divided into two groups of 15 on an accidental basis (two test groups and one proof group). 8 sessions in metacognitive treatment course were held for the test group. Evaluation tools consisted of Beck's hopelessness scale questionnaire (1974) and seligman attributional style questionnaire (1977) and the data was analyzed based on the covariance analysis. Results revealed that metacognitive treatment significantly reduces hopelessness and despair in addicted people. Also there was a significant difference in hopelessness of addicted people between the two groups. The two groups had basically different levels of despair as well. The results showed that:

- Metacognitive treatment has an effective role in the hopelessness and despair of addicted people who are being treated by Methadone.
- Metacognitive treatment has an effective role in the hopelessness of addicted people who are being treated by Methadone
- Metacognitive treatment has an effective role in the despair of addicted people who are being treated by Methadone

KEY WORDS: Metacognitive treatment, Hopelessness, Despair

INTRODUCTION

Addiction to drugs, as the most serious social problem in Iran, has many different sociological, psychological, legal, economic, political, etc., aspects. As believed by many experts, addiction is source to many other social inconveniences. The increasing number of people getting addicted to drugs is one of the most important social problems in the society. In every society, when the misuse of a certain kind of drugs was common and its side effects were introduced, people lose interest in it and then another kind of drugs enters. Social, economic and psychological stress and depression and anxiety can be regarded as one of the side effects of misusing drugs. Thus, the lack of ability to deal with stressing situations and the assumption that drinking alcohol or misusing drugs would be helpful in removing stress is the reason why people get addicted (Mack K, Hanison, Wall, 1998).

Metacognition is one of the variables which are destroyed in the process of misusing drugs. Metacognition can have a particular relation to the cognitive analyses of drugs misuse and dependence. From a metacognitive point of view, misusing drugs can be considered as an emotional act which rapidly changes cognitive happenings (Salmani, 2012).

Metacognitive model gives a general metacognitive framework in conceptualizing vulnerability and creating and restoring psychological disorders. This model suggests that psychological disorders (behavioral disorders, drugs dependence disorders, etc.) is created and restored through stable thinking patterns (worrying or rumination), attention strategies related to supervision and threatening, avoiding and suppressing thoughts. Positive metacognitive beliefs (efficiency of worrying) and negative metacognitive beliefs (harmfulness of worrying) leads to making a cognitive-attentional syndrome which results in failure in reforming self-incompatible beliefs and increasing the availability of negative information regarding self. In other words, cognitive - attentional syndrome includes a stable thinking pattern which involves worrying or rumination,

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focused attention to threatening and not useful confronting behavior including drugs dependence, trying to suppress thoughts, analyze experiences to find a solution or predicting what happens in the future. But the said syndrome will not effective in a long period of time (Wells, Zandoort, Spadaa).

Applying attentional strategies such as attention training techniques based on metacognitive patterns show that these are not harmless answers and must be ignored. This approach not only derives attention away from physical and emotional status, but also in emotional statuses it reduces intentional attention to the negative thoughts. The approach expresses its positive treatment symptoms in stopping strong processing activities such as worrying or rumination. In other words, misusing drugs help these people in avoiding psychological discomforts in facing different situations and that is how misusing drug is changed into a confronting mechanism. Metacognitive beliefs make people suffer from cognitive- attentional syndrome in difficult situations and as the syndrome activates, negative metacognitive beliefs (supervision and tending to threatening) tend to misuse drugs to confront unpleasant emotions (Wells, 2009).

Hope is one of the spiritual aspects which is related to physical and emotional health. The ability to believe in having a better feeling in the future is called hope (Pour Ghaznein & Ghafari, 2003). But hopelessness is the opposite of hope and is one of the signs of depression (Goudarzi, 2002).

Hopefulness is considered as a purposeful cognitive process. As believed by Snyder and Lopez (2005), adults and children can create ways to achieve their goals and have ambition in getting the desirable results if they have high hopes. On the contrary, people with less hope have low levels of ambition and are less probable to finds ways resulting in achieving their goals; therefore they are much likely to use drugs (Snyder and Lopez 2005).

