Psychotherapy and Condom Use, Effectiveness of Well-Being Therapy (WBT) On Condom-Use Skills in Cocaine-Dependent

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Abstract

Introduction: studies show that significant relationship between cocaine-dependent with sexual arousal, frequency of masturbation, prostitution, first intercourse in lower ages, having oral, anal and group sex and also communication of sexual infections. Purpose: The present study was conducted with the aim of examining the effectiveness of well-being-therapy on Condom-use Skills in cocaine-dependent. Method: in an experimental study in form a Randomize Clinical Trial with pretest and posttest and control group, during 9 March until 26 June 2013, Among patients who referred to Addiction Treatment Center (stimulants) in Karaj, Thirty-Four (N=34) drug-dependent men (between the ages of 18 and 31, average age=20/6) who were eligible for the study, were selected randomly and were assigned into experimental (17 individuals) and control (17 individuals) groups. All participants completed Demographic Questionnaire and were interviewed by the Structured Clinical Interview. Participants of experimental group received Ryff’s Well-being-therapy for twelve 50-minute sessions weekly. Then, they were evaluated in pre-test and post-test using Condom-use Skills questionnaire (response rate=94%), covariance of analysis (ANCOVA) were used to analyze the data. Also qualitative data resulted from demographic evaluations were coded and were analyzed by instrument of analyzing qualitative data, Atlas.ti5.2. Results: The results showed that well-being-therapy has significant effect (p<0.05) on improving the Condom-use Skills in cocaine-dependent. Conclusion: These findings can be effective in determining the causes of motivational tendency to spread of dangerous sexual behavior and planning preventing programs from spread of venereal and infective disease.

Keywords: Well-being therapy, Cocaine, Addiction, Condom-use Skills, Randomize Clinical Trial (RCT)

Introduction

Addiction is one of the problems of human society and health-related phenomena that is developing every day all over the world (Hyman, Malenka, 2001) and because of its progressive nature it puts all aspects of health, family and community at risk (Moal, Kooh, 2007) and has the unpleasant consequences of the most important public health problems in the world (Daley, Marlatt, 1997) and seriously threatens the health, safety and undermines the world economy (Caetano, Cunradi, 2002). The study shows that the disease of addiction is the ten major disease burdens among the world's major diseases (Mathers, Bernard, Iburg, Inoue, MaFat et al, 2003). In Iran, Methamphetamine consumption growth has been 150 times between the years 2008-2005 (Radfar, Rawson, 2014). Continued drug use over time and long-term toxic effects on normal functioning of the addicts will lead to the broad disruptions in family, workplace and society (Leshner, 1999). Growing statistics of addiction in the world, including Iran has made the field of addiction research as one of the priorities of the community and has created great interest to provide as a solution for the health and social problems associated with addiction treatment (McLellan, McKay, Forman, Cacciola, Kemp, 2005). Many researchers have confirmed the need to consider psychological interventions to improve the quality of life in patients with substance abuse (Lash, Wang, Greene, Gadegbeku, Hall et al, 2006). However, today we face a new problem in this area and the changing patterns of drug use than traditional materials, industrial materials in itself calls for new challenges (Mohamadi, 2011). The results of a study on the use of stimulants in Tehran showed the growing use of methamphetamine (Taheri nokhost, Jafari, Gilanipour, 2012). This
substance is highly addictive and destructive effects in a way that continued use over time affects the behavioral, psychological, social and physiological aspects to a wide range (Pates, Riley, 2009). Therefore, treatment of these patients is a significant issue (Curran, Byrappa, Mcbride, 2004). Although in recent years a variety of treatments have been emerged in this area; but there are still failures in some patients for treatment (medication) and drug abuse is continued and relapse statistics remained high (Adrian, 2001). Despite the effectiveness of outpatient treatment (including matrix) in the treatment of these patients, again, this group of patients is likely as high risk of treatment failure and this is the main challenge of clinical therapists (Mokri, 2011). Studies show that the majority of drug users seeking treatment face with interruption, and relapse and generally about 0.50- 0.60 percent of them re-use the drug during the 6 months after treatment and 0.80 with an interval of 1 year after treatment, start using the drug again (McLellan et al, 2005). Studies indicate that the addicts made less use of the drug problem oriented coping strategies, cognitive assessment and social support and mostly implement more physical and emotional inhibition coping strategies (Tofani, 2001).

