

Abstract

Objective: The current study was an attempt to examine the effectiveness of group therapy with transactional analysis (TA) approach in the reduction of addiction severity among female patients treated by methadone. **Method:** A quasi-experimental research design along with pretest-posttest and control group was used in this study. The statistical population of this research consisted of all female drug addicts presented to one of the addiction treatment centers in Mashhad in 2016. From among this population, a total of 40 female patients undergoing methadone treatment were selected via purposive sampling method and were randomly assigned to two experimental and control groups. Addiction Severity Index and demographic characteristics. For data collection purposes questionnaires were the instruments used in this study. The group therapy intervention with transactional analysis was administered to the experimental group for 10 two-hour sessions (one session per week). **Results:** The results of this study showed that there was a significant difference between the two groups in terms of the severity of addiction ($P < 0.001$). Similarly, the analysis of each variable showed that the difference between the two groups was significant in terms of psychiatric status, drug use, and alcohol consumption ($P < 0.001$). **Conclusion:** According to the results of this study, it seems that group therapy with transactional analysis approach is effective in reducing the addictive severity in women undergoing methadone treatment.

Keywords: transactional analysis, addiction severity, methadone

On the Effectiveness Transactional Analysis (TA) Approach in the Reduction of Addiction Severity among Female Patients Treated by Methadone

Neghibi, H.; Khazaei, O.; Khazaei, F.;
Ranjbar Soodjani, Y.

Neghibi, H.

M.A. in Clinical Psychology, Islamic Azad University, Torbat-e Jam Branch, Torbat-e Jam, Iran, Email: Naghibi1991@gmail.com

Khazaei, O.

M.A. in Consultation, Zahedan University of Medical Sciences, Zahedan, Iran

Khazaei, F.

M.A. in Clinical Psychology, Islamic Azad University, Torbat-e Jam Branch, Torbat-e Jam, Iran

Ranjbar Soodjani, Y.

M.A. in Psychology, Membership in Young and Elite Researchers Club, Shahr-e Kord Islamic Azad University, Shahr-e Kord, Iran



Research on Addiction Quarterly Journal of Drug Abuse

Presidency of the I. R. of Iran
Drug Control Headquarters
Department for Research and Education

Vol. 11, No. 41, Spring 2017
<http://www.etiadpajohi.ir>

Introduction

Drug addiction is one of the most important health and social problems in the current century, which is considered as the most significant intellectual concerns and one of the worst social traumas. Addiction not only causes severe physical and mental traumas for an individual, but also leads to many social traumas, such as divorce, delinquency, and unemployment. Many studies have shown that most drug abusers simultaneously suffer from many other physical illnesses. In addition, these people are more likely to die. This is how drug abusers live approximately 13.8 years less than others (Nick Ferjam, Momtazi, Jafari & Khosravi, ۲۰۱۲). Diagnostic and Statistical Manual of Psychological Disorders, the fourth edition of the revised version, describes addiction as an incompatible pattern of the substance use that can lead to clinically significant disorders or depression. This disease begins with the consumption of a substance and due to the body's dependence on it continues over time, so that the consumer cannot endure non-consumption. Every time, in order to be able to maintain normal daily routines, s/he has to consume the drug. Over time, and due to the long-term effects of substances on the brain function, searching for the drug becomes compulsive and leads to a wide range of behavioral, psychological, social, and physiological dysfunctions that prevents normal behavior and function in the family, the workplace, and in the wider community (Sadock, & Sadock, 2007). There is a constant tendency or unsuccessful attempts to reduce or control drug use. It takes a long time to obtain drugs (such as visiting different physicians or driving long distances), to use drugs (such as smoking continuously) or to recover from its consequences. Due to the extreme abuse of materials, important social, occupational, or recreational activities are reduced. Despite being aware of the persistent or recurrent mental or physical problems, drug abuse and its persistence are observed. That is due to the irregular use of the substance (Ranjbar Soodjani, Sharifi & Khazaei, 2016).

