

The effect of cognitive-behavioral group therapy on self-efficacy, self-control and emotional control in adults with ADHD

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Abstract: *The purpose of this study, the effectiveness of cognitive behavioral group therapy on increasing self-efficacy, self-control and emotional control in adults with ADHD. The population of this study, all subjects had ADHD. Of the 200 active treatment over the center of the 24 people selected randomly and were divided in two groups. The results of analysis of covariance showed that the experimental group compared to the control group in all three measures of self-efficacy, self-control and emotional control, there is significant increase in post-test. Cognitive behavioral group therapy as a helpful intervention in increasing self-efficacy, self-control and control of emotions for patients treated for ADHD can be employed.*

Keyword: *Cognitive-behavioral group therapy and self - self - control of emotions - Adults with ADHD*

INTRODUCTION

A disorder where hyperactivity, inattention and behavior more sudden and more severe than other children there. 3 to 5 percent of children are affected by the disorder is more common in males.

Some more symptoms of hyperactivity and behavior may suddenly be seen in symptomatic neglect. Symptoms begin before age 7, but often caused serious problems in school (Sonaga, Barack 2005). It has been known that several factors are responsible for it. Seems to be due to impaired development of the nervous system is more. Children with probably the parts of the brain responsible for attention, concentration and motor activity is regulated defects are minor. Heritability and genetic abnormalities involved in this cases during pregnancy or childbirth or minor damage to the building after it enters the brain that can cause this problem (Halperin and Hilly, 2010). The main problem with children is their inability to maintain and adjust their behavior, resulting in appropriate behavior that often cannot match up to the minute show with the environment. They are not regular sleeping and eating appears to interfere with everything they need permanent care.

Not in terms of emotional stability, suddenly laugh or cry and unpredictable behavior or evaluation. Quick temper process and cannot predict or assess the consequences of their behavior. Participate in dangerous activities and is likely to injure themselves. Act before thinking, answer questions before the end of the day, throwing objects, and unintentional harm to others, Hyperactivity and vibrant, they are at any moment is going, if they have to move their motor body permanent force, are restless and cannot relax.

Difficulty concentrating in children in work activities is permanent and serious brain requires more evident. They may be watching television, playing computer and enjoyable activities with other children but does not have the constant activity of the brain and focus on the things you need (homework) appears they differ from other children. Their brains seem too necessary environmental information, namely in regard to essential information and disregard and delete unnecessary information they are weak.

Home and school is difficult for them to abide by the rules and compliance need more attention. Homework, focusing on education, compliance with school rules and having good social relationships with classmates have problems. To achieve long-term goals are not planned.

Cognitive behavioral group therapy is a psychological treatment that can help to increase self-efficacy, self-control and control of emotions and hyperactive people with psychological treatments. The drug to improve mental health and help improve the health of these people (Narimani, 1383).

ADHD is a disorder that various genetic factors, psychosocial and environmental factors that interact with each other to start and continue the disease (Shalu, Tesaloo, 2007). Like other hyperactivity disorder stems from several factors may be at any one particular group of confounding variables involved (Barkly, 2006). ADHD is diverse ADHD. In the event of recovery usually occurs between 12 and 20 years of age and recovery is rare before age 12. Sometimes improved symptoms in adolescence and continues into adulthood, sometimes.

Less hyperactivity disorder increases with age, but suddenly can stay focused and behaviors. Without treatment, one third to one half of children with ADHD can live with their symptoms consistent, and the rest will be susceptible to secondary problems. Hyperactive children at high risk of conduct disorder, antisocial personality and substance abuse are therefore public awareness, especially parents and teachers is important in these cases. Lack of concentration or hyperactivity disorder (ADHD) is a condition for the child who cannot sit calm, controlled demeanor and his attention is focused on a specific topic (Sidman, 2005).

Hypotheses

Cognitive - behavioral group work on increasing the efficacy of ADHD is effective.

Cognitive - behavioral group to promote self-regulation is effective ADHD individuals. Cognitive-behavioral treatment for ADHD is effective to increase control over their emotions.

Research Plan

Quasi-experimental study design for the two groups (the experimental group and the control group (along with two pre-test and post-test, respectively. (Sarmad, Bazargan, Hejazi, 1376).

The independent variable in the study group cognitive behavioral therapy, group therapy that will be applied and its effect on post-test scores in the experimental group were analyzed and post-test scores were compared with the control group.

Most of the content available on the group facilitator, the optimal number of members between 8 to 12 people recommend. (Velasquez et al. 1389).

Table 1: outlines the research Plan

Post- test	Independent Variable	Pre- Test	Sample	Groups
T ₂	X	T ₁	12	Experiment
T ₂	-	T ₁	12	Witness

Research variables

Independent variables: The independent variable in this study, cognitive behavioral therapy, a form of implementation of the intervention in the experimental group and the control group was not implemented.

The dependent variable:

The dependent variable in this research is the post-test scores on measures of self-Schweitzer, self-control and emotional control Tanjeny.

Control variables:

Control variables in this study is the pre-test scores.