Another important variable in psychology is the concept of despair. Learned despair means believing in uncontrollability of incidents. The concept of despair was gained first from laboratory experiments. Animals exposed by inevitable shocks would give up and stop trying to escape the next shocks. They learned to give up, because that was impossible to escape the shock (Pour Afkari, 1994). Later the issue was extended to the humanistic areas and cognitive processes, particularly attributional variables, had a very significant role in creating that (Karor & Shiyyer). One of the concepts related to despair is "negative cognitive style" which exists in depression as well; believing in that failure and success can happen out of the one's attempt (Sligman, 1975).

Learned despair has a very important role in some educational failure or depression and can be counted as a threat to a person's feeling of control. Feeling of having no control decreases the person's activities; some kind of lacking ambition and unwillingness to stability (Sligman, 1996).

People with emotional despair are more likely to use drugs or drink alcohol. This shows why some people are have drugs dependency. They often have emotional excitements and can find no way out. They have no enough knowledge of their emotions and can make no effort in fighting the lack of control on their lives (Tschann, 1994, quoted by Narimani and Pour Esmaeli, 2014).

The effectiveness of metacognitive treatment in comparison to other types of treatment has been studied (Yaghoubi Asgar Abad, Basak Nejad, et.al, 2013). A study on the effectiveness of metacognitive group treatment (MCT) on depression of addicted people being treated with methadone in Mashhad (MMT) showed that metacognitive treatment has a significant role in decreasing the symptoms of depression in the posttest phase on addicted people being treated with methadone in the interference group. In their research on determining the effectiveness of metacognitive treatment on symptoms of social anxiety in male addicted people being treated with methadone, Yaghoubi Asgar Abad and colleagues (2012) revealed that metacognitive treatment is helpful in reducing symptoms of social anxiety and the said treatment could do that through adjusting cognitive and attentional syndrome. In another research where Yaghoubi Asgar Abad and colleagues (2012) applied metacognitive treatment techniques as clinical trial of effectiveness of detached mindfulness in the anxious addicted people being treated by methadone the results showed thoughts and feeling without any judgment and evaluation and with help of mental imagination can be helpful in reducing the stress in addicted people. Ahmadi Tahour Soltani and colleagues (2012). A comparison on metacognitive beliefs and tolerating vagueness in peoples addicted to drugs, smokers and normal people revealed that between the general amount of disordered metacognitive beliefs and tolerating low vagueness as two important psychological factors in predicting low vagueness can act as two important psychological factors in predicting people getting addicted to drugs. Kashefi, Agha Mohammadian Sherbaf, Samari (2012) studied the relation between metacognitive beliefs and self-destroying behaviors in addicted people and the results showed that there is a negative correlation between people's scores in metacognitive beliefs scale and self destroying behaviors. Salmani (2012) has studied the relation between metacognitive beliefs and willingness to misusing drugs. The results revealed that there is a positive relation (0.01 %) between metacognitive beliefs and the willingness to use drugs and that the metacognitive beliefs can predict 31.2 % of likeliness to getting addicted. Additionally, all five metacognitive factors have positive correlation to misusing drugs. Kashefi, Agha Mohammadian Sherbaf (2012) studied the relation between metacognitive beliefs and the mount of sensation seeking in addicted people. There was a significant negative correlation between people's scores in metacognitive beliefs and sensation seeking scale. Kashefi, Mehrabi and Najafi Gol (2011) studied comparatively metacognitive beliefs and sensation seeking in addicted people and normal people. The difference lied in metacognitive beliefs and their level of sensation

