Abstract

Objective: This study was aimed to assess the effectiveness of positive psychotherapy based on quality of life in improving opiate addicts' quality of life. **Method**: A quasi experimental research design along with control group and pre-test, post-test and follow-up was employed for the conduct of this study. All the opiate addicts referring to treatment centers of Ardebil City in 2013 constituted the statistical population of the study and the number of 36 participants was selected as the sample via purposive sampling and randomly assigned into experimental and control groups. Quality-of-life-based psychotherapy was conducted on the experimental group in 8 sessions while the control group received no intervention. Quality of Life Questionnaire was used for data collection purposes. **Results**: The results suggested the effectiveness of the intervention in quality of life. **Conclusion**: This intervention, which is formed from the combination of positive psychology and cognitive-behavioral approach, can be used as an effective treatment method.

Keywords: Psychotherapy Based on Quality of Life, Positive Psychology, Quality of Life, Opiate Addicts

Effectiveness of Positive Psychotherapy in Improving Opiate Addicts' Quality of Life

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Introduction

In addition to drug abstinence in addicts, the consequences of addiction treatment methods and addicts' quality of life are also important. Addiction is associated with physical and mental damages and threatens the people's health and security. Research findings show that substance abuse and opiate use are associated with low quality of life (Feelemyer, Jarlais, Arasteh, Phillips & Hagan, 2014; Karow, et al., 2011; Pournaghash, Habibi & Imani, 2012). During the past three decades, attention to quality of life, as an important factor in evaluating the outcomes and effectiveness of treatment in physical and psychological diseases, has increased (Karow et al., 2010). Traditional approaches to assess the outcomes of psychological treatments or their effectiveness mostly focus on the disorder symptoms; and quality of life and related concepts have received less attention. However, changes in the signs and symptoms of disorders do not necessarily lead to change in the individuals' recovery (Maremmani, Pani, Pacini & Perugi, 2007). Quality of life is defined by several methods.

World Health Organization considers quality of life to be in relation to goals, expectations, standards, and affairs and also considers it as one's perception of life status in the field of culture and value system in which one lives (Katsching, 2006). Quality of life is a broad concept that is affected by a large number of factors, such as physical health, psychological state, and level of independence in relationships. Overall, quality of life contains different physical, mental, and social aspects that encompasses a wide range of one's life spectrum. In the area of addiction and substance abuse, researchers emphasize the need to a model that prevents serious outcomes and consequences of addiction. It is obvious that such a model should be multifaceted and entail physical, psychological, social, and environmental dimensions (Morales-Manrique, et al., 2007; Miller & Miller, 2009).

Since addiction is a multifactorial phenomenon, several rounds of treatment must be implemented so that an addict can gain complete recovery. There are two major categories, namely pharmacotherapy and psychotherapy in addiction treatment (Miller & Fapa, 2007). Although pharmacotherapy is considered one of the most common and effective approaches, it seems that this therapy alone is not sufficient and, thereby, the integration of other treatment methods, which focus on the patients' psychological dimensions and social and environmental relationships is required. Among the above-mentioned interventions, cognitive behavioral therapy is the preferred treatment for some of the mental disorders. This treatment enjoys some advantages, including time and energy economy, training of social skills, and improvement of interpersonal relationships. These advantages have led to the wide use of this treatment as the effective method for the treatment of drug dependent patients (Brink & Hassen, 2006).

