The Effectiveness of Life skills training on Reducing Depression, Anxiety and Stress Male Addicts Professor Moharari Psychiatric Hospital

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Abstract: *The purpose of this study was to investigation the eeffectiveness of life skills training on reducing depression, anxiety and stress male addicts professor Moharari psychiatric hospital. The research method was experimental- semi laboratory type and the population of study were all male addicts of professor Moharari psychiatric hospital. Sampling method was accessible sampling and 60 of them (30 experimental and 30 control) were selected. The instruments of this study were depression, anxiety and stress scale. The experimental group participent in 12 sesion of life skills training.The results of one way analysis of covariance show that the mean score of depression, anxiety and stress (total score) in the experimental group in the posttest compared to the control group significantly decreased. The mean score of depression in the experimental group in the posttest compared to the control group significantly decreased. The mean score of anxiety in the experimental group in the posttest compared to the control group significantly decreased. The mean score of stress in the experimental group in the posttest compared to the control group significantly decreased.*

Keywords: *Life Skills Training, Depression, Anxiety, Stress*

INTRODUCTION

Addiction as one of the most serious personal and social problems has various sociology, psychology, legal and political aspects. In other words, there is a mutual relationship between addiction and social issues. In addition, addiction causes degeneration and decline in community. It is a phenomenon rooted in social, economic, and cultural problems in community. Addiction decreases one's tendency to ethical and spiritual principles and social values, so that social pathologists consider addiction as a domestic chemical non-border war (Sadeghi, 2013). However, it is accepted by all people that humans communicate with other people since the beginning of their life, leading into the formation of behavior. Accordingly, social learning starts and the child behavior becomes social and he or she is socially growing (Albert et al., 2013). Thus, addiction can also be an individual and a social issue. It means people maturity in the social relations, so that they become consistent with other people of the community and enjoy mental health. At the birth time, the child is neither social nor non-social, but he or she acquires this characteristic through an exchange with the social environment (Alden, 2011).

Nowadays, despite great cultural changes as well as changes in the lifestyle, many people lack the basic skills and abilities to cope with the problems. Learning the skills prepares individuals cope with life challenges and problems effectively and to show adaptive behaviors. Learning of these skills helps one cope effectively with

the challenges of life (Hardin et al., 2011). Along with scientific developments in progresses in preparation and growth of various living conditions and facilities, psychologists and counselors have achieved valuable findings, which can bring well-being and mental health for people, by conducting studies and investigations over the past years (Jang & Kane, 2012). In the contemporary century, the terms such as anxiety, depression, loneliness, shyness, failure, illness and psychological trauma, and so forth, are common for today's human beings. A contemporary human being knows that if he or she learns the skills of coping with these challenges and apply them in his or her life, he or she can move toward psychosocial adaptation and balance (Johnson, 2012).

