

Effect of Problem Solving Skill Training on Happiness and Coping in Addicts

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ABSTRACT

Depressive mood with apathetic and sadness is one of outcomes addiction treatment and study of decreasing implications has fully necessary. In this research aim was study of Effect of Problem Solving Skill Training on Happiness and Coping in Addicts. In a Quasi-experiment design, after diagnosis of under-treatment addicts with low happiness, by multi stage random cluster sampling 60 subjects assigned to II groups (experimental & control). Groups before and after intervention and follow up (3month) measured by using Oxford Happiness Inventory & Coping Style questioner. Experimental group instruct by PSCT. Data analyzed by covariance analysis, Pearson r, analysis of variance with repeated measures, dependent t test. There was statistical significant difference between means of two groups in all stages of instruction (happiness: $\eta^2 = 0/24$), (cognitive style: $\eta^2 = 0/31$). In follow-up stage, experimental group show higher happiness and cognitive style. Hypotheses of research accepted. There was relationship between cognitive style (0/57) and Separate Style (0/47) and increasing happiness level. In addition, there was negative meaningful relationship (with 0/99 confidence) between emotional style (-0/41) & avoidant style (-0/35) and decreasing happiness. Happiness and cognitive coping style of experimental group increased after participate to instruction. Using more from cognitive and separate style will result to higher happiness level. Using more from emotional and avoidant style will result to lower happiness level.

Keywords: Problem Solving Skill, Happiness, Coping, Addicts.

Introduction

Happiness has been with human as an efficient way of coping with the problems historically. Researchers define happiness as a set of emotions and a kind of cognitive evaluations of life. They know it as a degree of life quality that is generally assessed positively. Happy people, see themselves as owners of the positive

features who have control on the events their lives (Regas, 2007). Having a dismal or unhappy mood is one of the features of quitting drug addicts, and having a negative affect (unhappy mood, anxiety, and depression) is closely associated with addiction. Through the association of negative affect and substance abuse,

negative emotions can provoke a conditioned desire to use more and increase the risk of relapse. On the other hand, drug use and negative affect acts also as an emotional avoidance. Another reason for relapse caused by negative affect is the activation related cognition associated with negative affect in the network memory. The impact of activation of symptoms of negative affect on the recognition of related to substance abuse depends on the history of substance abuse and temperament the person. Today, it is believed that designing programs to be happy increases happiness and it is the product of mental health is not its purpose (Anasari, 2007).

For this reason, several therapeutic strategies and models have tried to reduce negative affect and one of the main models in this field is cognitive – behavioral therapy which one of the educational materials of it is problem solving skills training. Studies also have shown a strong correlation between the degrees of dominance of special problem solving styles and happiness (Froerer and *et al.*, 2009, Knekt and *et al.*, 2009, Corcoran, 2006, quoted by Hadi Nejad and Zarei, 2009, Rim, 1993; Argyle and Lu, 1991, Samimi, 2008, Ahmadi_Ghetab and *et al.*, 2011).

Problem-solving training has an important application to deal with depression, attempted suicide, addiction, obesity and self-harm (Carol and *et al.*, 2006, Rychtarik and *et al.*, 2006, Franklin and *et al.*, 2007, qouted by Liaqat dar *et al.*, Malouf, Thorsteinsson, Schuttle , 2007, told by Lotfinia, 2007). This group of techniques without any active cognitive response (Assessment approval, processing and analysis of the concept, attempts to control or suppress) reduces self-focusing and increases attention flexibility and prevents attention bias

dealing with the situation (Told by Wells, 2005).

Addiction period has a lot of tragedies such as divorce, loss of child custody, loss of jobs which causes a lot of grief (Hikz *et al.*, 2011). Since substance abusers usually experience some types of depression, they should be treated. The inclusion of non-drug therapy in substance abusers treatment plan is necessary. In this regard, the efficacy of treatment and relapse prevention skills training in a variety of materials has been approved. Behavioral training techniques can be helpful in dealing with addiction (Tajeri, 2012). There are two major approaches in problem solving. The first approach has been proposed by Spivack and Levin. Based on this approach, some life problems, is caused by loss of cognitive and interpersonal abilities such as problem-solving and there is differences in ways of thinking and acting between compatible and incompatible people. (Told by Mc Gure, 2005). The second approach of problem solving is proposed by Dezorilla and Goldfreed (1971). This approach assumes that problem-solving skills cause behavioral and cognitive changes, and provides the necessary context for a recovery these divide problem solving into two parts. They divide problem-orientation into subunit part of problem comprehension, problem attribution, and appraisal and the second part is stages of problem solving (Nezou and Dozilla, 2001).