Dependence and addiction to drugs are dramatically expanding in the world. In 2010, the United Nations on Drugs and Crime estimated the number of drug addicts in the world to be more than 220 million. In Iran, there are different and sometimes contradictory statistics of the extent and prevalence of drug addiction. According to the Ministry of Health report in 2012, there are two to two million two hundred thousand drug addicts in Iran who use drugs daily (Fars News Agency, 2012). The Estimation of the Presidential Drug Control Headquarters in April 2013 about the prevalence of drug addiction in Iran was 1.325 million people, and it is said that about 700,000 recreational users could be added to this figure (the portal of the Narcotic Prevention Headquarters, 2014). Moreover, the estimation of the Presidential Drug Control Headquarters in October of 2016 shows the commonness of women's addiction in Iran, the country's 2001 statistics indicate that 5% of all addicts in the country are women, and in the 2012 drug abuse assessment plan, the figure was 9%. According to a research

conducted in 2010 among addicted women in Tehran, the causes of drug consumption have been evaluated. In this study, the motivation of about half of these women (47.8%) was reported "slimming" or dieting. "Increasing the concentration," "curiosity," "increasing sexual power" have been the other frequent reasons in this study. "Increasing memory and other mental powers," "greater efficiency," "increasing energy," "not sleeping at night," are at the ensuing rank, and finally "drug withdrawal", "depression", "skin rejuvenation", "anxiety" has been mentioned as other reasons for the beginning of consumption (Noori, Rafiei, Narenjiha, Baghestani, Kioomarsi, et al., 2010). Given the global image of social change and the effectiveness of some of the cultural aspects of Western countries in a global scale, the literature review of some researches in this area is worthwhile. According to some of these studies, the negative forces of the peer group may affect the behavior of girls and women more than that of boys and men. From the point of view of psychological disorders, the relationship between the post-accident mental stress and addiction might be stronger in women and girls than in boys and men (Brown, 2013). Unfortunately, the rate of drug abuse among girls and boys is going to be the same. According to some studies, the frequency of young girl's heroin addiction has been higher than that of young boys (Cohen, 2003). Although women's use of drugs and alcohol is increasing, there are still major gender differences. When women start using a substance, they tend to be more likely to be addicted than men, and they experience negative consequences (from a medical point of view) earlier. Furthermore, the factors that increase risk of addiction for women are different from those for men, and in contrast to men, the barriers to treatment in women may lead to mental disorders for women (Chirino, Berini, Kambiazio, & Mazza, 2004; Translated by Pirmoradi, ۲۰۰۳). Another important indicator of the drug use by women is the geographical location. Different patterns of drug abuse depend on the availability of these drugs. The combination of genetic, psychological, and social factors makes some women more vulnerable to addiction than others. Researchers agree that some people have genetic and individual weaknesses toward addiction than others. Girls and women who use drugs and alcohol are affected by relationships in their lives between adolescence and aging (Brown, 2002). With regard to addiction severity, Walton-moss & McCaul (2009) concluded that the higher levels of craving for alcohol in addicts are associated with the higher alcohol intensity score in the Addiction Severity Index questionnaire. In a study conducted by Dom, Hulstijn and Sabbe (2012), the results revealed that the severity of group symptoms in lower age groups was higher than those of the groups who had been drinking alcohol at higher ages. Additionally, early age consumption groups at the levels of impulsivity, excitement, and aggression scored higher than the late age consumption group. The difference between these two groups remained significant in terms of impulsivity, even after controlling the effect of aggression. The results of a study conducted by Mokri, Ekhtiyari, Edalati, and

Ganjgahi (2008) suggested that some of the demographic factors can be important in predicting the rate of addiction craving, which is one of the aspects to be considered in deviating from the treatment process, and the length of the substance abuse period represents the process of transforming impulsive behavior into a compulsive behavior in the process of progression of addiction.

