

THE EFFECTIVENESS OF TEACHING DIALECTICAL BEHAVIOR THERAPY SKILLS ON THE ADDICTS ATTITUDE TOWARDS SUBSTANCES DURING OPIATE DETOXIFICATION PHASE

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ABSTRACT

Purpose: The present study aims at investigating the effectiveness of teaching dialectical behavior therapy skills on the addicts attitude towards substances during opiate detoxification phase.

methods: The study makes use of a quasi-experimental method type pretest-posttest with control group and follow-up. The study subjects have been selected based on a purposive method and they were randomly assigned to two intervention and control groups: both of the groups were subjected to tests at the same time and before the independent variable was implemented; afterwards, the groups were again tested after the independent variable was implemented on the intervention group as well as in a 3-month follow-up period. The study population was comprised of all male addicts who had been passing detoxification stage in Boghrat substance abuse clinic, in the city of Tehran in 2015-2016. The current research paper uses diagnostic interviews by the author through utilizing the criteria outlined in DSM-5 as a result of which 34 individuals were selected; their information was assessed by means of beliefs abuse substance Questionnaire

Findings: The results obtained by the use of descriptive statistics (statistical indices such as frequency, percentage, mean) and inferential statistics (covariance analysis) indicated that teaching dialectical behavior therapy skills is effective on the attitude towards substances of the addicts in their detoxification phase. The difference between experimental groups with the control group was significant.

Conclusion: Teaching dialectical behavioral therapy Skills can be employed besides medication in change the attitude towards substances of men with drug addiction.

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Introduction

Changes in the lifestyles of societies have caused people to suffer from various pathologies abnormalities. One of the types of pathologies that threaten the family and society's health is drug and stimulant addiction [1].

Drug abuse and addiction are the two of the most important issues of the present era worldwide. It has moved beyond the health-therapeutic borders and changed into a psychological, social and family problem; in spite of the widespread efforts made globally to control narcotics, the outbreak and use of them are constantly increasing and the drug-taking age is decreasing [2]. The UN's general office of narcotic drugs besides the three global crises, namely poverty and population growth, environment degradation and nuclear threats, enumerates narcotic drugs as the fourth crisis of the world [3]. There are various methods for treating addiction among which medication methods, behavior, psychological, cognitive, cognitive-behavior, spiritual and religious therapies can be pointed out. A number of specialists divide these therapeutic methods to two substantial groups, medication and psychotherapy. In psychotherapy, various methods, based on whatever the method the psychologist believes in and therefore feels more comfortable in applying it, are applied from cognitive therapy to behavior therapy [4].

A review of the prior studies indicates that there is not much effectiveness acquired in the success of preservative medications, without social-psychological interventions, due to their sole insistence on medication [5,6].

The concept "behavior therapy" was first invented by Eysenck [7]. The concept implies the entire methods the objective of which is bringing about a change in the current behaviors. In behavior therapy, the attention is not focused on revealing and analyzing the subconscious psychological conflicts the way it is in psychoanalysis. Behavior therapy is the clinical application of the behavioral experiments' results that are obtained based on learning theories like classic conditioning and factorial conditioning. The important point in behavior therapy is changing the behavior via teaching new behaviors, correcting the previous behaviors and eliminating the unfavorable behaviors. Each sign of a psychological disorder necessitates the application of a different therapeutic method. Behavior therapy aims at elevating the quality of life and creating adaptation through behavioral restructuring. Of course, the causes leading to disorders in childhood are taken into account in behavior therapy. But, a greater emphasis is put on the individual's learning background. However, behavior therapy essentially aims at creating a change in the current behaviors, unfavorable behaviors and inefficient thinking patterns [8].

Dialectical behavior therapy is an approach that combines source-oriented acceptance and empathy with cognitive-behavioral problem-solving and social skills training. Dialectical behavior therapy underlines the point that the patients' non-adaptive behaviors (like self-harm, suicidal behaviors, drug and alcohol abuse) serve the irritating emotional experiences [9]. A temporary reduction in arousal occurs following such non-adaptive behaviors and the use of such non-adaptive strategies is hence negatively corroborated. Thus, the main body of DBT's focus revolves around the application and generalization of certain adaptive skills in which the treatment method is taught and its ultimate goal is helping the patients break and overcome this defective cycle [4].

