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THE EFFECTIVENESS OF LIFE SKILLS TRAINING ON AGGRESSION AND DRUG CRAVINGS IN PEOPLE DEPENDENT ON GLASS

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ABSTRACT

The present study aims to consider the impact of life skills training on aggression and drug cravings in people dependent on glass. The statistical community of the present consists of all men drug users referred to the addiction center who were 200 people and 132 ones are randomly chosen based on the Morgan table. The aggression and craving to using drugs were implemented on them and then a sample of 30 addicts who had a high level of aggression and drug craving were selected are randomly involved in two groups of 15 people (one test group and one control group). The moment drug questionnaire and aggression questionnaire were used for collecting data. The life skills training program was implemented in 10 sessions of each 45 minutes in a test group which received no kind of life skill and training. Then the life skills of the two groups were analyzed in post test after the training is finished. The results of statistical analysis using Mancova Analysis showed that the first hypnoses of life skills on people's aggression dependent on glass are effective in 99 %. Life skills training on those craving to drugs dependent on glass are effective with 90% confidence. The effectiveness of life skills training program on aggression and craving to drugs is confirmed with 99% confidence.

Keywords: life skills, aggression, craving to drugs, glass

INTRODUCTION

The history of opium abuse and dependence to it has historical roots by cultural and geographical reasons in our country. But in the past decade the use of stimulants, particularly crustal methamphetamine or the glass has become a serious issue in public health. Using drugs in Iran is changing from mere using drugs to continuous using of stimulants and drugs in this condition (Ekhtiari, 2009).

When methamphetamine enters the central nervous system of CNS, the intermediate chemical dopamine is released suddenly from the brain which stimulates brain cells and increasing mood, aggressive, uncontrollable state and also physical movements. The symptoms and sings of disgruntle and depression and motor impairment as Parkinson's is appeared in person after a long time continuous use (Chang L, 2005).

The impact of glass is different in various individuals as any other substance and depends on factors such as size, weight, health, dosage, method, history of using and whether it is

combined with any other substance or not. The environmental factor overshadows the impact of using this substance in individuals. Of the factors affecting this experience is whether the person use drugs alone or with others. Crystal or glass is a strong stimulus that accelerates the central nervous system activity. For patients who use crystal as amphetamine for tolerating pain, similar symptoms can be seen similar to individuals with paranoid mental disorders and schizophrenia (Rippeth J. D, 2004).

Using high dose glass can have a fatal effect on brain vessels and eventually cause death. Other physical effects commonly arising from using glass include: dry mouth, increased respiratory rate, severe headaches, nausea, high sweating of the body, dizziness, elevated blood pressure, elevated body temperature, heart palpitations, dryness, burning and cracking of the lips, enlarged pupil, lightheadedness, trembling hands and fingers. The glass has also an effect on individual's behavior including increasing physical movements, a kind of euphoria feeling, unrest, anxiety, aggression, violence and aggressive behavior, severe insomnia, sudden attack, panic, paranoia (dementia of suspicion) with hallucinations, vitality and high happiness, talkativeness, repeating words and simple tasks, sudden change in behavior, disorder in understanding, disorder and chaos in the kidney and lung functions, anorexia, malnutrition and extreme underweight and cardiac disorders (heart attack and heart failure due to excessive use).

Due to the dependent nature of this substance, individuals are easily addicted to in terms of psychological and physical dimensions. A person who is psychologically dependent on the glass is more seeking towards it more than anything else. When an individual's body is accustomed to drugs and the physical dependency is occurred, the person's body are gradually habited to drug function in body system. The fast increasing of toleration power

and dependence to glass and using high dose for achieving the desirable effect are the common reasons for using it. Feeling composure and unlimited rapture which are appeared after using the methamphetamines in individuals causes creating too much desire for more use of this material in person (2006, NIDA).

Life Skills

Life skill means the courage, competence and expertise in an activity. One of the fundamentals of each skill is the ability to perform a number of options to achieve a desirable goal. For example, if a person wants to be decisive or control aggression, he must make choice in these areas, or if someone, for instance, wants be a manager, he must make choices among management skills as establishing a good relationships among a group of people and have a dominant speaking in an audience (Nelson, 1992).

People need functions in dealing with stress, different situations and conflicts in life for their capabilities to be optimized. These functions are very fundamental and are formed in transformation process. Some functions are appeared as cognitions, emotions and the behaviors constructed by self-esteem, self-efficacy, problem-solving ability, coping, self-understanding, social skills and style of documents (Ghasemabadi, Muhammad khani, 1998).

Celark mentioned in 1991 that the functions in preparation for adult life simply describe this term. What can be seen in different definitions and is a similar theme in all definitions is a description taken by a set of skills or tasks that is given to the individual situations in adulthood (Cronin, 1996).