The necessity of cognitive behavioral therapy is more crucial than ever. Cognitive - behavioral therapy is one of the significant psychological intervention models for treatment and prevention of recurrence of addiction (Miller, Wilbourne, Hettema, 2003). The treatment is based on improving the cognitive failure and appropriate behavioral skills training in order to feel happy. Dyrsen and the Holon (2010) showed that cognitive-behavioral techniques alone or in combination with drug therapy play an important role in the management of anxiety and depression and the relationship with others and increase the satisfaction of their living standards. Positive - oriented treatment as a type of psychotherapy that can have a significant role in drug addiction, focus on psychological therapy such as well-being treatment.

Well-being treatment is a new type of treatments in the field of positive psychology oriented originated in studies of cognitive behavioral therapy; either alone or in combination with cognitive behavioral therapy used (Fava et al, 1998). And its effectiveness in the treatment of mood disorders and increased emotional and psychological well-being has been confirmed (Rafanelli, Park, Fava, 1999).

Well-being treatment is an organized and problem-focused short-term treatment (eight sessions) based on psychological well-being of the Reef (Ryff, 1989) where the self-concept, the regular memory writing and client and the therapist interactions are used to increase psychological well-being of the client (Seligman, 2004). Reef psychological pattern (Ryff, 1989) has six dimensions, including environmental mastery, personal growth, and purpose in life, autonomy, self-acceptance and positive relationships with others. The purpose of the use of expensive medical well-being is to help the clients to reach high levels functioning in all six areas of interest psychological well-being from the lower levels (Fava et al. 1998). Therapist helps the clients to contribute to their optimum functional level from the impairment of the function and their past experience well-being in their life. These experiences are valuable no matter how short. After Clients were informed fully of well-being cases in their lives, in the next stage of therapy, they are helped to identify their beliefs and thoughts that disturb the well-being experience and also their feelings and well-being (Fava et al. 1998). This phase of treatment of identifying the automatic thoughts or irrational beliefs is similar to conventional cognitive therapy (Rafanelli, Park, Fava, 1999). The difference is that in the well-being therapy, client’s self-concept of his thoughts are more based on well-being than on the problems and tensions. And in general, the main methods to help the clients to overcome shortcomings in the psychological well-being include automatic thoughts, cognitive restructuring, the timing of activities that produce a sense of mastery and control or pleasure, education, assertiveness, courage and problem solving. Therefore, due to the significant prevalence of drug use and its destructive effect on social and family life, this study aimed to examine the effectiveness of well-being therapy (WBT) on the Condom-use Skills in cocaine-dependent Men.

Ethical Principles

In this study, the informed consent was obtained without coercion, threat, enticement and seduction and their decision to refuse or accept to participate in the study were respected. It was also tried that the research methods do not contradict with the religious and cultural principles of the participants and the participants were respected in all stages of design, implementation and reporting in terms of human dignity, respect and protection of their physical and mental integrity so that conducting the research would not delay in the process of medical care for the participants.
Method

The present research was a quasi-experimental study using pre-test and post-test with control group. The study population comprised all male addicts consuming cocaine who referred to the treatment centers during 9 March until 26 June 2013 and were diagnosed addicts using structured clinical interview conducted by a clinical psychologist according. From the population, 46 males were selected and randomly assigned to two groups: experiment (n = 23) and control group (n = 23), respectively. During the course of treatment in experimental groups, 6 left before the end of the study. In the control group, 3 people did not participate in the test and 3 were excluded considering the exclusion criteria (positive urine test results). The final numbers of participants in experiment (n = 17) and control group (n = 17). Entry criteria were: 1) age Range between 18-31 years, 2) a minimum levels of literacy 3) a history of abuses between 1-3 years 4) the amount of consumption (0.5 to 1 gr per day). Exclusion criteria were as follows: 1) dependence on other materials at the same time, 2) personality disorders, retardation or severe mental disorders, 3) severe physical diseases. Also, the two groups were homogeneous in terms of social class, age and experience and dependence on cocaine. Therefore the possible effect of these variables on the dependent variable was removed.

Instruments

In this study, a demographic questionnaire, the Structured Clinical Interview for Disorders IV.DSM- (SCID) and Questionnaire of skills of using condom were used as research instruments. Demographic questionnaire was used by the researcher to collect personal information such as age, education, socioeconomic status, history of diabetes, and history of substance abuse.

Demographic Questionnaire

Demographic Questionnaire was developed and applied by the researcher in order to gather personal information such as age, education, socioeconomic condition, disease background, treatment background and the duration of drug use.