The population

the population of this study consisted of patients treated for ADHD at 10 psychological center.

Sample size and sampling methods

The population in this study of patients treated for ADHD were at 10 centers. Of the 200 cases referred to the study, 24 patients who met the study entry criteria were randomly selected. Then Schnauzer general self-test, self-control and emotional control Tanjeny was conducted on them and in the end, 24 students were selected randomly by lottery in two experimental and control groups of 12 patients each were placed.

To complete the questionnaire in the pre-tests, questionnaires were presented to their clients at the center responded to the questionnaires. For the results of these questionnaires is free from potential biases MA in Clinical Psychology was done by one person. The experimental group in 11 sessions 2 sessions per week during treatment and for 1 hour were cognitive-behavioral group therapy.

For the test, M.Sc. Clinical Psychology at the last session of the questionnaire was presented to both experimental and control groups and clients also responded to the questionnaire. It should be noted that both the experimental and control groups were treated with medication and cognitive behavioral therapy group had received only difference.

Research Tools

In this study, to collect data on pre-test and post-test measures of general self-Schwarz, self-control and emotional control was used Tanjeny.

Table 2: Descriptive statistics mean and standard deviation pretest and posttest scores in intervention shows efficacy in two groups.

SD	Mean	Number	Variables	Groups
7.4	4.29	12	Pre- test of Efficacy	Intervention
5.4	91.36	12	Post- test of Efficacy	
2.5	48.28	12	Pre- test of Efficacy	Comparison
9.4	5.27	12	Post- test of Efficacy	

As seen in the table above the mean scores in the intervention group pre-test efficacy equal to (4.29) and the mean in the control group (48.28), respectively.

The posttest mean scores of self-efficacy in the intervention group (91.36), but in the mean scores of the control group (5.27), respectively.

Table 3. The results of Kolmogorof-Smirnof test for normality of distribution self

The significance level	K.S	Variables	Groups
88.0	37.0	Pre- test of Efficacy	Intervention
82.0	32.0	Post- test of Efficacy	
64.0	54.0	Pre- test of Efficacy	Comparison
92.0	89.0	Post- test of Efficacy	

According to the above table, as they achieved a significant level of efficacy in both pre- and post-intervention group and in the experimental group is more than (05.0).

Table 4. Effect of test subjects (dependent variable: self-efficacy)

significance level	Amount of F	The mean squares	Degrees of freedom	Variable Index
04.0	68.3	55.52	1	Pre- test
78.0	11.0	51.1	1	groups
28.0	21.1	22.16	1	Pre- test of groups
		27.14	20	error

According to the results table interactive effect of pre- and groups (21/1) was not significant ($p > 0.05$). According to the obtained results it can be said that the reciprocal vectors are not significant and, therefore, the regression coefficients can be equal groups.

Table 5 Descriptive statistical analysis of pretest-posttest mean scores in the control and intervention groups compared to show emotions.

SD	Mean	Number	Variables	Groups
1.3	5.55	12	Pre- test of Efficacy	Intervention
6.2	4.64	12	Post- test of Efficacy	
97.0	4.56	12	Pre- test of Efficacy	Comparison
6.2	7.55	12	Post- test of Efficacy	

As seen in the table above pre-test scores of emotional control in the intervention group (55.5) and the mean in the control group (4.64), respectively. In the post-test scores of emotional control in the intervention group (4.26). But in the mean scores of emotional control (7.16), respectively.

Table 6. The results of Kolmogorov-Smirnov test for normality of distribution of emotional control

The significance level	K.S	Variables	Groups
37.0	84.0	Pre- test of Efficacy	Intervention
61.0	47.0	Post- test of Efficacy	
51.0	68.0	Pre- test of Efficacy	Comparison
47.0	72.0	Post- test of Efficacy	

According to the above table, as they achieved a significant level of pretest and posttest control over emotions both in the intervention group and the experimental group is (05/0). As a result, the null hypothesis is true, and we can say that significant differences between data distribution and normal distribution, there is no emotional control.

The results of the study of interactions between subjects in two groups according to their emotions control them.

Table 7. Effect of test subjects (dependent variable: Control emotions)

significance level	Amount of F	The mean squares	Degrees of freedom	Variable Index
01.0	10.11	72.13	1	Pre- test
01.0	46.12	33.10	1	groups
52.0	46.0	74.5	1	Pre- test of groups
		22.12	20	error

According to the results table interactive effect of pre- and groups (46/0) was not significant ($p > 0.05$). According to the obtained results it can be said that the reciprocal vectors are not significant and, therefore, the regression coefficients can be equal groups.

Table 8: descriptive statistics mean and standard deviation pretest and posttest scores in both the control group and intervention shows self.

SD	Mean	Number	Variables	Groups
5.6	3.10	12	Pre- test of self-control	Intervention
6.6	3.15	12	Post- test of self-control	
4.3	7.11	12	Pre- test of self-control	Comparison
8.3	9.10	12	Post- test of self-control	

As seen in the table above pre-test scores of the intervention group self (3.10) and the mean in the control group (7.11), respectively. Self-groups in post-test mean equal to (3.15). However, in the mean scores of the Self equal to (9.10), respectively.

