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Comparing the Effectiveness of Both Methods Family Training and acceptance and Commitment Therapy in Relapse Prevention among M.M.T patients[1]

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ABSTRACT

Objective: the goal of this research is comparing the rate of relapse in MMT patients under family training, acceptance and commitment therapy and composing both approaches with patients who are only under maintenance methadone therapy.
Methodology: For this reason during a similarly experimental plan,48 of male referees to the drug abuse centers in Karaj were selected as an available sample and were placed randomize, in one of four groups. After therapeutic interferences and 6 months of following the rate of patients' relapse through the chi- square statistic were compared.
Discussion and conclusion: The findings showed that the scores 4 of group has a meaningful difference and acceptance and commitment therapy acts more successful, for preventing the patients relapse, than those by family training and pharmacotherapy. Also, the combination of 3 therapeutic approaches like family training and acceptance and commitment therapy and pharmacotherapy have been more effective, in preventing the patients' relapse ,than combination of 2 procedures or/and just pharmacotherapy.
KEYWORD: acceptance and commitment therapy, family training, prevention, relapse, maintenance methadone therapy.

INTRODUCTION

Although in fifth edition of diagnostic and statistical manual of mental disorders, dependence to the drugs, chronic mental disease, is introduced[1] but Webster medical dictionary defines it as chronic relapsing conditions [2] that in fact is one of the most outstanding aims of therapeutic interferences in field of abuse and dependence to drugs also, considering the procedures after therapy, in order to prevent the relapse [18]. Relapse is defined as use of previous drugs or new one during therapy. Even, when a dependent person gives up the use of drugs for a long time cannot be hopeful that won't start the use of drugs again [9].

The statistic also, in conformity of this point, shows that most of users of drugs, before permanent give up, experience 7-8 times of relapse[18] in such a way that 2of 3 persons in first 90 days of cure and 80 percent at end of first year have relapse of use [6]. However, in another research, was seen that only 20 to 50 percent of patients can continue the give up of drugs after one year [4]. These statistics, recalls the definition that addiction is disorder with repetitive relapses [17].

Addiction relapse has so much effects on individual, society and family, a person who relapses to the drugs after give it up, has a sense of sin or fault, hopeless, shy and anger. Continuously relapse is a barrier of daily activities, reduces the individual's self-confidence, being authorized and beneficiary, and increases the possibility to caught physical serious and dangerous diseases such as AIDS (67.5% of registered cases) and Hepatitis B & C [12] so , will have much effects on family and society, in regard to economic, cultural, social and security [7]such as increase of related offences to drugs, crime and theft, poverty and begging, spent of substantial great capitals of state [24] absence of suitable exciting and behavioral responses against social motivations [20], coarseness in family, suicide, carelessness to the family affairs and disability for providing the material and mental needs of family

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members which leads to immorality, fornication, addiction of other members of divorce, non-guardianship of children, and made them guilty and addicted person [3] can be mentioned.

The researches on relapsing to the drugs or addiction, don't know the existence of just one factor sufficient ,but a set of individual, family, social, cultural, and economical factors with different ratio are the cause of relapse [23] .Therefore, the preventing approach on relapse considers and confirms the recognition and analysis of variety individual and social factors such as, stress, facing with environmental signs or materials which were used before[21], non-scientific principles dominant on retraining centers , lack of planning for engaging in a job, non-acceptance of these people by society [15], complexity and lack of suitable comparing skills, absence of having adventure, state of mental health and simultaneity with mental diseases, non- controlling the excitements [5], training the skills of compatibility and increasing the sense of usefulness [6].