Substance abuse disorders are one of the most common psychiatric problems that arise from the interaction of genetic and environmental factors such as developmental abnormalities and poor psychosocial status. These disorders can be caused by alcohol, opiates, cannabis, methamphetamine, cocaine drugs and so forth, and it can manifest as drunkenness, dependency and misuse [10]. Substance abuse disorders are one of the most common psychiatric problems that arise from the interaction of genetic and environmental factors such as developmental abnormalities and poor psychosocial status. These disorders can be caused by alcohol, opiates, cannabis, methamphetamine, cocaine drugs and so forth, and it can manifest as drunkenness, dependency and misuse [10]. American Association of Psychology (2013) knows the symptoms of drug dependency as encompassing a constellation of physiological, behavioral and cognitive signs based on which the individual, in spite of having drug dependency disorders, continues use. In such cases, there is a use pattern that usually leads to tolerance, deprivation and use compulsory behaviors. Corresponding to this definition, substance abuse results in the devastation of the psychological or physical functions, whereas dependency is created when an individual takes a drug in a compulsory and uncontrollable manner and s/he will indicate withdrawal signs upon quitting [11].

Inter alia all sorts of substance abuse, opioid abuse is the most common one (American association of psychology, 2013). Allegedly, the adolescents and the youngsters, particularly males, are the most vulnerable social group to such a type of substance abuse [12]., it is necessary to identify the factors and the situations that play fundamental roles in the process of prevention, treatment and staying clean of drug use. Nowadays, the majority of the people know substance abuse as a chronic, recurring disease accompanied by long-lasting relapses that have turned the treatment into a somewhat big problem. As it is expressed in research reports, after detoxification, many of the drug abusers consume drugs again upon entering rehabilitation periods within 90 days [13]. Thus, finding a solution for treating the drug abusers that features a lower rate of regression likelihood is intended by the researchers.

Addiction is a chronic and recurrent disease, and several factors (biological, psychological, social, and family) are involved in the relapse of its symptoms after completion of the detoxification period [14-16]. Fallahzadeh and Hosseini (2006) [17] described the effective factors in addiction recurrence as follows: addicted friends, psychological pressures, visiting former places, harsh situations, rejection from the family and society, and seeing objects and means of drug use.

In a study in Taiwan, the rate of return to addiction after drug withdrawal was reported to be 70%. For this reason, some experts use the term "chronic and recurrent disorder" to describe addiction [18].

Studies have shown that people's intent for drug abuse (especially in the initial use of drugs) is influenced by their attitude toward drug use [19]. Based on research and studies, addiction processes are influenced by the beliefs and attitudes of patients [20]. Some studies have shown that attitude of individuals is consistent with their cognitive-behavioral and emotional responses [21]. The role of positive attitude towards substances is so important that Albert Ellis believes that it is the thoughts and attitude of addicted people that lead them to re-use or withdrawal permanently. The attitude of addicted individual to drug is a kind of attitude that may be rational or irrational and often its conscious, spontaneous, and permanent, and it is not easy to change such attitude; however, one of the ways that helps the addict to understand himself is to examine the type of attitude he/she has and to create a negative attitude towards addiction [22].

Aharonovich et al. (2006) reported that cognitive impairments in cocaine and marijuana users are associated with their poor response to behavioral therapies. In a study on cocaine users who undergone cognitive-behavioral therapy, those who did not complete treatment comparing to those who completed the treatment showed significant decrease of functioning in the experimental scale of attention, memory, spatial ability, speed, accuracy, overall functioning and cognitive skills of poor performance [23]. Many studies have reported that chronic use of drugs such as cocaine, methamphetamine, marijuana and cigarettes are associated with inadequacies in cognitive functions such as decision making, inhibition to response, planning, working memory and attention [24-27].

An innovation in psychological treatment methods particularly substance abuse and addiction that has paid special attention to emotional skills is dialectical behavior therapy (DBT) where training, accepting and validating the emotions are highly emphasized. The standard therapeutic protocol of dialectical behavior therapy for the individuals with borderline personality disorder embraces the essential skills that are connected to the treatment of the problems contributing to addiction.

For patients with substance abuse, these essential skills are taught in a standard format in the form of a prescription. These skills that are applied for fighting the temptations and reducing the recurrence risk incorporate mindfulness skills, depression tolerance, emotion regulation and interpersonal relationships [28]. One of the factors resulting in individual's failure in

overcoming drug is their not being equipped with appropriate emotional regulation methods. Therefore, teaching these skills to drug abusers can reduce the therapy failures [29].

Andrada et al (2014) in a case study came to a conclusion that teaching dialectical behavior therapy skills causes an improvement in the emotions' regulation.

