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The Effectiveness of Group Positive-therapy (PPT) and Well-Being Therapy (WBT) on Attitude Towards Drug Abuse in Patients under Methadone Maintenance Therapy

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Abstract: *Background:* Treatment of substance abuse has been associated with many challenges. *Purpose:* The aim of this study is to compare the effectiveness of group positive therapy (PPT) and well-being therapy (WBT) on attitude towards drug abuse in patients under methadone maintenance therapy. Method: The present study is a quasi-experimental with pre-test and post test analysis and control group. The population was including all substance abusers in the city of Lavasan who were resident in the clinics center of city Lavasan. Participants included thirty-six men who were eligible for the study were chosen by random selection method and randomly allocated in three groups. Two groups received positive psychotherapy (PPT) and well-being therapy (WBT) for 2 months, 14 sessions of 1hours (Two times a week), while the control group received no therapy at all. Data were collected by Questionnaire of attitude to drug which was given to the test subjects before and after completion of the therapy. The collected data was put to one way variance analysis and Scheffe's test. Findings: The study demonstrated that group positive therapy and well-being therapy had positive effects on the attitude towards drug abuse improvement in both groups who received interventions ($P<0.00001$, $F=16.03$) in comparison to the control group. Actually, both methods were effective in boosting attitude towards drug. Both positive therapy and well-being therapy methods were found effective in decrease attitude towards drug abuse in patients under methadone maintenance therapy but has not a significant difference between the effectiveness positive-therapy and well-being therapy. Conclusion: The results showed that the positive- oriented and well-being treatment had no significant difference in reducing drug attitudes, but both treatments had significant effect compared to the control group.

Key words: Positive therapy · Well-being therapy · Attitude towards drug · Methadone maintenance therapy

INTRODUCTION

Addiction and its unpleasant consequences are considered as the most important public health problems in the world [1]. According to the World Health Organization reports, it has been shown that there are about 200 million drug addicts in the world, which the highest prevalence of addiction with 8.2 percent is in Iran [2]. And studies showed that drug abuse is one of the tenth main diseases all over the world [3] and is increasing day by day [4]. Addiction and psychotropic drug abuse in the country is in the fourth place after accidents, injuries, depression diseases and cardiovascular diseases [5]. Addiction like any other chronic disease requires management over time [1, 6]. There unreasonable beliefs play an important role in the etiology and treatment of addiction [7]. Carol believes that the treatment is associated with lower resistance in addicts [7]. Previous studies have shown that the efficacy of medication maintenance therapy and psychosocial interventions have had limited successes [8]. Therefore, the necessity of psychological treatment is more crucial than ever. A type of psychotherapy that can have a significant role in the field of addiction is treatment focused on positive oriented psychology. Less than two decades ago as a new trend in psychology was discussed called the

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positive-oriented psychology which deals with human happiness and well-being and quickly enter the field of clinical psychology and counseling. Later Martin Seligman and his apprentice Taieb Rashid raised positive oriented psychotherapy and used it to increase the joy in the life of the third millennium which established away from the ideology of the disease-oriented (DSM) [9]. Positive-oriented psychotherapy relates to the clients' trauma relief with increased meaning and increasing happiness in life [10]. It is used in various situations [11] and have stable positive results [12] and the strengths and weaknesses of individuals are considered and understood simultaneously in positive-oriented psychology [13]. The process of positive oriented psychotherapy according to Rashid [10] includes fourteen steps (session) and in each of these sessions different thematic or one of positive psychology-oriented structures are reviewed and home assignment is considered for the clients. Seligman and colleagues [14] in a number of studies have examined the validity of a positive-oriented psychotherapy and psychotherapy. They found that positive oriented individual psychotherapy reduced the symptoms of depression and led to more full recovery in depressed clients with conventional therapy plus medication in antidepressants. Positive-oriented psychotherapy also increases happiness in addition to the reduction of depression symptoms. In one study [14] positively oriented psychotherapy was used for two groups of mild to moderate depressive students, the results showed a greater reduction in symptoms of depression and more increase in their life satisfaction which was persistent a year later. A summary of the positive-oriented group therapy was tried with children in school which led to increase in their well-being [15]. Many home exercises used in the positive-oriented psychotherapy which have done over the Internet in the researches by Seligman and colleagues [16] have been validating.

