

Mindfulness Training and Improving the Psychological Index, a Pilot Randomized

Mozhgan Afzali ^{1*}, Hamid Reza Vatankhah²,
Manouchehr AmirFiruzkuhi³

¹Department of Psychology, college of Humanities, West Tehran Branch, Islamic Azad University, Tehran, Iran

²Department of Psychology, college of Humanities, West Tehran branch, Islamic Azad University, Tehran, Iran

³Department of Psychology, college of Humanities, West Tehran branch, Islamic Azad University, Tehran, Iran

Abstract : *The purpose of this study was to evaluate the effectiveness of mindfulness-based relapse prevention training on resiliency, distress tolerance, and the temptation of people dependent on opiates. The study was pretest-posttest control group design study, half of the test. Educational tools, including questionnaires Resilience Scale, a questionnaire tempting ideas, the scale of the distress tolerance. Craving beliefs questionnaire were evaluated at post-test. To analyze the data, descriptive statistics (mean, standard deviation, etc.) and the deduction of multi-variable analysis of covariance was used MANCOVA results showed that between experimental and control groups after the intervention resiliency test variables and there is a significant difference distress tolerance and tempting ideas. The data can be said that Mindfulness-Based Relapse Prevention on resiliency and distress tolerance and opinions tempting people dependent on opiates are effective in Kashan city.*

Keywords: *mindfulness-based relapse prevention, resilience, distress tolerance and temptation, opiates*

Introduction

According to an epidemiological study in cooperation with the UN drug control office in 1998 and 1999, more than addicts (68%) were 20 to 40 years old and the average onset of 22 years. Now, according to an annual growth rate of addiction (8%) and population growth (3 percent), the number of consumers of narcotics, particularly opium, heroin, juice and morphine 6 million people are estimated to be (Brooke and Spitz, 2002: Wallace, 2003).

The effects of negative, harmful and damaging individual, familial, social, moral, spiritual and cultural abuse, dependence, addiction has caused the addicts and their families and community authorities for the prevention, withdrawal and preventing the return of action and the specialists

such as psychiatrists, psychologists, counselors and social workers to ask for help. The effects of negative, harmful and damaging individual, familial, social, moral, spiritual and cultural abuse, dependence, addiction has caused the addicts and their families and community authorities for the prevention, withdrawal and preventing the return of action and the specialists such as psychiatrists, psychologists, counselors and social workers to ask for help. In recent years in developed countries, mental health professionals and educational institutions and medical theories, models, methods, strategies and techniques in the prevention and treatment of addiction and relapse prevention of addiction developed, tested and experienced. Nevertheless, still practice it has been found even after a cure for dependent persons, drug use is discontinued for a long time, also hoped that the drug cannot resume. In this sense, relapse is one of the main problems of people with substance abuse. In recent years, the etiology diagnosis and treatment of substance abuse at various levels, achieved significant advances in the treatment of a multi-disciplinary approach and model biological, psychological, social and spiritual being used (Brooke and Spitz, 2002: Wallace, 2003)

One of the innovations in psychological treatment, especially treatment, combining the spiritual traditions of the East, including mindfulness meditation techniques with traditional cognitive behavior therapy, which uses the combination referred to as the third wave therapy. Including (MBRP) is mindfulness-based relapse prevention. (Hayes, Loma Bond, 2006).

Opioid use is associated with lack of secretion of mucous membranes, which can cause dry mouth and nose. Kennedy digestive activity and decreased bowel movements may cause severe constipation. In addition, visual acuity may lead to impaired contraction of the pupil with acute consumption of opioid injection drug users, become sclerotic veins (works) and the effects of a needle on the end areas