seeking. Mesbah and Abedian (2011) studied the relation between the level of stress and hopelessness in the student residing in dormitories and the results showed that there is a significant relation between the five coefficients of psychological stressing factors and hopelessness factors. Also there is a positive relation between the stressing factors and troubles of education period and the level of hopelessness in students of bachelors' degree. Shokri, Farahani and Karmi Nouri (2005) studied the impact of cognitive styles and learned despair (cognitive tiresome pattern) on solving cognitive problems. The results revealed that people with different cognitive styles had different reactions in despairing situations. In subjects having holistic cognitive styles the despair had been increased in comparison to the two other groups. In the research carried out by Kalantari, Mowlavi and Jafari (2001) on the effectiveness of cognitive restructuring in reducing learned despair in male students, results showed that teaching cognitive restructuring had a significant role in reducing learned despair. Wells's research (2006) showed that metacognitive treatment has a significant role on emotional disorders particularly stress and depression and resulted in rumination and attentional biases. Myntrz and Astytzr (2003) revealed that patients being treated with methadone take much more time in emotional stroop test than regular groups when facing stimulus. These results showed the patients' weak ability to change the attention from one side of the stimulus to another. Hacker and colleagues (2000) studied the function of the two groups in classified learning tasks to investigate the hypothesis that despaired people use much simpler solutions when facing a problem than people with no despair. The results of the research revealed that despaired people tend to use less analytical and flexible strategies than people with no despair and instead use more holistic and inflexible solutions.

It seems that behavioral factors have an important role in a person's tendency to get addicted, but such factors as hopelessness and despair must be considered as well. Generally, the evidences show that many researches has been done coefficients like hopelessness and despair in addicted people but no research has ever been done on the treatments related to them. Regarding the role of metacognitive treatment in hopelessness and despair in addicted people, the present research studies the question of whether MCT can be helpful in hopelessness and despair of addicted people being treated with methadone (MMT) in Tehran or not.

Thus regarding the above mentioned purpose the following hypothesis is being clarified:

Training metacognitive treatment affects hopelessness and despair in addicted people being treated with methadone in Tehran.

Training metacognitive treatment affects hopelessness in addicted people being treated with methadone.

Training metacognitive treatment affects despair in addicted people being treated with methadone.

METHODOLOGY

The present research is of experimental type with pretest and posttest design and control group. Population of the research included all the addicted people being treated with methadone in West Tehran in summer 2014 (250 people). 30 people were selected from among them on an accidental basis. After determining the numbers of samples, 30 addicted people being treated with methadone were selected using Beck and Seligman Questionnaires mentioned earlier from among 250 addicted people having the same situation in Western Tehran and they were divided into two groups of 15 people. Then they were replaced accidentally in test group A and control group C. Metacognitive treatment training has never been performed for the group A and there has never been any training for the C control group. After the training, Beck's hopelessness questionnaire and Seligman's attributional questionnaire were measured and processed statistically as the posttest.

Data collection tools: In order to measure the research variables two pencil paper questionnaires were used including:

Beck's hopelessness scale (BHS), (1974); consisting of 20 questions in which the subject is asked to judge the correctness of the objects. The answer to nine of the questions is false and 11 of them are true. The scores were given based on the correct answer so that the hopelessness could be measured based on the scores taken overall. The score was scaled between 0 to 20 and the higher the score the more hopeless the person would be. In the present research the scores ranging from 0 to 6 indicate a little hopelessness, from 7 to 13 shows average and from 14 to 20 indicate high level of hopelessness. Validity and reliability of the questionnaire has been verified by Goudarzi (2002) to be applied in Iran and its stability is reported as 70%. In our country there has been many researches done using Beck's hopelessness measuring tools to study hopelessness in teenagers and its validity and reliability has been verified. The correlation coefficient between the two groups is 69%, the correlation coefficient for studying the stability between the hopelessness questionnaire and hopelessness ratio was reported as 74% and its inner stability was between 82% and 93%.

Attributional style questionnaire (ASQ): That is a self reporting tool which has been created by Peterson, Seligman, Sammler, Buyer, Abramson and Metaleksi (1977) to determine the individuals' attributional style; control source (internal / external), stability ratio (stable/ instable), totality (general/ personal) and controlling ability (controllable / uncontrollable). The questionnaire was first translated by Sheikholeslami (1998) from English to Persian and was applied in the Persian culture. The questionnaire gives scores in individual differences in their tendency in attributing the reason for pleasant and unpleasant happenings to inner (as

opposed to outer), stable (as opposed to instable), general (as opposed to personal), controllable (as opposed to uncontrollable) factors (Peterson et.al 1982).