Based on these basis factors, different therapeutic manners have planned that after therapy step, consider prevention of relapse .Including such approaches, we can point to the acceptance and commitment therapy. Because the researchers believe that using the therapeutic procedures, such as acceptance and commitment therapy and mindfulness, because of hidden compatibilities in it like acceptance and increase of knowledge, presence at moment, observing without judgment and preventing from experimental avoidance can increase the effect of cures by combining with techniques of cognitive behavior therapy[14], and decreases the signs of privation and is very effective in the affect of cure rate and prevention of relapse [25]acceptance and commitment therapy or (ACT) has a deep root in philosophical opinion which is called functional conceptualism and is in regard to theoretical opinion based on relational frame theory (RFT) .ACT main components are: acceptance, cognitive diffusion, self as context , contact with present moment, values and committed action[13].In fact, acceptance and commitment therapy is a behavioral therapy which is used for increased mental diagnostic adaptability by use of it's main components .In a word, ACT is a cure which tries to add to the value of life [11].In this direction, according to the similar researches that are effective in acceptance and commitment therapy in different sections of addiction therapy including reducing the craving for using drugs[14] and on reduction of relapse to the addiction and decreasing the Methadone dosage [10]In this research to cover the individual's factors which are the cause of relapse, acceptance and commitment therapy were selected.

On the other hand, the fact is that an abuser of drugs, consistently is an element of a family system and has bilateral effects and affects with family. In this case, he can't be considered as a separated individual from initial relations and consider his life as a tramp cat in the street as, Lowinson and colleagues said (1997), researching findings have shown the substantial role of activism and family behaviors in divulging and preventing the disorders of drugs use [16].

In this research including acceptance and commitment therapy, family training is used for preventing the relapse of patients because the best way to cope with addiction, is prevention of being addicted, and one of the important and effective factors in this case, is the role of family[19], there searches also, have specified that family therapy besides pharmacotherapy reduces the possibility of relapse from 25 percent to 2 percent [23]. The family support causes individuals to be more compatible with problems and have better act during therapy and in face of family environment and society [8].For this reason the change and diversion of destructive and repetitive patterns of lost family interactions, which is a long lasting and complex duty for family, patient and therapeutic, are considered and it's goal is, to restoration the balance of family, by playing a suitable role of each member in the family system .In this way knowing and necessarily changing the role of each of member of family for solving the problem and manner of solving , besides joining , training, analyzing of system or structure of family and training the procedures to prevent relapse can be considered as main duty of therapeutic and family [6]. From the researches such as [22] and [16] that considered the effect of family role to gain the better therapeutic results of relapse reduction and addiction severity or/and [18] who found the affect of family training in recovery of relations between family members and preventing the relapse, can understand the value and effect of family role in patients' relapse reduction addicted to drugs. Thus, according to the previous research such as [16],[18],[22] family training as one of the major factor in the treatment of addiction is chosen in this research until as one of the affective external's factors on relapse rate receive training.

1Method

1-1research plan: This research is a similarly experimental type. the subjects were available and random selected and matched the entry criteria were classified in 4 groups of 12 people (first group :pharmacotherapy and family training, second group: pharmacotherapy and ACT, third group: pharmacotherapy and ACT and family training and fourth group which are considered as control group, only received pharmacotherapy). The effect of therapeutic approaches family training and acceptance and commitment therapy as independent variable on relapse's

rate as dependent variable in these patients was evaluated. In addition, relapse rate in these four groups once a week during six month follow up were investigated using urine test.

1-2 population and sampling procedure:

The statistical population consist of all addicted males to opium are between 25-45 years old and having at least diploma and the term of therapy was about 11 to 13 months with monthly income between Rls.10 to 25 Million in outpatient centers of Karaj.From present areas four distinctions 1,3,5and 6 are random selected and from the present centers in these fourfold distinctions, 3 outpatient drug abuse treatment centers have issued the permission of research on it's referees, among them, 70 of referees were possessed the entrance criterion to the research that 48 people were agreed ,selected and randomized were classified in 4 groups of 12 people .To increase the internal validity of, besides entrance criterion ,male sexuality ,having at least diploma, Age between 25-45years old, 11 to 13 months term of therapy, average economical level, agreement for participating in research , the material which is used(opium) shouldn't be at any of 1st and 2ndaxes based on DSM-V of clinical diagnosis and the exit condition of subjects from this research includes the diagnosis of disorders of 1st and 2ndaxes and attacked by specific diseases such as HIV and Hepatitis.

