

## Abstract

**Objective:** The main goal of this study is to determine the effectiveness of communication skills training on the mental health in mothers with addictive sons. **Methods:** The method used in this study is semi-experimental with pre-test and post-test and control group. The statistical population of this study consisted of all the mothers with addictive sons whose children were being treated with methadone in addiction renunciation clinic of Afarinesh (N=198). From among this population, 40 participants were selected via purposive sampling method. Then, they were randomly placed in two groups consisting of 20 subjects (experimental group and control group). The experimental group participated in 8 sessions (two 120-min sessions per week) of communication skills training while the control group did not receive any interventions. The assessment instrument in this study was general health questionnaire (GHQ) that was administered to all the subjects in pre-test and post-test stages. **Results:** Mancova analysis indicates that communication skills training results in the significant increase of mental health components. **Conclusion:** Communication skills training is a useful method to increase mental health in mothers with their addictive sons.

**Keywords:** communication skill training, mental health, physical symptoms, anxiety, depression, social performance, mothers with addictive son

# On the Effectiveness of Communication Skills Training in Mental Health of the Mothers with Addicted Children

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## Introduction

Nowadays, it is of paramount importance for governments to provide mental health for people. Extensive scientific studies are being done in this area that can progress health promotion programs in physical, psychological, and social aspects by more accurately identifying the factors threatening health and eliminating ambiguities and complexity related to pathology, quality, and style of life (Naidoo & Wills, 2000). According to the World Health Organization, health is defined as a completely healthy state of physical, mental, and social aspects, not merely the absence of disease or infirmity; in other words, health is not limited only to the physical aspects, but it also entails social and psychological aspects of a person's life (Asadi, 2009). In another definition, mental health is referred to as the health of thinking in order to show a more positive situation that can help create a valuable system regarding the production of motivation, achievement, and evolution at individual level (Milanifar, 2011).

Family is the smallest social institution where the mental health of each member is greatly dependent on the health of other members (Sho'aa Kazemi, 2005). The existence of an addicted child in the family is amongst the factors that jeopardize the mental health of family members, especially parents (J Gayle, Dakof, Jeri. Cohen & Craig, 2010). Today, drug dependence has replaced the term addiction, and is characterized by maladaptive pattern of substance use, which includes tolerance (the need to substantially increase the amount of drug use and substantially reduce the effect of the substance by its consumption at a fixed dosage), withdrawal from or deprivation of drug use, permanent desire for substance use, unsuccessful efforts to cut down or control substance use, and the consumption of the substance more than the expected amount. Substance abuse is also characterized by the maladaptive patterns of substance use that are associated with adverse, negative, and relapsing consequences. However, there is no status of deprivation and withdrawal in substance abuse (Bernard, 2007). Today, the issue of drug abuse in the world is considered as one of the important social issues that appears as a major problem for governments in most countries. At present, drug crisis has become the world's main problem on a par with the three major world crises, i.e. environmental crisis, the crisis of the nuclear threat, and poverty crisis. Although no exact statistics are available on the number of people suffering from addiction in our country, the investigation of references indicate that addiction rates are significantly on the rise (Ahmadi & Gholami Abiz, 2003). The devastating effects of drug abuse on the lives of parents, children, and extended family are undeniable. Depression, anxiety, destruction of relationships, isolation, destruction of the family, children's misbehaviors, poor growth, and poverty are among the devastating effects of drug use on families. When children become addicted, parental mental health is at risk (Gayle et al., 2010). Addiction of children can disrupt the healthy thought process in parents and lead them to depression. Moreover, it can lead to a sharp

drop in other aspects of mental health, including social relationships, happy mood, and happiness in parents (Peter & Choate, 2011). Research findings show that the parents with addicted children are at risk of physical and psychological problems. For example, Orford, et al. (2005) showed that children's addiction in different cultures can threaten mental health and balance of parents and family system. Similarly, many parents suffer from symptoms of depression and anxiety in the face of their children's addiction. Fisher et al. (2006) suggest that parents are often unaware of their children's addiction or the amount of consumption. When they become aware of this issue, they will be afflicted with considerable psychological damage. They also report that the problems related to mental health and depression among parents with addicted children are increasing more than ever. In the face of their children's addiction, parents may try to get more information about the method of drug use. In this case, they feel shame and guilt, thereby, they blame themselves. They may also feel that their child is missing.