Kabor (2014) [30] in a study entitled "emotion regulation in drug abusers" indicated that the use of emotion regulation is recognized as a state of emotion regulation which is also to be considered as a sort of emotion regulation directly influencing the drug taking habit. Moreover, in the model proposed by Kabor, drug use is realized as a state of emotion regulation that replaces the emotion regulation's adaptive strategies after drug abuse; thus, it can be said that according to the emphasis of teaching emotion regulation on correcting the non-adaptive strategies and negative emotions that are created in various situations, the grounding for direct and indirect reduction of drug abuse can be provided through effective management of the emotions.

Regarding substance abuse, it has now become clear that we need extensive preventive interventions and do to so, it seems necessary to understand and recognize the causes of such behavior in order to prevent it. In this regard, the person's cognitive, attitudinal and personality aspects can be considered. Cognitive factors are the exact and accurate information of the individual about the advantages and disadvantages of substance abuse; in fact, those who are aware of the negative consequences of substance abuse are less likely to use drugs when compared to those without such information. In addition, people's attitude towards addiction and drug addicts has an important role in tendencies of individuals towards drugs. Other personality variables including low self-esteem, lack of personal satisfaction, high need for confirmation of others, rebelliousness, frustration and high anxiety, and disability in accepting adult responsibilities play an important role in the tendency of using drugs [31].

Based on the effects of opioid dependency and the increasing use of this substance in society, the importance of the issue regarding the need to provide new strategies for the prevention and treatment of substance abuse is twofold. Since these people have problems with their emotions and the attitude toward drug use, and these factors have an impact on sustainability and relapse of addictions, it seems that teaching dialectical behavioral therapy skills can be an effective treatment for addicted people. Therefore, considering the fact that based on studies, cognitive attitude and autonomy (cognitive unselfishness and self-orientation in thinking) are low in substance abusers, while teaching the necessary skills for detoxifying individuals to promote mindfulness and distress tolerance and interpersonal emotional regulation, the present research seeks to answer the question of whether the teaching of dialectical behavioral therapy skills influences the attitude towards the substance of addicted people who are undergoing detoxification of opioids?

Study Method:

The present study aims at determining the effectiveness of teaching dialectical behavior therapy skills on the addicts' attitude towards substances.

The study population includes all of the male opium addicts who had referred to (Boghrat) drug abuse clinic situated in the city of Tehran in 2015-2016 and were in their stage of detoxification.

The study sample volume was consisted of 34 male opium addicts passing detoxification stage in Boghrat clinic. The study inclusion criteria were the followings: 1) a past history of narcotic drugs abuse (opium, heroin); 2) being in an age range from 25 to 45 years of age; 3) being featured with the substance abuse diagnostic scales based on DSM-5; 4) having an education level of at least diploma; 5) an elapse of at least 6 months and at most 2 years from the onset of treatment by methadone medications; 6) having no prior experience of treatment by dialectical behavior therapy and 7) being addicted for one year at minimum and four years at maximum. The study exclusion criteria were as follows: 1) the existence of any other co-dependencies such as on alcohol; 2) having received other psychiatric interventions and NA services simultaneously and for the past six months; 3) the need for taking nerves and psychological medications; 4) the lack of interest to continue participation in therapy sessions; 5) a past history of hospitalization in psychotherapy centers during the past year and 6) the existence of other psychological disorders such as psychosis and bipolar personality disorder.

The present study is a quasi-experimental research. The study subjects have been selected based on a purposive method but haphazardly assigned to two intervention and control groups. Then, both of the groups were evaluated simultaneously before being subjected to independent variable. After the independent variable was run on the intervention group as well as during a three-month follow up, the study sample volume was again evaluated. Finally, the results obtained in the evaluations and follow-up period were compared for both of the groups so as to investigate the effects of the independent variable.

Two individuals were excluded from the study before registering the pretest results and one individual was excluded after the pretest results were acquired for their expression of disinterest to continue participation. The remaining subjects were randomly assigned to two intervention and control groups. Also, during the stages of the study, three subjects during the first three weeks and one individual during the intermediate sessions were excluded from the study (the former for the change that was brought in their treatment program and one individual due to being in need of nerves and psychotherapeutic medications); in addition, another individual was excluded from the intervention group, for expressing disinterest to continue participation. Finally, the study was completed with 27 study subjects. It is worth mentioning that the study subjects participated in 12 ninety-minute sessions held once a week in substance abuse clinic. The primary intervention indicators were as stated below:

- 1) Mindfulness skills;
- 2) Distress tolerance;
- 3) Emotion regulation, and
- 4) Effective interpersonal relationships.