ASQ includes 48 questions. Each material is graded from 1 to 7. For each situation out 6 positive, 1 is the lowest and 7 is the highest or the best option for the positive dimension. For 6 negative situations, grading is directed in the opposite manner. Thus for the negative situations 1 is the highest or the best option and 7 is the lowest or the worst one. In order to count the total score in positive experiences, scores of all the positive situations must be toted first and then they must be divided based on their numbers. The highest score of positive situations is 21 and the lowest is 3. Total score for negative situations can be calculated by toting scores of all the negative situations and be divided based on their numbers. The highest score for the negative situations is 3 and the lowest in 21. In order to estimate the total score of the incidents, one must subtract the total score of positive experiences from the total score of negative experiences. The best score for all of the incidents is +18 and the worst in -18. Also the question number 1 is dedicated for the better understanding of other questions and is not counted in grading. Additionally, Questions 1, 3, 6, 9, 10 and 12 are related to the positive situations and questions 2, 4, 5, 7, 8 and 11 are attributed to the negative situations. In fact, scores of positive and negative situations are calculated separately, because the low score is a negative attribution for a positive incident while the low score for a negative situation can be counted as a positive attribution. Many researchers have approved the inner stability of the attributional style questionnaire. Peterson and colleagues (1982) has reported the inner stability in scales of causality, stability and generality core as from 44% to 69% using Cronbach's alpha formula. But it is natural for a questionnaire to have such normal inner stability because each scale has few numbers of questions and one can even expect a lower level of stability. Seligman and colleagues (1979) found a significant relation among inner, stable and general attributions of negative incidents and depression.

Data analysis method: Data is being analyzed on a descriptive basis through diagrams, average and variance and testing the hypothesis is being done by covariance analytical test (MANCOVA).

Interference sessions structure: A) Evaluation sessions: 1- implementing hopelessness and despair pretests, 2- implementing the posttest a week after the training session in order to study the stability of the possible effects of interference.

B) Interference sessions: the training sessions were identified through studying practical handbook in metacognitive treatment (Wells, 1994). In all of the sessions mentioned above, a simple language was used and all the training was presented in a practical manner. The exchange of ideas within the group was focused. Tasks reports were submitted, questions were answered and all kinds of ambiguities were decided to be resolved. Each session lasted 90 minutes and they were held once in week.

Interference consisted of the following:

- 1: Case Conceptualization
- 2: Preparing the patient for the treatment
- 3: Training attention and detached mindfulness
- 4: challenging with negative metacognitive beliefs (uncontrollability, illness pattern)
- 5: challenging with positive metacognitive beliefs regarding rumination
- 6: Removing the remaining behaviors and stability of threat
- 7: Improving new processing plans
- 8: Preventing recrudescence

RESULTS

Table 1: Average and criterion deviation in attributional and hopelessness variables pretest

Variable	Group	MSD	
		Test	Control
1. Attribution	Test	112 /47	11/21
	Control	118/93	7/33
2. Hopelessness	Test	14/93	2/35
	Control	14/67	1/64

Table 2: Average and criterion deviation in attributional and hopelessness variables posttest

Variable	Group	N		MSD	
		Test	Control	Test	Control
1. Attribution	Test	87/4	15	11/17	
	Control	114/6	15	6/7	
2. Hopelessness	Test	4/73	15	1/75	
	Control	1/302	14/87	15	

Table 3. Adjusted criterion deviation error and average in attributional and hopelessness variables

Variable	Group	n	M	Error	SD
1. Attribution	Test	2/44	89/25	15	
	Control	2/44	11/27	15	
2. Hopelessness	Test	0/412	4/869	15	
	Control	0/412	14/731	15	

Table 4: Variance analysis test to study hypothetical homogeneity of slop in Regression line

Variable	SS	dF	MS	F	sig
Independent variable interaction with attribution			336/569		
error	75/152	24	1803/640	4/479	0/045
Independent variable interaction with hopelessness	0/451	0/587	1/47	1/47	1
Error	2/505	24	60/121		

As mentioned above in the table, the sig for hopelessness and despair variables is 0/0045 and 0.451 which is bigger that 0.01 alpha level. Therefore, hiving the probability of 0.99 in mind, there is no significant interaction between independent variable and heigher one. Thus, homogeneity of slop in Regression line is not observed for the two variables.

