Effect of Enable Consultation on Addicts' Hope and Happiness

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ABSTRACT

Opium addiction plats many social damages. So this study is designed and implemented by the aim of Strength-Based Counselling on addicts' hope and happiness in addiction leaving centers.

Materials and methods: this research is a clinical trial study with two groups and three stages. Samples are 64 people that were assigned randomly in control and experimental groups. At first, participants filled Schneider's hope questionnaire, Oxford's happiness questionnaire and demographic properties part. The experimental group were consulted with solution focused therapy (SFT) method for 8 sessions and at last, hope and happiness were evaluated immediately one month after intervention. Data were analyzed with SPSS software.

Findings: this study showed that there is a significant difference between mean score of hope and happiness in control and experimental groups before and after intervention (P<0.001). mean hope score in the experimental group were 24.66±3.03, 30.47±4.23 and 27.03±3.02 at the before of the intervention, immediately after intervention and one month after intervention respectively. Mean happiness scores in the experimental group were 63.09±5.42, 67.41±6.19 and 66.97±7.00 before the intervention, immediately after intervention and one month after intervention respectively.

Conclusion: Strength-Based counselling was effective in addicts' hope and happiness improvement. Thus it is suggested to use this method as a practical aspect to help addicts and improve their hope and happiness.

Key Words: Opium consumption, Enable Consultation, Hope, Happiness

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INTRODUCTION

Addiction is one of the most important todays social issues for human societies that affects different groups [1]. Published statistics of international organization indicated progressive consumption of these drugs globally [2]. Approximately 2 millions people (with mean age of 30) die annually because of opium consumption (overdose, suicide, infectious disease, accidents du
e to opium consumption) [3]. According to free comity of opium confliction manager's report, the number of addicts in Iran have been increased from 2 millions in 1366 to 4 millions in 1395. In this year, approximately 1500 people have died due to opium consumption. Among the states, Esfehan is on the third grade after Tehran and Fars [4]. One of the treatments used for eliminating opium consumption is non drug therapies such as social and psychic involution that consumption is one part [5]. Since opium consumption accompanies with important psychological disorders

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like violence, child abuse, self-confidence reduction, depression, weakness in morality and beliefs and… consultation is one of the proceedings that can have dominant role in addiction therapy [6]. Studies show that there is a powerful correlation between psychological health, happiness and hope. Hope improvement can activate human power to reach goals and causes happiness [7]. Since reaching hope and happiness to life is an important art, addicts have a very low level of hope and happiness during treatment and their hope and happiness severely decrease after treatment. So it is necessary to present new solutions for eliminating side effects [8]. Knowledge about these patients and using their abilities is necessary to reach the goal. Studies have also indicated the importance of knowledge and improve patients' abilities who have psychological disorders [9]. Low level of hope and happiness is related to high level of depression that can affect treatment [10]. Patients who inter the clinical centers, are automatically in a vulnerable and low power situation and their low power cause to reach help. Consultation based on "pathology", patients blaming, and focusing on deficiencies will amplify vulnerability. But most of humans have reserves of undeveloped abilities and capacities. Confirmation of hidden abilities and capacities by the physician helps patients to discover their powers and develop them [11].Studies have shown that there is a little attention to abilities of patients with psychological disorders and it is necessary to know their powers specially by psychiatric nurses to use them during treatment process [12].In SFT method, patients' points of view about their damages and happiness are more important than that among psychic health presenters. Physician and patient try together to create a mean for patient's experiences [13]. One of the methods used in consulting for addiction therapy are Strenght based practice(SBP) that are effective on hope development among opium consumption [14]. This method is based on resources, capacity and ability of the patient that limits focusing previous failures and problems and concentrates on present powers and future success. This method helps the patients to reach solutions. SFT helps patients to have a good future view. In this view, patient's powers and expectations develop resources to create a realistic point of view. So each patient reaches the solution based on his/her goals, policies, powers and sources [15]. Studies show that SFT implementation has a dominant effect on mental health. For example in Gingerich and Eisengart study, they found 15 useful studies. Among these studies, only two studies had included addicts [16]. The first study found that 36% of the experimental group and 2% of the control group improved during 2 sessions consultation with SFT method [17]. Smock (2008) showed that SFT method is an useful therapy for the first level opium consumption [18]. Michael et.al examined SFT in comparison with traditional methods in developing hope. They found that SFT is more useful in hope increment [19]. In addition Mckeel (2012) showed SFT effect on hope development and it can increase hope and expectations [20]. So, new sights such as concentration on abilities are necessary. According to developing psychological hygiene, disorders and individual, familial, social and economical side effects of opium consumption, it is necessary to find new methods to improve hope and happiness in addicts. It seems to know addicts' abilities by implementation of SFT and try to declare them to addicts and their families. This work can reduce part of heavy costs of their treatment and protection. This study was designed and implemented by the aim of determining effect of solution focused consultation on hope and happiness among addicts.