Studies have shown that cognitive-behavioral approach is the most effective intervention among the available psychological interventions. This approach has an important role in reducing the relapse rate through the reduction of anxiety and depression, improvement of relationships with others, increase of self-esteem, and overall promotion of quality of life (Marllat & Owen, 2001). There is much evidence regarding the association between higher quality of life and more successful treatment of opiate addicts. It seems quality of life is improved after the initiation of treatment and during maintenance treatment (Maremmani et al., 2007) and the degree of quality of life increases in many areas after the treatment of substance abuse. For example, the person experiences less physical pain or spends more time with his/her family. This may have a great impact on other aspects of life (Reno & Aiken, 1993). Therapy based on the quality of life is a new treatment method in the field of positive psychology, which has been developed with the aim of production of well-being, enhancement of satisfaction with life, and treatment of mental disorders such as depression in the context of life. This therapy has been developed via the combination of Beck's cognitive therapy in clinical domain, Mihaly's activity theory, and Seligman's positive psychology together (Frisch, 2006). In addition to those with disorders such as depression, the normal and healthy people who want to experience a higher level of well-being, mental health and, quality of life constitute the target groups of this therapy (Frisch, 2006). Most experts in this field agree that quality of life looks at positive and negative facts of life together (Hogerty, Cummins & Ferriss, 2001, Commins, 2005). Quality of life therapy is a therapeutic approach to increase the quality of life and life satisfaction.

Satisfaction with life is described as one's assessment of the various aspects of his/her life (Frisch & Sanford, 2005; Frisch et al., 2005). In this model, treatment is accomplished with bringing cognitive-behavioral changes in five main concepts, entitled CASIO (the first five letters of the concepts), which include circumstance, attitude or the perceptions by someone, standards of fulfillment, importance, and overall satisfaction with life. CASIO includes five strategies to create satisfaction in various domains and raises the quality of life based on the creation of satisfaction between what an individual wants and what s/he has (Frisch, 2006). Therapy based on quality of life is an attempt to increase the professional self-care or inner wealth and prevent burnout. This therapy is aimed at enhancing happiness by paying attention to problems and actualization in all precious areas of life. In quality of life therapy, self-care is equal to inner wealth and is defined as a sense of deep relaxation, comfort, concentration, affection, consciousness, and preparation to face the daily challenges of life in a thoughtful, romantic, compassionate, and comprehensive manner (Frisch, 2006).

Since drug abuse and addiction are increasing, the phenomenon of addiction, referred to as the plague of the century, have many negative effects on all aspects of life in addition to its high financial costs. Since chronic and long-term disorders such as addiction, as a crisis in people's lives, may lead to reduced

quality of life in mental and physical dimensions, the type of psychological interventions to improve the psychological aspects of these people is of crucial importance. There is much evidence regarding the presence of a relationship between higher quality of life and more successful treatment among opiate addicts. Positive Psychotherapy model based on quality of life focuses on different aspects of people's lives and activates all the life domains. In this way, this model tries to improve quality of life by providing positive cognitive and psychological solutions. Accordingly, the present study aims to examine the effectiveness of positive psychology based on quality of life in improving the quality of life of the individuals addicted to opiate drugs by means of Frisch's therapy model (Quality of Life Therapy), which is an integrated combination of both cognitive therapy and positive psychology.

Method

Population, sample, and sampling method

A quasi-experimental research design along with control group and pre-test, post-test and follow-up was employed for the conduct of this study. All the opiate addicts referring to treatment centers of Ardebil City in 2013 constituted the statistical population of the study. From the population, the number of 36 participants was selected as the sample via purposive sampling and randomly assigned into experimental and control groups. The criteria for the inclusion of the participants in this study were as follows: primary diagnosis of opioid dependence, not suffering from any psychiatric disorders, such as psychosis, delusion, impulse control, and organic disorders; being male, aged in the range of 20 to 50 years old; the minimum level of primary education, non-use of antipsychotics at the time of treatment; and living with family. In addition, unwillingness to participate in the therapy sessions constituted the exclusion criteria of the study. Then, the participants in the experimental group were invited to attend the sessions after obtaining their written consent.

