

Effect of Psycho-Educational Program on the Quality of Life and Coping Patterns of Substance related disorders Patients

¹Amal Adly Mohammed, ²Maaly Ibrahim El malky and ³Fathyeya Said Sayed

(1) Infection Control Officer in Behera Governorate, (2) Professor of Psychiatric and Mental Health Nursing, Menoufia University Egypt and (3) Assistant Professor of Psychiatric and Mental Health Nursing - Benha University, Egypt.

Abstract

Background: Substance abuse is one of the most important social deviations, which is foundation of many social damages and problems at the community level. Every part of the substance abuser's life as social life, family life, work productivity, physical health and personal relationships is affected. **Aim of the study:** To evaluate the effect of psycho-educational program on quality of life and coping patterns of substance related disorders patients. **Study design:** A quasi-experimental design was utilized. **Setting:** The study was conducted at the outpatient clinics for addiction at the Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate, which is affiliated to General Secretariat of Mental Health in Egypt. **Study subjects:** A convenience sample of 40 substance abusers was included. **Tools of data collection:** Three tools were used for data collection; **Tool (1)** Structured interview questionnaire sheet was used to collect data about socio demographic and clinical characteristics of the studied sample, **Tool (2)** Quality of life scale and **Tool (3)** Coping patterns questionnaire sheet. **Results:** There was a highly statistically significant improvement in total score of quality of life and total score of coping pattern between pre and post implementation of the program. **Conclusion:** The psycho-educational program had a positive effect on enhancement of quality of life and coping pattern among substance related disorder patients. **Recommendations:** Conducting psycho-educational program that educated substance abuser about causes, early detection, prevention and management of addiction and how to cope with their problems effectively.

Keywords: Coping pattern, Psycho-educational program, Quality of life, Substance abuse

Introduction:

Substance abuse is a patterned use of a substance (drug) in which the user consumes the substance in amounts or with methods which are harmful to themselves or others. Use of these drugs may lead to criminal penalty in addition to possible physical, social, and psychological harm. There are many cases in which criminal or antisocial behavior occur when the person is under the influence of a drug. Long term personality changes in individuals may occur as well (Haber & AL-Juboori, 2018).

Substance dependence is a disorder just

like any other that could affect anyone and the person needs help and care to be able to overcome it. Some of the most noticeable symptoms of drug use are those that affect certain physiological processes. For example, the body tolerance to a drug develops when a drug is used long or often enough that it adapts to the consistently elevated presence of the substance. When tolerance grows, increased or strengths are required to achieve the previous effects (Longabaugh & Morgenstern, 2016).

Quality of Life (QOL) is the degree to which an individual is healthy, comfortable, and able to participate in or enjoy life

events. The term quality of life is inherently ambiguous, as it can refer both to the experience an individual has of his or her own life and to the living conditions in which individuals find themselves. Hence, quality of life is highly subjective (Botvin, 2018). Quality of life is increasingly recognized as central to the broad construct of recovery in patients with substance use disorders. However, few longitudinal studies have evaluated changes in QOL after Substance Use Disorders (SUD) treatment and included patients with SUD that were compulsorily hospitalized (Ashu-Ngang, 2020).

Coping patterns are learnt behavioral patterns, used mechanisms and positive coping patterns. Many people use coping mechanisms to benefit in a positive way. However, persons are not always able to cope with the difficulties that we face (Marlatt, 2015). A coping pattern could accurately be looked upon as a type of addiction. Like most habits, coping patterns have an addictive quality to them. Substance abusers feel some degree of compulsion toward them, and experience some level of difficulty in resisting them. Persons tend to use a coping pattern as a distraction, a crutch that is leant on as a way of avoiding stress. These activities, then, are no longer true choices but rather, unconscious habits that often prevent us from dealing directly with stress and are therefore harmful to our well-being (Tapert, 2019).

Educational programs for the prevention of drug abuse should take into account levels of drug use among individuals and in society risk and protective factors, gender, ethnicity, culture, language, developmental level, ability level, religion and sexual orientation. Interacting with an addict patient in a way that acknowledges the reality of backgrounds and experiences

creates opportunities for a meaningful addict patient input to education for drug abuse prevention programmers (Bell, 2020).

Significance of the study:

In fact, the drug problem is among the challenges that cost a negative shadow in society, not only because it targets age groups of young people and affects future but also because it involves a social and economic cost, which makes it necessary to combat, not only on the treatment side, but it has also become important to focus on the awareness aspect. Substance abuse increases the crime rate, auto accident deaths, number of addict patient pregnancies and suicidal rate. Individuals and families are destroyed. Physical health is affected by substance use. In work environment, substance abuse increases accidents, works compensation claims, theft and school absenteeism (Dion, 2019).