Although in the methadone maintenance therapy, this medicine is an appropriate substitute especially for reducing drug use, it seems that the effects of this drug will diminish over time. So, in order to prevent or control the disruptive factors in the treatment such as the intensity of consumption, and consequently the reduction of patients' lapses, especially women, and increasing their persistence during the drug avoidance periods, it is necessary to employ non-drug interventions along with the maintenance therapy. One of these non-drug interventions is the Transactional Analysis (TA) that is effective in demonstrating healthy interpersonal relationships and the development of individuals' intrapersonal capabilities (Murakami et al., 2006). This theory provides a visual representation of the psychological structure of humans and helps us to understand how people act and behave, and also provides a theory for communication (Joines & Stewart, Translated by Dadgoster, 1997). The Transactional Analysis (TA) was first introduced by Eric Berne (1960), since then it has achieved great acceptance in psychotherapy conditions and can be effective in promoting the mental health of individuals (quoted by Murakami et al., 2006; Booth, 2007). Berne classifies this treatment based on four different levels: 1) Social control: The first step is the client's recovery, to control the unhealthy behaviors in the social context, even if s/he still has a bad feeling about her or his problems; 2) Improve Symptoms: It includes not only the control of individuals' behavior, but also includes the feeling of relief from confusion and anxiety; (3) Transitional therapy: at this stage, the client has the support of the therapist and finds him as a supportive parent, and by relying on this transfer, can free himself from the play that he himself has written in the process of transformation; 4) the drama treatment: at the end of the treatment, the client owns an integrated adult through which s/he can dominate his/her internal therapist for treatment. He can now move permanently away from his play, and as a result perceive himself as a responsible and skilled man who can feel, think, and act independently regarding the current reality (Akbari, Khanjani, Poorsharifi, Liloo, & Azimi, ۲۰۱۲).

Despite numerous studies inside and outside of the country, so far no scientific research on the effectiveness of group therapy with Transactional Analysis (TA) Approach in the reduction of addiction severity among female patients under methadone treatment has been reported and only a few related researches can be mentioned. Clayton & Dunbar (1997) in a study showed that the application of Transactional Analysis (TA) in the alcohol prevention program reduces the consumption of alcohol for those who drive while they are drunk. According to this study, in the rate of relapse to alcohol, there is no

difference between the treatment by the Transactional Analysis (TA) and other therapeutic programs. Kafi, Molazadeh Esfanjani, Nouri and Salehi (2011) in a study titled "The Effectiveness of Group Therapy by the Transactional Analysis (TA) in Preventing Recurrence of Detoxified People" showed that the group therapy with the Transactional Analysis (TA) might be effective in terms of the temptation for substance use in Detoxified People, and it can be of interest to specialists. One of the strongest arguments in the Transactional Analysis (TA) is that the group provides a life experience in which members transfer to the family, friends, and the community they are living in. (Navabinejad, 2004).

Considering the importance of the Transactional Analysis (TA) approach in improving the individuals' intrapersonal and interpersonal skills and the serious need of treatment centers for psychotherapy and specifically the group therapy and the scarcity of research into the effectiveness of the group therapy methods based on the Transactional Analysis (TA) approach in the reduction of addiction severity among female patients under methadone treatment, the purpose of this study was to explore the effectiveness of group therapy with the Transactional Analysis (TA) approach in the reduction of addiction severity among female patients under methadone treatment. In fact, the best available treatment for individuals under methadone treatment is a therapeutic period with a Transactional Analysis (TA) approach in a group context; in this method members can experience the design and instruction of their lives which is derived from their initial memories in dealing with others (Kaffi et al., 2011).

Method

The Population, sample, and sampling method

The research design used in this study was a quasi-experimental research design with pretest-posttest and control group. The population of this research consisted of all female drug addicts referring to one of the addiction treatment centers in Mashhad in 2016 in early October to the end of December. In order to perform sampling, a list of women's addiction treatment centers was first prepared in collaboration with the Welfare Office of Khorasan Razavi province. One of the treatment centers was selected by a simple random sampling method (draw) and 80 people responded to the questionnaire of the addiction severity index (ASI) by Mc Lellan et al. (1992). Then, 40 women with the highest scores were selected and randomly assigned to two experimental and control groups with 20 subjects. The criteria for entering women to the sample group were:

1. Drug addicts who had undergone according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders. The diagnosis of this disorder and other related disorders was performed by a physician or psychologist on the basis of diagnostic criteria at the first referral of the patient to the center for medical treatment;
- 2) Not having specific mental illnesses, such as types of psychosis or Conduct disorders;
- 3- Selection of patients who have passed 30 to 60 days of their treatment course so that the researcher would be

able to examine these patients' recovery process in the long term by interacting with the nurse and doctor; 4) the daily consumption of methadone; 5) being at least 25 years old and at most 50 years old; having at least primary education and at most a Bachelor's degree; having the experience of unsuccessful withdrawal in the past.

