

### **Abstract**

**Objective:** The current research aimed to investigate the effectiveness of cognitive behavioral therapy in marital conflict and marital adjustment among addicts. **Method:** The population of this study consisted of 100 addicts in Drug Treatment Methadone Therapy Center (Nikoosalamat) in Ghorveh city in 2013. This study employed a quasi-experimental research design with pre-test and post-test. A sample size of 30 married addicts was selected via convenience sampling method. Then, they were randomly assigned to two experimental and control groups. The experimental group received 13 behavioral-cognitive psychotherapy sessions according to Michael Frey's instructions (2005), while the control group received no intervention. For data collection, Spanier's 32-item Dyadic Adjustment Scale (DAS) and Marital Conflict Questionnaire (MCQ) were administered. **Results:** The results showed that the mean score of marital adjustment post-test in the experimental group was significantly higher than that of the control group. In addition, the mean score of marital conflict post-test in the experimental group was found to be significantly lower than that of the control group. **Conclusion:** Cognitive behavioral therapy appears to be effective in promoting marital adjustment and reducing marital conflict among addicts.

**Keywords:** cognitive-behavioral therapy, marital conflict, marital adjustment, addiction

## **The Effect of Cognitive Behavioral Therapy on Marital Conflict and Marital Adjustment in Addicts**

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## **Introduction**

Today, one of the biggest problems of human societies is addiction, which endangers the health of the community, the family and the individual, resulting in the loss of individual, occupational, family and social functions. One of the most important social problems of today's world is the problem of drug addiction and its increasing influence among young generation (Khalidian, Kamarzarin and Jalalian, 2014). At present, substance use disorder and its unpleasant consequences are one of the most important public health problems around the world. Drug use disorder is one of the factors that directly and indirectly disturbs the order and security of the society (Kamarzarin, Zare and Brukimilan, 2012). Although drug use in Iran has a long history, and the plants by which traditional narcotics (such as opium and cannabis) are obtained, are one of the indigenous Iranian plants, according to statistics and reports from international organizations and institutions Like the World Health Organization, young people's needs, attitudes and patterns of behavior are changing and The pattern of drug abuse among young people all over the world, including Iran, is changing rapidly with the advancement of societies from traditional to industrial as the UN Office on Drugs and Crime (UNODC) also warned Iran about the increase of industrial drugs in this country (Khaledian and Mohammadifar, 2015). Few phenomenons like addiction can be found as threatening human societies. Despite the dangers and complications of addiction, the number of victims of this deadly trap is increasing, and its horrific scenes couldn't now be regarded as a serious warning to make other people, especially young people avoid drugs (Yousefi and Khaledian, 2012).

Illness, death, and injuries caused by substance abuse are costly to the society. The emotional effects of drugs on the lives of drugs users and their families are not measurable. The increasing tendency to the drugs as one of the most important components of social harm has increased attention to it due to Decreased age and its consumption, especially among young people (Hejazi, Aghayari and Jarchi, 2016). The latest statistics suggest that there are two million dependent addicts and six million recreational ones (for pleasure) in Iran. But according to the existing evidence, it is estimated that the number of addicts is higher, and if the average household size in Iran is five, at least 10 million people are exposed to addiction. If each person spends at least a penny on drugs, the loss imposed on the country will be two billion dollars a day. Ninety five percent of addicts are men and 5% are women. The average age of 18 years old for drugs use can be a warning to society (Isa-Zadegan, Sheikhi, Hafeznia and Kargari, 2014).

In Islam, marriage contract is the strongest social contract that can be attributed to the strong and mutual mercy affection between husband and wife as referred in the holy Qur'an (Rum, verse 21). Islam has considered the marriage as the something to complete our religion, the traditions of the prophets and the eliminator of sins, and Islam has looked into deeply into family and marital life