MATERIAL AND METHODS

This research is a clinical trial study with two groups and three stages. Effect of SFT on hope and happiness of addicts was investigated in addiction leaving centers. In this study, the research environments was treatment centers for leaving addiction. The sample was included of all addicts in these centers. Sampling was done by conventional sampling method. Samples then divided randomly in control and experimental groups. 32 cases were in the experimental group by spotting of 10% outflow. Inclusion criterions were: opium addiction, participation in opioid detoxification process, tendency to cooperate in the study absence of acute psychological disorders, participation assurance in all therapy sessions, receiving no simultaneous solution focused consultation during treatment sessions and having literacy [21]. External criterions were: individual determent, further opium consumption during study and acute psychological disorder occurrence. Data was collected by using demographic questionnaires including age, sex, marriage condition, economic condition and education, Oxford's happiness questionnaire and Schneider's hope questionnaire.Alipour and Nourballa (2008) showed that Oxford questionnaire is reliable and valid to measure happiness in Iranian society [22]. Kermany (2011) also showed that Schneider's questionnaire is reliable and valid to measure hope in Iranian society[23]. The questionnaires were filled by experimental samples in the way of questioning during 3 periods including before intervention, immediately after intervention and on month later.All documents related to addicts were investigated and the documents have internal criterions were selected and coded.Sampling took a week long. 64 cases interred the study. These people were divided in control and experimental groups by using SPSS 20. The addicts were invited to assist in the health care center.(2 days for each group).Goals and methods were explained for two groups and they signed informed consent. Demographic properties, happiness and hope questionnaires were completed. Before starting consultation, if a case determent, sampling would do to prevent more outflow of 64 cases. After filing questionnaires, two sessions were arranged to discuss about addicts' problems in the group. The

experimental group was divided to two groups of 16 patients and SFT method was done in 8 sessions of 90 minutes one day of a week. Group consultation was done by a team of n psychiatric nurse and clinical psychologist in selected psychology centers every afternoon. The construction of SFT process includes three components of discussing about the problem and solutions. The most time of the session was spent discussing about future and solutions.

SFT treatment sessions structure

Number of sessions	Explanation of the session
First session	-greeting -presenting goals and rules of the group (specially secrecy) -reciprocal cognition of physician and members -determining the aim of contribution in the group -asking the members to observe carefully that which of the facts in life, family, friends relationship and… are more necessary to be continuum.
Second session	-three stages process to proceed problems: First stage: determining problems Second stage: proceed specifying behavioral pattern that was not efficient. Third stage: guidance indicating how they can do in a different way to cause instructive changes until next sessions
Third session	-investigating tasks -presenting solutions and discussing about issues related to opium consumption and relationship -using miraculous question methods to help people finding their life exceptions (situations in which they can use desirable decision and planning to conquest problems). In miraculous question (that is one of the conception techniques), we tell the patient to imagine that a miracle will occur tomorrow and you will have no problem. What will you do? If all of your problems are solved, what will you really do? The answer is a start point for changes and the patient will achieve solution from problem. In this manner the result is sight of solution focused. However first with investigating the past and second with predicting the future. This is the consultant's contraption in using questions. -creating desirable background to transfer from concentration of opium consumption to concentration of useful, weak and desirable solutions in the group.
Fourth session	-continuing previous session discussion (finding solutions in different situations and encouraging members to explain their abilities about solving opium consumption) -become different in behavioral, recognizing and sentimental dimensions -more emphasis on solution implementation
Fifth session	-stabilizing and fixating changes -discussing about instructive changes occurred in other lives during this project -emphasis on people's susceptibilities and abilities in fighting with opium consumption and selecting desirable solutions -pluralizing previous information about trying to concentrate on solutions instead of merging in problems -relying on self-susceptibilities and abilities against opium consumption -emphasis on creating instructive changes in life -asking members to asses about sessions -appreciating contributors for their cooperation and attendance
Sixth session	-Being difference in behavioral, knowledge and psychological dimensions -more focus on implementing the solution
Seventh session	-stabilize changes -discuss about instructive changes that is occurred during this research -focus on capacities and abilities to interact with opium consumption and choose desirable solutions
Eighth session	-polurize previous subjects about try to concentrate on solutions in order to problems -belief in their abilities and capacities to interact with addiction -focus on instructive changes in life -ask participants to suggest about sessions -acknowledgment of participants for their cooperation and presentation

FINDINGS

Data resulted from 64 cases (32 cases in each group) were analyzed. Control group members were in the age range of 18 to 63 years old with a mean of 33.53± 10.19 and experimental group had the age range of 18 to 52 years old with a mean of 33.03± 8.47. Most of the participants (50%) have the education level lower than diploma. The most frequent job (43.8%) was free jobs. The most people (59.4%) were married in two groups. 68.8% of control group and 50.0% of experimental group had a first grade family history of addiction. Main motivation (43.8%) to start addiction was fun.Mean hope score of control group at the beginning of the study was 24.72±4.24. it became 24.34±3.77 immediately after intervention and 23.25±3.98 one month after intervention. In experimental group these scores were 24.66±3.03, 30.47± 4.23 and 27.03±3.02 before of the intervention,

immediately after intervention and one month after intervention respectively.