Instrument

Quality of Life Questionnaire: The questionnaire contains 24 questions and measures four areas of physical health, mental health, social relationships, and healthy environment (each of the areas consists of 7, 6, 3, and 8 questions, respectively). The first two questions do not belong to any of the areas and evaluate the overall health status and quality of life; therefore, this questionnaire encompasses the total number of 26 questions. After the conduct of the necessary calculations, a total score within the range of 4 to 20 is obtained for each area where the score 4 represents the worst status of each area and the score 20 represents the best status of each area. These scores can be converted to a score ranging from zero to 100. (WHOQO group, 1996). The reliability of this scale was reported to equal .77, .77, .75, and .84 for physical health, mental health,

social relationships, and healthy environment, respectively. Cronbach's alpha coefficients were also obtained equal to .70, .73, .55, and .84 for physical health, mental health, social relationships, and healthy environment, respectively (Nejat, Montazeri, Majdzadeh, Mohamad & Holakouee Naini, 2006).

Procedure

The experimental group received quality of life training based on the topics and goals of training sessions with the combination of positive psychology and cognitive-behavioral psychotherapy. Indeed, the number of eight one-hour training sessions was held (one session each week). However, the control group received no training and intervention. The contents of these sessions are presented in the table below.

Table 1: Content of quality of life training sessions (combination of positive psychology and cognitive-behavioral approach)

Session	*Brief description*
First	Introductory and acquaintance meeting, mention of the objectives and the introduction of the training course, discussion on quality of life and satisfaction with life, happiness, administration of the pre-test, feedback.
Second	Review of the previous session, definition of quality of life and introduction of its dimensions, discussion on the tree of life, discovery of some participants' problems, summary of the mentioned items, feedback.
Third	Review of the previous items, introduction of CASIO, starting from the dimension C as the first strategy, and its application in quality of life.
Fourth	Review of the previous items, discussion on CASIO, Introduction of A as the second strategy, and its application in quality of life.
Fifth	Review of the items mentioned in the previous session, continuation of discussion on CASIO, introduction of SIO as the third, fourth, and fifth strategies for the increase of satisfaction with life, teaching of fundamentals of quality of life.
Sixth	Review of the previous session, discussion on the principles of quality of life, provision of the principles and explanation on how to work with these principles to increase life satisfaction.
Seventh	Review of the previous items, continuation of discussion on principles of quality of life, discussion on the area of social relationships, and application of important principles in the area.
Eighth	A brief summary of the materials expressed during the previous sessions, conclusion of the items, teaching how to generalize CASIO in different circumstances, application of the principles of quality of life in different aspects of life, and administration of the post-test.

Results

The mean score for the age of the sample was 40 years. In terms of marital status, 75% of the participants were married, 20% were single and 5% were on the verge of divorce. In terms of education, 60% of the participants held middles school degrees to diploma degrees. In addition, 90% of the participants were employed and earned enough money. Descriptive statistics of quality of life are presented in the table below for each group.

Table 1: Descriptive statistics of quality of life for each group

Group	*Pre-test*		*Post-test*	
	Mean	***SD***	***Mean***	***SD***
Experimental	79.33	10.87	87.40	16.72
Control	71.65	15.33	7.68	16.43

Multivariate analysis of covariance was used to investigate the effectiveness of group therapy in quality of life. One of the assumptions of using MANCOVA test is the equality of variance-covariance matrix. Box test results suggest that this assumption has been met (P > .05). The results of MANCOVA indicated the existence of a significant difference in the linear combination of components between the two groups (Eta squared = .36, P<.01, F = 6.36, Wilks Lambda = .43). ANCOVA was used to examine differences in patterns as follows.

Table 1: Univariate analysis of variance results representing the effectiveness of psychotherapy in quality of life

Component	***F***	***Sig.***	***Eta squared***	***Statistical power***
Physical health	12.240	.001	.34	.91
Mental health	5.650	.016	.24	.72
Social relations	4.95	.041	.18	.27
Environmental Circumstances	3.33	.148	-	-

As it can be observed in the above table, psychotherapy based on quality of life has been effective in the improvement of physical health (P<.001, F = 12.420), mental health (P<.05, F = 5.650), and social relationships (P<.05, F = 4.95).