of the upper extremities are common. Of course, sometimes so severe sclerotic veins, which are peripheral edema occur. And to change the site of injection veins of the legs, neck, or groin turn. When these veins also become useless, people often injected material directly into your subcutaneous tissue (skin previous puff) that cellulitis, abscesses, and scars caused by the improvement of skin lesions lead ring. Tetanus and infections are relatively rare but very serious consequences Clostridium botulinum injection of opiates, especially with the use of contaminated needles, are. In addition, it may cause infection in other organs that include bacterial endocarditis, hepatitis, and infection with HIV, such as hepatitis C virus infection may affect up to 90% of injecting drug users opioid abuse. In addition, the prevalence of HIV infection among injecting drug users may be high, as most of them from patients with opioid use disorder. In some areas of the US or Russia, the rate of HIV infection among heroin users with opioid use disorder and 60%, have been reported. However, the present may be in other areas, particularly in facilitating access to sterile injection equipment and toys and consumer goods, 10% or less. Among injecting drug users (intravenous) drugs, especially heroin dependence, tuberculosis is a serious problem; it usually Gratuitous positive tuberculin skin test is necessary, and only there. However, many cases of active TB, especially among people infected with HIV have been found. The most recently infected individuals, but also the likely reason for impaired immune system, reactivation of prior infection with heroin or other opiates Bashnd. afrady experience into the nose are Astshmam (snuff) often nasal mucosa irritation, sometimes associated with perforation of the nasal wall. Problems with sexual function are common. Men with erectile dysfunction are often during intoxication or chronic use. Women generally show an irregular monthly impaired reproductive function and habits.

In connection with infections such as cellulitis, hepatitis, infection with HIV, tuberculosis and endocarditis, substance use disorder with high rates of annual mortality in the range of 5/1 to 2% along. Death is often caused by overuse, accidents, injuries, AIDS, or other medical complications public. Accidents and injuries from violence commonly associated with the purchase or sale of material. In some areas, the opiate deaths, more violence and HIV infection or overuse of mortality resulting from opioid. Physiological dependence on opiates may take about half of the babies born to women with substance use disorder occur; this dependence may cause severe withdrawal symptoms that require medical treatment. Although low birth weight (LBW) in newborns of mothers with substance use disorder is also evident, but it is

usually not significant, and generally not associated with serious adverse effects. (Sadvk and Sadvk, 2010).

Distress tolerance, common structures for research in the field of emotional disorder. Distress tolerance to a person's ability and experience negative emotional states has defined tolerance (Simmons and Gahr, 2005). In fact, distress tolerance of individual differences is a variable that refers to the capacity to experience emotional discomfort and resistance (Aslyrg, Yrvsvn, Smits, 2007). Distress tolerance increasingly, as an important structure in the development of new insights about starting and maintaining psychological trauma as well as prevention and treatment have been observed (Whelan Sky and Otto, 2007; quoted from Valentine Sky, Bernstein and Vjanvyk, 2011). People with low distress tolerance in a misguided attempt to deal with negative emotions are involved in behavioral disorder (Kyvq, records, Tympany, Mitchell and Smith, 2010) and by engaging in destructive behaviors such as drug seeking some relief from their emotional pain to come. An emotion-focused coping strategies such as alcohol and other substances may result in rapid relief from negative emotions to people. This strategy, especially for those who have low distress tolerance, the right way is (Lazarus, 1991; quoted from loved ones and colleagues, 2010).

In this context, findings Daqtrs et al (2009) on 231 white and African-American adolescents showed that low distress tolerance, risk of alcohol consumption among whites, and internalizing disorder symptoms among women increases Gives. The results Putra, Vjanvyk, Marshall Burns, Bern Astynd (2011) found that distress tolerance mediators in the relationship between posttraumatic stress symptom severity and use of marijuana as a method of coping. The results Marshall - bronze, Vjanvyk and McPherson (2011), with the aim of mediating role in impulsivity and distress tolerance for alcohol was conducted, showed that distress tolerance in this respect plays a mediating role and the people for stress relief and psychological distress turn to alcohol (dry organ, 1392). In the internal research as well as loved ones and colleagues (2010) showed that the dependence on cigarettes, impaired emotion regulation and distress tolerance down there.

