



Evaluating the Quality of Non-Drug Interventions at Rehabilitation Centers in Yazd, Iran in 2018

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Abstract

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Background: Addiction is one of the most important health challenges around the world. Investigating effective prevention methods and treatment interventions are the main concerns of researchers in this field. The present study was done to evaluate the quality of non-drug interventions at addiction treatment centers in Yazd province.

Methods: Out of 130 addiction treatment centers in Yazd Province, 30 centers, and from these centers 300 patients were selected randomly. Information was acquired through questionnaires, validated by the researcher. The assessments were focused on different fields of non-drug intervention at addiction treatment centers including individual consultation, motivational interviews, training about how to cope with cravings, and group therapy.

Results: The quality of non-drug interventions at 86.7% of the centers was relatively moderate and in 10% was poor. 30% and 33.3% of the centers had respectively poor and moderate quality services for motivational interviews. The quality of training services with respect to coping with craving was medium at 50% and desirable at 50% of the centers. Moreover, 40% and 53.3% of the centers had a poor and moderate quality level of group therapy respectively. Patient satisfaction about non-drug interventions was mainly high or very high.

Conclusion: In non-drug interventions, patient's satisfaction was high. Therefore, it is suggested that non-drug temptation reduction interventions be performed in rehabilitation centers, along with other treatments.

Keywords: Satisfaction, Non-drug interventions, Addiction treatment



Background

Drug addiction is now one of the main global mental and social health problems, and is one of the most important health challenges around the world. Drug abuse and dependency is now considered as a complicated multi-dimensional issue (1).

The United Nations Office on Drugs and Crime (UNODC) recently reported that about 255 million people around the world abuse drugs; and treatment demands are increasing in all world countries (2).

Psychiatric disorders such as depressive disorder, anti-social personality disorders or phobia are common in addicts (3). Most addicts have experienced exclusion, deprivation and imprisonment which intensify their loneliness and hostility (3, 4).

Addiction can be prevented and treated, but its treatment is not simple and affects different aspects of people's life. Drug therapy and psychotherapy are two major categories in addiction treatment (5). Drug treatments have changed over time. Nowadays methadone maintenance therapy (MMT) is one of the most known and successful drug treatments (1). Studies have shown that MMT can decrease drug use and increase the social performance of addicts (1). Although MMT is considered as a common and effective therapy (6), psychological interventions should also be considered at the same time (7). Investigating effective prevention methods and identifying effective drug and non-drug interventions are among the main concerns of researchers.

The aim of this study was to assess the quality of non-drug interventions from the viewpoint of addicts seeking treatment and to identify the areas that need more attention in Yazd province.

Methods

In this cross-sectional study, out of 130 addiction treatment centers in Yazd Province, 30 centers were chosen randomly. In the next stage, 10 patients were randomly selected from each center. The inclusion criteria were the individuals' willingness to participate in the study, residing in Yazd for at least 6 months, and lack of mental disorders such as

depression; and the exclusion criteria included unwillingness to participate in the research. Information about the type of intervention (individual counseling, motivational interviews, craving coping skill and/or group therapy) was extracted from personal files. A questionnaire was designed by the researchers about patients' satisfaction about the interventions. The questionnaire included 54 questions, which were measured on a Likert scale. Responses were scored from "strongly agree" (score=5), to "strongly disagree" (score=1). The total score ranged from 54 to 270.

The qualitative and quantitative content validity of this questionnaire was reviewed and commented by 10 experts. The Content Validity Ratio (CVR) was 0.92; and the Content Validity Index (CVI) was 0.89. Thirty individuals were asked to complete the questionnaire and the Cronbach's alpha was 0.89. A psychologist or technical assistant completed the questionnaire by interviewing patients. A checklist was also prepared by the researchers for documenting the situation of human resources and the hardware available in the centers. This study was approved by the Ethics Committee of Shahid Sadoughi University of Medical Sciences (Ethics Code: IR.SSU.SDH.REC.1396.134). The aim of the study was explained for all participants and informed consent was inquired from all participants. Data were analyzed through SPSS19 (Inc. in Chicago, Illinois, USA). The distribution of all quantitative variables was tested by using the Kolmogorov-Smirnov test for normality. Data were analyzed by SPSS 20. Descriptive statistics (frequency and percentage) were reported; also Chi-square test, t-test and ANOVA were used.