Procedure

After obtaining the necessary permissions from the Welfare Office of Khorasan Razavi province and selecting the participants, a pretest of addiction severity index was administered and the participants were randomly assigned to two groups of the control (20 subjects) and the experimental group (20 subjects). The participants were informed about the confidentiality of information, and the experimental group received the group therapy intervention with the transactional analysis for 10 two-hour sessions. The content of the therapeutic sessions for the experimental group is briefly presented in Table 1.

Table 1: the planning of the Group therapy intervention with the transactional analysis approach (TA)

<i>sessions</i>	<i>Treatment session plans</i>
1	After the introduction, the rules and regulations was introduced to the group by the consultant. The treatment process was employing verbal and non-verbal messages, the simple structural analysis of personality states (adult, parent, and child). The clients were asked to provide a brief description of their status and the history of their lives and how to establish interpersonal relationships orally (in this meeting) and in the written form (in the next session).
2	Reviewing the assignments of the previous session, explaining the caresses (positive and negative caresses- conditional and non-conditional - verbal and non verbal, by the internal and external sources), and the implementation of the technique to determine the caress system, giving homework.
3	The assignments of the group members were examined and the consultant provided a brief explanation about the book "I'm OK- You're Ok" and the four mental states. The treatment process in this session was the existence of the rules and the roles of communication rules about self-esteem, others, friends, and how to express oneself. Giving an assignment (drawing Egogram based on the complex structural analysis).
4	Reviewing the assignment of the previous session. In this session, the group members became familiar with the role of communication patterns in personal and social life. The interventions of the session were caress training, mutual communication, and the complementary and cross interaction.
5	Reviewing the assignment of the previous session, the non-paradigm rehearsals of childhood (the child's self), and the fundamental situations of life were completely explained. Each group member read two pages of the book "game people play" (Eric Bern), and then playback of my parental mode was done in simple language along with the example.
6	Members were asked to express their mental concerns in which they are engaged. These concerns can be being far from the family, the unconditional obedience from the commanders, group life, and so on. The treatment process was a mature state, and members were asked to discuss their concern and interactions with others again. In this session, the training of hidden relationships and double

Table 1: the planning of the Group therapy intervention with the transactional analysis approach (TA)

<i>sessions</i>	<i>Treatment session plans</i>
7	transaction, as well as assignment with several examples of hidden relationships were presented. At the beginning of the session, the previous assignments were reviewed. After teaching the four existential states, healing the child inside from the therapeutic intervention, and analyzing the state of this session, the group members were asked to analyze these states (child, adult, and parent). Providing the
8	complementary cross transaction patterns (CROS).
9	Reviewing the assignments, inhibitors and motivators, and their effect on the relationships, personality disorders, i.e., rejection, giving assignment.
10	Examining the assignments, identifying a draft, and playing the drama of life and working on re-decision, giving assignment. Introducing the three parts of the brain and its impact on the relationships, how to achieve healthy relationships, responding to ambiguities, and evaluating the treatment criteria and treatment sessions, the administration of the post-test.

The instruments

1- Demographic characteristics questionnaire: The questionnaire contains information such as age, level of education, housing status, marital status, occupation, type of substance used, method of use, duration of use, and the treatment background which were completed by the interviewer during the interview.

2- Addiction Severity Index: This scale has been devised to collect information about the current quality of life on the patients' past and to assess their clinical status in different areas (Lig et al., 2008). The scale provides a combined total score (0-1) in each section and ranks the individual status there. There are 116 questions in which seven medical (8 questions), occupational (21 questions), legal (27 questions), family (23 questions), psychiatric (13 questions), drug use, and alcohol consumption (27 questions) status in patients in the past thirty days, the last year, and during their lifetimes are evaluated. Mc Lellan et al. (1992) argue that this scale is one of the best indicators in predicting the effectiveness of therapeutic interventions in the course of addiction withdrawal. Riskon et al. (2006; quoted in Mokri et al., 2008) showed a positive correlation between the scores of the subscales of the severity of addiction and drug dependence diagnosis, in accordance with the fifth statistical and diagnostic manual. The results indicated that the addiction index scores can determine the drug dependence with a sensitivity of 85%. Mc Lellan (1992) reported an internal consistency in terms of the scores that the interviewer presented about the severity of addiction, 0.74-0.99. Britt et al. (1994) in investigating the stability of the addiction severity index in a two-year longitudinal study, it was reported that the scores obtained from this scale remained constant over time. Validity and reliability of the Persian version of the addiction severity index has been