Based on these studies, Rashid concluded that the positive-oriented psychotherapy was effective and had the effect of high to moderate. Well-being therapy is a new type of therapy in the field of positive oriented psychology which has originated in studies of cognitive behavioral therapy and has been used either alone or in combination with cognitive behavioral therapy [18]. Well-being therapy is organized in a short-term therapy plan (eight sessions) and is guiding and problem-focused and based on the model of psychological well-being of the Reef [18] in which self-concept, regular memorial writing and interactions of the client and the therapist are used to increase the client's psychological well-being [19]. Reef psychological pattern [18] has six dimensions, including environmental mastery, personal growth and purpose of life, autonomy, self-acceptance and positive relationships with others. The purpose of the use of therapist is to help the clients to reach high levels of psychological well-being from lower levels of functioning in all six areas of interest [17]. Therapist helps the clients to contribute to their optimum functional level from the impairment of the function and their past experience well-being in their life. These experiences are valuable no matter how short. After Clients were informed fully of well-being cases in their lives, in the next stage of therapy, they are helped to identify their beliefs and thoughts that disturb the well-being experience and also their feelings and well-being [19]. This phase of treatment of identifying the automatic thoughts or irrational beliefs is similar to conventional cognitive therapy [20].The difference is that in the well-being therapy, client's self-concept of his thoughts are more based on well-being than on the problems and tensions. And in general, the main methods to help the clients to overcome shortcomings in the psychological well-being include automatic thoughts, cognitive restructuring, the timing of activities that produce a sense of mastery and control or pleasure, education, assertiveness, courage and problem solving [21]. Therefore, due to the significant prevalence of drug use in Iran, this study aimed to compare the effectiveness of positive-oriented psychological treatment (PPT) with well-being therapy (WBT) in group on attitudes to drug abuse in the addicts were treated with methadone.

Method: The present research was a quasi-experimental study using pre-test and post-test with control group. The study population comprised all male addicts treated with methadone maintenance during the winter of 2014 who referred to the methadone maintenance treatment centers in Lavasanat city, Iran. And they were diagnosed having impairment dependence on opiates (opium syrup and crystals) using structured clinical interview conducted by a clinical psychologist according to the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders criteria and were in the methadone maintenance treatment center. From the population, 39 males were selected and randomly assigned to three groups: positive-oriented treatment (n=13), well-being (n=13) and control group (n=13),

respectively. During the course of treatment in experimental groups, 2 left before the end of the study, treatment. In the control group, 1 person did not participate in the test. The final number of participants in the positively oriented treatment group was 12 patients, 12 patients in group well-being treatment group and 12 patients were in the control groups which were replaced randomly in groups 1 to 3. Entry criteria were: 1) age range between 20-50 years, 2) a minimum level of literacy 3) a history of abuse between 1-10 years 4) the amount of methadone prescribed (60 to 120 mg daily in a period of consolidation). Exclusion criteria were as follows: 1) dependence on other materials at the same time 2) personality disorders, retardation or severe mental disorders 3) severe physical diseases. Also, the two groups were homogeneous in terms of social class, age and experience and the possible effect of these variables on the dependent variable was removed.

Research Instrument: In this study, a demographic questionnaire, the Structured Clinical Interview for Disorders IV.DSM- (SCID) and Drug Attitude Inventory (2) were used.

Demographic Questionnaire: Demographic questionnaire was used by the researcher to collect personal information such as age, education, socioeconomic status, history of diabetes, history of substance abuse treatment and preparation time.

Structured Clinical Interview for DSM DSM-IV (SCID): Structured Clinical Interview for Disorders DSM - IV (SCID) is a clinical interview used for the diagnosis of a disorder according to DSM - IV. The coefficient of inter-rater reliability for SCID has been reported 0.60 [22]. Diagnostic agreement of this instrument in Persian has been good for most specific and overall diagnosis with higher reliability of 0.60. Kappa coefficients for the current and lifetime diagnosis were obtained as 0.52 and 0.55, respectively [23].

Drug Attitude Inventory: Drug Attitude Inventory is made by Rezaiee, Delaware and Najafi [2] and includes 40 questions with 5 options based on the Likert scale (strongly agree, agree, no comment, disagree, strongly disagree) and consists of three components: attitude the effects of drug use, attitudes toward the dangers of drug use and attitudes toward drug use. Validity of the questionnaire was obtained using principal components analysis and direct varimax rotation and oblimin method. The results of varimax rotation showed that these three factors determine the 27/44% of the total variance of the questionnaire. 18.7% of the variance is related to the first component (attitude toward the drug), 41/17% of the variance to the second component (attitude toward drug use) and 15.8% of the variance was related to the third component (attitude toward risks Drugs). The results of the direct oblimin rotation also showed that the equity of the first component was 39/9, second component 20/9 and the third component was 99/4 [2].