Reconversion and transgression

Reconversion is the time when the addicted one returns the old behavior in using the material. It is possible that they return to the stage of the cycle after their returning, though the return is when the addicted one completely back to old

behavior concerning the use of drugs and then the goes along the changed cycle again from the first. How is it possible to help addicted ones in reconversion and transgression stage? The suitable support for the addicted one to reduce the damages resulted from using drugs and helps them re-treatment to the amount that a retreat does not lead to reconversion. What kind of actions to be taken when a member of family continues to use drugs despite all efforts in preventing him? (Loiness and Dana, translated by Khademi and Roushan, 2006).

Having feelings of impotence and despair is normal in this situation. There are many people who are suffering from the problems the same as yours already and have found their way to save. Finding a way to help yourself is the best thing you can do for your families (Saiedi, 2002).

Marie and colleagues (2009) has considered and investigated the ways for preventing the recurrence of the disease in addicted ones. This experiment shows that training skills such as coping, controlling the aggression, enhancing the self-sufficiency are effective in treating the recurrence of the disease of individual's disease. The cognitive and behavioral treatments have the main impact on recurrence of the disease and aggression. Rawson and colleagues (2009) considered the strategies for preventing the recurrence of the disease of drug-dependent patients. This study shows that cognitive and behavioral techniques are effective in treating the people addicted to alcohol, cocaine, marijuana and heroin. The evidences showed that increasing the level of self-sufficiency has the main effect in preventing the recurrence of the disease.

Gilbert (2008) considered the ways for preventing recurrence of the disease of drug abuse and training life skills. This study was empirically implemented on several test and control group. The groups are influenced under life skills. These groups include people with drug and glass abuse. The evidences showed that

life skills are effective in preventing the individual's recurrence of the disease in all three experimental groups. Carina (2010) had an study on the effect of life skills program on drug abuse.

This study was conducted on addicted adolescents in school. The design was quasi-experimental and the data were analyzed by MANCOVA. The data analysis showed that life skills are more significant on girls than boys and have significant effects on preventing the recurrence of the disease of the disease.

Sharon. F (2008) conducted a study concerning the functions of life skills programs on preventing the drug use. The life skills training program was implemented in 432 schools and the analysis factors showed that life skills training are effective in following drug use and the rate of using.

Lev L.Mandel (2006) and colleagues considered the effects of life skills training in preventing drug use among school students. In this study, the prevention has had been based on test and control group in schools of the region. The collected findings showed that life skills training deals with public skills and how to deal with others. This way makes a major impact on reducing drug use.

Aggression

In one division, aggression is divided into two types: hostile aggression and instrumental aggression. Hostile aggression are the behaviors by which it aims for hurting others and are basically performed for hurting or harming people, such as one who are insulted or attacked, and or harmed. But aggression is not a means for hurting others but it is merely done for achieving aim or aims. Thus aggression is a means for achieving specific goal not to damage or physical injury to others.

Although no exact definition was proposed by psychologists, most psychologists believe that aggression is a personality trait which determines individual's behavior in threatening

and anguishing situations. Generally speaking, psychologists believe that aggression is a behavior aimed for hurting or making injury in others. The range of aggressive behaviors can be spurning, biting, humiliation, offence and violating other's rights. In other words, any physical and verbal behavior lead to hurting others and performed purposely is a part of aggressive behaviors (Robin. S, Navako, 1999). Mona Goldman and colleagues (2006) had an analysis about life skills on managing disease in schizophrenia patients. She found out that drug therapy along with behavioral training is necessary in identifying the skills in these individuals. The cognitive techniques are also implemented in preventing patience recurrence including training coping, problem solving and social skills. This practice is performed in 20 sessions of one hour each. They found out that social skills are effective in decisiveness and volition. Kelly Champion and colleagues (2003) configured that life skills (social skills) have a major impact on aggression by considering the 54 adolescents convicted to being in jail. The self-report questionnaire is used in this study and they concluded that there is a relationship between life skills, self-control and decisiveness. They also mentioned that there is a mutual relationship between intrapersonal skills and conflict management.

METHOD

The research methodology is experimental and the research design is the kind of pre test – post test with control group. The research participants include 200 male addicted people referred to Raha Addiction Center in the years 2010-2011. The aggression test and drug use craving is firstly implemented on overall statistical people (200 people) in which 132 people had the concerned characteristics in all the three tests. After a clinical interview, 30 people were chosen as a sample which are randomly involved in the two groups of 15 people.

Instrument:

The moment using craving assessment questionnaire

This questionnaire has been designed for considering drug use craving as a motivation state in which 13 questions are designed by Franken and colleagues and three factors are have been analyzed and assessed. The first factor includes the inclination for using drugs (including questions 1, 2, 4, 6, 9, 12 and 13). The second factor considered the negative strengthening and includes questions 5, 8, 10 and 11. The third factor is control one which includes questions 3 and 7. It is worth mentioning that the question raised by Franken and colleagues and was eliminated from the questionnaire was again added to and was considered because of increasing the internal group establishment which that question was in.