Prevalence of substance abuse in Egypt varies between 7.25% and 14.5%. Prevalence in males is 13.2%, while 1.1% in females. The most common drug misused in Egypt is cannabis, alcohol comes second. Smoking is the most common route (smoking type or route) and peer pressure is the most common cause (World Health Organization, 2018). So, it is important to carry out a psycho-educational program to addict patient for protection against substance abuse.

Aim of the study:

The study aimed to evaluate the effect of psycho-educational program on quality of life and coping patterns of substance related disorders patients.

Research hypothesis:

Implementing a psycho-educational program will have a positive effect on the quality of life and coping patterns of addict patients.

Effect of Psycho Educational Program on the Quality of Life and Coping Patterns of Substance related disorders Patients

Subjects and method:

Research design:

A quasi-experimental design was utilized to achieve the aim of this study.

Study setting:

The study was carried out in Psychiatric Mental Health Hospital in Banha City, Qaliubiya Governorate which is affiliated to the general secretariat, in which there is addiction inpatient wards and outpatient clinics.

Study Subjects:

A convenience sample of 40 substance abusers was included.

Tools for data collection:

Three tools were used for data collection.

Tool (1): Socio demographic data & occupational data questionnaire: It was developed by the researcher under the guidance of the supervisors and consisted of two parts:

Part 1: Socio demographic data: To elicit data about patients and their characteristics such as: sex, age, level of education, marital status, job, residence and income.

Part II: Occupational data

Tool (2): Quality of life scale: It was adapted from **Holahan, (1987)** and consisted of 30 questions to measure quality of life. Responses were measured based on three-point Likert scale as follows; (3) for agree, (2) for sometimes, and (1) for disagree.

Scoring system

The level score of quality of life was categorized as follows;

- High level of quality of life: 60% or more
- Low level of quality of life: less than 60%

Tool (3): Coping Patterns Questionnaire:

It was adapted from **Folkman, (1986)** to assess cognitive, emotional, and behavioral emotional approaches. This questionnaire is

divided into eight subscales including 66 items to measure coping patterns.

Scoring system

Each item of the scale was based on four-point Likert scale as follows; (0) for not used, (1) for used somewhat, (2) for used quite a bit, and (3) for used a great deal. Subjects with a total score of positive response in each item reaching more than 75% or were considered to have high level of using coping pattern and the patients using coping pattern considered moderate if the percentage from (50 to less than 75 %) and considered low if the percentage less than 50%.

Content validity:

To achieve the criteria of trust worthiness of the data collection tools in the study, tools were tested by 5 experts in psychiatric mental health nursing specialties at Banha University to ascertain relevance, clarity and completeness of the tools. Based on experts' comments and recommendations, modifications had been made such as rephrasing and re-arrangement of some sentences.

Reliability of tools:

The reliability of tools was assessed through measuring the internal consistency by Cronbach Alpha Coefficient test and was 0.873.

Pilot study:

The pilot study was carried out on (5) nurses who represented 10% of total sample of patients. The pilot study was done to assess the applicability, clarity and time needed to fill each sheet, completing the sheet consumed about 10-15 minute. The pilot study sample was excluded from the total sample.

Ethical considerations:

Before conducting the study, the participants were assured about confidentiality and anonymity of their obtained information throughout the study.

They were informed about their right to refuse to participate in the study and the right to withdraw from the study at any time. Approval to conduct the study and implementation of the program was obtained by submission of an official letter issued from the Dean of Faculty of Nursing Benha University to the manager of Benha Teaching Hospital.

Field work:

The actual field work of the study was divided into four phases:

Assessment phase:

After obtaining the acceptance of addict patients to participate in the present study, tools of the study were distributed to the studied subjects on individual basis and the subjects were asked to fill the questionnaire in the presence of the researcher for any clarification. Each patient took about 10 minutes to fill the questionnaires. The data collected in this phase were utilized as assessment data that served in preparing the program, and later for evaluating the effectiveness of the program in the post-test and follow up phases.

Planning Phase:

After reviewing recent literature, the program content was developed by the researcher in the form of booklet. The psycho-educational program consisted of theoretical and practical parts in which each had a set of specific objectives.