and recommended the most beautiful ethics for this relationship (Agah, Janbozorgi, Ghaffari, 2014). The primary duty of the family is to establish a relationship and family functioning leads to the fulfillment of the family's social and individual needs. For this reason, it promotes the development, self-confidence and socialization of family members. effective communication between family members increases emotions and values. Effective communication is the foundation of a healthy and successful family. In other words, when family members use effective communication patterns, they have a clear understanding of the content of each message, fulfill the mental needs of family members, and continue communicating and participating in the society. The type of family system and its communication patterns have an important effect on family members, because personality, learning, self-confidence, the power of choice, and the rational decision of family members are all dependent on the type of information and its transmission method among members of the family (Gholamzadeh, Attari and Shafiabadi, 2009). In a healthy family system, role play is also sound and the family as a unit involves the total effects on components; or each component on one another or the effect of each part on the whole. As a result, interactions within the family are one of the most important determinants of mental health. It is possible that some factors are involved in showing the symptoms of depression the loss of other family members and friends and the experience of loss are some of these factors. This stressful experience of re-loss, in turn, causes the loss of social and family networks (Khaledian, Gharibi, Gholizadeh and Shakeri, 2013). The family is the smallest unit of the society; this social unit is the origin of human emotions and the focus of the most intimate interpersonal relationships. Its importance is to the extent that the health and well-being of any society depends upon the health and development of the family in it. Each family has a unique status and emotional atmosphere, and the method of administration and the type of performance of each family are different, so scholars and practitioners have provided different family members (Rashidi Nejad, Tabrizi and Shafi Abadi, 2012).

One of the destructive factors of marital satisfaction is marital conflicts that is common in couples and can have negative effects on family social and psychological conditions. There are communication problems in marital conflicts, and if the couples can resolve their conflicts positively, they will be useful not only for themselves but for their children, because they teach them to manage their conflicts with others in an adaptive manner. According to Liyd (1996), spouses involved in conflict are those who do not want something that the other one wants. Whenever this conflict turns into destructive conflict, the hostility to the other one reduces the trust, confidence of friendship, cooperation and intimacy among them, such condition can draw wives into drawing a pattern that is a kind of destructive psychoanalytic game that should be recognized and replaced by appropriate behaviors, or analyze and renovate it (Salamat, Zamani, and Allahyari, 2007).

The rational-emotional-behavioral view argues that the reason for the mixed marital interactions is unrealistic expectations that the husband and wife have not only about themselves or others but also about their marital relationship. Framo (1990) considers the problems of current communication of people reflecting the issues of their main family. According to him, we can not see our husbands clear and project images on them therefore, the interaction between these projections leads to problems in couples. The couples do not discuss their real issues, but discuss the reflections and mental images associated with previous relationships. Therefore, these conflicts can be the cause of addiction and drug use (quoted by Bahari, Fatehizadeh, Ahmadi, Molavi and Bahrami, 2011).

Researches show that marital conflicts occur in relation to seven factors: reduced collaboration, sexual intercourse reduction, increased emotional reactions, turning towards children so as to have their supports against spouse, reduced family relationship with spouse's family and friends, increase individual relationship with his relatives and separation of financial affairs from one another (Salamat et al., 2007). In general, the conflict between husband and wife is not abnormal and because of the action nature of the spouses in the shared life, sometimes the views difference is occurred between couples, or their needs are not fulfilled. The result of such negative interactions is dissatisfaction, frustration and anger among the spouses to each other and these negative conflicts and interactions can lead to drug abuse and even an increase in the use of narcotics. (Amrollahi, Roshan chesli, Shaari and Nick Azin, 2013).

One of the most important factors affecting the survival and growth of the family is healthy relationships, based on adjustment and understanding between the members, especially the husband and wife. Marital adjustment is one of the most important factors affecting family function. Marital adjustment affects parental performance quality, life span, level of health, life satisfaction, loneliness, growth and education of children, social relationships and tendency to social deviations (Mehrabizadeh Honarmand, Hosseinpoor and Mehdi Zadeh, 2010). ) The concept of adjustment constantly considers the processes that are necessary to achieve a harmonic marital relationship. In this regard, the adjusted relationship is considered to be a relationship in which the participants often interact and rarely disagree, are optimistic with each other, communicate well and resolve their differences in a satisfactory and mutual manner. when exposed to misunderstandings and negative emotions, couples who can communicate effectively would be able to confirm each other; listen and respond in an unproblematic way to the needs of their spouses, and show a non-destructive way. This is the same flexibility in understanding. According to the recommendation of most scholars, effective communication is the only necessary skill for the duration of marriage (Khademi and Abedi, 2014). Marital adjustment has the main component of dual satisfaction, dual agreement, dual correlation and affectionate expression. The satisfaction of couples covers

happiness in relationships as well as the frequency of experienced conflicts in the relationship. The two-way agreement is the amount of agreement that couples have on important issues such as managing family matters and making important decisions. Dual correlations refer to the fact that how often a couple is involved in the common activities, and the affection expression is how often couples express each other's love and passion (Huston & Melz, 2004). Factors affecting marital adjustment include three categories of individual characteristics: age, physical and personality status, contextual factors: income, social class, education, culture and life events: premarital relationships, stressful events and high-risk incidents. Consequently, if one of the couples has a specific problem, such as addiction, it can have a bad effect on his wife and even his life, and that addiction can lead to incompatibility and problems in couples and families, and also this non-adjustment increases the use of drugs.