Table 5. The significant test on variance matrix homogeneity- Covariance

Test	BOX	dF ₂	dF ₁	F	sig
14/11	3	2/389		0/531	0/735

As mentioned in the table, sig = 0.531. That is smaller than 0.01 alpha. Having the possibility of 0.99 in mind, the hypothesis of variance matrix homogeneity- covariance is not observed.

Table 6. Testing the consistency of variances errors

Variable	dF ₂	dF ₁	F	sig
Attribution	1		0/114	2/667
Hopelessness l	28		1/636	0/211

As mentioned in the table regarding hopelessness and attribution, sig is respectively 0.114 and 0.211 which is bigger than 0.05 alpha level. Thus consistency in the variances errors does not exist in the two variables.

Table 7. A single-variant variance analysis on the variants under study in a combined form

Test	value	dF ₂	dF ₁	F	sig	η^2
Wilk's Lambda	14/24	25	2	0/081	0/000	0/929

As mentioned in the table, sig = 0.0005 which is smaller than 0.01 alpha level. Thus having 0.99 possibility in mind, we indicate that presented training has been significantly effective on the combined variable. $F_{(2,25)} = 14/24$; $P < 0/01$; $\Lambda = 0/081$, $\eta^2 = 0/929$

Table 8. A single-variant variance analysis on attribution

Variable	SS	dF	MS	F	sig	η^2
Attribution	3607/691			3607/691	1	
Error	82/72	25	2150/871	0/626	0/000	43/61

As mentioned in the table $\text{sig} = 0.000$, which is smaller than Bonferroni alpha. Having 0.95 possibility in mind, we indicate that the presented training has significantly been affective on the attribution variable (despair).

$$F_{(1,25)} = 43/61 ; P < 0/01 \text{ Partial } \eta^2 = 0/626$$

Table 9. A single-variant variance analysis on desperation

Variable	SS	dF	MS	F	sig	η^2
Hopelessness	3607	691		3607/691	1	
Error	82	72	26	2150/871	0/626	0/000
						43/61

As mentioned in the table, $\text{sig} = 0.0005$ which is smaller than Bonferroni alpha. Having 0.99 possibility in mind, we say that the presented training has been significantly affective on the hopelessness variable.

$$F_{(1,26)} = 43/61 ; P < 0/01 \text{ Partial } \eta^2 = 0/626$$

DISCUSSION

The present research was implemented by the purpose of studying the effectiveness of metacognitive treatment on hopelessness and despair on the addicted people being treated by methadone. The results showed that training metacognitive treatment is affective on hopelessness and despair of the addicted people.

As a result, regarding the signification of the difference in averages, hopelessness and despair in addicted people being treated with methadone is dependant to the training methods and the effectiveness of training metacognitive treatment on hopelessness and despair of the addicted people being treated by methadone is the same and there is no significant difference. But in fact metacognitive treatment training method has been effective in hopelessness and despair of the addicted people being treated by methadone in comparison to the control group. Thus, the zero hypothesis is denied and the hypothesis of the research regarding the effectiveness of metacognitive treatment training on hopelessness and despair of the addicted people being treated by methadone is verified.

The result is in consistency with Yaghoubi Asgar Abad and colleagues (2012) who implemented research under the title "Determining the effectiveness of metacognitive treatment on social stress of the addicted people being treated by methadone" and also with the results of the research done by Ahmadi Tahour Soltani and colleagues (2012) on comparing metacognitive beliefs and tolerating ambiguity in addicted people, smokers and normal people. The research came to the same conclusion as the research done by Kashefi, Agha Mohammadian Sherbaf and Samari (2012) in studying the relation between metacognitive beliefs and self-destroying behaviors in addicted people. Salmani's research (2012) on studying the relation between metacognitive beliefs and the tendency to misuse drugs concluded the same. There is also consistency in results between the present research and one implemented by Kashefi and Agha Mohammadian Sherbaf (2012) on studying the relation between metacognitive beliefs and sensation seeking in addicted people. Kashefi, Mehrabi and Najafi Gol (2011) also made a research on comparatively investigating metacognitive beliefs and sensation seeking in addicted and normal people and made the same conclusions. Wells (2006) also studied then effectiveness of metacognitive treatment on emotional disorders, particularly anxiety and depression and came to the same conclusion as the present research.