Methadone is a synthetic narcotic substance (industrial) which, as previously explained, the so-called opioid (opioid) referred to. Heroin substitute methadone, and it can be taken orally. When addicts were given methadone as a substitute for substance abuse are common, this matter intake suppresses withdrawal symptoms. 20 to 80 mg per day dose is sufficient to stabilize the patient's condition, though higher doses up to 120 mg per

day were prescribed. Of methadone for more than 24 hours. Therefore, the dose once a day is enough. Maintaining the status quo Methadone (methadone maintenance) will continue until the patient is able to stop taking methadone, the drug itself could dependence (addiction) to create. With the advent of mobile methadone withdrawal symptoms stop taking methadone, but methadone detoxification patients easier detoxification of heroin from them. During the period of detoxification, usually clonidine (1.0 to 3.0 mg three to four times a day) is necessary. (Franken, 2003).

Method

The research including experimental design with control and experimental groups and assessed for pretest and post-test.

The study population consisted of 200 male and female patients with opioid addiction center short stay Sue Msrfgh message of liberation for men, short-term residential drug rehabilitation center for women is rising again from the date of 25/12/2014 to 03/02/2016 have referred, of the 150 tests distress tolerance, resiliency and was tempted out of which 65 people have low distress tolerance, and the temptation had high resiliency low 30 randomly selected into two groups: 15 men were randomly assigned to experimental and control groups. Among the visitors to the city center Kashan 30 men and women with a diagnosis of opioid dependence based on criteria of DSM - TV were selected. And after receiving the criteria for inclusion and participation in therapy sessions came into the experiment. Research variables were measured at pretest in groups. Groups of 8 5/1 hour meeting, were MBRP intervention and control group received no intervention. After the sessions Intervention Research at post-test variables were measured in both groups. Independent variables: MBRP intervene at two levels of intervention in the experimental group and the control group did not receive. The dependent variable: resilience, distress tolerance, temptation Control variables: the pre-test scores of students in the dependent variables, age, gender using multivariate regression analysis, and using statistical software SPSS, have been analyzed.

Results

In this study the effectiveness of training mindfulness-based relapse prevention based on the defects of resilience, distress tolerance and opioid dependent people are tempted. Results of the research data using descriptive statistics (mean, standard deviation) and inferential statistics multivariate regression analysis (MANCOVA) was used to evaluate the hypothesis.

To test the hypothesis of no difference in test scores mean, after testing two experimental and control groups through multivariate analysis of covariance (MANCOVA) were studied. MANCOVA is necessary to implement these cases examined. Training based on Mindfulness-Based Relapse Prevention on the defects resiliency in people is dependent on opiates impact. The data can be said that Mindfulness-Based Relapse Prevention on resiliency and distress tolerance and opinions tempting people dependent on opiates are effective in Kashan city ($P < 0/01$).

Conclusion

This study aimed to evaluate the effectiveness of intervention MBRP on the levels of resiliency, distress tolerance and temptation in opioid-dependent individuals.

For this purpose, in the form of a quasi experimental design with pretest-posttest with experimental and control groups, 30 patients with opioid dependence, based on entry criteria were selected and randomly assigned to experimental and control groups (15 per group).

As the results obtained in this paper are based on relapse prevention intervention based on resiliency mindfulness, distress tolerance, and the temptation defects had significant effect.

Mindfulness-based intervention can counter the patient's ability to cope craving and withdrawal symptoms increase information, distressing thoughts and feelings without judgment and evaluation of the way with desensitization accept and cope with them. Some of these changes may be due to practical mechanisms proposed in mindfulness techniques, such as the face, acceptance, relaxation, desensitization, change is communicating thoughts. (Brsylyn et al., 2002; Bauer,

2003). Temptation strongest predictor of relapse among other predictors (even comorbid disorders such as anxiety and depression) and mindfulness could well be tempted to reduce the negative effects. (Lee, Bowen and Marley, 2005). Kntrlshnakhty the temptation to increase mindfulness training can reduce the stress associated with abuse (Garland, 2011; Fernandez, Wood, Stein and Russian, 2010). As well as relapse prevention intervention based on mindfulness-based stress tolerance had significant effect on the defects. This finding fits with (Teasdale, 1999; Marlatt, 1996; Bloom, 2005) is consistent. To explain the above findings we can say that mindfulness and psychological flexibility separately and together can reduce psychological distress (somatization, anxiety, depression and general psychological distress) have been involved. These findings suggest that mindfulness can rise

and maintenance of depression, anxiety and distress involved. (Masuda and Tully, 2012).