Results

All addiction treatment centers had psychologists, in which 43.3% of them were general psychologists and 90% and 66.7% of psychologists had passed elementary and advanced courses of non-drug interventions, respectively. 70% of the treatment centers did not have access to a psychiatrist. In 60% of the centers, the presence of social workers was part-time. Fourty percent of social workers had not

passed substance abuse training courses.

In only 13.3% of the treatment centers, training and consulting media had been provided and were available to patients, to improve the quality of training and counseling services. In 20% of these centers, contingency management was done as a non-drug intervention. Staff of 23.3% of these centers declared being unaware of contingency management. In 46.7% of the centers, no books, pamphlets or training media were available. In 56.7% of the centers, the Matrix Structured Interventions had not been performed and only 43.3% of the centers acknowledged doing these interventions (13 centers); however, documentation was only available at one center.

The results of evaluating the quality of non-drug interventions in addiction treatment centers showed that only 43.3% of the psychologists knew the basis of motivational interviews and 40% of them had not passed specialized training courses for doing motivational interviews. 66.7% of the psychologists had passed specialized

training courses about craving coping skill; but only 4 psychologists had the documentations of the course.

The group therapy meetings had not been set up in 6.7% of the centers. These meetings had been set up quarterly and monthly in 7.7% and 63.3% of the centers respectively. In 20% of the centers, group therapy meetings had been set up weekly and regularly. 30% of the psychologists had not passed specialized training courses for group therapy.

In most centers 10 to 30% of the patients (46.7%) had participated in group therapy meetings. Twenty percent of the centers did not have proper physical space to form group therapy. In 53.3% of the centers, the center's physician had never participated in group therapy meetings.

Table (1) showed the quality of non-drug interventions reported by the patients in these centers. Only 94% of the patients filled in the satisfaction questionnaires on non-drug interventions.

Table 1. Frequency and percent of the quality of non-drug interventions reported by the patients

Quality level	Individual counseling		Motivational interviews		Craving coping skill		Group therapy	
	Frequency	%	Frequency	%	Frequency	%	Frequency	%
Poor (score <50%)	3	10	9	30	0	0	12	40
Moderate (score of 50% to70%)	26	86.7	10	33.3	15	50	16	53.3
Good (score > 75%)	1	3.3	11	36.7	15	50	2	6.7

The average score of non-drug interventions quality, including individual counseling services quality, motivational interviews, craving coping skill and group therapy were 61.5 ± 8.9 (from 65), 64.4 ± 17.4 (from 75), 75.7 ± 10.6 (from 85), and 85.15 ± 12.8 (from 90) respectively.

The patient satisfaction about non-drug interventions quality in addiction treatment centers was mainly high or very high (totally 73%). Table 2 shows patient satisfaction about non-drug interventions.

Table 2. Frequency and percent of patient satisfaction of non-drug interventions

Quality level	Frequency	%
Very low (Less than 20%)	0	0
Low (20 to 40%)	10	3.6
Average (40 to 60%)	66	23.5
High (60 to 80%)	130	46.3
Very High (over 80%)	75	26.6

The results of comparing the average score of patient satisfaction in different centers showed a significant difference (P -value < 0.001). Therefore, patients had a higher score of satisfaction in some centers. The results of comparing the average score of patient satisfaction showed significantly more satisfaction for non-drug interventions in addiction treatment centers that had psychologists (P -value = 0.018).

The average score of patient satisfaction in centers with good quality level was higher than centers with moderate quality craving coping skill services.

The results of comparing the average score of patient satisfaction in centers with a different quality of non-drug interventions and individual counseling (P -value=0.324), motivational interview (P -value=0.281) and group therapy (P -value=0.211), did not show a significant difference.

According to the Pearson Correlation Coefficients, there were no significant linear correlation between the quality score of non-drug interventions, individual counseling services and motivational interview services (P -value=0.771; r =0.055), the quality score of craving coping skills (P -value=0.720; R =0.068); and the quality score of the treatment group (P -value=0.115; r =0.294) in addiction treatment centers.

According to the Pearson Correlation Coefficients, there were no linear significant correlations between the quality score of the motivational interview services and the quality score of the craving coping skill service (P -value=0.951; r =0.012); or the quality score of the group therapy (P -value=0.529; r =0.120) in addiction treatment centers.