Some parents also deal with this issue as if they have not had any child at all (Peter & Choate, 2011). Research shows that parents with addicted children suffer serious injuries in relationships and their patterns of family interaction have become disrupted. In such families, the usual and ordinary trend of relationships is replaced by a sick relationship. In this way, the negative cycle of family relationships is formed and this cycle will boost drug use behaviors in children. Undesirable relationships reinforce parental stress and are also reinforced by parental stress in a cyclic mode (Butler & Bauld, 2005). Pearson (2000) found that parents with addicted children may respond in three ways. They may be involved directly with the problem, or may tolerate the problem or abandon the addicted teen. Usher, Jackson & O'Brien (2005) argue that when parents abandon their addicted children, the risk of heightened drug use increases and this may cause further weakness of the family system and undermine family ties. They believe that proper and effective communications and relationships can lead to better results. Family acts as an operating system in which when a member receives a signal representing his/her act is moving away from the normal performance or behavior of the whole entity, this behavior may need to be modified. Only in this case, it is possible to maintain the vital balance of the whole institution. In families, causes and effects are circular rather than linear, and the intervention or change in every part of the system affects the whole setting. The addiction of one member of the family can impose a great psychological pressure on other members. Many of the psychological problems that addicts encounter also extend to family members and disturb mental balance (Luise, Dana & Blouinse, 2006). Since women are more vulnerable than men and get more involved in their emotions, one can argue that the mothers with addicted children are at risk of mental disorders to a greater extent than fathers (Gayle et al., 2010).

Communication skills are among the factors contributing to the improvement of family members' mental health (Nichols & Schwartz, 2010). Communication

is the interaction between at least two people, and its outcome is the message that is sent and received so that a goal can be met. The ability to establish correct communication skills is one of the basic skills of social life. The importance of communications in human life is so significant that some scholars regard the foundation of human development, personal injuries, and human growth to be interwoven in the communication process (Namdar, Rahmani & Ebrahimi, 2008). Communication skills refer to the behaviors that help one to properly express his/her feelings and needs and to achieve the interpersonal goals and objectives. These skills are of such importance that their inefficiency can be associated with loneliness, social anxiety, depression, low self-esteem, and academic and occupational failures (Mirzaee, Vaghe'ea & Kushan, 2010). The establishment of appropriate human communications is required to satisfy people's needs. The enjoyment of healthy and positive relationships and communications is the key to human growth and perfection (Kayvand, Shafiabadi & Sudani, 2009). The primary function of family is the establishment of communications. Clear and effective communications and relations between family members maintain growth positive emotions and psychological balance. When family members use appropriate communication patterns, message transfer takes place appropriately and members' psychological needs are properly met (Oliver & Miller, 1994).

Veriginia Sattir emphasizes the communication patterns dominant over the family system. Sattir's model focuses on the disparity between the communications messages and facilitates the direct dialogue between family members (Robbins, 2003). Sattir helps members analyze their interactions at the present time rather than repeat the past discomfort and recount it (Thompson, 2001, cited in Asadi, 2009). In terms of the relationship between communication skills and mental health, various pieces of research have been carried out so far. For example, Wishman & Courtnage (2003) showed that there is a significant relationship between depressive symptoms and communication styles. The results of their study suggest that improved communication styles can help reduce symptoms of depression. Hansson & Lund bland (2006) found that communication skills training had a significant impact on improving mental health and reducing anxiety and psychiatric symptoms among couples. Mahdavian (1997) showed that communication skills training significantly increase levels of mental health and social functioning in couples. Ajilchia, Borjalib & Janbozorgi (2011) showed that communication skills training to mothers leads to the reduction of stress and the increase of self-esteem in their children. Herbert, Gaudiano, Rheingold & Myers (2005) found that communication skills training reduces social anxiety in adolescents. Kazemi, Javidi & Aram (2010) showed that communication skills training reduces occupational stress in employees. Mirzaee et al. (2010) showed that communication skills can relieve stress. According to the presented theoretical and research foundations, it can be argued that living with addicted children puts

mothers' mental state under serious threats. In addition, since the family environment acts as an operating system, alteration or destruction of any part of this system will result in the modification or destruction of the other parts, as well. The use of individual therapy cannot be much effective in this regard. Indeed, if the person is treated individually, the symptoms will recur again by returning to the family system. Therefore, the entire system must be changed for the treatment of the individual in the systemic approach (Asadi, 2009). On the other hand, very few studies have been done via systemic approaches and they are not reliable most of the time. According to the above-mentioned points, it seems necessary to carry out research on the family environment and identify and implement appropriate systemic strategies in the field of family problems pertaining to addiction. Studies have shown that communication skills training plays an important role in improving mental health in different groups. Therefore, this study aimed to investigate the effect of communication skills training on mental health of the mothers whose son(s) are addicted.