The sorts of intervention based on mindfulness-based relapse prevention resiliency have had significant effect on the defects. The results of the research results (Moore and Malvynsky, 2009; Wink - Janvsk, 2008; Garcia, 1387; Carlson, 2003; Kelly Vjvryl, 2011) was consistent. Thus, this method enhances quality of life. Due to the content of mindfulness based stress reduction sessions emphasizing the use of methods for stress and be aware of their condition. Give up the fight and acceptance of its existing non-judgmental, main concept of mindfulness-based stress reduction treatment is (Teasdale, Moore, Hayhrts, Segal, 2002). In fact, accept without judgment related quality of life (Nykkl, work full Lyjn and haw, 2008). Mindfulness based stress reduction target is increased vigilance from moment to moment. Mindfulness-Based Stress modern and personal approach in dealing with stress makes a person. The old part of life stressors and never change, but coping skills in how to respond to stress can change (Fvlyjl backpacks, Cha and Bauer, 2010). Mindfulness may person in Brabrmlkrd that one of factors creating stress-related quality of life is enhanced, with positive reevaluation of processes such as cognitive confrontation and strengthen emotion regulation skills such as distress tolerance protection (Garland, Galyvrdivpark, 2009). Therefore, since the quality of life is associated with stress, expect to see regular practice of mindfulness positive changes in some of the psychological functions such as stress reduction and emotional control to be created and ultimately, lead to improved quality of life. Also, mindfulness-based stress reduction sessions to reduce stress and self-management skills and flexibility in dealing with stressful events and the acquisition of physical skills and mental health (Taiwan, 2014) If you change challenges based on mindfulness skills to obtain, Increased the resiliency, physical progress and subsequent adjustment of the position of the stress that results from this research confirms this fact. Mindfulness based stress reduction, increased the resiliency of people with substance abuse was. Given the primary focus of awareness out and then return.

References

- Arseneault, L. Cannon, M. Poulton, R. Murray, R. Caspi, A. & Moffit, T. E. (2003). Amphetamin use in adolescence and risk for adult psychosis. *Longitudina prospective study. British medical journal*, 325, 1212-23.
- Baer, R.A (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical psychology, science and practice*,10,125-143
- Baker, A., Lee, N. K., Claire, M., Lewin, T. J., Grant, T., Pohlman, S., Saunders, J. B., Kay-Lambkin, F., Constable, P., Jenner, L. & Carr, V. J. (2005) Drug use patterns and mental health of regular amphetamine users during a reported 'heroin drought'. *Addiction*, 99, 875–884.
- Benard, B. Marshall, K. (2001). Protective Factors in Individuals, Families and Schools: National Longitudinal Study on Adolescent Health Findings. National Resilience Resource Center. University of Minnesota. Minneapolis and the center for the application of prevention Technologie
- Bissonnette, M. (1998). Optimism, Hardiness, and Resiliency: A Review of the Literature. Prepared for the Child and Family Partnership Project. 1388/6/2. <http://www.reachinginreachingout.com/document/optimism%20Hardiness%20and%20Resiliency.pdf>.
- Breslin, F. C., Zack, M., & McMain, S. (2002). An information processing analysis of mindfulness: Implication for relapse prevention in the treatment of substance abuse. *Clinical Psychology, Science and Practice*, 9, 275-299.
- Frewen, A. P., Evans, E. M., Maraj, N., Dozois, D. J. A. & Partridge, K. (2006). Letting go: Garland, E.L., Boettiger, C.A., Gaylord, S., West, Chanon, V., & Howard, M.O. (2012). Mindfulness is Inversely Associated with Alcohol Attentional Bias Among Recovering Alcohol-Dependent Adults. *Cognitive Therapy and Research*, 36(5): 441-450. Garland, EL., Schwarz, NR., Kelly,
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10, 144–156 Lindsay J, Ciarrochi j. Substance abuser report being more alexithymic than others but do not show emotional processing deficits on a performance measure of alexithymia. *Addict Res Theor*. 2009;17(3): 315-321.
- Kabat-Zinn, J., Massion, M. D., Kristeller, J., Peterson, L.G., Fletcher, K. E., Pbert, L., et al. (1992). Effectiveness of a meditation based stress reduction program in the treatment of anxiety disorders. *American Journal of Relationship Enhancement. Behavior therapy. Psychiatry*, 19.