Implementation Phase:

Data collection of this study was carried out in the beginning of July 2021 to the end of September 2021. The researcher collected data, two days/ week (Monday and Tuesday) from 9 A.M. – 12 P.M. The researcher worked with 5 groups, each group has 8 addict patients. The researcher met five groups per day for three days and the researcher gave only one session per day for each group. Each group received one

session/day /week which lasted for about 45-60 minute and 10 minutes for break (one group on Monday and the another group on Tuesday) for three months.

The program sessions were conducted in an unoccupied classroom inside the out-patient clinics that contains an appropriate number of seats. To ensure that the addict patients understood the program contents, each session was started with a summary about what was given through the previous session, and the objectives of the new session were mentioned taking into consideration using simple language to suit addict patients. During the session, the researcher used demonstration, and modeling by the researcher and one addict patient to practice skills in the psych-educational program.

After that, the researcher used re-demonstration of the skill by each addict patient to master the skill. After finishing, the researcher thanked the substance related disorders patients for participation and encouraged them for asking about any unclear points. Moreover, the researcher made a summary at the end of the session and told the substance related disorders patients about the time of the next session.

Strategies of Program implementation:

- **Method of teaching:** Lecture, Interactive Group discussion, demonstration and role play.
- **Media:** Booklet, videos, pictures.
- **Method of Evaluation:** Feedback through oral questions.

Educational program:

The Psycho-educational program consisted of 12 sessions as following:

- **Introductory and evaluation sessions** (2 sessions)
- **Theoretical part:** Knowledge booklet was given to patients (3 sessions)

Effect of Psycho Educational Program on the Quality of Life and Coping Patterns of Substance related disorders Patients

- **Practical part:** Demonstration and re-demonstration was done for patients (7sessions)

General Objectives of the psycho-educational program:

- Improving quality of life and coping pattern of substance related disorders patients.
- Helping substance abusers to create a new life through the skills they have learned.
- Helping substance abusers to feel able to live and accept others without resorting to drugs .

Specific Objectives of the psycho-educational program:

At the end of the psycho educational program implementation, the addict patient will be able to:

- Identify the meaning of addiction
- List the causes of addiction
- Identify the signs and symptoms of addiction
- Explain the Complications of substance abuse
- Define quality of life
- List the effect of substance abuse disorder on of patient
- Identify ways to improve the quality of life
- definition of coping pattern
- List the effect of substance disorder on coping pattern of patients.
- Mention methods of therapy regarding substance abuse
- Apply of relaxation technique (deep breathing exercise)
- Improve the problem solving skills
- The practice of anger management
- The practice of stress management
- Demonstrate the steps of progressive muscles relaxation technique
- Explain importance of using physical exercises

Statistical analysis:

The collected data were organized, analyzed using appropriate statistical significant tests. The data were collected and coded using the Computer Statistical Package for Social Science (SPSS), version 20, and was also used to do the statistical analysis of data. Data were presented using descriptive statistics in the form of frequencies and percentages. Chi-square, Pearson and (t) tests were used to compare frequencies and correlation between study variables and using anova test for measuring quantity. Degrees of significance of results were considered as follows:

- p-value > 0.05 Not significant (NS)
- p-value ≤ 0.05 Significant (S)
- p-value ≤ 0.01 Highly Significant (HS)

Results:

Table (1): Reveals that, all the studied sample were males, more than one third (45%) were between 28-38 years old with mean and standard deviation 27.38 ± 9.2 , half of the studied sample (50%) had intermediate education, half of the studied sample (50%) had a work and more than one third (45%) started addiction at adolescent.

Table (2): Displays that, all studied sample (100%) and 95% perceived that the main causes of addiction were failure to satisfy the psychological and social needs of young people. and lack of awareness about the dangers of the drug addiction and its devastating effects respectively .

Figure (1): Clarifies that, only 55% of the studied subject had good quality of life at pre-implementation of the program, and then improved to 90% at post implementation of the program.

Figure (2): Display that, only 2.5% of the studied addicts had good coping pattern at pre implementation of the program that improved

to 90% post program implementation, with statistical significant difference ($P=0.000$).

Table (3): Shows that there was a statistically significant relation between causes of addiction "Anxiety and depression, improve memory and learning ability, aggressive, affected self-confidence, pessimism, personality disorder, sleep disorder, forgetting, drug dependence and total quality of life at post implementation of the program.

Table (4): Indicates that there was a statistically significant relation between causes of addiction" Absence of family control, increased income in the family, the weakness of religious faith" and total coping skills at post implementation of the program.

Table (5): Shows that there was no significant correlation between mean score of coping pattern and total mean score of quality of life among the studied addict patients pre the program implementation.

Table (6): Shows that there was a highly significant positive correlation between total mean score of coping pattern and total mean score of quality of life among the studied addict patient post the program implementation.