In recent years, many advances have been made in the treatment of substance use disorders and different reports of the effectiveness of cognitive-behavioral therapy and its superiority compared with non-treatment, medication alone or non-specific therapies, as well as the least equally effectiveness with other psychological interventions have been presented in the treatment of various addictive disorders in different populations. One of the methods used today beside medical treatment is cognitive-behavioral therapy. This therapeutic approach has been developed based on the combination of cognitive and behavioral approaches. The cognitive-behavioral approach is based on the systematic psycho-educational model and emphasizes the role of the task, delegating responsibility to the patient to take an active role in the treatment sessions and outside it, and the use of a variety of cognitive and behavioral strategies to create some changes. (Curie, 2008).

Also, for solving marital conflicts and helping to improve family adjustment and family health function, various psychological interventions have been introduced with a focus on the family. Meanwhile, the cognitive-behavioral approach focuses on the exchange of interactions between couples or family members, with particular emphasis on the nature of the relationship of expectations, beliefs and attributions (Dattilio, 2010). Cognitive-behavioral therapists attempt to examine the issue by focusing on change barriers, either by reforming belief systems from family members or in their individuality, or by modifying the deficiencies of collaborative skills when they are changing. The cognitive-behavioral approach is uniquely focused on a state in which the restructuring of nuclear beliefs is important. Nuclear beliefs are in the inner side of couples conflict (Dattilio, 2005). Nuclear beliefs are specifically the patterns that penetrate into people's reality or experience to help them justify that fact or experience, or mediate perceptions and guide their responses. (Young, Klosko, & Weishaar, 2003). The basic foundation of this approach is to focus on thoughts and perceptions and their impact on emotions and behaviors (Dattilio, 2005). In most cases, irrational beliefs obstruct the ability of couples to change. Cognitive-

behavioral therapy has been used for couples since the early 1980s. This model emphasizes emotional and behavioral responses to life events that are mediated by interactions interpreted by their thinking, these interpretations can be distorted or disproportionate (Baucom, 2010).

McHugh, Hearon, & Otto (2010) have indicated that cognitive-behavioral techniques alone or in combination with medication have an important role in managing anxiety and depression and relationships with others, and increase the level of satisfaction of a person from his / her level of living. The results of Ashoori, Mullazadeh and Mohammadi's research (2008) indicated that cognitive-behavioral group therapy is effective in improving coping styles and preventing relapse in addicts. The results of the research of Hamid, Eidy Baygi and Dehghani (2012) showed that religion –based cognitive-behavioral psychotherapy is effective on marital adjustment and mental health of couples. The results of the research by Fotuhibanab, Hossein Nasab and Hashemi Nosrat Abad (2009) showed that the training of cognitive-behavioral, Islamic, and interpersonal cognitive-psychological approaches increases marital adjustment of maladaptive couples. In this regard, cognitive-behavioral couple therapy was more effective than Islamic couple therapy and the analysis of mutual behavior. The results of the study of Agah et al., (2014) showed that cognitive-behavioral group therapy reduced marital conflict and increased marital satisfaction and its components. The results of study of Brukimilan, Kamarzarin and Zare (2014) showed that cognitive-behavioral therapy is effective in improving coping strategies and improving the mental and physical health of drugs dependent patients. According to the studies, it seems that 1 to 11 percent of the addicts undergoing treatment experience relapse (Dabbaghi, Asgharnejad Farid, Atef Vahid, and Bolhari, 2008). A review of literature shows that the efficacy of medication maintenance treatments is not very successful without psychosocial interventions (Roozen et al., 2006). The cognitive-behavioral model involves a series of intervention methods by which we can identify wrong and inefficient cognitions of an addict and by changing the adjustment skills has useful effect on one person and renovate and strengthen the deficiencies in his behavioral and social skills that he is not obliged to resort to drug abuse in dealing with dangerous or critical situations (Litt, Kadden, & Kabela-Cormier, 2009). Considering the psychological aspects in the treatment of addiction plays an important role in reducing its relapse, loss of patients during treatment and increased tolerance for the quitter and improves the psychological symptoms guiding a person to drugs use during treatment. Therefore, in order to plan appropriate measures, promoting mental health services and establish related policies in the community, it is necessary to get acquainted with appropriate treatments such as cognitive-behavioral therapy in addicts.