1-3methods data analysis:

In this research for comparing the effect of family training and acceptance and commitment therapy and maintenance methadone therapy on rate of addiction relapse from statistical test Nonparametric chi- square were used and to specify the order of effective of each of therapeutic processes in preventing from relapse rate , comparison of ratios, were used.

1-4Strategic research:

At the start of cure the referees were tested based on non- use of opium and it was specified that all participated patients in this research were only under Methadone therapy and then a questionnaire which evaluates the Demography data of patients ASI (Addiction Severity Index)was completed. Also, the interferences of family training and acceptance and commitment therapy was performed in 12 sessions and 90 minutes (once in a week)on patients and pharmacotherapy (adjustment and if necessary reduction of Methadone dosage) which provided on 48 people of referees, by personnel of clinics and in 6 months term of following, once a week by urine test, the relapse of patients in each group of cure was investigated.

acceptance and commitment therapy was performed in 12 sessions and 90 minutes (once in a week)on 24 patients and explanation that has been in table 1.

Table1- acceptance and commitment therapy protocol

Session	Goals –guidelines
1	G:Acquintance g:Help to calmness of patient- contact and taking the background- explain the groups' regulations(start & end time of session, mutual appreciation of members, faithfulness to a secret,…)- telling the problem & it's evaluation
2	G:Being familiar with general principles of therapy and main meaning of acceptance & commitment therapy
	g:Training & knowing the six fold components of ACT- explaining the general process
	of sessions and it's different sections (investigating the duties, providing guidelines ,
	determining the duties)
3 & 4	G:Inspecting the duties of previous session and description of acceptance meaning g:Training the non-control and non-avoidance from mental experiences- training the acceptance of psychological issues completely without change and defense against them- training the difference of results of controlling in internal and external world – explaining the difference between pure bother and non-pure bother- training the uselessness procedures of mental control and/or thought preventing by use of metaphor of jelly Donut –explaining the meaning of willingness and describing the difference of willingness and acceptance from submission and bearing in order to avoid fighting with internal events –training the openness in front of internal events and experiencing
	these events without change or defense with use of metaphor of two scale
5 & 6	G:Evaluating the duties of previous session- reducing the cognitive fusion and making a gap between patient and his/her internal states g:Training separation of conceptualization of speech-world from real world- knowing language hidden specifications which causes fusion - training distinguish between thought and thinker- training some points for developing the treasure of behavior and different procedures of facing with negative internal events -explaining different forms of fusion- using passengers in bus metaphor in order to show the psychological content of internal events- training the distinguish between description and evaluation -training how mind performs valuable by use talking your mind for a walk exercise - knowing the undesirable effects of reasoning

7	G:Evaluating the duties of previous session- describing the meaning self as context g:Definition of conceptualization and it's role to reduce the psychological flexibility –knowing the meaning of self as ongoing self-awareness - describing the meaning observing self- training distinguish between context and observing self by use of metaphor of home with furniture in it- training exercising of observer
8	G:Evaluating the duties of previous session and describing the meaning of contact with present moment g:Defining mindfulness - training knowing the mental states, thoughts and behavior at present moment – training attention and observing whatever happens in environment and describing them- training description of events without judgment and evaluation
9 & 10	G:Evaluating the duties of previous session and describing the meaning values g:Definition of value- describing the difference between value and goals- defining success in ACT model - describing different area of values in life- helping the patient in how to determine the valuable areas of life- helping the patient to describe values and concentration on role who wants play in every area –helping patient to know and omit effecting factors on process of measuring values
11	G:Evaluating the duties of previous session and describing the meaning of committed action g:Making motivation for undertaking act toward related activities of goals- description of meaning of confronting based on ACT- explaining the specifications of goals- description of bubble in the road metaphor for showing the relation between willingness and ability to take a valuable direction- description of gardening metaphor for those acts that don't lead to quick results -a review on ACT algorithm – a review on FEAR algorithm –description of factors which cause the failure of references in doing committed action
12	G: Evaluating the duties of previous session and estimating and asking viewpoints g:Providing feedback (The therapeutic asks the patients to range the following skills (this ranging is from 1 ,means the lowest rate and 10 the upper rate)- determining the rate of openness change and patients' acceptance to unpleasant internal states and unpleasant external facts- determining the growth rate of skill cognitive diffusion and with thoughts, emotions and memories and … -evaluating the rate of ability to choose one valuable direction in life and ability to avoid the movement in this way because of exact crash with obstacles- determining the being meaningful rate and giving value to life based on living at values direction- specifying the rate of commitment in moving toward designed activities even if to bear discomfort for some times.