Effect of Psycho Educational Program on the Quality of Life and Coping Patterns of Substance related disorders Patients

Table (1): Frequency distribution of socio-demographic characteristics of the studied addict patients (n= 40)

Demographic characteristics of Addict patients	No.	%
Gender		
Male	40	100
Age		
18 < 28	10	25.0
28 < 38	18	45.0
38 < 48	6	15.0
48 or more	6	15.0
Mean± SD	27.38± 9.2	
Educational level		
Illiterate	0	0.0
Reads and writes	6	15.0
Primary school	7	17.5
Intermediate education	20	50.0
University education	7	17.5
Addiction age		
Childhood	7	17.5
Adolescent	18	45.0
Adulthood	15	37.5
Job		
Student	14	35.0
Work	20	50.0
Does not work	6	15.0

Table (2) Frequency distribution of the causes of addiction among the studied addict patients (n= 40)

Causes of addiction	No		Yes	
	No.	%	No.	%
*What is the cause of addiction?				
1- The weakness of religious faith	30	75.0	10	25.0
2- Disintegration of the family	36	90.0	4	10.0
3- Increase free time	40	100.0	0	0.0
4- Bad buddies	33	82.5	7	17.5
5- Absence of family control	29	72.5	11	27.5
6- Young people's lack of awareness of drug damage and its devastating effects	2	5	38	95
7-Boredom from studying and lack of places for recreation	32	80.0	8	20.0
8- Increased income in the family	28	70.0	12	30.0
9-Failure to satisfy the psychological and social needs of young people	0	0	40	100
10-All of the above	33	82.5	7	17.5