Discussion

The aim of this study was to evaluate the quality of non-drug interventions in addiction treatment centers, in Yazd province. Many studies have assessed different ways to improve non-drug interventions. Kordmirza studied about psychological intervention and positive psychotherapy based on individual psychological patterns and showed that Adlerian psychotherapy and positive psychotherapy have been effective in improving the resilience of people dependent on substances (8). Haji Alizadeh et al reported that the educational group training program for improving problem solving skills, increased youth mental health (9). Momeni et al. showed the effect of cognitive-behavioral therapy on decreasing craving among addicts (10) and Bahadorzade et al reported that cognitive-behavioral therapy can decrease anxiety in addicts (11). Lotfi Kashani et al. compared the effects of cognitive-behavioral therapy, methadone therapy and a combination therapy in improving addicts' depression and the results showed that all three treatments (Cognitive-behavior Therapy, Methadone Therapy, and the Combination Method), when compared with the control group, were effective in improving depression (12). Chaudary assessed the addicts' satisfaction of services such as drug therapy, counseling and training services in Shahid Navab Safavi Rehabilitation Polyclinic in Isfahan. The results of this study showed that the counseling and non-drug interventions had a greater effect compared to the drug therapy (13).

However, none of these studies investigated

the quality of non-drug interventions. This study evaluated the quality of non-drug interventions in addiction treatment centers and was done in 30 rehabilitation centers.

According to our data, the number of psychologists was acceptable in addiction treatment centers. But, although addiction is associated with some psychiatric disorders, 70% of the centers have had even a psychiatry specialist. 26.7% of centers did not diagnose or refer any psychiatric patient. Although there was a high prevalence of psychiatric illnesses, it seemed that these centers were not managing patients well. In 60% of the centers, the attendance of social workers was part-time. We believe due to the multidimensionality of the addict's family, social, economic, occupational and other problems, full time attendance of social workers can improve addicts' treatment. Therefore, the elaboration of a scientific and administrative protocol and social workers training should be the priority for promoting non-drug services in addiction treatment centers.

Only 33.3% of patients had a consultation meeting with a psychologist once per week, and the other patients did not come to the centers regularly. Considering the important role of psychological counseling services in the treatment of addiction, the more patients have a chance to attend psychological consulting; the treatment will probably gain better success.

Sadeghi et al showed that educational method as level of literacy of patients is an effective factor for training (14).

According to the survey, 86.7% of the centers did not provide training media (pamphlet, booklet and, etc.). We suggest that providing training media in addiction treatment centers is essential. Based on these results, the quality of motivational interview services in 30% of the centers was poor and in 33.3% of the centers was moderate. According to the survey, 60% of the centers had passed motivational interview courses but only one center had training documentations.

The results showed that in most centers, between 10% and 30% of patients had participated in group therapy sessions, so strategies should be followed to increase the participation of patients in group therapy sessions. Since in 53.3% of the patients, a technical practitioner had never participated in

group therapy sessions, a technical practitioner should be encouraged to participate in group therapy training sessions. Considering the effectiveness of group therapy as one of the non-drug interventions, it is necessary to arrange training workshops for psychologists.

The quality of craving coping skill services in half of the centers was moderate and in half was desirable. According to the results among non-drug interventions, the quality of craving coping skills affected patient satisfaction. Patients were more satisfied of those centers which had higher quality of craving coping skill services. Therefore, scientific and practical training of addicts, improving the quality of these services and documenting services are necessary. In this study, patient satisfaction about non-drug interventions was mainly high or very high.

This difference may be due to the fact that the craving coping skill issue is desirable for patients and they need psychologist help. Therefore, those centers which can better provide this skill cause more satisfaction. Seems like patients prefer psychologists that institutionalize these skills, and from their point of view, a good psychologist is someone who is willing to implement these proper interventions in patients.

One of the limitations of this study was self-report data collection. Although the questionnaires were kept confidential and anonymous, still some patients might have not reported accurately. Moreover, this research was conducted on a specific research population (Yazd city) and the results might not be generalizable to other population. It is recommended to do studies with a larger

sample in other provinces of Iran. Future studies can also include information from the technical physicians about non-drug interventions in addiction treatment. Also, the effectiveness of these interventions can be evaluated from different viewpoints. There is also a need for studies about factors effective on improvement of these interventions. Meanwhile we suggest that future researchers compare non-drug interventions in various rehabilitation centers around the country (such as addiction treatment centers, self-help groups, community health centers and etc.).

Conclusion

In this study, patients' satisfaction about non-drug interventions were high. This significance may be due to the fact that the problem of temptation is evident and tangible in patients and they need more help from a psychologist; and the centers that can control this problem in the patient will have higher satisfaction among their patients. Therefore, it is suggested that non-drug temptation reduction interventions be performed in rehabilitation centers.

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Conflict of interest

The authors declare no conflict of interest.

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