examined by the National Center for Addiction Studies, which has shown the appropriate internal consistency and test-retest reliability. In the present study, the Cronbach's alpha for subcategories of medical, occupation, legal, family, psychiatry, drug use, alcohol consumption, and total index status were 0.89, 0.85, 0.88, 0.89, 0.90, 0.83, 0.91, and 0.89 respectively.

Results

The mean age (standard deviation) of the participants in the experimental group and the control group was 29.88 (7.41) and 38.42 (13.01) years respectively. The mean for the duration of drug use (standard deviation) in the experimental group and the control group was 13/00 (6/98) and 18/40 (13/23) years respectively. The mean for time interval from the last use (standard deviation) in the experimental group was 2.49 (2.22) hours and 3.45 (2.06) hours for the control group. The mean of substance deprivation score (standard deviation) for the experimental group and the control group was 52.50 (23.68) and 19.45 (11.23) respectively. The severity of addiction statistics according to the groups and the type of the test are presented in Table 2.

Table 2: Descriptive statistics for the components of severity of addiction according to the groups and type of the test

<i>variables</i>	<i>Groups</i>	<i>Pre-test mean</i>	<i>Pre-test standard deviation</i>	<i>Post- test mean</i>	<i>Post-test standard deviation</i>
Occupational status	Experimental	0.57	0.59	0.52	0.49
	Control	0.51	0.58	0.58	0.52
Legal status	Experimental	0.11	0.21	0.14	0.22
	Control	0.13	0.22	0.13	0.13
Family status	Experimental	0.62	0.13	0.65	0.11
	Control	0.58	0.12	0.60	0.12
Psychiatric status	Experimental	0.74	0.18	0.64	0.18
	Control	0.25	0.14	0.58	0.18
Substance use status	Experimental	0.26	0.02	0.20	0.06
	Control	0.11	0.04	0.17	0.07
Alcohol consumption status	Experimental	0.33	0.05	0.28	0.09
	Control	0.20	0.05	0.25	0.06
Medical status	Experimental	0.39	0.06	0.46	0.44
	Control	0.36	0.07	0.45	0.42

The Multivariate covariance analysis should be used to evaluate the effectiveness of the intervention. One of the expectations of this analysis is the equivalence of variances. The results of the Levene test showed that in occupational status ($P > 0.05$, $F = 0.055$), legal status ($P > 0.05$, $F = 0.048$), family status ($P > 0.05$, $F = 0.18$), psychiatric status ($P > 0.05$, $F = 0.41$), substance abuse status ($P > 0.05$, $F = 0.43$), alcohol consumption status ($P > 0.05$, $F = 0.42$), and the medical status ($P > 0.05$, $F = 0.11$) this expectation was met. Another theory is the equality of the variance-covariance matrix and the results of the Box test indicated to this assumption was also met ($P > 0.05$, Box's M test=1/98).

Therefore, the multivariate covariance analysis was performed and the results indicated that the groups were different in the linear combination of the components (effect size=0.76, $P < 0.001$, $F=14.02$, Wilks's Lambda=0.64). As Table 3 illustrates, the univariate analysis of variance was used to investigate the differences.

Table 3: The results of the univariate analysis of variance to examine the effectiveness of intervention on sub-scales of addiction severity index

<i>Variables</i>	<i>Mean square</i>	<i>F</i>	<i>Sig.</i>	<i>Statistical power</i>
Occupational status	014	1.84	0.18	0.26
Legal status	0.01	2.56	0.11	0.34
Family status	0.06	1.29	0.26	0.19
Psychiatric status	1.46	78.30	0.0005	1
Substance use status	0.07	27.86	0.0005	1
Alcohol consumption status	0.08	30.42	0.0005	0.99
Medical status	0.01	2.63	0.113	0.35

As shown in Table 3, there are significant differences in the psychiatric, drug use, and alcohol consumption status. In other words, the intervention has been effective ($P < 0.001$).