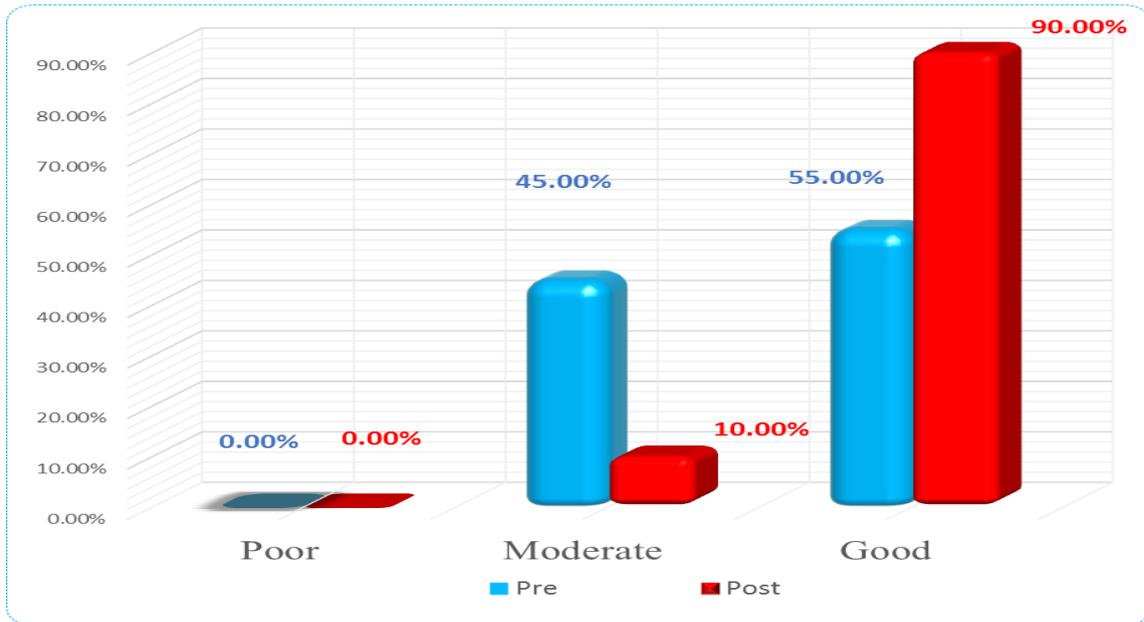


Figure (1): Total score of quality-of-life scale

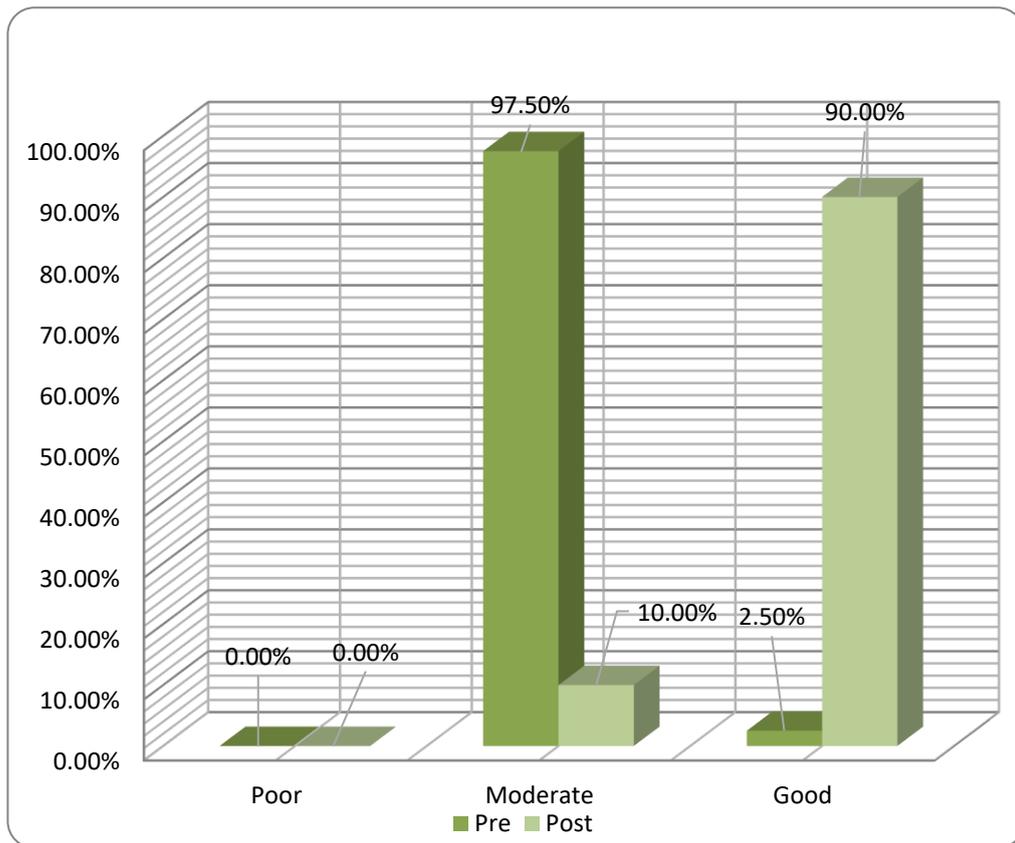


Figure (2): levels of total coping skills among the studied addicts

Effect of Psycho Educational Program on the Quality of Life and Coping Patterns of Substance related disorders Patients

Table (3): Relation between addict patients' total quality of life score and causes of addiction post the psycho-educational program implementation (n = 40)

Causes of addiction		Total quality of life						X ²	P-value
		Poor		Moderate		Good			
		No.	%	No.	%	No.	%		
The weakness of religious faith	No	0	0.0	4	80.0	26	74.3	.076	0.633
	Yes	0	0.0	1	20.0	9	25.7		
Disintegration of the family	No	0	0.0	4	80.0	32	91.4	0.635	0.027
	Yes	0	0.0	1	20.0	3	8.6		
Increase free time	No	0	0.0	5	100.0	35	100.0		
	Yes	0	0.0	0	0.0	0	0.0		
Bad buddies	No	0	0.0	4	80.0	29	82.9	0.025	0.639
	Yes	0	0.0	1	20.0	6	17.1		
Absence of family control	No	0	0.0	3	60.0	26	74.3	5.44	0.022
	Yes	0	0.0	2	40.0	9	25.7		
Young people's lack of awareness of drug damage and its devastating effects	No	0	0.0	5	100.0	29	82.9	1.00	0.423
	Yes	0	0.0	0	0.0	6	17.1		
Boredom from studying and lack of places for recreation	No	0	0.0	5	100.0	27	77.1	1.42	0.306
	Yes	0	0.0	0	0.0	8	22.9		
Increased income in the family	No	0	0.0	4	80.0	24	68.6	0.27	1.000
	Yes	0	0.0	1	20.0	11	31.4		
Failure to satisfy the psychological and social needs of young people	No	0	0.0	0	0.0	0	0.0		
	Yes	0	0.0	1	20.0	9	25.7		
All of the above	No	0	0.0	4	80.0	29	82.9	0.025	0.639
	Yes	0	0.0	1	20.0	6	17.1		

Table (4): Relation between addict patients' total coping pattern and causes of addiction post the psycho-educational program implementation (n = 40)