Data Analysis: ANOVA and Scheffe post hoc test were used to compare the three independent variables (both intervention and control) on the dependent variable (attitude toward substance abuse). The basic hypotheses of this approach include variance equality and non-significant Levene's' test ($p= <0.05$), normality of the dependent variable and the linear relationship between the dependent and mediator variable which were obtained testing the research hypotheses. Data were analyzed using SPSS software version 18.

RESULTS

The data were analyzed in both descriptive (mean, standard deviation) and inferential statistics (ANOVA test and Scheffe post hoc test) using SPSS software version 18, which are shown in the following tables. In Table 3, the demographic of the sample is provided in terms of educational levels and marital status. Table 4 shows the descriptive data consisted of the average, minimum and maximum scores in the three groups. The lowest and highest average in the pre-test was devoted to the positive-oriented group and in post-test was devoted to the well-being treatment and control group. In Table 5, the results of ANOVA of attitude to drugs are presented. Considering the results of Table 5, there was a significant difference in the variance of scores in the three groups ($df = 2/33$, $F = 16/03$, $P > 0.0001$). Scheffe's test was used to compare the mean scores of attitude to drug in three groups and the results are presented in Table 6. According to the results, there is no significant difference between positive-oriented treatment and well-being groups at 99% confidence level ($P=0.208$), but the positive-oriented treatment group and the control group ($P< 0.0001$) and the well-being treatment and the control group ($P=0.002$) had significant differences in their attitude to drug.

Table 1: summarized content of the positive-oriented psychotherapy sessions

Session	Subject
First	Clinical interview
Second	Introducing positive-oriented therapy and obligations of the parties in therapy sessions and encourage the client to story -writing, offer forms, pre-test
Third	Speaking of capabilities from the narrative and introduce positive references
Fourth	Raising the educational superior strength and positive emotions and plans to implement these capabilities, understanding of positive emotions and home office homework Thanksgiving
Fifth	Checking the previous session assignments, practice tools, negative emotions such as anger and protest and examine their impact on the creation and persistence of cases of depression and helplessness
Sixth	Checking the previous session assignments, familiar with the structure of forgiveness as a tool that can transform negative emotions into positive, domestic task of writing a forgiveness
Seventh	Checking the previous session assignments, Introduction to thanksgiving construct, thanksgiving positive effect on good and bad memories, domestic task of writing a thanks letter
Eighth	Review and assessment of progress between health authorities in writing a thanksgiving and forgiveness letter and discussing the client feedback on treatment process
Ninth	Encouraging client to have satisfaction and contentment to the maximum, to create harmony between expectations and reality, the task of devising a satisfactory plan at home
Tenth	Checking the previous session assignments, exercises active and constructive response and the projecting a family meeting
Eleventh	Recognize and acknowledge the highest capacity of the family members for meaning in life
Twelfth	Understanding the concept of pleasure and planned fun activities
Thirteenth	Find meaning through the use of the capabilities of the secretary (third session treatment) in order to ultimately helping others and discuss a complete life
Fourteenth	separating from the Group / Periodic meetings determination tests and the results of the analysis of data