## **Method**

### **Population, sample, and sampling method**

The method used in this semi-experimental study is pre-test and post-test and control group. The statistical population of this study consists of all the mothers with addictive sons whose children were being treated with methadone in Afarinesh addiction renunciation clinic in 2013 (N=198). The sample of this study consisted of 40 mothers with addicted children who had been selected via purposive sampling method and were randomly placed in two groups. The inclusion criteria for selecting the participants were age less than 60 years, literacy, relative physical health (ability to participate in the sessions), and having an addicted child treated with methadone. Thus, 40 participants were selected from among the volunteers who had met the inclusion criteria and were randomly assigned to experimental and control groups (each group n = 20). Then, one group was randomly selected as the experimental group to be provided with eight 120-minute sessions (two sessions per week) of communication skills training. It should be noted that some explanations were given to the mothers about the content and purpose of this study before the conduct of the intervention and they allowed on the publication of the results.

### **Instrument**

General Health Questionnaire (GHQ): This questionnaire was constructed by Goldberg & Hillier in 1972 for the assessment of mental health and has been prepared in 60-item, 30-item, 28-item, and 12-item forms. The 28-form of the scale has the advantage that can be used for all the people of the population (Sepahvand, Gilani & Zamani, 2006). In this study, the 28-item scale was used, which consists of four subscales, namely physical symptoms, anxiety, social

dysfunction, and depression. In addition to these components, this questionnaire holds a general index that is calculated from the sum of the four components. Statistical analyses have shown that the general health factor in each of the subscales has accounted for 59% of the test variance, and the four scales are not significantly independent of each other. The items of this questionnaire are four-choice wherein response to each item is given one to three points and the total score is obtained from the sum of the scores of four subscales, which shows one's general health score (Shamsi, 2003). Sepahvand, Gilan & Zamani (2006) reported the Cronbach's alpha coefficient for the whole questionnaire to be .91 and for the subscales of physical symptoms, anxiety, social dysfunction, and depression to be equal to .80, .83, .66, and .85, respectively. The correlation between the scores of this questionnaire and SCL-90 was calculated on 224 participants to prove the validity of the questionnaire and the validity of the questionnaire was obtained equal to .68. In the same way, the validity coefficients were obtained equal to .56, .64, and .62 for the subscales of physical symptoms, anxiety, social dysfunction, and depression, respectively.

### Procedure

The training sessions included eight 120-minute sessions that were designed using the concepts of Sattir's theory and the related resources (Nichols & Schwartz, 2010; Sho'aa Kazemi, 2005). The content of the sessions is as follows.

**Table 1: The content of communication skills sessions**

<i>Session</i>	<i>Content</i>
<b>First</b>	Greeting, statements of the objectives, investigation of the existing problems, and creation of a favorable learning environment. Review of the concepts and definition of communication.
<b>Second</b>	Examination of the role of communication in life and communication barriers existing in families; investigating the methods in which inappropriate communications can be traumatic
<b>Third</b>	Review of listening skill and teaching of the effective ways to listen. Examination of the role of using this technique in solving communication problems
<b>Fourth</b>	Expression of different views about communications and identification participants' views in the field of creating efficient communication
<b>Fifth</b>	Investigation and identification of the concept of control and its role in life; investigating the effects of impertinent control on addictive behavior
<b>Sixth</b>	Investigation of the styles and methods of equal communication and teaching of the win-win thinking in communications
<b>Seventh</b>	Examination of the role of everyone in binary communications, helping the participants to identify their own role in the communications, teaching how to change their role in communications
<b>Eighth</b>	Review of previous sessions and recall of the role of communication in mental health and family promotion, Conclusion and end of the sessions

**Results**

Demographic data showed that the mean age of the participants in the experimental group and the control group was 34 and 33.40 years old, respectively. In addition, the mean values of monthly income were about 250 and 240 dollars, respectively. In terms of marital status, all the participants in the experimental and the control groups lived with their spouses and family and no participant was widowed or divorced. Descriptive statistics pertaining to mental health and its components are presented in the table below for each group and test stage.