Causes of addiction		Total coping skill post							
		Poor		Moderate		Good		X ²	P-value
		No.	%	No.	%	No.	%		
The weakness of religious faith	No	0	0.0	9	81.8	21	72.4	0.376	0.032
	Yes	0	0.0	2	18.2	8	27.6		
Disintegration of the family	No	0	0.0	10	90.9	26	89.7	0.014	0.700
	Yes	0	0.0	1	9.1	3	10.3		
Increase free time	No	0	0.0	11	100.0	29	100.0		
	Yes	0	0.0	0	0.0	0	0.0		
Bad buddies	No	0	0.0	9	81.8	24	82.8	0.005	0.636
	Yes	0	0.0	2	18.2	5	17.2		
Absence of family control	No	0	0.0	10	90.9	19	72.5	7.579	0.010
	Yes	0	0.0	1	9.1	10	34.5		
Young people's lack of awareness of drug damage and its devastating effects	No	0	0.0	10	90.9	24	82.8	0.416	.464
	Yes	0	0.0	1	9.1	5	17.2		
Boredom from studying and lack of places for recreation	No	0	0.0	10	90.9	22	75.9	1.129	0.279
	Yes	0	0.0	1	9.1	7	24.1		
Increased income in the family	No	0	0.0	9	81.8	19	65.5	4.009	0.079
	Yes	0	0.0	2	18.2	10	34.5		
Failure to satisfy the psychological and social needs of young people	No	0	0.0	0	0.0	0	0.0		
	Yes	0	0.0	4	36.4	6	20.7		
All of the above	No	0	0.0	10	90.9	23	79.3	0.743	0.364
	Yes	0	0.0	1	9.1	6	20.7		

Effect of Psycho Educational Program on the Quality of Life and Coping Patterns of Substance related disorders Patients

Table (5): Correlation between total mean score of coping pattern and total mean score of quality of life among the studied addict patients pre the psycho-educational program implementation (n= 40)

Items	R	P- value
Coping skill & quality of lif	0.145	0.373

Table (6): Correlation between total mean score of coping pattern and total mean score of quality of life among the studied addict patients post the psycho-educational program implementation (n= 40)

Items	R	P Value
Coping skill & quality of life	0.60	0.007**

Discussion:

Substance abuse is unique psychiatric disorder given that genetic vulnerability can lead to disease. It defined as the use of a drug in amounts or by methods which are harmful to the individual or others. It characterized by daily intoxication, inability to reduce consumption, and impairment in social or occupational functioning. Differing definitions of substance abuse are used in public health, medical and criminal justice contexts. When the person is under the influence of a drug long-term personality changes in individuals may also occur (Bell & Ramchand, 2021).

The present study revealed that, more than one third studied sample their age ranged between 28<38 years with mean age 27.38± 9.2 year. This finding could be due to inability to cope with interpersonal stressors, , delayed age of marriage, failure to find satisfying job, or social support, lack of meaningful goal for life, absence of future plan, limited financial resources and inability to meet demands of marriage.

This result agreement with Markey, (2018) who found that, most of studied sample from the age group between 28-38. Also this result was in agreement with Farag, (2019) who found that, most of addicted patients from age group thirty to less than forty years, mean age 33.88 ± 7.20 years.

As regard, the educational level the current study showed that half of studied sample had intermediate education. From the researcher's point of view, this finding could illustrate that intermediate education may be particularly vulnerable to long-term substance abuse problems due to lack of knowledge about the negative impact of substance use.,

The results of this study showed that more than one third of the studied sample are beginning addiction at adolescent, it could be due to the adolescent usually starts with smoking which is the beginning of addiction, also as under pressure, and doing this as solution for this problem. This finding is in agreement with Lamborn, (2018) who stated

that that adolescents start using drugs at an early age, and also report that the earlier the individual starts using hashish. Also **Crowley, (2019)** who stated that adolescence begin abusing prescription drugs at age 13 or younger develop a substance use disorder at some time in their lives. Tobacco, alcohol, and marijuana are the first addictive substances most people try. This finding is disagreement with **Bhushan, (2018)** who stated that adolescents start using drugs at 14-16 age, and also report that the earlier the individual starts using alcohol.

Moreover, results of the current study showed that, half of the studied sample had a work found that the majority of substance abuse clients had job. This could be due to lack of social and vocational coping, feeling of burden or job related stress. These results agree with **Crowley, (2018)** who mentioned that near to two third of his studied sample were worked and **Bruch, (2016)** who found that the majority of substance abuse clients had job. This could be due to lack of social and vocational coping, feeling of burden or job related stress.