Table 9. Final results Kolmogorov-Smirnov test for normality of distribution self

The significance level	K.S	Variables	Groups
74.0	40.0	Pre- test of self-control	Intervention
21.0	12.1	Post- test of self-control	
42.0	86.0	Pre- test of self-control	Comparison
61.0	55.0	Post- test of self-control	

According to the results table above because a significant level obtained for the Self pretest and posttest in the experimental group and in the experimental group than (05/0) is. As a result, the null hypothesis is true, and we can say that there is no significant difference between data distribution Self-normal distribution. The results of the study of interactions between subjects in two groups according to show self-control.

Table 10: tests between subject's effect (dependent variable: Self-Control)

significance level	Amount of F	The mean squares	Degrees of freedom	Variable Index
01.0	9.6	22.44	1	Pre- test
01.0	38.4	78.31	1	Groups
78.0	12.0	88.0	1	Pre- test of groups
		10.7	20	error

According to the results table above pre and yet another group interaction effect (12/0) was not significant ($p > 0.05$). According to the obtained results it can be said that the reciprocal vectors are not significant and, therefore, the regression coefficients can be equal groups.

Table 11. Comparison of the assumption of homogeneity of variance test results Levin dependent variables in the intervention and control groups.

significance level	Amount of F	Denominator degrees of freedom	Degrees of freedom	Subscale
8.0	2.3	48	1	Control of emotions
22.0	24.1	48	1	efficacy
34.0	10.1	48	1	Self- control

As the above table shows the F observed value of the degrees of freedom (1 and 48) in the variables approved the assumption of zero. The homogeneity of variance intervention and control groups in these variables.

Table 12- MANCOVA to compare the test results of ANOVA in the context of all three variables of emotional control, self-efficacy, and self-control by comparing the pre-test, intervention and comparison groups

level of significance	F	The mean of squares	Degrees of freedom	Sum squares	of dependent variable	effect
01.0	95.10	42.1784	1	42.17	efficacy	group
01.0	63.9	12.7	1	12.7	Control of emotions	
05.0	12.5	67.7	1	67.12	Self-control	

The results in Table 12 show that the efficacy analysis of covariance ($95/10 = F$ and $0.01 = P$) and emotional control ($12.14 = F$ and $01.0 = P$) are significant. Self is variable ($12.5 = F$ and $05.0 > P$) was significant.

Significant changes in scores on the variables in the intervention group decreased emotional control, self-efficacy, self-control post-test compared to the control group was formed under the influence of intervention.

Conclusion

First hypothesis:

Group therapy on self-efficacy of cognitive behavior therapy on people with ADHD are effective.

In this study, it was assumed that cognitive behavioral group therapy intervention improved and increased self-efficacy in people with ADHD. The results of analysis of covariance showed that the hypothesis is confirmed.

After significant difference between the two groups in self-efficacy variable there have been evidence that cognitive-behavioral group therapy improved the efficacy of this means that people with ADHD. This finding is consistent with studies that Jafari and colleagues in 1388 concluded that cognitive-behavioral approach can improve the efficacy of people with ADHD. These findings can be explained this way is recognition that the sessions would be modified. Decisions and selection of the best ways people are affected by this factor.

Because the other person when you are confident enough and have enough faith in the abilities factor in making better decisions. So when people cognitions and one can be corrected with better conditions and a choice to make decisions.

The second hypothesis:

Cognitive behavioral therapy, group therapy is effective in increasing the emotional control of ADHD.

Mean adjusted pre-test and post-test scores in the experimental group significantly higher than the control group. Hypothesis of research is confirmed and efficacy of this treatment in increased emotional control 99%, which reflects the impact of this treatment is high.

The third hypothesis:

Cognitive behavioral therapy, group therapy on patients with ADHD promote self-regulation is effective.

The results of covariance analysis on the efficacy of cognitive behavioral group therapy on improving restraint of ADHD showed average adjusted pre-test and post-test scores in the experimental group significantly higher than the control group. The results showed that the hypothesis is confirmed and its impact on increasing self-control therapy was 99%, which reflects the effect of this treatment is high. It can be concluded that the hypothesis that cognitive behavioral group therapy can increase their effectiveness and control their emotions control their ADHD is treated, it is true. These references are medical centers have been observed in many people tend to see a psychologist and have a conversation and have no issues with him. However, most of these people do not have ADHD based on its role in reducing complications. ADHD individuals of different treatment methods for improving their quality of life provided that they are positive results and impact of their effect has been proven. According to this approach, it can be said that both psychological and pharmacological methods used and cognitive styles, including group therapy, individual therapy can improve the cognitive as well help them.

It can be concluded that using more and more attention to psychological treatments can lead to the emergence of more positive results in the program is created for people with ADHD. Using the results, we can try to increase the number of components in ADHD subjects that could be helpful to them.

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