**Table 2. Descriptive statistics of mental health and its components for each group and test stage**

Component	Group	Pretest		Posttest	
		Mean	SD	Mean	SD
Physical health	Experimental	7.70	2.69	7.65	2.10
	Control	8.50	3.25	9.65	2.99
Anxiety	Experimental	10.60	3.35	5.10	3.40
	Control	10.05	3.37	9.85	3.24
Depression	Experimental	8.75	4.49	3.65	2.47
	Control	7.15	2.79	7.95	2.54
Social dysfunction	Experimental	10.60	3.53	5.20	2.80
	Control	11.00	1.91	10.90	2.61
Total health	Experimental	37.65	9.51	21.60	5.35
	Control	36.70	9.07	38.35	7.38

Multivariate covariance analysis was used to assess the effectiveness of communication skills in the mental health of mothers with addicted sons. One of the assumptions for using this test is the equality of error variances. The results of Leven's test are presented in the following table.

**Table 3: Leven's test on is the equality of error variances**

Component	F	Sig.	Output
Physical health	1.62	.21	Equality of variances
Anxiety	6.17	.017	Inequality of variances
Depression	.078	.78	Equality of variances
Social dysfunction	.692	.41	Equality of variances
Total health	3.99	.053	Equality of variances

As it is observed in the above table, the results are insignificant for all components except the anxiety component ( $P > .05$ ). This means that the assumption of homogeneity of variances is confirmed in all components except the anxiety component. It is noteworthy that the violation of this assumption does not cause much inconvenience for the analysis of covariance if the sample size is equal (Shivelsson, 2005). Thus, due to the equality of sample size in the

groups, it can be concluded that the non-compliance of this assumption does not have any impact on the calculation of analysis of covariance. The investigation of regression slope also showed that there is no interaction between the groups in the pre-test.

Since the participants have been randomly assigned to experimental and control groups, the independence of the groups also confirms this assumption. Accordingly, multivariate analysis of covariance was performed and the results showed that communication skills training can be effective in health promotion (Eta squared=.10,  $P < .01$ ,  $F = 3.602$ , Wilks's  $\lambda = .812$ ). Univariate analysis of covariance was used to assess difference patterns as follows.

**Table 4: Results of univariate analysis of covariance for the examination of pattern differences**

<i>Component</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>	<i>Eta Squared</i>
<b>Physical health</b>	45.28	7.36	.0005	.16
<b>Anxiety</b>	94.61	13.18	.0005	.26
<b>Depression</b>	208.16	36.52	.0005	.49
<b>Social dysfunction</b>	302.82	4.94	.0005	.56

As it can be observed in the above table, the results show that communication skills training has led to improvement in all components.

### **Discussion and conclusion**

This study aimed to investigate the effect of communication skills training on mental health of mothers whose children were addicted. The results showed that communication skills training improve mental health in mothers with addicted sons. This finding is consistent with those of the other studies conducted by Wishman & Courtnage (2003), Hansson & Lund bland (2006), Mahdavian (1997), Ajilchi et al. (2011), and Herbert (2005). Family acts as a cohesive entity wherein each member's behavior is somehow kind to others (Peter & Choate, 2011). When one of the family members is injured, this damage does not only have a negative effect on the behavior of that member, but it also has a negative impact on the performance of the whole family (Butler & Bauld, 2005). On the other hand, when a family member demonstrates a more favorable behavior, this behavior can bring about changes in the behavior of others as well (Gayle et al., 2010). Communication and its related skills play an effective role in improving the family members' behavior and if family members are able to properly use the convenient and efficient communication patterns, damage and injuries will be undoubtedly reduced in such families (Lewis, Donna & Blouinse, translated by Khademi & Roshan, 2006). By means of communication skills training, parents can take steps to communicate with children to make the family environment healthy and this, in turn, leads to improved health for all family members (Kayvand et al., 2009). In this study, the mothers were taught how to appropriately communicate with their addicted children who are considered the

main cause of damage in the family and how to create desired behavior in each other. Since that improvement of communication improves family health and this also guarantees the health of the family members; therefore, it seems logical that communication skills training to mothers can increase the mental health of their families and then their own mental health, as a result.

The results showed that communication skills training can reduce physical symptoms in mothers with addicted sons. This result is consistent with those of the studies carried out by Hansson & Lundblad (2006), Mahdavian (1997). To justify this finding, one can argue that physical and mental health are two interconnected and interdependent phenomena. In fact, many physical ailments have a psychological origin and are rooted from the external environment and issues related to the surrounding environment (Milanifar, 2011). The improvement of communication skills in the family can contribute to an increase in family health and this also improves the family members' health. It seems that communication skills training to mothers can increase their mental health and physical health. The existence of addicted children in the family leads to lower levels of mental health, increased stress, and the subsequent incidence of physical symptoms in the parents (Lewis, Donna & Blouinse, translated by Khademi & Roshan, 2006). Communication skills training can help reduce physical symptoms in mothers through the improvement of family health, improvement of mother-child relationship, decrease of drug-related behaviors in children, and reduction of stressors in the family.