Various studies have shown that many emotional and psychological problems have psychosocial roots so that the promotion of life skills and psychological and social abilities has led into improvement in people's life and attitude towards his or her abilities and talents, as well as controlling and predicting the results (McCarlane & Volman, 2010). Life skills include a set of abilities providing a context for healthy behavior and adaptation. These abilities enable one to take the responsibility of social roles and deal with daily demands, critiques and problems, especially in interpersonal relationships, without hurting themselves and others (Oberlander and Henderson, 2012). Human skills strengthen people and enhance their self-esteem and increase the power of resistance and success, so humans can make changes in their lifestyle. Many people lack the skills and the abilities which are required to cope with the life problems (Golpour and Mohammad Amini, 2012). Vatankhah et al (2013) concluded that there was a significant and positive relationship between thrill-seeking and addiction. Mahmoudian et al (2011) concluded that social skills decrease the depression. The study conducted by Baba Shahabi and Kashaninia (2007) showed that life skills significantly decreased the social anxiety of the intervention group compared with the control group. The study conducted by Mahmoudian et al (2008) has shown that life skills training affected the depression, so that the statistical data also indicates significant changes in depression indicator. The results of the research conducted by Naderi et al (2008) indicated that life skills training had an effect on decreasing the anxiety and increasing the level of self-assertiveness. Wang et al. (2012) concluded that social skills decrease the anxiety. Ebrahim et al (2013) showed that when people have the skill and ability to cope with mood problems, which are the main causes of addiction, the probability of addiction would decrease. Martinez et al (2012) concluded that the rate of drug use and tendency to drug use are mainly rooted in poor control of impulses and lack of adequate ability in proper life skills is a factor for spread of drug use. It seems spending a lot of social costs would be fruitless until the fundamental individual changes take place in the community. It means that the important issue is to increase the individual's ability to avoid drug use. In other words, it would be feasible when a person is feeling that he has the ability to resist against the addiction and the social pressures caused by surrounding environment as well as the individual pressures caused life's problems which directing him or her to high-risk behaviors such as addiction. Therefore, given what was stated, the present study aims to answer the research question: does life skills training affect the depression, anxiety and stress of male addicts in the Psychiatric Hospital of Professor Moharerri?

Methodology

The method of this study was quasi-experimental with the test and control groups and with pretest and post-test design. The research population included all male addicts in Psychiatric Hospital of Professor Moharerri. The research sample included 60 people selected through convenient sampling and randomly assigned to two groups (30 people in each group). After obtaining the necessary licenses, the researcher referred to psychiatric hospital of Professor Moharreri. After explaining the research objectives for the population, 60 of them who were willing to cooperate with the researcher were homogeneous with each other in terms of their demographic characteristics were selected as sample and assigned to two test and control groups. Both groups

completed the depression, anxiety and stress scale first. Then, the test group participated in 12 life skills training sessions and recompleted the mentioned scale. Finally, the data were analyzed.

Research tool

Depression, Anxiety and Stress Scale: The Depression, Anxiety and Stress Scale (Lovibond and Lovibond, 1995) is a set of three self-reporting scales for assessing negative emotional states in depression, anxiety and stress. Questions 3, 5, 10, 13, 16, 17, and 21 assess the depression subscale, questions 2, 4, 7, 9, 15, 19, and 20 assess the anxiety subscale and questions 1, 6, 8, 11, 12, 14, 18 assess the stress subscale. Anthony et al (1998) analyzed this scale by using confirmatory factor analysis, which results of their research indicated the presence of three factors of depression, anxiety and stress. The results of this study showed that 68% of the total scale variance was measured by these three factors. The eigenvalue of stress, depression and anxiety in the mentioned research was found 9.07, 23.89 and 11.2, respectively. The alpha coefficient for these factors was found 0.97, 0.92 and 0.95, respectively. Validity and reliability of the questionnaire were examined by Samani and Jowkar in Iran (2007). Its test-retest reliability was reported 0.80, 0.76, and 0.77, respectively, for the subscales of depression, anxiety and stress and its Cronbach's alpha was reported 0.81, 0.74 and 0.78, respectively, for the subscales of depression, anxiety, and stress. The validity of this scale was examined using a confirmatory factor analysis and a key component method. The KMO index was 0.9012 and the numerical value of the X2 index in Bartlett's Sphericity test was 3092.93, which was significant at the level of 0.0001, indicating the adequacy of the calculated sample for factor analysis. Based on the confirmatory factor analysis of questionnaires and considering the eigenvalues and chart slope, the subscales were extracted, which included depression, anxiety and stress.

Life skills training program

The life skills training program and guideline included self-awareness, coping with stress, effective communication, problem solving and decision-making. It was held in 12 sessions, 1 hour per session in (Table 1).