Table 2: summarized content of the well-being psychotherapy sessions

Session	Subject
First	Interview
Second	The definition of the curriculum - and targets for drug therapy in the treatment of participants / offer forms and diary / mutual obligations stipulated in the program / pre-test
Third	In the framework of well-being therapy / therapist role and responsibilities of the authorities discussed / role of positive emotions in the continued absence of drug dependence arises / worksheet introduce your registration
Fourth	Check the previous session assignments / Well-being identification courses to help discover the positive emotions / motivate a person to record events in the diary / worksheet rid of hatred
Fifth	Check the previous session assignments / optimism and hope / clients are guided to think about when you fail in a major / The clients are asked to pay attention to when one closes / opens the doors to another / work leaves open new doors in life.
Sixth	Check the previous session assignments / her acceptance of the role of the mind / reception experience rather than denying or trying to forget their failed / worksheet a hope
Seventh	Check the previous session assignments / use of public places in the discovery of irrational reasoning / purpose of the benefit and the long-term goals in life / worksheet blessings
Eighth	Worksheet blessings / empathy as a driver of positive emotions / control environment as a component of mental health / worksheet a forgiveness
Ninth	Check the previous session assignments / study of social cognitive development and possible periods of recession / slowdown in the creation of inefficient knowledge / worksheet of emotions
Tenth	Check the previous session assignments / recognition is discussed as durable thanks again and good and bad memories are highlighted with emphasis on appreciation / practical examples of the impact of optimism and pessimism on consumption and avoiding consumption
Eleventh	Check homework before the meeting / discussion of positive relationships with others, to promote it and understand its role in mental health
Twelfth	Understanding the components of personal growth, embracing new experiences and a sense of evolution.
Thirteenth	Check the previous session assignments / presentation component of autonomy and discussion of positive relationships with others/ review progress/ post-test
Fourteenth	Separating from the Group / Periodic meetings with determination tests and the results of the analysis of data

Table 3: educational levels and marital status in three groups of well-being treatment, positive-oriented treatment and control group

Frequency	High school degree and lower	Bachelor and higher	Single	Married
number	17	15	11	21
percent	53/1	46/9	34/4	65/6

Table 4: attitude to drugs in three groups of well-being treatment, positive-oriented treatment and control group

	mean		highest score		Lowest score	
group	----------		----------		----------	
N=12	Pre-test	Post-test	Pre-test	Post-test	Pre-test	Post-test
well-being	101/20	121/10	123	136	80	101
positive-oriented	99/20	112/5	126	135	82	95
control	101	102/40	122	118	91	90

Table 5: ANOVA of attitude to drugs in three groups

Source of change	Sum of Squares	df	Mean Squares	value F	Sig.
Intergroup	2850/44	2	1425/22		
Within the group	2934/03	33	88/91	16/03	0/00001>p
Total	5784/47	35			

Table 6: Scheffe's mean scores of attitude to drug in three groups

Treatment	Well-being M=13/24	Positive-oriented M=19/91	Control M=1/41
Well-being	-	0/208	0/002
Positive-oriented	0/208	-	0/00001
Control	0/002	0/00001	-

CONCLUSION

Today, the positive -oriented treatment tries to create reconciliation between logic and emotion and acts as a complement to traditional treatments in clinical psychology, which is mainly damage-oriented approach. The future task of positive-oriented psychology is to understand the factors that make capabilities. The positive-oriented psychology requires the development of effective interventions for enhancing these potentials. This study was also conducted regarding the change from the problem focused approach to capability development approach. Positive-oriented psychology and well-being treatment are emerging approach extracted from within the CBT, developed and validated by several clinical trials. They are considered as the most widely used cognitive-behavioral therapy approaches to treat addiction [24] and help these patients to deal effectively with problematic behavior by training techniques [25]. The purpose of this study was to compare the effectiveness of positive-oriented treatment (PPT) Well-being therapy (WBT) as a group on the changing attitudes of patients treated with methadone to drug abuse. The results showed that the positive- oriented and well-being treatment had no significant difference in reducing drug attitudes, but both treatments had significant effect compared to the control group. Changing attitudes to drug was the factor that led addicts to the use of drug or vice versa discouraged them from using drugs [26]. It seems that both treatments have been able to create positive emotions to change their attitude towards drug use. The objective of this study was to create a negative attitude towards addiction. However, after reviewing the research literature, the researcher could not find a similar study but other researchers also confirmed the impact of cognitive behavioral therapy in patients with drug dependence [27-33]. Cognitive-behavioral approach is a strategy which leads to change in thinking, reducing irrational beliefs and negative attitudes toward drug. The cognitive and behavioral interventions can be effective against drug-using false beliefs [34-35]. The effectiveness positive-oriented psychotherapy was approved in the treatment of depression and creating happiness symptoms either in a group or individually [14]. And the summarized and group from of the study in school children lead to increase in their well-being [15]. The research results indicated the effectiveness and efficiency of therapy in the treatment of emotional disorders and emotional well-being [17, 36-38], stress reduction [38] and the treatment of panic [17], respectively. The purpose of this study was to compare the effectiveness of positive-oriented treatment (PPT) Well-being therapy (WBT) as a group on the changing attitudes of patients treated with methadone to drug abuse. The results showed that the positive- oriented and well-being treatment had no significant difference in reducing drug attitudes, but both treatments had significant effect compared to the control group.