Clinical structured interview

Clinical structured interview for Disorders DSM - IV (SCID) is a clinical interview used for the diagnosis of a disorder according to DSM - IV. The coefficient of inter-rater reliability for SCID has been reported 0.60 (Driessen, Hollon, 2010). Diagnostic agreement of this instrument in Persian has been good for most specific and overall diagnosis with higher reliability of 0.60. Kappa coefficients for the current and lifetime diagnosis were obtained as 0.52 and 0.55, respectively (Sharifi, et al, 2009).

Questionnaire of skills of using condom

The respective skills have investigated by the list of the skills of using the condom (Stanton et al, 2009). This measure contains 16 alternative of correct and incorrect which gives detailed description of all the phases of using condom from opening a box of condoms to wearing it on the genital organ and using it. The internal reliability of this measure was estimated 0.56 using corn-bach alpha. To agree answers score of 1 and to disagree answers score of zero were devoted and finally for every participant score of 1 to 16 were specified.

Procedure

The present study was conducted in one of a treatment centers in West of Tehran, Iran by a clinical psychologist. Research ethical standards were established as written informed consent of the sessions and the condition to leave the study at any point, the participants' privacy, and protection of their well-being and comfort for all participants. The control group participants were only medically examined while the participants in experiment group received the intervention. Well-being intervention was implemented in group for 12 sessions, twice a week for 50 minutes. A pre-interval session was devoted to the clinical interview and the final session was for conclusion and ending the treatment. After the sessions, all participants in both groups were evaluated by the Skills of Condom Use questionnaire.

As the dependent variable of the research was the Condom-use Skills score based on an interval scale, therefore, considering the use of pre-test, covariance of analysis test was used. Basic hypotheses of this approach include linear relationship between the dependent and mediator variables, normal regression line inclination, variance equity and non-significant Levene’s test (p >0.05) which were obtained testing the research hypotheses. The results of the MBOX test (M Box=, f=0.213 and P>0.05) indicated covariance matric equity and insignificant interaction between the independent and dependent variables which shows the regression line inclination. Data were analyzed using SPSS software version 18.
Results

The data were analyzed in both descriptive (mean, standard deviation) and inferential statistics (ANCOVA test) using SPSS software version 18, which are shown in the following tables. In Table 1, the demographic of the sample is provided in terms of educational level frequency and mean.

In table 2, there was a significant difference between the mean and standard deviation of the Condom-use Skills in the experimental group. This increase suggests that the rate of Condom-use Skills indicators improved after the implementation of the experimental effect. The mean and standard deviation of the pre-test and post-test in the Condom-use Skills in the control group has been shown the lack of a therapeutic effect, had no effect on the mental health index.

M Box test results (table 3) show that the covariance matrices equity assumption is established, so the use of this test is permitted (P=0.973).

According to table 4, the calculation of Leven statistics to study the equality of the respective variances represents the lack of significant of this index. Therefore, using of statistical covariance analysis to compare two groups is possible.

As can be seen (table 5) independent variable had significant effect on Condom-use Skills (P<0/05). There was a significant difference between the experimental group and the control group which was due to the influence of well-being treatment in the experimental group.

Discussion

The study that we considered above had done with aim of investigating the efficacy of WBT in Condom-use Skills. The findings of the present study showed that respective therapy had significant efficacy on improving of Condom-use Skills.

Up to a decade ago, mainly specialists in the field of prevention and treatment, people were interested in the study of weakness. This is of interest for several reasons (Seligman, 2004): First, there is the view that "before we are happy to help people, we must resolve the grief of those who are suffering and empathize with them." The second reason is pragmatic and historical. After World War II, clinical psychology to focus on the diagnosis and treatment of disorders in the form of "medical disease model" went (Maddox, 2002). The third reason, in the area of human nature, and it is psychological. Negative events than positive events and information on the latest bad more strongly, more complete information about the topics well, examined and investigated. It seems that now more than ever need to plan effective psychology of human optimum performance. The future task of positive-oriented psychology is to understand the factors that make capabilities. The positive psychology oriented requires the development of effective interventions for enhancing the process is. This study was also conducted regarding the change from the problem focused approach to capability development approach. The purpose of this study was to investigate the effect of group therapy on improving mental health and well-being of drug dependent patients. The results showed that treatment has been effective in improving the indices of well-being in addicted patients. The findings are consistent with studies which has approved the efficacy of therapy in the treatment of emotional disorders and emotional well-being and increased psychological well-being. Although similar research has not been done in this study, but the research has been done on the basis of medical intervention. The study of Fava and Tomba (2009) as increased psychological well-being and resiliency using the mental health and well-being treatment evaluated the effectiveness of therapy and showed that prosperity and flexibility can be due to specific interventions that lead to positive assessments of their feelings of sustainable growth, a belief in a positive and meaningful life, the process of positive relationships with others, the ability to effectively manage life and sense of self-determination. Further, reducing vulnerability to depression and anxiety has been observed due to the well-being therapy. Moeinizade and Kumar (2010) in a research entitled as the well-being treatment of depression on a sample of 40 subjects conducted in 2010, showed that significant differences existed between the scores before and after treatment and well-being therapy is more effective than cognitive behavioral treatment and the results indicated the feasibility and the clinical benefits of adding well-being treatment to the other set of treatment techniques. Fava et al (1998) Welfare therapy as a new therapeutic approach for the remainder of the symptoms of mood disorders (major depression, panic disorder with panic situations (Agora-phobia), social phobia, and generalized anxiety disorder, obsessive-compulsive disorder) to help behavioral or pharmacological treatment approaches have been successfully used. The researchers randomly divided into two groups of individuals of well-being and cognitive therapy treatment, the results showed that both the well-being and cognitive therapy treatment were associated with a reduction in significant residual symptoms. In addition Golbar Yazdi, Sherbaf and
Moeinizade (2012) showed that well-being treatment is effective in reducing stress and enhance psychological well-being of infertile women. The study that we considered above had done with aim of investigating the efficacy of WBT in Condom-use Skills. The findings of the present study showed that respective therapy had significant efficacy on improving of Condom-use Skills.