Communication problems are one of the most common problems that couples express. More than 90% of the problematic couples express these problems as the main issue in their relationship. Communication problem is a key issue in

communication approaches to the family. These approaches analyze marital conflict as an ineffective relationship. These conflicts often create a vicious cycle in which it is meaningless to find the starting point (Bahari et al., 2011). Considering that healthy communication in the family can help quitting and reduce drug use in addicts and ultimately increases satisfaction and consistency and crisis resolution in the family, and warm atmosphere of family and marital intimacy and kindness. Therefore, the aim of the research is to answer the question of whether cognitive-behavioral therapy is effective in reducing conflicts and increasing marital adjustment of addicts.

## **Method**

### **Statistical population, statistical sample and sampling method**

This is a semi-experimental method with a pretest-posttest design. The study population included 100 addicts referring to Drug Treatment Methadone Therapy Center (Nikoosalamat) in Ghorveh city in 2015. A sample size of 30 married addicts was selected via convenience sampling method and randomly was assigned into two experiment and control groups. The experimental group received 13 behavioral-cognitive psychotherapy sessions according to Michael Frey's instructions (2005), while the control group received no intervention. The inclusion criteria were: consent of selected people for participation in the therapy sessions, drug dependence, having a case in the Drug Treatment Methadone Therapy Center (Nikoosalamat), the minimum primary education to write assignments, attending at least one month in the required clinic.

### **Instrument**

1- Marital Conflict Questionnaire (MCQ): This questionnaire was developed by Barati and Sanaee (1996) with 42 questions investigating seven fields of reduction of cooperation (questions 3, 9, 14, 21, 27), the reduction of sexual intercourse (Questions 4, 10, 15, 28, 33), increased emotional response (questions 5, 11, 16, 22, 29, 34, 39, 41), increase relationship with relatives (questions 6, 12, 17, 23, 30, 35), the reduction of the relationship with the relatives of the spouse (questions 1, 19, 25, 37, 40, 42), separating financial affairs from each other (questions 2, 8, 13, 20, 26, 32, 38), increase the child's support (questions 7, 18, 24, 31, 36) (Bahari et al., 2011). The f questions range between 1 and 5, and the range of questionnaire scores is between 42 and 210. The reliability coefficient of this instrument was obtained in Farahbakhsh study (2005), 0.69 and in the study by Bahari et al. (2011) as 0.80. The reliability coefficient of this instrument was 0.76 in the present study.

2- Marital adjustment scale: This questionnaire was designed by Spainer with 32 items and 4 dimensions of relationship including marital satisfaction (questions 16, 17, 18, 19, 20, 21, 22, 23, 31, 32), marital correlation (Questions 24, 25, 26, 27, 28), marital agreement (Questions 1, 2, 3, 5, 8, 9, 10, 11, 12, 13, 14, 15) and affection expression (Questions 4, 6, 29, 30). Scores ranges from

zero to 151, which means that having the scores higher or equal 100 means the adjustment of individuals and scores less than 100 means that there is a problem in marital relationships and lack of adjustment and family understanding are occurred (Arab Bafrani, Kajbaf, Abedi and Ahabibollahi, 2013). Spainer (1986) reported the reliability of 0.96 via Cronbach's alpha. The reliability coefficient of this instrument was obtained in the study of Hamid et al. (2012) to be 0.49. The reliability coefficient of this instrument in the present study was obtained via Cronbach's alpha as 0.91.

### Procedure

After the sample selection and randomized grouping, the group cognitive-behavioral intervention was done in Table 1 in the experimental group.