Based on Wells's metacognitive model in behavioral disorders, the more positive metacognitive beliefs one have regarding his/her worries, the more these beliefs increase worries and lead to experiencing more stress. The assumption that worrying helps the person have a more effective confrontation or it can lead to better compromising, organizing thoughts or acting much more effectively does not justify its existence.

Regarding the treatment being implemented, one can say that addicted people are hopeless and despaired and need treatments that remove their despair. The metacognitive treatment sessions have been able to make them more hopeful and has made many changes in their belief system in a way that they now have plans for the future and are more hopeful.

First subsidiary hypothesis: Training metacognitive treatment is effective in the level of hopelessness in the addicted people being treated by methadone.

Regarding the results in chapter 4, there is a significant difference between the adjusted averages of the two groups in hopelessness. Therefore having signification of the averages, the level of hopelessness is dependent on training metacognitive treatment. Thus the zero hypothesis is denied and the hypothesis of the research regarding the effectiveness of metacognitive treatment training on hopelessness of the addicted people being treated by methadone is verified.

There is certain consistency in results between the present research and one implemented by Kashefi and Agha Mohammadian Sherbaf (2012) on studying the relation between metacognitive beliefs and sensation

seeking in addicted people. Kashefi, Mehrabi and Najafi Gol (2011) also made a research on comparatively investigating metacognitive beliefs and sensation seeking in addicted and normal people and made the same conclusions. Wells (2006) also studied then effectiveness of metacognitive treatment on emotional disorders, particularly anxiety and depression and came to the same conclusion as the present research.

Thus one can say that hopelessness is a moving act which can be represented in believing in impossibility, inability and unwillingness to live. A hopeless person gets enormously inactive and cannot evaluate his-her life situations and consequently cannot deal with or change the life he/she is living. As time goes by he/she distances normal life and sometimes it can lead to suicide. In the present research the hopelessness in addicted people was reduced by metacognitive treatment techniques.

Second subsidiary hypothesis: Training metacognitive treatment affects despair in addicted people being treated by methadone.

Regarding the results in chapter 4, there is a significant difference between the adjusted averages of the two groups in despair. Therefore having signification of the averages, the level of despair is dependent on training metacognitive treatment. Thus the zero hypothesis is denied and the hypothesis of the research regarding the effectiveness of metacognitive treatment training on despair of the addicted people being treated by methadone is verified.

Generally the results showed that training metacognitive treatment has an effective role in despair in addicted people being treated by methadone.

The results of the present research is in consistency with the results in the research done by Shokri, Farahani and Karami Nouri (1995) in studying the effectiveness of cognitive styles and learned despair (cognitive tiresome pattern) on resolving personal issues. Also the research implemented by Kalantari, Mowlavi and Jafari (2001) in investigating the effectiveness of training cognitive restructuring on reducing learned despair in male students had the same results as the present study; also did the research by Hacker and colleagues (2000), in the difference between despaired people and non-despaired ones in solving problems.

Learned despair indicates that one cannot have different successful behaviors. Learned despair is the result of a period of failure and regarding the fact that addicted people have had many failures in their lives and the fact that they are being treated in their ideology to be more hopeful and face their failures, training metacognitive treatment can play a very important role.

Limitations of the research: Lack of cooperation on the subjects' side in the phase after the research is done so that the persistence of the training would be studied. And the training sessions must not only be held by the researcher in order to be effective but also it must be followed by the subject at home, and there were no other way to make sure it did happen but said by the subject himself. Providing all addicted people and their families and other members of the society with the metacognitive treatment training and holding metacognitive training workshops in quitting camps is suggested.

Generally speaking, the present research provides some elementary evidences on the reduction of hopelessness and despair in addicted people being treated with methadone through metacognitive treatment and it is verified that these types of interference can be counted as a successful approach in this regard. On the other hand, regarding the lack of enough research evidence in this area in our country, the present research can be counted as an opening to the next studies and a guide to the addicted people being treated by methadone.

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