Discussion and Conclusion

The present study was conducted with the aim of exploring the effectiveness of positive psychotherapy based on quality of life in the improvement of quality of life among opiate addicts. The results showed that psychotherapy based on quality of life has been effective in improving quality of life in post-test stage. In the literature, no specific study was found that show training of psychotherapy based on quality of life affects addicts' quality of life. However, the results of this study were compared with other studies since this therapy is an amalgamation of cognitive therapy and positive psychology. In this regard, the results of the current study regarding the effectiveness of cognitive behavioral

therapy in the improvement of opiate addicts' quality of life are consistent with the results of studies undertaken by Sugarman, Nich, & Carroll (2010), Osilla, Hepner, Muñoz, Woo & Watkins (2009), Driessen & Hollon (2011), and McHugh, Hearon & Otto (2010). To explain the above results, one can argue that quality of life is a complex, general, and multi-faceted concept that hinges upon the patient's physical and social conditions in addition to his/her mental interpretation. Therefore, it seems that it is necessary to administer a long-term and comprehensive intervention on not only the patient's psychological dimension, but also physical, social, and environmental dimensions should be assigned credit. Psychotherapy based on quality of life is done by brining cognitive-behavioral changes within five main areas, namely life circumstances, attitude or the perceptions by someone, standards of fulfillment, importance, and overall satisfaction (Frisch, 2006). Considering these areas and based on cognitive behavioral theory, drug dependence like other behaviors consists of a series of behaviors that have been learned through imitation of models. In fact, these behaviors have been acquired as a result of understanding the immediate outcomes of drug use, such as reduction of anxiety and depression, pain relief, and the enhancement of the ability of social interaction. Therefore, the most important goal of treatment is to identify critical antecedents and train the effective methods to the addicts so that they can rupture their connection with drugs. In addition, management skills of control over negative mood and anxiety and anger curb are emphasized. In this study, the effectiveness of the therapy in different aspects of addicts' quality of life, including physical, psychological, social relationships, and environmental conditions is in alignment with those findings that have proved the effect of cognitive behavioral therapy on opiate addicts' quality of life (Momeni, Moshtagh & Poorshahbaz, 2013). In this regard, another survey also showed that positive-oriented psychotherapy not only provides positive resources, but it can also have an interactive effect on negative symptoms among addicts and can act as a bulwark against the recurrence of these symptoms (Kordmirza Nikoozadeh, 2011). Based on the research findings, cognitive-behavioral approach is the most effective intervention among the available psychological interventions. This approach has an important role in reducing the relapse rate through the reduction of anxiety and depression, improvement of relationships with others, increase of self-esteem, and overall promotion of quality of life (Marllat & Owen, 2001). Psychotherapy based on quality of life applies its own tenets, including acceptance & loving self-body, failure share, going beyond schema & behaviors raised from original family, habit of happiness, sense of humor, rumination, individual wisdom, attention to positive points of the self, sound entertainments, and several other tenets. In this way, this approach helps people (here, opiate addicts) increase their marital satisfaction and quality of life through attitudinal changes, affect, and joy (Frisch, 2006).

In addition to working on documents, quality of life therapy provides some guidelines and principles to increase happiness and enhance problem-solving ability. It also replaces positive thinking with old thoughts by means of positive psychology and its principles. Considering the above-mentioned points and given that cognition, joy, and positive and negative affects are associated with quality of life; it can be claimed that positive psychotherapy based on quality of life is effective in opiate addicts' quality of life. Accordingly, the results of this study can be dealt with as an appropriate and effective model for the improvement of quality of life and it is suggested that the model be used in the treatment of substance abusers. The unfeasibility of long-term follow-up, selection of the participants from the drug users in private sectors of Ardabil City, employment of self-report methods for data collection, and the few number of therapy sessions were the limitations of the study. Therefore, it is recommended that future studies be conducted on larger samples. In addition, long-term follow up can be done to evaluate the effectiveness of treatment in the long run.

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