Family training was performed in 12 sessions and 90 minutes (once in a week) on 24 family's of patients and explanation that has been in table 2.

Table2- Family training protocol

Session	Goals –guidelines
1	G:Acquintance and describing the goals of family training g:Knowing the members of group with each other and with therapeutic- contacting and stating general process of meetings and explaining the goals- describing the regulations of group- describing the necessity family cooperation in therapy.
2	G:Training empathy g: Definition of empathy - difference of empathy with sympathy- describing the components of empathy- describing the effects and necessity empathy and acceptance in cure of patients by families- explaining the empathy obstacles and acceptance and trust specifically in cure process- guidelines to strengthen empathy- accepting the addiction as a disease and addicted as a patient- accepting this point that addiction
	Therapy is a process and needs patience, trial, cooperation and hope.
3	G:Inspecting the duties of previous session and co-dependency g:Definition of co-dependency- training indices of self-take care of- training the manner of specifying the individual limit and borders- familiarity with the obstacles which specifies limitations- familiarity with patients' reactions in determination of personal limit and borders of family members and training suitable reaction against them- describing avoiding factors from co- dependency –training the manner of release from co- dependency
4	G:Evaluating the duties of previous session and training the relationship skills g:Defining the relationship and relationship skills- familiarity with types of relationship and the goals of contact- describing the necessity and importance of relationship - describing the results of non-skills relationship - familiarity with facilitators and obstacles of relationship - training necessity skills for continuation of relationship - training the skill of active listening
5	G:Evaluating the duties of previous session and training the self-assertiveness g:Definition of self-assertiveness - types of self-assertion– principles of categorically behavior and effective factors in it –training the skill of saying No –training types of contents of self-assertion –training the situations which are better not to be self-assertion – training suitable reactions in face of criticism – training some non- word manners of categorically reject.
6	G:Evaluating the duties of previous session and training the anger management g:Defining anger and it's types – knowing the signs of anger- familiarity with factors which cause sever anger- describing incorrect opinions about anger-how to become angry later- training overcome anger
7	G:Evaluating the duties of previous session and knowing the disease g:Definition of addiction- description of main and important indices of addiction- familiarity with effective factors of addiction- familiarity with types of opium and their specification- familiarity with appearance of drugs and the way of their use – knowing the family role in addiction- describing the personal characteristics of addicted persons
8 & 9	G:Evaluating the duties of previous session and introducing physical and mental changes of patient during addiction and cure g:Describing the signs of withdrawal-describing physical occurrence of addiction- describing mental and social occurrence of addiction- explaining mental and physical changes of patients during cure (specially it's start)- training suitable reactions in face of mental and physical changes of patient
10& 11	G: Evaluating the duties of previous session and familiarity with effective factors of relapse g:Familiarity with meanings of recovery ,craving, lapse, and relapse- describing individual factors , inter- personal, social and effective

	situation in relapse-familiarity with beliefs which cause relapse among addicted persons- familiarity with behaviors which are signs of imminent relapse- familiarity with dangerous factors and situations in relapse – guidelines for confronting with relapse
12	G:Evaluating the duties of previous and explaining family role in cure and prevention of relapse g:Definition of prevention and it's types- describing some points about prevention process- describing family role in cure and prevention- familiarity with types of family preventing activities from re-use of addicted persons- familiarity with prevention policy making process in family , social and therapy environment

Findings: At the start of cure the referees were tested based on non- use of opium and it was specified that all participated patients in this research were only under Methadone therapy and then a questionnaire which evaluates the Demography data of patients ASI(Addiction Severity Index) was completed. Also, the interferences of family training and acceptance and commitment therapy was performed in 12 sessions and 90 minutes(once in a week)on patients and pharmacotherapy (adjustment and if necessary reduction of Methadone dosage) which provided on 48 people of referees, by personnel of clinics and in 6 months term of following, once a week by urine test, the relapse of patients in each group of cure was investigated. Table 3 shows descriptive data related to patients such as age- education- monthly income.