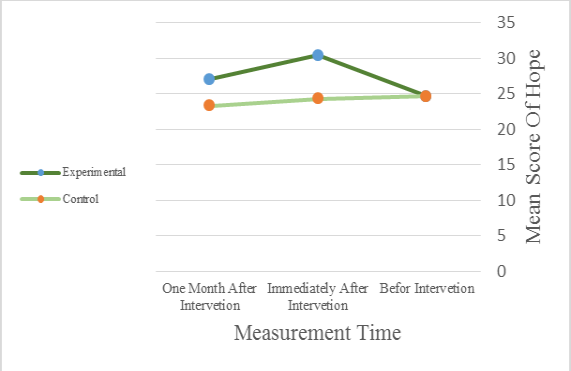

Figure 1. hope score in the control and experimental groups during three Measurements

Mean hope score showed a significant difference in addicts before and after intervention (P<0.001). Addicts' hope score changes were significantly different between groups during 3 measurements (P<0.001).

Table 1.results of variance analysis with repeat measurements in hope variable

Effect	Source	Mean of Square	DF	Mean Square	F	P
Between Group	Group	516.797	1	516.797	21.056	.001
	Error	1521.698	62	24.544		
Within Group	Time	271.573	2	135.786	15.389	<.001
	Time*Group	312.281	2	156.141	17.695	<.001
	Error	1094.146	124	8.824		

According to meaningful interaction between test time and the experimental group, change flow of hope score was different among during 3 measurements. So these changes should be investigated in separate groups to compare hope score changes before and immediately after and one month after intervention. To do this, we used Bonferony test. In experimental group, mean hope scores increased significantly after intervention (P<0.05). Mean hope score was also significantly different one month after intervention comparison with before it (P<0.05) but there was a significant decrease in hope score during first month of intervention in comparison with immediately after intervention (P<0.05).

Table 2. results of chase test about reciprocal effect during three

Group	Time(1)	Time(2)	Mean Difference(2-1)	SE	P
Control	Before Intervention	After Intervention	-.38	.63	1.000
	Before Intervention	1Month After Intervention	-1.47	.84	.122
	After Intervention	1Month After Intervention	-1.09	.75	.440
Experimental	Before Intervention	After Intervention	5.81	.91	<.001
	Before Intervention	1Month After Intervention	2.37	.53	.004
	After Intervention	1Month After Intervention	-3.44	.74	<.001

There was no significant difference in hope scores between control and experimental groups at the beginning of the study (P>0.05). But hope score of the control group was significantly lower than that in the experimental group immediately and one month after intervention (P<0.05).Mean happiness score of the control group decreased from 62.41±4.87 at the beginning of the study to 62.37±5.68 immediately after intervention and 61.34±5.27 one month after intervention. These scores were 63.09±5.42, 67.41±6.19 and 66.97±7.00 before the study, immediately after intervention and one month after intervention in the experimental group.

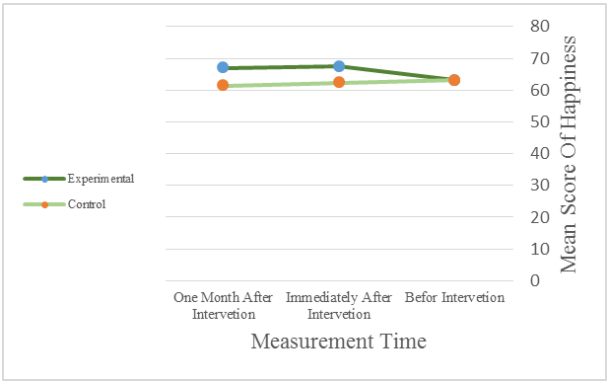

Figure 2. happiness score in the control and experimental groups during three Measurements

In investigation of experimental groups, the amount of test statistic(F) was 13.407 with DF=62.1 and meaning level of approximately zero. So the concept of equivalent mean happiness scores among addicts is rejected (P>0.05). the amount of test statistic in investigating within group effect (test time) was 2.938 with DF=2.124 and meaning level of 0.057. so the concept of equivalent happiness scores during three measurements is not rejected (P<0.05). in investigating interative effect between test time and

group, the amount of test statistic was 4.511 with DF=2.124 and meaning level of approximately zero. So happiness scores changes among different groups during three measurements are significantly different (P<0.05).