**Table 1: Cognitive-Behavioral Group Therapy Content**

<i>Sessions</i>	<i>Content</i>
<b>Preliminary session</b>	Preparation and set goals, familiarity with the group members
<b>First session</b>	Review of task before treatment; Educational speech A: Welcoming, create motivation, a review of the structure of the sessions and the main rules; Practice: acting for knowing each other; teaching lecture B: thinking and feeling; being sacred; the criteria we use for ourselves and others, guided fantasy relaxation exercises; assignments for the upcoming meeting.
<b>Second session</b>	Review of the assignment of first session; Educational speech. A: Classification of beliefs; Knowing common; Understanding negative interaction cycles; Educational speech. B: Anxiety, Anger, automatic thought; Exercise: automatic thoughts related to group therapy; Educational speech. C: Resistance against treatment; Practice: Identify possible resistances and methods for preventing them; Relaxation exercise; Determine the task for the future session.
<b>Third session</b>	Reviewing the assignment of the previous session; Educational speech A: Injection of thought; thought injection exercise; Identifying the disadvantages of drugs; Educational speech; introduction to the vertical arrow method; Exercise: Vertical arrow; Relaxing; Determining the task for the next session.
<b>Fourth session</b>	Review the assignment of previous session, Educational speech. A: Vertical arrow review, Advanced vertical arrow; Vertical continuation practice; Educational speech. B: Variety of beliefs; exercise: Categorizing beliefs; Determining the task for the next session.
<b>Fifth session</b>	The assignment review of the previous session, Educational speech. A: Provide the main list of beliefs; Recognize the needs; Exercise: Start the main list of beliefs; Educational

**Table 1: Cognitive-Behavioral Group Therapy Content**

<i>Sessions</i>	<i>Content</i>
	speech. B: Cognitive maps; Educational speech; Determine task for the next week.
<b>Sixth session</b>	Review of the previous meeting, Educational speech. A: Beliefs can be changed. Exercise: Provide a list of beliefs changing human history and the life of the participants. Educational speech. B: Test of Beliefs, reality analysis; Exercise: Objective analysis; Educational speech; C: Benchmarking; Determine task for the next week.
<b>Seventh session</b>	Review of the previous session; Educational speech. A: Profit analysis; Exercise: Profitability analysis; Educational Speech. B: Consistency analysis; consistency analysis exercise; Determine task for the next week.
<b>Eighth session</b>	Reviewing the assignment of previous session, Educational speech. A: Logical analysis; Exercise: Logical analysis; Educational speech. B: Continue logical analysis; Exercise: rational analysis; assignment for the next session.
<b>Ninth session</b>	Review the assignment of the previous session; Educational speech. A: Hierarchy; Exercise: Provide at least one hierarchy; Educational speech. B: Opposite belief; Exercise: Start creating opposite beliefs; Determine assignment for the next session.
<b>Tenth session</b>	Review of the assignment in the previous meeting. Educational speech. A: Perceptual change; Exercise: Completing perceptual change sheets; Educational Speech. B: Optional cortical inhibition; Exercise: Optional cortical inhibition in a large group; assignment for the next week.
<b>Eleventh session</b>	Reviewing the assignment before the meeting; Educational speech. A. Self-reward punishment; Exercise: Self-discipline punishment; Educational speech. B. Maintenance methods; Exercise: Develop a maintenance plan; Determine assignment for the next week.
<b>Twelfth session</b>	Review of the assignment; review of the program; a plan for follow-up and evaluation after treatment; the closure program.

## **Results**

The descriptive statistics of the studied variables by groups and type of test are presented in Table 2.

**Table 2: Descriptive Statistics of the Studied Variables by Groups and Type of Test**

<i>Variables</i>	<i>Groups</i>	<i>Test type</i>	<i>Mean</i>	<i>SD</i>
<b>Marital adjustment</b>	Experiment	pretest	85.02	2.88
		posttest	94.54	3.12
	Control	pretest	85.8	2.43
		posttest	85.87	1.96
<b>Marital conflict</b>	Experiment	pretest	145.87	5.25
		posttest	129.27	4.79
	Control	pretest	144.8	5.5
		posttest	144.85	5.62

Multivariate covariance analysis is used to evaluate the effectiveness of intervention. One of the assumptions of this analysis is the homogeneity of slope of regression. The results of the analysis are illustrated in Table 3.