Regarding quality of life among studied sample pre and post program implementation, the current study results indicated that there was a highly statistically significant improvement in the mean score of all items of quality of life post psycho educational nursing program than pre intervention program. In addition, the preset study findings reported that more than half of the studied patients had high quality of life level post implementation of psycho-educational nursing program compared to only 55% who had high quality of life before implementation of the program with a statistical significant difference.

Regarding coping pattern among studied sample pre and post program implementation. The current study results indicated that there

was marked improvement in the mean score of all items of coping pattern post intervention than pre intervention, with statistical significance difference between pre and post implementation of psycho-educational nursing program.

As regards relation between causes of addiction and their total quality of life intervention of the psycho- educational nursing intervention program, the current study results demonstrated that there was statistically significant difference between quality of life and both of causes of addiction. These results may be due to awareness of the addict patients which had been created through psycho social intervention program for protection against substance abuse. Also, it might be due to the intervention program sessions provide addict patients with special information about substance abuse such as the causes of substance abuse, the types and methods of prevention, and therefore their information increases after undergoing the program, this reflects the success of the program in fulfilling the gap of addict patients' knowledge. This result was in accordance with **Farag, (2019)** who mentioned there was significant relationship quality of life and causes of addiction.

Regarding, relation between causes of addiction of the studied patients and their level of coping pattern at post intervention, the current study demonstrated that there was highly statistically significant difference between level of coping pattern of the studied patients and their coping pattern. This result was in accordance with **Farag, (2019)** who mentioned that there was highly significant relationship between coping pattern and long term harmful effect of substance abuse. Also, this result was in accordance with **Markey, (2018)** who mentioned that there was significant relationship between coping

Effect of Psycho Educational Program on the Quality of Life and Coping Patterns of Substance related disorders Patients

pattern and long term harmful effect of substance abuse. While was in disagreement with **Botvin, (2018)** who mentioned that there was no statistical significant relationship between long term harmful effect of substance abuse of the studied sample and coping pattern.

As regards correlation between quality of life of the studied patients and total coping pattern at post intervention of psycho-educational program, the current study demonstrated that there was a highly positive significant correlation between total mean score of quality of life of the studied patients and total mean score of coping pattern at post intervention of psycho-educational program. This indicates that higher quality of life level was accompanied with positive results for coping pattern.

This result was in accordance with **Heidari & Ghodusi, (2016)** who mentioned that substance abuse influenced peoples' quality of life in their personal lives because substance abuse leaves many negative impacts on the coping pattern via the cognitive and psychological alterations it causes. Low quality of life led to feeling of failure, dissatisfaction of one's role in the society, dissatisfaction of quality of life, impaired interpersonal skills, social interactions and social adjustment. So, improved of positive quality of life is extremely important for good coping pattern for individual in society.

Conclusion:

Substance abuse influenced people's quality of life and coping pattern. Poor quality of life leads to feeling of failure, dissatisfaction of one's role in the society, impaired interpersonal skills, social interactions and coping pattern. The psycho-educational program had a positive effect on enhancement of quality of life and coping pattern among

substance abusers. There was a highly positive significant correlation between quality of life of the studied patients and their coping pattern post intervention of psycho-educational program.

Recommendations:

- The developed program should be implemented on a wider scale in the study settings and in similar ones to confirm its positive effects and improvement
- Hotlines must be available to solve immediate problems of adolescents.
- Available data should be used when designing and implementing a drug dependence treatment system.

References:

- Ashu-Ngang G. N. (2020).** Substance Use Disorder and Mental Health Issues (Doctoral dissertation, Brandman University).
- Bell, A. & Ramchand, S., (2021).** Comprehensive psychiatric nursing, chapter 4, 5th ed., Philadelphia: Mosby Company. Pp: 38-48.
- Bell, C., (2020).** Drugs of Abuse, A DEA resource guide, U.S. Department of Justice, chapter 4, Pp: 38-48
- Bhushan, D., (2018).** Substance Use Disorder as a Mitigation for Suicidality: A Depth Perspective (Doctoral dissertation, Pacifica Graduate Institute
- Botvin A., (2018).** High Risk Situations Predicting Relapse in Self-Referred Addicts to Bushehr Province Substance Abuse Treatment Centers. International Journal of High Risk Behaviors & Addiction. Calif.: ABC-CLIO 122–123. ISBN 978-157607-708-5.
- Bruch, Z., (2019).** Alcohol and Drug Services British Columbia, Ministry of Health and Ministry Responsible for Seniors, Strategic Priorities, Draft #4 .
- Crowley, E., (2019).** Nurse Therapist, Child and adolescent mental health Larkfield Child

& Family Centre (Invercl, director of NHS Greater Glasgow and Clyde, pioneering

Dion K., (2019). Perceptions of persons who inject drugs about nursing care they have received. *Journal of Addictions Nursing*, 30(2), 101-107.