Discussion and Conclusion

The purpose of the present study was to investigate the effectiveness of group therapy with transactional analysis (TA) approach in the reduction of addiction severity among female patients under methadone treatment in ۲۰۱۶. The results showed that there was a significant difference between the severity of addiction between the experimental and control groups. Moreover, the analysis of each variable showed that among the indicators of severity of addiction, there was a significant difference in the scopes of psychiatric, drug use, and alcohol consumption status. With regard to the examination of the effectiveness of group therapy with transactional analysis approach on the reduction of addiction severity among female patients under methadone treatment, this study is new and innovative and is rarely examined. Therefore, the researcher has encountered serious limitations in terms of comparison to other studies and interpretations of the findings. As a result, the results of the current study could be consistent with some closely related research, such as the results of Walton-moss and McCaul (2006), Dom et al. (2006), (Cominer and Bullson (2008), Cominer et al. (2005), zaumin et al. Petri (2001), and Rawson (2002), quoted in Zare Mangabadi et al., 2015) on the severity of addiction. In explaining these findings, it can be said that the group interventions by increasing patients' awareness of psychological states, communication rules and roles, self-expression, caress training, complementary and cross interactions, as well as non-paradigm rehearsals and fundamental circumstances of life, the importance of confidence building in family, prevents female patients from drug use and leads to its withdrawal.

In addition, the findings showed that the effect size of the transactional analysis approach on each of the subscales of severity of addiction index was not equal. Thus, it has the highest impact on the subscales of psychiatry, drug use, and alcohol consumption, and the least effect on the subscales of medical, occupational, legal and family. It seems that why the group therapy with the transactional analysis approach had the most impact on the subscales of psychiatric, consumption of substances, and alcohol consumption is due to fact that the familiarity of the patients with thoughts, feelings, and harmful behaviors leads to the establishment of a healthy relationship between patients and those around them, thus reducing the underlying causes of mental disorders, and consequently, multiple slips and several recurrence to drug use. Furthermore, patients will be aware of the causes of consumption behavior and will reflect further about the consequences of relapsing and the importance of trusting others in the future and conflicts between living or consuming substances.

Regarding the low impact of transactional analysis approach on other indicators of addiction severity index, it seems that its main reason is the side effects of methadone consumption which appears over time in some patients as these side effects mainly cause digestive and physical problems. But it seems that the low effect on the subscale of the family status is due to the fact that there is no intervention in the patient's family in the transactional analysis approach, while the family is considered as one of the main pillars in the patients' recovery. Therefore, conducting mental training sessions for families can contribute to improving the patients' relationships with the family, patient support, and confidence building in the treatment process. With respect to the low impact of the transactional analysis approach on patients occupational status, these people due to the unpleasant background in the past, such as detention and imprisonment, several previous unsuccessful withdrawals, behavioral defects including mood instability, irregularity and non-commitment to working conditions, and the violation of the rights of others, and unemployment have caused people around them not to have enough trust in them and not have the necessary cooperation with them in this regard.

Examining the demographic characteristics and substance abuse in the two experimental and control groups showed that the experimental group was women at a lower age, less education, less addiction drug duration, more symptoms of drug deprivation, and high addiction severity. According to the research design and the administration of pre-test, we tried to control the initial differences. Of course, it is worth mentioning that Fox et al. (2005) showed that the higher duration of consumption in cocaine addicts is associated with more craving experience. This contradiction in the longer duration of cocaine consumption can be due to the nature of dependence to this substance, which causes less physical dependence in comparison to opiate such as heroin. There is another point that can be helpful in justifying a decrease in craving by an increase in age. New theories about the analysis of addicts' behaviors are based

on the conversion of the impulse process of drug use into a compulsive process. Based on this approach, the enjoyable aspects and the rewards of drug use in the course of the addiction progress have been diminished and the addict is involved in the obsessive-compulsive process to reduce the anxiety caused by non-drug abuse.