Limitation: The findings of the study had several limitations. The most significant of these restrictions were: (1) due to the small sample size, the findings should be interpreted as preliminary results; and this condition has

significantly limited the reliability and effect of statistics; (2) the cross-sectional nature of the study limits the overall conclusion and comprehensive forecast (3) using a self-report assessment in sensitive subjects often tend to create a favorable social image and thus, using self-reporting is associated with possible bias. In the end, it is recommended that positive -oriented and well-being treatment are examined for change in women's attitude toward drug use.

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REFERENCES

1. Daley, D.C. and G.A. Marlatt, 2005. Relapse prevention. In: J.H. Lowinson, P. Ruiz, R.B. Millman and J.G. Langrod, eds. Substance Abuse: A Comprehensive Textbook. 4th ed. Philadelphia, PA: Lippincott Williams and Wilkins, pp: 772-785.
2. Rezai, A.M., A. Delaware and M. Najafi, 2012. Construction and validation of a questionnaire measuring attitudes toward drugs in junior high school students in the country. Journal of Etiyad pazhohi, 6(24): 37-54 [Persian].
3. Mathers, C.D., C. Bernard, K.M. Iburg, M. Inoue, Ma D. Fat, K. Shibuya and H. Xu, 2003. Global burden of disease in 2002: data sources, methods and results. Geneva: World Health Organization.
4. Hyman, S.E. and R.C. Malenka, 2001. Addiction and the brain: the neurobiology of compulsion and its persistence. Nature Review Neuroscience, 2(10): 695-703.
5. Naghavi, M., 2006. Transition in Health Status in the Islamic Republic of Iran. Iranian Journal of Epidemiology, 2(1): 45-57.
6. Termorshuizen, F., A. Krol, M. Prins and R. Geskus, 2005. van den Brink W, van Ameijden EJ. Prediction of relapse to frequent heroin use and the role of methadone prescription: an analysis of the Amsterdam Cohort Study among drug users. Drug Alcohol Depend, 79(2): 231-240.
7. Carroll, K.M., 2004. Behavioral therapies for co-occurring substance use and mood disorders. Biol Psychiatry, 56(10): 778-784.
8. Roozen, H.G., R. de Waart, D.A. van der Windt, W. v an den Brink, C.A. de Jong and A.J. Kerkhof, 2006. A systematic review of the effectiveness of naltrexone in the maintenance treatment of opioid and alcohol dependence. Eur Neuropsychopharmacol., 16(5): 311-323.
9. Fadayi Sade, F., 2009. Therapist's guide to positive psychological interventions, Tehran: roshd.
10. Rashid, T., 2008. positive psychotherapy. in: lopez sj, ed. positive psychology:exploring the best in people: vol. 4. westport, ct: praeger publisher, 14: 187-217.
11. Linley, P.A. and S. Joseph, (Eds). 2004. Positive psychology in practice. Hoboken, NJ: Wiley, pp: 713-731.
12. Duckworth, A., T.A. Steen and M.E. Seligman, 2005. Positive psychology in clinical practice. Annu. Rev. Clin. Psychol., 1: 629-651.
13. Lopez, S.J., C.R. Snyder and H.N. Rasmussen, 2003. Striking a vital balance: Developing a complementary focus on human weakness and strength through positive psychological assessment.
14. Seligman, M.E., T. Rashid and A.C. Parks, 2006. Positive psychotherapy. American psychologist, 61(8): 774.
15. Rashid, T. and A. Anjum, 2008. Positive psychotherapy for young adults and children. Handbook of depression in children and adolescents, pp: 250-287.
16. Seligman, M.E., T.A. Steen, N. Park and C. Peterson, 2005. Positive psychology progress: empirical validation of interventions. Am Psychol., 60(5): 410.
17. Fava, G.A., C. Rafanelli, M. Cazzaro, S. Conti and S. Grandi, 1998. Well-being therapy. A novel psychotherapeutic approach for residual symptoms of affective disorders. Psychol Med., 28(02): 475-480.
18. Ryff, C.D., 1989. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. J. Pers Soc Psychol., 57(6): 1069.
19. Peterson, C. and M.E. Seligman, 2004. Character strengths and virtues: A handbook and classification. New york: Oxford University Press.
20. Rafanelli, C., S.K. Park and G.A. Fava, 1999. New psychotherapeutic approaches to residual symptoms and relapse prevention in unipolar depression. Clin. Psychol Psychother, 6(3): 194-201.
21. Ruini, C. and G.A. Fava, 2004. Clinical applications of well-being therapy. Positive psychology in practice, pp: 371-387.