Aggression questionnaire

The new version of aggression questionnaire, by which the old version was entitled as hostility questionnaire, was reviewed by Bas and Perry (1992). This questionnaire is a self-report instrument that contains 29 words and 4 subscales which include physical aggression (PA), verbal aggression (VA), anger (A) and hostility (H). Those who are tested answered to a 5 range grading as 5- it is completely similar to me, 4- it is similar to me to some extent, 3- it is similar to me and it is not similar to me, 2-It is not similar to me to some extent and 1- it is completely not similar to me. The two items of 9 and 16 are conversely marked and the general mark of aggression is achieved by the general sub-scale marks.

The aggression questionnaire has an acceptable validity. The retest results obtained for the four subscales (within 9 weeks) 72% to 80% and the coefficient results among four subscales as 38% to 49%. For assessing the internal validity of the scale, the Cronbach's alpha was used. Which the results indicated that the internal consistency of

physical aggression subscale was 82%, verbal aggression was 81%, and hostility was 80%.

Implementation

After choosing the sample and assigning them randomly in control and experiment group, the pre test was implemented for both groups and

then life skills training was taught in 10 sessions 45 minutes each and one session each week randomly in experiment group. After the training program, the post test administered to both groups, and finally the data were analyzed using covariance analysis.

Findings

The covariance analysis was used for analyzing data.

Table 1: the adjusted mean of standard deviation and covariance analysis of aggression and drug craving:

variable	Control group		Experiment group		covariance		
	Mean	Standard deviation	Mean	Standard deviation	F(1,24)	P	ETA
aggression	75.654	0.957	95.924	0.931	230.337	0.000	0.906
Drug craving	15.173	0.496	22.938	0.483	125.704	0.000	0.840

Life skills training is effective on drug craving of those who addicted to glass.

As the results can be seen in Table 1, there is a significant difference between adjusted averages in experiment and control groups in reducing aggression variable (ETA=0.906, P=0.001, F(1,24)=230.337). Therefore, life skills training have had an effect on reducing aggression.

Life skills training is effective on drug craving of those who addicted to glass.

The results in covariance table show that there is a significant relationship between the two groups in drug use craving variable.

F(1,24)=125.704, P=0.001, and ETA=0.840. Therefore, life skills training has had an effect on drug use craving of those who addicted to glass.

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DISCUSSION AND CONCLUSION

the present experiment aimed to examine the impact of life skills training on aggression and drug use caving and it is concluded, based on the data resulted from this study, that the addicts who have no life skills are more interested in using drug and therefore they are inefficient in coping with it. The results of this study suggest that life skills training is effective on aggression, decisiveness and drug use craving of those who addicted to glass. Thos who communicate with hostility try to express their views, but in the meantime, they disregard the feelings of others. Although they may achieve to what they want in short time, the long-term effects of aggression is

often negative. Aggressive people often make others angry or hurt their feelings by rejecting their requests. One instance of aggressive response is when the person imposes his views loudly contrary to what others want.

Life skills train them how to manage their behaviors by recognizing a range of feelings including anger.

Recognizing his aggressive behaviors and also those of others, Recognizing possible consequences of his aggressive behaviors and also those of others., Recognizing the behaviors cause to harm himself, Recognizing the thoughts and feelings prior to aggressive behavior, Recognizing the inner signs of anger, Practicing and learning the coping mechanisms to control anger, Appearing anger without losing control.

The results of this experiment are compatible with those of Champon and colleagues (2003), Ani. A and colleagues (2008), Marios and colleagues (2008), Mary. A and colleagues (2009), Johans (2009), Gilbert (2008), Arnold (2006), Radi (2001), Ganji (2003), Sadeghie and colleagues (2004) Mehrabi and colleagues (2004) and Torki and colleagues (2005). Life skills training make possible for the referents to control their stimulus to achieve the ways for changing the temptations by stopping or directing the temptation before making it applicable. They can use opposing conditioning through replacing desires and motives by the thoughts and actions free from drug use, and finally the positive results of avoiding using drug boost the efforts of patients to manage cravings and motivation to use it in future. Because the desires and craving for using drug seems strong while appearing, it is necessary to take an attention. Because of the fact that they are occurred only in a limited time, they will be weakened and then disappeared if they are insisted.

The unhealthy thoughts are appeared after facing the person with temptations and these temptations and desires are occurred just after

the unhealthy thoughts. However, the referents are sometimes able to find a specific temptation or desire and then experience those unhealthy thoughts. In other cases, unhealthy thoughts cause the temptations and motives for using drugs and make more problem in facing to them. The results of this experiment are compatible with those of Mona Goldman and colleagues (2006), Reiner and colleagues (2004), Mary. E and colleagues (2009), Botoyen and colleagues (2005), Karina (2010), Sharon (2008), Lomandel and colleagues (2006), Soisher (2004), Trel and colleagues (2003), Ellen and colleagues (2002).

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