Research tool:

Beliefs abuse substance

This questionnaire which is a self-report scale was developed by Wright et al. (1989) and it is based on Likert scoring scale. In the case of favorable materials or positive attitude towards addiction, any answers to "I fully agree, agree, no comment, disagree, totally disagree" scores of 1,2,3,4,5 are given respectively, and in unfavorable cases or negative attitude towards

addiction, the scores are reversed in the order. Therefore, the range of individual scores in this questionnaire will be between 32 and 160, and gaining a higher score indicates a favorable and desirable attitude towards addiction and drug use. This test was standardized by Nazari (2002). The formal and material reliability and the validity of the parallel forms and the internal consistency have been reported desirable. In addition, the internal consistency of this test using Cronbach's alpha coefficient has been calculated to be 0.89, which is confirmed in terms of psychometric criteria [32].

Research findings:

Descriptive Findings:

Table 1. Descriptive information about the performance of the sample group in pre-test and post-test of attitude towards drugs

Variable	Group	Stage	Number	Mean	Standard Deviation
Attitude towards Drug	Pre-test	Test	14	77	13.20
		Control	13	76.69	11.53
	Post-test	Test	14	74.57	13.82
		Control	13	79.46	12.09
	Follow-up	Test	14	74	12.32
		Control	13	79.23	11.57

Test of research hypothesis:

The teaching of dialectical behavioral therapy skills affects the attitude towards the substance in addicts who are detoxifying from opiate.

To investigate this hypothesis and to investigate the effects of teaching dialectical behavioral therapy skills on the attitude toward substances in detoxifying addicts from opiate, considering that all the assumptions of single-variable covariance analysis (the uniformity of risk slope, homogeneity of variances and normal Distribution), this test was used and the results of this test are presented in Table (2).

Table 2. Results of covariance analysis of differences between moderated mean scores of attitudes toward drugs in addicted subjects

Variable Sources	Sume of Squares	Degree of freedom	Mean of squares	F ratio	Level of significance	Effect size
Pre-test	3854.927	1	3854.927	2329.541	0.001	0.990
Independent Groups	32.233	1	32.322	19.470	0.001	0.448
Error Variance	39.732	24	1.656	-	-	-
Total	163831	27	-			

In table 2, the results of post-test covariance analysis are presented by removing the pre-test effect between the two groups. Based on the results in the table, since the calculated F value (19.470) with degrees of freedom of 1 and 24 is greater than the F value of the table, the null hypothesis was rejected and the research hypothesis which was the teaching of dialectical behavioral therapy skills effects the attitude towards drugs in addicts who are detoxifying from opioids is confirmed with a confidence of 0.99. Also, based on the results of Table 1, the mean of post-test scores of the experiment group decreased compared to the control group, which is significant. The effect index shows a reduction of 45 percent in attitudes toward drugs in addicts who detoxifying from opiated in the experiment group which can be attributed to the teaching of dialectical behavioral therapy skills.

Review the results at the follow-up stage:

To investigate this hypothesis and to investigate the effect of training on dialectical behavioral therapy skills in the follow up period on the attitude towards the substance of opiate detoxification addicts, considering all the assumptions of single-variable covariance analysis (uniformity of risk tolerance, homogeneity of variances and normal distribution), this test was used and the results of this test are presented in Table (3).

Table 3. Results of covariance analysis of differences between moderated mean scores of attitudes toward substance in addicted subjects.

Variable Sources	Sume of Squares	Degree of freedom	Mean of squares	F ratio	Level of significance	Effect size
Pre-test	3522.901	1	3522.901	1423.23	0.001	0.983
Independent Groups	47.086	1	47.086	18.022	0.001	0.442
Error Variance	59.407	24	2.475	-	-	-
Total	161854	27	-			

In Table 3, the results of the covariance analysis of the follow-up test are presented by removing the pre-test effect between the two groups. Based on the results presented in the table, since the calculated F value (19.022) with degrees of freedom of 1 and 24 is greater than the F value, the null hypothesis is therefore rejected and the research hypothesis which was the teaching of dialectical behavioral therapy skills effects the attitude towards substances in addicts who detoxified from opioids was

confirmed with a confidence of 0.99. Also, based on the results of table (1), the mean scores of the follow-up test group decreased compared to the control group, which is significant. The index of the effect of this study suggests a reduction of 44 percent in attitudes towards opiate detoxification addicts in the experimental group which can be attributed to the teaching of dialectical behavioral therapy skills.