Table 3. results of variance analysis with repeat measurements in happiness variable

Effect	Source	Mean of Square	DF	Mean Square	F	P
Between Group	Group	686.297	1	686.297	13.407	.001
	Error	3173.823	62	51.191		
Within Group	Time	151.448	2	75.724	2.938	.057
	Time*Group	232.531	2	116.266	4.511	.013
	Error	3196.021	124	25.774		

According to meaningful interaction between test time and the experimental group, change flow of happiness score was different among during 3 measurements. So these changes should be investigated in separate groups to compare happiness score changes before and after intervention. To do this, we used Bonforony test.

Table 4. results of chase test about reciprocal effect during three

Group	Time(1)	Time(2)	Mean Difference (2-1)	SE	P
Control	Before Intervention	After Intervention	-.03	1.05	1.000
	Before Intervention	1Month After Intervention	-1.06	1.19	1.000
	After Intervention	1Month After Intervention	-1.03	1.33	1.000
Experimental	Before Intervention	After Intervention	4.31	1.46	.004
	Before Intervention	1Month After Intervention	3.88	1.50	.018
	After Intervention	1Month After Intervention	-.44	.99	1.000

There was no significant difference between mean happiness score in the control group, before and immediately after intervention (P>0.05). in the experimental group, mean happiness score increased significantly after intervention (P<0.05) and that score increased significantly one month after intervention in comparison with before intervention (P<0.05).but there was no significant difference at one month after intervention in in comparison with immediately after intervention (P>0.05). There was no significant difference in happiness scores between control and experimental groups at the beginning of the study (P>0.05). But happiness score of the control group was significantly lower than that in the experimental group immediately and one month after intervention (P<0.05).

DISCUSSION AND CONCLUSION

Addiction as a psycho-biologic and social issue affects all aspects of life [24]. So many quality aspects of life will be changed [25]. Happiness and hope are of effective aspects on addiction leaving process. Happiness and hilarity in health, mobility and motion in society are very important because on one hand they can reduce depression and anxiety, on the other hand they can accelerate decision and create a cooperative mentality by reducing weakness and improving body health [26].

Hope is a property of life that cause people try to have a better future. Hope is sum of abilities to reach good goals and have a necessary motivation to use them. Hope is powerful when includes valuable goals and have a possibility of reaching these goals in addition to big problems [27]. Since addicts experience less hope [28], it is expected to have less happiness [29]. Results of this study showed that there was a significant increment in hope immediately and one month after intervention with the method of solution center consultation. Addicts who got solution center consultation were more hopeful and their hope was relatively constant. Khaledian showed that there is no difference between knowledge-behavioral and meaning treatment in depression reduction but meaning treatment is more effective in hope increment [27]. Our results are similar to that. The point is that hope has a significant increment one month after intervention in comparison with the time before intervention. In other words, this method can make a constant hope in addicts. It seems that they experienced a positive change and got a new skill to interact with negative thoughts. They knew their talents and abilities to leave addiction with positive thoughts.Results showed that solution focused therapy could significantly increase happiness immediately and one month after intervention in the experimental group. But there was no significant change in the control group. Ghobadpour also showed that happiness had significant positive changes after learning skill of issue solving [26], that confirms our results.Results of this study showed that solution focused consultation can increase happiness in addicts who have tendency to leave addiction. In one study, it was shown that using solution focused therapy caused

positive effects on internet addicts in a way that 52 adults with internet addiction spent less time to use internet and their general mental function was improved [30].One of the methods to create hope and life satisfaction noted in recent years is solution focused consultation. This method believes that people have enough capacity to change [31]. In solution focused therapy (SFT) method, addicts' mental points of view about their damages and happiness are more important than physicians' specific view. Addict and physician try together to make a mean for addict's experiences. SFT method can have positive results for addicts who have a tendency to leave addiction that is not found in traditional (drug therapy) methods [18].Studies have shown that 20 to 90% of addicts who got treatments will experience recurrent addiction [32] and drug therapy effectiveness without any psychological and social interference is low [33]. Recurrent addiction is caused by insufficient knowledge and behavioral skill deficiency to face with internal and external pressures and reach hope and happiness [34]. SFT by concentration on abilities will create happiness and hope that addicts can leave addiction for ever. This method with drug therapy can help addicts to get no recurrent opium tendency in addition to consumption leaving.

Limits:

Lack of desirable cooperation in sessions, filling questionnaires and many mental and behavioral problems in some patients made troubles for the researcher to interfere and reach goals based on time respect table.

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CONSORT Flow Diagram