Table 3- descriptive data of patients MMT

total	40-45	35-40	30-35	25-30	age
48	9	15	20	4	number
	MA	bachelor	associate	diploma	education
48	3	8	12	25	number
	25000000	20000000	15000000	10000000	Monthly income (Rails)
48	2	5	18	23	number

Table 4- frequency distribution relapse /non relapse rate in 4 groups during 6 months of follow up

group		relapse	non relapse	total
MMT, ACT, FT	Observed frequency	1	11	12
	Expected frequency	5.7	6.3	12.0
	Group percent	8.3%	91.7%	100.0%
	Relapse percent	4.5%	45.8%	26.1%
	Total percent	2.2%	23.9%	26.1%
MMT, FT	Observed frequency	8	3	11
	Expected frequency	5.3	5.7	11.0
	Group percent	72.7%	27.3%	100.0%
	Relapse percent	36.4%	12.5%	23.9%
	Total percent	17.4%	6.5%	23.9%
MMT, ACT	Observed frequency	2	10	12
	Expected frequency	5.7	6.3	12.0
	Group percent	16.7%	83.3%	100.0%
	Relapse percent	9.1%	41.7%	26.1%
	Total percent	4.3%	21.7%	26.1%
MMT	Observed frequency	11	0	11
	Expected frequency	5.3	5.7	11.0
	Group percent	100.0%	0.0%	100.0%
	Relapse percent	50.0%	0.0%	23.9%
	Total percent	23.9%	0.0%	23.9%
TOTAL	Observed frequency	22	24	46
	Expected frequency	22.0	24.0	46.0
	Group percent	47.8%	52.2%	100.0%
	Relapse percent	100.0%	100.0%	100.0%
	Total percent	47.8%	52.2%	100.0%

Table4- shows the frequency distribution of relapse /non relapse rate in 4 groups during 6 months of follow up, which the rate of relapse is in pharmacotherapy (100%), in acceptance and commitment group(16.7%), in pharmacotherapy and family training (72.7%), and in combination group (all three methods of treatment) (8.3%). The lowest rate of relapse is in combination group and the highest rate of relapse in pharmacotherapy group.

Table 5- chi- square tests

	value	Degree of freedom	significance	Kramer coefficient	significance
Pearson's chi- square	26.903	3	.000		
Likelihood ratio	33.094	3	.000	.765	.000
Linear congruency	10.620	1	.001		
number	46				

-As table 5- shows, there is a meaningful difference between the rate of relapse among therapeutic groups in 1% Alfa level .the amount of Kramer coefficient as an index of measure has a great effect. Since chi-square test, examines this model generally, but it doesn't gain data about the difference of groups. Therefore, it is necessary to do pairs comparison similar to analysis of variance to gain the differences among therapeutic groups. On the other hand, since at present research the rate of relapse is considered, so we compare pairs ratios that the results are provided as follow Table.

Table6- comparison of pairs of therapeutic groups in rate of relapse

groups	indifferent	Standard error	Z	significance	r	Ranking R
MMT, ACT, FT# MMT, FT	-.644	.202	3.18	P<0.01	.678	3
MMT, ACT, FT# MMT, ACT	-.84	.135	-.622	P>0.05	.13	6
MMT, ACT, FT # MMT	-.917	.2078	-4.411	P<0.01	.940	1
MMT, FT # MMT, ACT	.56	.207	2.7	P<0.01	.576	4
MMT, FT # MMT	-.273	.146	1.864	P<0.05	.397	5
MMT, ACT # MMT	-.833	.2056	-4.05	P<0.01	.864	2

The result of comparisons are as follow:

1-The rate of relapse in pharmacotherapy and family training group with 99% confidence is significantly more than combination group (all three methods of treatment).