This study also found that heroin users who experience more craving and are more responsive to their symptoms than others, have experienced more deprivation symptoms. Signs of deprivation that occur after the interval between consumption, in addition to causing physical and mental discomfort, lead to a strong desire for consumption in people and is the main reason for relapse of people who individually go through the stages of drug withdrawal. However, there are contradictions here. Studies have shown that craving for drugs may persist long after treatment. In examining the relationship between the extent of craving and the various dimensions of addiction severity in injection heroin users Mokri et al. (2008) showed that some of the demographic characteristics such as age, gender, educational level, type of substance, method of use, and the history of treatment can affect the craving intensity and, consequently, the success of treatment. In explaining the purpose of the transactional analysis, it can be said that the goal is to lead the person to achieve the self-knowledge in order to be able to act appropriately in the face of the life setting (Shafi Abadi & Nasseri, 2013). Structural analysis is carried out to raise the client's awareness about his sensual performance and to encourage him to experience and maximize the use of his sensual mood in any situation. In analyzing the plays, the purpose is to identify an undesirable life plan and help the person to end it and to regulate a new plan for life (Volms et al., 2005). By identifying the parent, the adult, and the child, the transactional analysis theory leads the unknown person to better understanding and awareness, thus he can be saved from the captivity of the past (Widoson, ۲۰۱۴). Because of its attempts to scrutinize the story and the human life draft and ultimately making the person aware of his sensual status and inner life, the transactional analysis can affect the individual's self-awareness and increase it so that it informs the individual about the presence of one's and other's different emotions, and leads the person to perform the proper actions in the presence of others.

For further explanation, it can be argued that the transactional analysis theory and its training will make the person aware of the specific characteristics and personality against other people in order to lead the person to reach the conclusion that never make the wrong decision based on appearance and you can make the necessary changes to the unchanging realities. It can be stated that the methadone maintenance treatment is not considered as a definite cure, and is like a treatment in which the addict is supported by the necessary medical and social support to stabilize and improve his life and is encouraged to continue this plan until treatment is beneficial to him. Accordingly, group therapy based on the transactional analysis along with the medicine products can increase the ability

to the addiction withdrawal and the reduction of the number of relapses in opiate dependent people as an effective non-medicine treatment. Among the limitations of this research are the low number of the previous research results related to the topic, the exclusiveness of the research sample to women, lack of the follow-up results, lack of training sessions for women's families that are expected to be included in future studies considering the generalizability and fruitfulness of the information obtained.

Reference

- Akbari, E., Khanjani, Z., Poorsharifi, H., Mahmood Aliloo, M., & Azimi, Z. (2012). A Comparison of the Effectiveness of the Transactional Therapy with the Cognitive-behavioral therapy in the Improvement of Emotional Failure symptoms of students. *Journal of Clinical Psychology, 3* (15), 87-101.
- Jones, V., & Stewart, Y. (1997). *New Methods in the Psychology of Transactional Analysis*. Translated by Dugdastar Bahman, Tehran: Ohadi Publications.
- Chirino, S., Brini, R., Kambiazo, J. & Maza, R. (2003). *Drug addiction in mirror of family relationships*. Translated by Pirmardi Saeed, Tehran: Hommam Publications.
- Ranjbar Soodjani, Y., Sharifi, K., & Khazaee, O. (2016). The Effect of Training Spiritual Skills on Anxiety Thoughts of Adolescent Girls under Methadone Treatment. *Quarterly Journal of Social Health and Addiction, 3* (11), 111-126.
- Zare Mangbadi, H., Khosravi, S., Jafari Nadoushan, A., Ghiasi, M., & Hosseini Henzai, A. (2015). The Effectiveness of Group Motivational Interview on the Reduction of the Addiction Severity in Patients under Methadone Treatment. *International Conference on Psychology and Training Sciences, Kharazmi Institute of Science and Technology, Shiraz, Iran*.
- Shafi Abadi, A. & Naseri, G. (2013). *Theories of counseling and psychotherapy*. Edited by Farzaneh Taheri, 20th Edition, Tehran: Academic Publication Center.
- Kafi, S. M., Molazadeh Esfanani, R., Noori, M. & Salehi, I. (2011). Effectiveness of group therapy with the Transactional Analysis on the Prevention of Recurrence of the Detoxified Individuals. *New psychological research (psychology, Tabriz University), 6* (23), 111-132.
- Cohen, M. (2003). *Consultation with addicted women*. Translated by Farideh Hemmati, Tehran: Zeytoon Barg Publication.
- Mokri, A., Ekhtiyari, H., Edalati, H., & Ganjgahi, H. (2008). The Relationship between Drug Craving and Different Dimensions of Addiction Severity in Injecting Addicts of Heroin. *Iranian Journal of Psychiatry and Clinical Psychology, 14* (3), 298-306.
- Navabinejad, S., (2004). *Group counseling and psychotherapy*. Tehran: SAMT Publications.
- Noori, R., Rafiei, H., Narenjiha, H., Baghestani, A., Kiyomarsi, A., Ghereghloo, B., Deylamizadeh, A., Akbarian, M. & Ghaderi, S. (2010). The Investigation of the Stimulants use in Tehran, the Research Department of the Rebirth Population. *Institute for the Behavioral and Social Studies of the United Nations Office on Drugs and Crime in Tehran*.
- Nick Farjam, A., Momtazi, S., Jafari, S., & Khosravi, N. (2012). *"The Science of Addiction: Drugs, Brain, and Behavior"*. Tehran: Sepid Barg Publications.