- Kabat-Zinn, J., (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.
- Kabat-Zinn, J., Wheeler, E., Light, T., Skilling, Z., Scharf, M. J., & Crpley, T. G., et al. (1998). Influence of a mindfulness meditation – based stress reduction intervention on rates of skin clearing in patients with moderate to severe psoriasis undergoing phototherapy (UVB) and photo chemotherapy (PUVA).
- Kabat-Zinn, J. (1990). *Full catastrophe living: Using the wisdom of your body and mind to face stress, pain and illness*. New York: Delacorte.
- Kabat-Zinn, J. (2003). Mindfulness-based interventions in context: Past, present, and future. *Clinical Psychology: Science and Practice*, 10, 144– 156.
- Mindfulness-based relapse prevention for alcohol and substance use disorder. *Cognitive Psychotherapy*, 19, 211–228.
- Lundquist, T. (2005). Cognitive consequences of Methamphetamine use: Comparison with abuse of stimulants and heroin with regard to attention, memory and executive function. *Pharmacology of Biochemical Behavior*, 81(2), 319–30.
- Marlatt, G. A. (2002). Buddhist psychology and the treatment of addictive behavior. *Cognitive and Behavioral Practice*, 9, 44– 49.
- Marlatt, G., & Gordon, J. (Eds.). (1985). *Relapse prevention: Maintenance strategies in the treatment of addictive behaviors*. New York: Guilford.
- Masuda, A., & Tully, E. C. (2012). The role of mindfulness and psychological flexibility in somatization, depression, anxiety, and general psychological distress in a nonclinical college sample. *Journal of Evidence-Based Complementary & Alternative Medicine*, 17(1), 66–71.
- Masuda, A., & Tully, E. C. (2012). The role of mindfulness and psychological flexibility in somatization, depression, anxiety, and general psychological distress in a nonclinical college sample. *Journal of Evidence-Based Complementary & Alternative Medicine*, 17(1), 66–71.
- Masuda, A., & Tully, E. C. (2012). The role of mindfulness and psychological flexibility in somatization, depression, anxiety, and general psychological distress in a nonclinical college sample. *Journal of Evidence-Based Complementary & Alternative Medicine*, 17(1), 66–71.
- Masuda, A., & Lillisa, J. (2006). Acceptance and Commitment Therapy: Model, processes and outcomes. *Behaviour Research and Therapy*, 44, 1–25.
- Michalak, J., Burg, J., & Heidenreich, T. (2012). Don't Forget Your Body: Mindfulness, Embodiment, and the Treatment of Depression. *Mindfulness*, 3(3), 190–9.
- Potek, R. (2012). Mindfulness as a school-based prevention program and its effect on adolescent stress, anxiety and emotion regulation. *Journal of Health Psychology*, 31, 100–108.
- Ravndal, P., Edle, E., & Vaglum, M. (1998). Psychopathology, Treatment Completion and 5 Years Outcome A Prospective Study of Drug Abusers. *Journal of Substance Abuse Treatment*, 15(2), 135–42.
- Van den Brink, W., & Haasen, C. (2006). Evidence-based treatment of opioid-dependent patients. *Canadian Journal of Psychiatry*, 51(10), 635–46.