**Table 3: Homogeneity of the Regression Slope between the Variables (pre-test) and Dependent on the Functional Levels (Experiment and Control group)**

<i>Variables</i>	<i>Sum of squares</i>	<i>Degree of freedom</i>	<i>Mean of squares</i>	<i>F statistics</i>	<i>Significance</i>
<b>Marital conflict</b>	8.38	2	4.18	0.825	0.45
<b>Marital adjustment</b>	1.94	2	0.97	0.603	0.55

As it can be seen, the interaction of the accompanying variables (pre-tests) and the dependent variables (post-tests) are not significant at the factor levels (experiment and control groups) ( $P > 0.05$ ). Therefore, the assumption of homogeneity of slope of regressions is observed. Also, for the purpose of investigating the homogeneity of error variances, Leven's test was used. The results showed that in marital conflict ( $F = 0.055$ ,  $P > 0.075$ ) and marital adjustment ( $F = 0.89$ ,  $P = 0.05$ ). To examine the homogeneity of covariance matrix, the box test was used and the results showed the satisfaction of this assumption ( $P > 0.05$ ,  $F = 1.07$ ,  $M_{\text{box}} = 0.361$ ). Shapiro-Wilks test was used to determine the normal distribution of the assumption ( $P > 0.05$ ). Regarding the satisfaction of assumptions, multivariate covariance analysis was performed and the results showed a significant difference between the two groups

(Effect size=0.97,  $P < 0.015$ ,  $F = 461.613$ , Wilk's Lambda:  $F = 0.026$ ). To study patterns of difference, uni-variate covariance analysis was used as follows.

**Table 4: Uni-variate Covariance Analysis to Examine Difference Patterns**

<i>Variables</i>	<i>Mean of squares</i>	<i>F statistics</i>	<i>Significance</i>	<i>Eta square</i>
<b>Marital conflict</b>	2021.66	403.65	0.0005	0.93
<b>Marital adjustment</b>	639.6	409.54	0.0005	0.94

As shown, cognitive-behavioral therapy is effective in marital conflict and marital adjustment. In other words, cognitive-behavioral therapy training can reduce the marital conflict score in the experimental group participants and increase the marital adjustment score.

### **Discussion and Conclusion**

The aim of the present study is the effectiveness of cognitive-behavioral therapy on marital adjustment and marital conflict of addicts and based on the findings of study, we conclude that cognitive-behavioral therapy is effective on improvement of marital adjustment and reduction of marital conflict of addicts. The results of study are consistent with the results of similar studies such as Ashouri et al., (2008), Fotuhibanab et al (2009), Hamid. et al. (2012), Brooki Milan et al (2014), Agah et al., (2014), and McHugh et al., (2010). The results showed that cognitive-behavioral therapy increases the positive affect and decreases negative affect among addicts. Individuals' awareness of the effects of negative affect on mental health and the benefits of having a happy life can be motivated and strive to reduce negative emotions and thereby increase their positive affect. Also, this awareness increases the willingness of individuals to do homework and practice techniques learned in therapy sessions, which can lead to increased marital adjustment and reduced marital conflicts in individuals. According to cognitive-behavioral therapy, the positive thoughts can be replaced by negative, illogical and deviated thoughts and it is attempted that by training correct method of challenging these ineffective thoughts and replacing it with positive thoughts, one's thinking and perception method is modified and these positive thoughts can explain this study. Indeed, in cognitive-behavioral therapy the patients can receive treatment by cognitive intervention strategies such as re-structuring (evaluation of benefits-disadvantages of recognition), considering the best and worst result of a situation, assessment of experiences and logics supporting recognition, analysis of vertical arrow (down), identification of situation-based communication models and using Socratic questioning and guided exploration. By using cognitive-behavioral therapy techniques, we can re-assess the logic of one's thought and modify them. By this method, we improve the relations and increase marital adjustment and reduce conflicts. On the other hand, by changing the inefficient patterns of thinking, we can help build a sense of satisfaction and consistency, and increase it and reduce conflict. This can lead to ineffective misunderstandings and communications, resulting in frustration and anger and even a decrease in drug use. Since behavioral patterns are learned, via cognitive-behavioral therapy, we can adjust and replace negative

attributes and negative and deviated feedbacks and unrealistic goals and ineffective behaviors with adaptive behaviors and realistic goals.