The results also showed that communication skills training can reduce symptoms of anxiety in mothers whose children are addicted. This result is to some extent consistent with the findings obtained by Hansson & Lundblad (2006), Ajilchi et al. (2011), Herbert et al. (2005), Kazemi et al. (2010), and Mirzaee et al. (2010). The existence of tensions, conflicts, and discrepancies in relationships puts all family members under stress and anxiety (Nichols & Schwartz, 2010). If one is able to improve communication skills parents, s/he will be able to largely prevent such tensions (Lewis, Donna & Blouinse, translated by Khademi & Roshan, 2006). The existence of addicted children in the family is the main source of stress and anxiety but learning the required skill for communicating with these children can help to improve relations and reduce tensions by eliminating harmful behaviors. Parents with addicted children have always lived in tension and stress and do not know how to cope with this problem; in fact, they do not know the appropriate method of communication with their children (Pearson, 2000). In this study, the mothers were helped to solve this problem through communication skills training, and a stress-free environment was created in their families; thus, it seems logical that their anxiety gets reduced.

The results of this study also indicated that communication skills can improve social functioning in women with addicted children. This result is in the same line with the findings of other studies carried out by Mahdavian (1997) and

Herbert et al. (2005). Communication is the basis of social life. Social life and the establishment of appropriate interactions requires learning some skills. Those who lack this skill will undoubtedly encounter difficulty in their relationships and cannot play an effective role as a social being (Kayvand et al., 2009). Social function is, in fact, the method of role playing in relationships. Each person should necessarily have the right social performance and functioning to have a useful life (Peter & Choate, 2011). Effective communication can reduce harmful behaviors in the family and provide a welcoming and friendly environment. Accordingly, it seems that teaching communication skills to parents can reduce the feeling of shame in them and can subsequently increase social performance.

It was also found that communication skills training reduces depression in the mothers with addicted children. This finding is consistent with those of the other studies done by Wishman & Courtnage (2003), Hansson & Lund bland (2006), and Mahdavian (1997). The depression of a family member is affected by the behavior of other members. Similarly, the happiness and vitality of a family member can bring happiness to the other family members (Lewis, Donna & Blouinse, translated by Khademi & Roshan, 2006). An addicted child in the family can occasion parental depression (Wishman & Courtnage, 2003). The improvement of communications and purification of the family environment not only reduce harmful behavior in addicts but also boost the other members' morale, reduce stress, and increase the health. In fact, the main problem of families is that they cannot implement appropriate communication patterns. When family members are able to effectively and efficiently communicate with each other, the unhealthy relationship patterns are replaced by healthier patterns (Lewis, Donna & Blouinse, translated by Khademi & Roshan, 2006). As per Sattir's perspective, family is a series of loops of communications where these loops can be harmful or useful (Nichols & Schwartz, 2010).

In short, the foundation of problems in the family and even the children's addiction is rooted in the relationships and communications. If the family relationship is improved, health will be naturally improved, as well. Undoubtedly, a major part of parents' depression and frustration results from unhealthy relationships and communications; and their desperation in connection with addicted children adds to this problem. In this research, effective communication skills training helped parents come out of this state of desperation and focus on their own behavior rather than focus on their child as the origin of the problem. In addition, parents were also helped to identify their own communication chains and, accordingly, to take effective steps to improve their relations in this way. Through these measures, it is a wise precaution that their depression has been reduced. The results of this research inspire theoretical and practical applications and implications. At the theoretical level, the findings of the current research emphasize the decisive role of communication skills in improving the mental health of the family and its members. On the other hand, the findings can be a good guide for doing further research in the field of mental

health of mothers with addicted children who have been systematically ignored by researchers inside Iran. At the practical level, this research can be useful and effective in the discovery of appropriate interventionist methods to improve mental health in families with addicted children. Moreover, the results of this study can be used to help counselors and psychologists and, generally, those who are involved in drug addiction and families with addicted members. This study suffered from some limitations, such as inaccessibility to parents and absence of them in training sessions, the inclusion of only male addicts, and the limited research population. In the end, it is recommended to conduct further research on this topic in more diverse samples on both genders and both mothers and fathers in other cultures.

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