2-the rate of relapse in pharmacotherapy group and ACT with 95% confidence has no significant difference with combination group.

3-The rate of relapse in pharmacotherapy and family training group with 99% confidence is significantly more than pharmacotherapy and ACT group.

4- The rate of relapse in pharmacotherapy group with 99% confidence significantly is more than combination group.

5-The rate of relapse in pharmacotherapy group with 99% confidence significantly is more than pharmacotherapy and family training group.

6-the rate of pharmacotherapy with 99% confidence significantly is more than pharmacotherapy and ACT.

In this research the most effective rate, belongs to the combination group of pharmacotherapy, acceptance and commitment therapy and family training, and in next group belongs to is based on pharmacotherapy and acceptance and commitment therapy.

Conclusion and Discussion

Based on results gained from performed analyses, the effect of ACT in preventing of relapse of MMT patients are cited. Although, the third wave of cures including acceptance and commitment therapy during a complementary process of second wave of cures were resulted and have common sides with these cures, but it seems that ACT, makes the individuals ready to accept negative internal states and reducing the gap of fact, because of self-awareness exercise and giving value to life by determining the goals based on personal values ,which this is a very important point in cure of addicted patients .Also, in this research of relapse ,more success of ACT than FT and MMT in preventing of relapse, are seen, that this important itself is another evidence for this complain that those who are addicted to abuse of drugs can bear the procedures of cure easily and become healthy, when change their viewpoints about himself /herself ,about the world and even the meaning of their life and by acceptance of their faith about these subjects. Furthermore, we can rely on those researches which emphasis on effect of acceptance and commitment therapy in reduction of use craving, cognitive emotional regulation, reduction of dosage of use for those patients under maintenance Methadone therapy and reducing the rate of relapse [14], [10].Another analyzing results of this research was the confirmation of effect of family training in preventing the relapse of patients. In fact, family, this unique environmental factor that cause addiction, because of the close relationship and the non-negligible effects, can be one of the effective options in individual's cure who is addicted by abuse of drug so, this makes the family training necessary .For this reason, in order to change the environment of patients, family training was considered and was tried to provide necessary relation between family members and person addicted by abuse of drug, first with training the relationship skills and determining and recovering the borders in families and in continuation by providing information about the type of disease, personality and needs of patient, the factors which cause the relapse, how to prevent relapse, made the non-challenge role of family clear. In whole of research the family of single patients were more damaging than married patients' family because coordination between many members of family in singles' patients family should be done to help the cure of patient, changing and training some skills such as relationship skills and explaining their key role in this way , this itself, made this work more difficult

and complex but, in married patients' family only the train of their spouses were continued and there was no cooperation with other member. Another point which made the family training difficult, was the need to a long time for changing the traditional and incorrect viewpoints of families about addiction and addicted, that seems difficult in this research. The researches also show that family interferences in cure process cause to gain better results and reduce the rate of relapse and severity of addiction [16], [18], [22].

The most considerable cases in this research based on statistical analysis can address to this point that by considering the multiple etiology of addiction, always those cures which cover the great parts of internal and external dimensions of patient, are more effective than other cures in preventing of relapse, facilitating and recovery of quality of process of cure .Although in this research we were seen lower relapse in a group that have received each 3 ACT[1], FT[2], MMT[3] therapeutic processes .This can recall the goal of active therapeutics in this field, that besides pharmacotherapy which is sufficient for temporary preventing from craving and relapse ,can gain better results by mixing some processes of non- medical therapy that is proportional with the rate of readiness and therapeutic needs of patients. Furthermore, by considering the present cure processes which each of them had a rational success, but in finding and cure of this complex phenomena we can see the innovation of new and more effective processes, than previous methods ,by profiting from strength points of each of these methods.

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