This can help to resolve the conflicts and increase the adjustment of addicts, and increasing the compatibility and resolution of conflicts in life improves the mental and emotional state of the individual and helps quitting drugs. Also, people with incompatibilities have problems in communicating and discussing communication problems and can not set up leisure activities. Considering that effective communication between couples and the family is one of the basic needs; therefore, the lack of fulfillment of this basic need and the lack of proper use of leisure time can lead to drugs use and even conflicts and incompatibilities in life, cognitive-behavioral treatment can create time management and regulate and coordinate activities in leisure time and solve conflicts and create the grounds for reducing and quitting drugs and addiction and guide people to healthy life.

Beck, Rush, Shaw Brain, & Emery (1979) argue that cognitive distortions cause discomfort and conflict in the life of individuals. This different perception of spouses is a common misunderstanding that leads to conflicts and negative emotions and behaviors (Beck, 2005). Therefore, it seems that the use of cognitive-behavioral approaches such as training strategies to change behavior and cognitive reconstruction can reduce marital conflict and improve couples' relationships and provide grounds for reducing drug use and drugs quitting.

From the cognitive-behavioral point of view, substance abuse is a learned behavioral pattern that is acquired through experience and learning processes play a very important role in creating and sustaining opioid dependence (Momeni et al., 2013). If the drugs use leads to favorable results such as having a good feeling and reducing tension, then its continuity could be a preferred method for having the same results. The purpose of this treatment is to keep patient clean using coping skills and multidimensional training in various fields. Therefore, these techniques are effective in improving marital adjustment and reducing marital conflicts among addicts.

Considering that the negative and irrational thoughts can lead to inconsistency and conflict, and regarding that they can consequently cause the lack of proper use of resources and lack of proper and reasonable decision-making in problematic situations; then to escape problems some people find solution in turning to drugs, the cognitive change in cognitive-behavioral approach emphasizes that individuals identify their own negative thoughts and learn logic thinking skills and cope with their automatic negative self-thoughts and can even replace the negative thoughts with positive thoughts and in case of any problem, take decision as rational, logical and problem-oriented and this can lead to health of life, adjustment and reduction of marital conflicts, reduced consumption and quitting.

In explaining other results, we can refer to various reasons: A general reason refers to the beneficial effects of treatment in comparison with individual

treatment. A group therapy helps people learn effective social skills, then test their teachings on other members of the group (Richard, 2007). They feel comfortable by observing the difficulties of others who have similar, or perhaps more severe problems, than their own problems (Atkinson, 2005), where group therapy can lead to increased adjustment and reduction of conflict, and as social support can help reduce drug use and drug abuse. From another perspective, it can be argued that drug addiction and drug use are associated with severe degradation of individual, family, and social functions and the consequences of drug use damage the individual's social and family relationships. Some examples such as social unpopularity, doubt, pretense, incompatibility, worry about finding out about the use of drugs by a person, labeling, accusing addicts, the effects of drug use on an individual to increase conflicts and the emergence of negative emotions are all factors disturbing one's social relations. So, a person is involved in a defective cycle, and this reduced relationship with the relatives guides him towards drug use, in this way, there is a method by which the emotional problems are resolved; in cognitive-behavioral therapy, it emphasizes on improving one's relationship with friends, acquaintances, spouse and children to enrich his supportive resources and the enhanced relationship can lead to marital adjustment and conflict resolution as well as reducing the consumption and quit of narcotics and the health of the individual, the family and society can be provided.

The summary of the application of this research is that with the knowledge, it is possible to reduce the problems in people who are on the verge of addiction based on counseling methods and consequently reduce the risk of increasing addiction which unfortunately is increasing today. This means that we educate people in counseling workshops to prevent them from being trapped in the negative advertising and addiction and the aim is to prevent addiction that inhibits growth and achieving good aim in communities. Doing oral assignments instead of written assignment in cognitive-behavioral therapy because of the low literacy of some of the participants were also limitations of study. Considering the increasing use of drugs, it is recommended to carry out comprehensive researches on drugs use at the country level. It is also suggested that in future studies in therapy sessions, the session of status strengthening and learning to prevent relapse of symptoms can be held. Other recommendations are the presentation of programs such as: fighting against drug supply by the government; the important role of mass media in increasing the recognition of individuals regarding the problems of addiction; the important role of parents in their interactions with each other as well as with their children; training individuals for saying No; teach resistance against the pressure of peers, etc.

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