22. First, M.B., R.L. Spitzer, M. Gibbon and J.B.W. Williams, 2002. New York: Biometrics Research, New York State Psychiatric Institute. Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Patient Edition. (SCID-I/P).
23. Sharifi, V., S.M. Assadi, M.R. Mohammadi, H. Amini, H. Kaviani, Y. Semnani and M. Jalali, 2009. A persian translation of the structured clinical interview for diagnostic and statistical manual of mental disorders: Compr Psychiatry, 50(1): 86-91.
24. Curry, J.F., K.C. Wells, J.E. Lochman, W.E. Craighead and P.D. Nagy, 2001. Group and family cognitive behavior therapy for adolescent depression and substance abuse: A case study. Cogn Behav Pract, 8(4): 367-376.
25. Mollazadeh, J. and A. Ashuri, 2009. Effectiveness of group cognitive behavioral therapy in Preventing recurrence and improving the mental health of addicts, Daneshvar Shahed University (Raftar), 34: 1-12 [persion].
26. Ellis, A., 2002. Overcoming resistance's rational emotive behavior therapy integrated approach, New York: Springer.
27. Fierro, M., 2009. Recovering From Substace Abuse: Support Groups For GAY AND lesbian Adults: A Grant poroposal Unpublished Thesis for Master of Science California State University.
28. Ashouri, A., J. Mollazadeh and N. Mohammadi, 2008. The effectiveness of cognitive-behavioral group therapy on the improvement of coping skills and relapse prevention in addicted individuals. Iranian Journal of Psychiatry and Clinical Psychology, 14(3): 281-288. [Persian].
29. Nick, M., 2006. Cognitive-Behavioral Therapy and irrational beliefs: A Case Series pilot study, Behav Cogn Psychother, 34: 107-111.
30. Ahghar, G., 2010. Paper: Effectiveness of group counselling with cognitive-behaviioral approach on mental health of femail students, 4(14): 7-14.
31. Momeni, F., N. Moshtagh-e-Beydokhti and A. Pourshahbaz, 2010. The effectiveness of cognitive behavioral group therapy for reducing hunger and improving depression and anxiety symptoms in opiate addicts undergoing methadone maintenance therapy, Journal of Etiyad pazhohi, 3(11): 83-97[Persian].
32. Dabaghi, P., F. Asgharnezhad, M.K. Atef Vahid and J. Bolhari, 2008. Effectiveness of group Cognitive therapy based on thinking of Supervisions (a wareness of mind) and spiritual schema activation and prevention of relapse in opioid use, Journal of Psychiatry and Clinical Psychology, 13(4): 366-375. [Persian].
33. Jafari, M., Sh. Shahidi and A. Abedin, 2009. Comparing the effectiveness of Cognitive Behavioral Therapy and Trans- theoretical Model on improving abstinence self-efficacy in substance dependent adolescents, Journal of Behavior Research, 7(1): 1-12. [Persian].
34. Abolghasemi, A., M. Ahmadi and A. Kiamarsi, 2007. The Relationship of Metacognition and Perfectionism with Psychological Consequences in the Addicts, Journal of Behavior Research, 5(2): 73-79. [Persian].
35. Alizadehsahraei, O.H., Z. Khosravi and M.A. Besharat, 2010. Relationship of Irrational Beliefs wIth the Positive and Negative Perfectionism students in Noshahr city, Int. J. Psychol Stud., 6(1): 41-9. [Persian].
36. Fava, G.A. and E. Tomba, 2009. Increasing Psychological Well-Being and Resilience by Psychotherapeutic Methods. J Pers., 77(6): 1903-1934.
37. Moeenizadeh, M. and S.K.K. Kumar, 2010. Well-being therapy (WBT) for depression. International Psychol Stud (Mysore), 2(1): 107.
38. Golbaryazdy, H., H. Sharbaf and M. Moyinizadeh, 2012. efficacy Welfare stress and psychological well-being infertile women. Gynecology and Infertility Iran Iranian Journal of Obstetrics, Gynecology and Infertility, 15(2): 49-56. [Persian].