Discussion and Conclusion

The purpose of this study was to determine the effectiveness of teaching dialectical behavioral therapy skills to the attitude towards substance in opiate detoxification addicts. The results of the study showed that the intervention of teaching Dialectical Behavioral Therapy Skills has been able to effective on the attitude towards substance of the addicts who detoxified from opiates in the post-test and follow-up stages.

Findings of the current research on the effectiveness of teaching dialectical behavioral therapy skills is consistent with the results of [33-42]. From their point of view, negative emotional experiences such as sadness, boredom, anxiety, and feeling of isolation are positively associated with substance abuse. Therefore, the use of dialectical behavioral therapy skills can play a significant role in attitudes toward drugs and substance abuse. Dialectical behavioral therapy is in fact a therapeutic change and correction of cognitive-behavioral therapy and it is used in people who deal with out of control emotions as well as mood and emotional issues such as depression, anxiety, anger, emotional instability, and irritability. Clinical experts are called upon to help patients understand the disruptive behaviors as acquired behavior to solve problem, and the patient lacks the necessary skills to react in a more creative way [9]

There is also a significant overlap between drug attitudes and drug abuse prevention. In explaining this finding, it can be said that as the study of Ghahari, Atef Vahid and Asgharnejad (2006) showed, those who have positive or neutral attitudes towards substances are more likely to consume drugs and become addicted than those with negative attitudes. These positive attitudes are usually included: gaining grandness and recognition, relief of physical pain and fatigue, mental relaxation, and the ability to use drugs without being addicted. Obviously, attitudes toward drugs are one of the most important reasons for the recurrence of drug abuse because negative or positive attitudes towards drugs can cause hatred or tendency toward it. Attitudes are more than just a neutral and transient emotional state and are associated with problems such as social, psychological, and physical health, which simply cannot be bypassed.

In short, it can be said that completely misconceived and misleading ideas about substance use will create irrational attitudes, and since these people emphasize on irrational attitudes, they will face many problems in life, and it is difficult for them to achieve pleasantness. On the other hand, if an addict who is detoxifying faces life events won't be capable of identifying healthy ways of dealing, he/she will face difficulties to respond actively to the challenges of life and to deal with the problems of his/her life, he/she will use deviant behaviors and consumption of drugs. In some cases, when a person withdrawals from substances, this attitude that reduces his self-confidence will force him to consume again. So, with the help of dialectical behavioral therapy skills, by improving the problem solving skills, we can help them so they won't have a tendency towards substances again and during detoxification period, putting them on the path to healthy life by creating a negative attitude toward drugs.

Moreover, to explain these results, following can be said: the decline in the frequency of negative self-thinking thoughts; decrease in the negative content of the individual's thoughts about himself, the world and the future; identification of negative and irrational thoughts that are responsible for the continuation of negative emotions as well as modifying them with the help of Dialectical Behavioral Therapy Training sessions. According to the findings of this research, it can be concluded that one of the reasons for the success of teaching dialectical behavioral therapy skills in this study, comparing to cognitive behavioral therapy is effecting coping with emotions and their management in addition to high levels of participation of the patient, which effects the attitude of individuals towards the substances in situations where the risk of substance abuse is high; the training of mindfulness in dialectical behavioral therapy skills by increasing the ability of a person to turn attention away from what is not useful or ineffective to what is beneficial and effective, helps the emotional adjustment, or, in other words, the flexibility of attention.

In addition, skills based on dialectical behavioral therapy, encourages addicts who are detoxifying to consider short-term and long-term goals, and accordingly perform pleasant activities on a daily basis and exercises to deal with anger and feelings of guilt, negative thoughts and fears and also, proposing strategies for improving interpersonal relationships can empower the addict to develop a lifestyle without substances and effectively counteract with temptation and craving for drug use (Chaney et al., 2010). Therefore, in the final analysis of this finding, dialectical behavioral therapy can increase the therapeutic efficacy due to its latent mechanisms such as acceptance, increase of mindfulness, attendance to the moment, observation without judgment and experiential avoidance in combination with cognitive-behavioral techniques. One of the limitations of this study in terms of the sample population was its limitation to one drug abuse clinics (Hippocrates), and in terms of generalizing results, it was also limited.

Age, marital status (marriage conditions), economic conditions and family history of addiction are among the issues that are not controlled in this study and they are considered limitation of the current. It is suggested that the effectiveness of teaching dialectical behavioral therapy skills in treatment of dependency to stimulants should also be considered in adolescents and youths. Considering the shorter duration of follow-up, a longer research is recommended. On the other hand, the choice of subjects was only among men. The same limitation of generalization of the results to the women's community is problematic. Therefore, it is suggested that another research should be done in women's society and it should be compared with addicted men.

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