Limitation
The findings of the study had several limitations. The most significant of these restrictions were: (1) due to the small sample size, the findings should be interpreted as preliminary results; and this condition has significantly limited the reliability and effect of statistics; (2) the cross-sectional nature of the study limits the overall conclusion and comprehensive forecast (3) using a self-report assessment in sensitive subjects often tend to create a favorable social image and thus, using self-reporting is associated with possible bias.

Future Research
It is recommended to obtain more reliable results, future researchers should conduct longitudinal studies on related issues so that the results can be compared with cross-sectional studies and the differences provide the contexts for gaining new knowledge in the research methodology. Furthermore, to do more precise evaluations, using the neuropsychological instruments besides the questionnaire is recommended.

Abbreviations
WBT: Well-being therapy, RCT: Randomize Clinical Trial, SCID: Clinical structured interview

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Conflict of Interests
The Authors have no conflict of interest.

References


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### TABLES

**Table 1: Frequency and distribution percentage of the sample is provided in terms of educational level**

<table>
<thead>
<tr>
<th>Educational level</th>
<th>Experiment group</th>
<th>Control group</th>
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</thead>
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<tr>
<td>Frequency</td>
<td>percent</td>
<td>frequency</td>
</tr>
<tr>
<td>primary</td>
<td>2</td>
<td>0/11</td>
</tr>
<tr>
<td>secondary</td>
<td>3</td>
<td>0/18</td>
</tr>
<tr>
<td>High school</td>
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<td>0/30</td>
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<tr>
<td>High school degree and higher</td>
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<td>0/41</td>
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<tr>
<td>total</td>
<td>17</td>
<td>100</td>
</tr>
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</table>

**Table 2: Mean and standard deviation of the Condom-use Skills in the pre-test and post-test**

<table>
<thead>
<tr>
<th>Test</th>
<th>mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Pre-test (experiment)</td>
<td>22/15</td>
<td>3/47</td>
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<tr>
<td>Post-test (experiment)</td>
<td>25/83</td>
<td>2/35</td>
</tr>
<tr>
<td>Pre-test (control)</td>
<td>21/59</td>
<td>2/89</td>
</tr>
<tr>
<td>Post-test (control)</td>
<td>21/94</td>
<td>2/08</td>
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Table 3: M box test to test covariance matrices assumptions

<table>
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<th>Box test</th>
<th>F value</th>
<th>Df</th>
<th>P</th>
<th>sig.</th>
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<td>1/421</td>
<td>0/213</td>
<td>6</td>
<td>7419/170</td>
<td>0/973</td>
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</tbody>
</table>

Table 4: results of levene’s test to evaluate the equality of error variance in two groups

<table>
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<th>df</th>
<th>F value</th>
<th>Sig.</th>
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<td>Condom use</td>
<td>34</td>
<td>0/949</td>
<td>0/004</td>
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Table 5: covariance of analysis for the condom use

<table>
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<th>Variables</th>
<th>Sum of square</th>
<th>df</th>
<th>Sig.</th>
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</thead>
<tbody>
<tr>
<td>Condom use</td>
<td>2159/90</td>
<td>33</td>
<td>0.05</td>
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