- Wolmes, S., Brown, M., Huge, C. (2005). *A Summary of the Analysis of the Exchanges to understand human behaviors*. Translated by Parvin Azimi, Tehran: Donyaye Now Publications.
- Viddowson, M. (2014). *Transactional Analysis (Interchange Analysis) 100 Points and Techniques*. Translated by Golkhani Zahra, First edition, Tehran: Ketab Arjmand Publications.
- Booth, L. (2007). Observations and reflections of communication in health care – could Transactional Analysis be used as an effective approach. *Journal of Radiography*, 13, 135,141.
- Britt, E., Hudson, S. M. & Blampied, N. M. (2004). Motivational interviewing in health setting: a review. *Patient education and counseling*, 53(2), 147-155.
- Brown, Stephan (2002), The handbook of addiction treatment for women, published by Jossey-Bass, p. 26-57.
- Clayton, H. S., & Dunbar, L. R. (1977). Transactional analysis an alcohol safety program. *Social work*, 22(3), 209-213.
- Dom, G., Hulstijn, W. & Sabbe, B. (2012). Differences in impulsivity and sensation seeking between early and late onset alcoholics. *Addictive Behaviors*, 31(2), 298-308.
- Fox, H. C., Talih, M., Malison, R., Anderson, G. M., & Kreek, M. J. (2005). Frequency of recent cocaine and alcohol use affects craving and associated responses to stress and drug-related cues. *Psycho-neuro-endocrinology*, 30, 880-891.
- Ling, T., Liu, En-Wu., Zhong, H., Wang, B., Shen, Li-Mei. & WU, Zheng-Lai. (2008). Reliability and validity of addiction severity index in drug users with methadone maintenance treatment in Huizhou province china. *Biomedical and Environmental Science*, 21, 308-313.
- McLellan, A. T., Kushner, H., Metzger, D., Peters, R., Smith, L., Grissom, G., & Pettinati, H. (1992). The fifth edition of the Addiction Severity Index: Historical critique and normative data. *Journal of Substance Abuse Treatment*, 9(5), 199-213.
- Murakami, M., Matsuno, T., Koike, K., Ebana, S., Hanaoka, K., & Katsura, T. (2006). Transactional analysis and health promotion. *International Congress Series*, 1287: 164– 167.
- Sadock, B., Sadock. V. A. & Kaplan. (2016). *Synapses of psychiatry*. Philadelphia: Lippincott the William and Wilkins.
- United Nations Office for Drug Control and Crime Prevention (2010), *world drug report 2010*, United Nations.
- Walton-moss, B. & McCaul, M. E. (2009). Factors associated with lifetime history of drug treatment among substance dependent women. *Addictive Behaviors*, 31, 246-253.