Manning *et al.*, (2001) know the problem solving a way in which problem-solving ability or knowledge to problem areas and available resources will be raised by using cognitive-behavioral techniques and reduces taking advantage of inefficient ways of problem solving such as avoiding the activity and impulsivity. There is a negative relation between

problem solving and addiction. The findings show that people who are engaged in drug addiction have less problem-solving ability (Parker *et al.*, 2008). Becker-Weidman *et al.*, (2010) studied social problem solving among adolescents treated for depression and concluded that both avoidant and impulsive style of problem solving are predictors of depression while the orientation of the positive and negative problem has a mediating role in the impact of their intervention. Problem-solving skills training and its effect in raising the level of happiness by providing circumstances in which the addict is able to understand his pathology and can map the clear and purposeful landscape for him subsequently will help to increase happiness and improve the overall performance. In this regard this study was conducted to investigate the effectiveness of problem solving skills on addicts' happiness and we wanted to know that whether coping styles is related to happiness or not.

Research Method

Statistical population and sampling method

The population of the study was entire addicts under treatment program in Tehran in the year of 2011-2012. Sampling method in this study in order to increase the internal validity of the study was a multi-stage random cluster sampling method and the sampling unit was the therapeutic center.

Research Tools

Oxford Happiness Inventory: Oxford happiness inventory assesses these psychological structures below:

Self-concept- life satisfaction- psychologically readiness- happiness- sense of aesthetics- self-efficacy and hope 29 phrases has formed the Oxford Happiness Questionnaire is made in a six-degree Likert scale (from totally disagree to totally agree).

Coping Style Questionnaire: The paper-pencil questionnaire with 60 materials was made in 1993 by Rogers, Jarvis and Najarian in England. This questionnaire has been prepared in four scales. The questionnaire includes four scales: Intellectual Style with 16 categories, Emotional Style with 16 categories, Avoidance Style with 16 categories and Separate Style by 13 categories.

Set of Problem Solving Skills Workshops:

Problem-solving skills training program consisting of five 2-hour sessions in this study were as follows:

First session: The activities include getting to know the group members' motivation for participation, and actively participate in the group, stating goals, group practices, encourage participation, justify and explain the logic of problem solving skills. The Oxford Happiness Inventory was conducted at this session.

Second session: Describing the first step of problem solving (adopting problem solving attitude). After a positive approach and being ensured of problem compliance, the second phase of the problem solving (problem definition) by providing samples and examples will be described. Decompose the overall problem into more manageable and more minor issues are taught. Collect and review the list selection problem and solve the problem on priority basis, do brainstorming.

Third session: Check each of the solutions proposed during brainstorming, explain

and justify their solutions and helpful in its review. This step is setting goals available to solve the issue. How to adjust potential solutions will be taught. They will be aware that their access to a number of possible solutions to different, more efficient and more effective solutions to increase the probability of detection. Review assignments, solutions assessment (advantages and disadvantages of each solution), the solution has the greatest advantages will be selected.

Fourth session: Review previous meetings exercises, the effects of selected solutions in reducing the problem. Summarize and review the assignments.

Fifth session: Effect of solution is checked. If it is useful problem solving will be finished if not until there is not stress in situation we will look after another solution. Eventually happiness inventory was conducted.

Research Design

This study regarding the aim was based on research and development and in terms of data collection it was quasi-experimental (Sarmad, Bazargan, and Hejazi, 1383). Experimental and control groups before and after the training offered and the follow-up period for the experimental

group were evaluated and compared. Pearson correlation analysis test, analysis of covariance and repeated measures ANOVA and paired t-test by spss-16 program was used.

Implementation Method

A total of 60 patients undergoing treatment for addicts who have the lowest level of happiness were selected and randomly divided into experimental and control groups. Problem-solving skills training was executed for drug addicts under treatment of the experimental group (5 sessions of 2 hours) and feedback was taken from them (coping questionnaire). Post-test was executed on experimental and control group (happiness inventory and coping questionnaire). Effects of problem-solving skills trained to follow-up (follow-sustaining intervention) after 3 months on the drug-treated groups were conducted (Further administration of Oxford Happiness Inventory and coping styles). It was tried information of individuals and group meetings to be confidential, written consent of the participants were attracted and treatment procedures had no negative impact on the treatment of drug users.

Results

Table 1. Mean and standard deviation scores for happiness both in the pre-test, post-test and follow-up

follow-up control		experimental		post-test control		experimental		pre-test control		experimental		variable
Q	M	Q	M	Q	M	Q	M	Q	M	standard deviation	mean	
3/22	34/35	3/53	41/40	3/55	32/31	2/78	39/39	3/37	34/72	4/02	33/85	happiness

In Table 4.1 table data showed that happiness scores in the experimental group to has increased 40/41, while the control group's score is 35/34.

Data also showed that scores related to cognitive and separetive styles have been increased through the intervention.

The first hypothesis: Problem solving training is effective in increasing happiness of quitting drug addicts.

To test this hypothesis, analysis of covariance was used to compare post test scores of both groups.

Table 2. Results of covariance analysis dependent variable happiness

Eta square	Test power	Meaningfulness level	F	Freedom degree	Sum of Squares	Source of changes
0/24	0/65	0/03	69/21	1	319/22	Between group factor

Given the significance level is equal to 0/03, and the effect of pre-test is controlled through covariance test; problem solving skills training is significantly effective in happiness. Also seeing eta square (0/24) we can conclude that the experimental intervention was led

to changes in the experimental group which 0/24 of total variation was due to the experimental procedure. After all to analyze differences in the mean of three measurements, ANOVA with repeated measures was used.