El-Azzab, S. & El-Nady, A., (2021). Substance and drug abuse: Knowledge, attitude and perception of addict patient in Bangladesh. *Regional Health Forum, World Health Organization, South-East Asia Region*; 6: 59-71

Farag, F., (2019). Substance Misuse /Dependence. workshop. *Ain Shams Univ. vol (1). Institute of Psychiatry. Pp: 11-13*

Folkman, C., (1986). Substance Use Disorder as a Mitigation for Suicidality: A Depth Perspective (Doctoral dissertation, Pacifica Graduate Institute

Haber H. & AL-Juboori, A. K. (2018). Evaluation of Nurses' Knowledge about Substance Abuse at Psychiatric Teaching Hospitals in Baghdad City. *Nursing National Iraqi Specility*, 30 (1), 37-46

Heidari, A. & Ghodusi, C., (2016). Disorders relating to the use of PCP and hallucinogens' in Gelder (ed.,) *The New Oxford Textbook of Psychiatry*, Oxford University Press: Oxford

Holahan, F., (1987). Disorders relating to the use of PCP and hallucinogens Oxford University Press: Oxford

Lamborn, X., (2018). Substance Use Disorder as a Mitigation for Suicidality: A Depth Perspective (Doctoral dissertation, Pacifica Graduate Institute

Longabaugh, S. and Morgenstern, A. (2016). Personal attributes and attitudes to substance use disorder: A study among Jordanian undergraduate medical majors students. *Plos one*, 17(2), e0263442

Markey, J., (2018). Substance use during the pandemic. *Monitor on Psychology*, 52(2).<http://www.apa.org/monitor//substance-use-pandemi>

Marlatt, A., (2015).The role of the registered nurse working in substance use disorder treatment: A hermeneutic study. *Issues in mental health nursing*, 39(6), 490-498

Tapert, F., (2019). Drug use: a reference handbook. Santa Barbara Victoria, PP 1-12

World Health Organization, (2018). Early elementary school intervention to reduce conduct problems: A randomized trial with Hispanic and non-Hispanic children. *Prevention Science* 3(2):83–94, <http://www.ncbi.nlm.nih.gov/2922349>.

تأثير برنامج تعليمي نفسي على جودة الحياة وأنماط التكيف لدى مرضى الإدمان

آمال عدلى محمد- معالى ابراهيم المالكي- فتحية سعيد سيد

يعتبر تعاطي المواد المخدرة من أهم الانحرافات الاجتماعية ، والتي تشكل أساس العديد من الأضرار والمشاكل الاجتماعية على مستوى المجتمع. يتأثر كل جزء من حياة متعاطي المخدرات مثل الحياة الاجتماعية والحياة الأسرية وإنتاجية العمل والصحة البدنية والعلاقات الشخصية. تهدف هذه الدراسة إلى تقييم تأثير برنامج تعليمي نفسي على جودة الحياة وأنماط التكيف لدى مرضى الإدمان . تم استخدام التصميم شبه التجريبي في هذه الدراسة. تم إجراء الدراسة في مركز علاج الإدمان والعيادات الخارجية للإدمان بمستشفى الصحة النفسية والعقلية في مدينة بنها محافظة القليوبية التابعة للأمانة العامة. وقد شملت عينة البحث عدد ٤٠ مريض من مسيء استخدام العقاقير وتم اختيار العينة من داخل المستشفى (مركز علاج الإدمان وعيادة الإدمان). وقد أظهرت النتائج بوجود فروق ذات دلالة إحصائية عالية بين المستوى الكلى لجودة الحياة فى ما قبل وما بعد تطبيق البرنامج التعليمي النفسى بين المرضى، وكذلك كانت هناك فروق ذات دلالة إحصائية عالية بين المستوى الكلى لأنماط التكيف فى ما قبل وما بعد تطبيق البرنامج التعليمي النفسى بين المرضى. كما ان البرنامج التعليمي النفسى كان له تأثير ايجابى على جودة الحياة وأنماط التكيف لدى مرضى الإدمان. واوصت الدراسة بمساعدة مسيء استخدام العقاقير في التعرف على الافكار السلبية واستبدالها بأفكار أكثر واقعية وذلك لتحسين التفكير الإيجابي .