Table 3. Results of ANOVA with repeated measures of happiness index

Significance level	F	Mean of Squares	Sum of squares	Source of changes
0/001	74/84	197/68	3291/21	Between subjects
		98/73	5500/36	In subjects
		1289/32	4276/11	Treatment Effect
		16/67	953/53	Error or residual
			14021/21	Total

Based on the table above, F value is larger and significant at the level of 0/001. And there are significant differences between the means of comparison. Paired t-test showed that there were no statistically significant differences in three times measuring between mean of the experimental groups. Also Boone correction for Correlated t was equals to 0/008; Due to being smaller than resulting P, the difference between the means is significant. The cognitive coping of experimental group which received problem solving skills training, increased after attending the meetings.

Discussion and Conclusions

The first hypothesis suggests that the level of happiness in the experimental group which was taught skills has increased after

participating in treatment. In other words, problem solving skills training is effective in raising participants' happiness. Then the hypothesis is confirmed. Several studies have examined the effectiveness of various interventions on happiness. Abedi and Mirzai (2005) have noted the increase in happiness with skill training. The results are in one direction with findings (Fava, 1998, Bell and Dezoryla, 2009, Malouf et al, 2006, Kujpelrz *et al.*, 2006, Rathy and Rastuchy, 2008, Kaar, 2005, Elliott *et al.*, 2009). Also, is consistent with Seligman's (2005) research findings that happiness training reduces depression (the opposite of happiness). Addiction can affect interpersonal relationships and reduce social support. Vulnerability to addiction is due to coping skills, mood, emotional conditions and available social support.

Features that addicts have in situation of life (expectations, fears, skills, hopes) have impacts on the stress they feel, and the general mood (boredom, disappointment, gloom, anguish), and the proportion of its counter affect. The goal of problem solving training is to teach students how to think about issues (quoted Seif, 2008). Our findings indicate the importance of using a problem-solving strategy can be taught skills, to increase happiness and satisfaction and depression, followed by reaction of the drug quitting.

Other research hypothesis showed that the use of problem solving skills training led to increased use of cognitive coping styles in the participants. In this study cognitive and separate coping styles have been identified as effective coping strategies which have a significant relation with happiness. These findings are consistent with other study results ((Including Jaffee and Dezoryla, 2006, vidreen *et al.*, 2011 and Mahdavi Haji, 2010). So for providing happiness for studied addict actions can be taken in order to empower these solutions. It is necessary to determine best coping procedure with flexibility to fit the evaluation of the situation, to select the most effective strategy to tackle attempt. It must be regarded that having a negative affect mundane mood can act as a strong motivating factor to provide the context of temptation or substance abuse. While most patients complain about this condition and express in order to combat or eliminate their grievances and the dull state of desperate after drug quitting have used drugs. Also, negative affect situations involving unpleasant emotions, such as depression are a major cause of relapse. The use of healthy coping skills would be useful in the prevention and treatment of these conditions. Training these solutions plays an important role in controlling

internal triggers, gradually by reducing negative emotions; they will learn strategies better to cope with negative or stressful events.

Researchers (Sandler, Tien and West, 1994, quoted by Mohammadi and Sahebi, (2000), Ma Moran and colleagues (2006) and Elliott *et al.*, (2009)) Researchers has known avoidant coping associated with higher levels of psychological symptoms, negative affect, and depression which are congruent with the results of this study. One reason for choosing emotional or avoidance strategies is that the individual has not identified the problem exactly. Problem solving skills in their first step, is seeking to increase the skills of the individual in recognizing the problem. In addition, avoidance and emotional sometimes are rooted in the individual's inability to find different solutions. By teaching method of problem solving, instead of avoiding problems and put a lid on them, they can try to solve the resultant (Nezu and Nezu, 2001). Inefficient methods of coping are health threats and are associated with negative emotions such as anxiety and depression. Then it would bring avoidance and withdrawal of coping with problems (quoted by keshavarz *et al.*, 2011). Accordingly, this method can be offering as an effective intervention for addiction treatment specialists.

This study limitations, including suffice to 5 sessions, lack of training packages based on scientific research in the field of addiction treatment problem solving, non-uniform demographic characteristics, the sample (self-referred drug users) that cannot reagents are all addicts. It is hoped by using a more accurate method of sampling, these shortcomings which is in most studies in the field of addiction will be addressed. It is suggested that the logic of using this skill be explained to client in

each session and he would be asked the only skilled at problem solving sessions to the formation of healthy new deal and it should be insisted on correct performance and being on time to assignment between sessions. Development of appropriate tools for measurement of problem solving in different groups depending on the types of materials should be prepared. Training packages in the field of problem-solving skills and styles that suit particular groups of addictive substances, based on the latest scientific methods to improve the welfare of the people and also at the community level, be developed.

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