Table 1. Training guideline

no	Content of sessions	tasks	time
1	Introduction, definition of self-awareness, that is, the recognition of self's components, the inner thoughts and the expression of the necessity of self-awareness, discussion on the rules and applications of self-awareness	The group looks more deeply into their features in its daily activities, and completes the self-awareness questionnaire.	60
2	Presenting a report from the previous session tasks and giving feedback, discussion on the formation of self-awareness in humans, the difference between weaknesses and strengths, relying on the strengths and acceptability, and eliminating the weaknesses.	The group carefully identifies its weaknesses and strengths and presents them in a table and examines that each feature can be changed or not.	60
3	Presenting a report from a previous session task and giving feedback, discussing on the mental components of human, the influence of the negative evaluation on feelings and behavior, awareness of their rights and responsibilities	Definition of thinking and evaluation of its surroundings and everyday events and thinking about its rights and responsibilities.	60
4	Presenting a report from a previous session task and giving feedback, defining the stress and its symptoms, and discussing on the influence of these symptoms and psychological stress and discussing on conflict and failure	Completing the stress questionnaire, writing down the stressful situations experienced last week and writing down the present stress situations.	60
5	Presenting a report from a previous session task and giving feedback, discussing on the defective models of thinking that causes stress in an individual.	What are the stressful experiences you have experienced and what is their degree (1 to 100)?	60
6	Presenting a report from a previous session task and giving feedback, and discussing on relaxation and regular desensitization	Self-relaxation and desensitization exercises in stressful situations	60
7	Presenting a report from a previous session task and giving feedback, definition and expression of effective	The group writes down its daily communications and discusses about its	60

	communication and discussion about the necessity of communication	effectiveness or ineffectiveness	
8	Presenting a report from a previous session task and giving feedback, discussing on an effective interpersonal communication and the behaviors that are effective in a communication	Practicing the way of starting an effective relationship, identifying the strengths in communication skills	60
9	Presenting a report from the previous session tasks and giving feedback, practicing of first stage and the second stage of communication skill in the session and discussing on three submissive, assertive, and aggressive behavioral styles	Performing an display showing all three behavioral styles	60
10	Presenting a report from the previous session tasks and giving feedback, talking and discussing on the concept of coping, different ways of coping with problem, problem-oriented or emotion-oriented coping	By reflecting on their daily actions, the group decides whether they should use more emotion-oriented or problem-oriented coping strategy to solve the problem	60
11	Presenting a report from the previous session tasks and giving feedback, discussing on the various steps of problem solving, defining the problem accurately and collecting the information,	writing down the daily problem solving steps	60
12	Presenting a report from the previous session tasks and giving feedback, practicing the generation of different and appropriate solutions to solve the problem and evaluation of the appropriate selection of problem	Practicing the generation of different and appropriate solutions to solve the problem and evaluation of the appropriate selection of problem	60

Results

First, the descriptive results of the research variables and the results of the analyses were performed to examine the research hypotheses are presented in (Table 2, 3, 4, 5).

Table 2. Frequency distribution and percentage of respondents separately in terms of group

Group	f	%
Test	30	50
Control	30	50
Total	60	100

Table 3. Frequency distribution and percentage of respondents in terms of education

Group	Classes	f	%
test	Secondary	11	66.36
	diploma	15	50
	bachelor	4	33.13
	total	15	100
Control	Secondary	12	40
	diploma	16	33.53
	bachelor	2	67.6
	total	15	100

Table 4. Frequency distribution and percentage of respondents in terms of hospitalization history

Group	classes	f	%
test	once	12	40
	twice	8	66.26
	Three times	8	66.26
	Four times	2	64.6
	total	15	100
control	once	12	40
	twice	6	20

	Three times	8	66.26
	Four times	4	33.13
	total	30	100

Table 5. The mean and standard deviation of the studied variables

variables	groups	pretest		posttest	
		mean	SD	mean	SD
Total score	test	83.44	44.4	43.39	53.4
	control	86.44	57.3	66.46	19.3
depression	test	26.15	47.2	5.13	67.2
	control	03.16	008.2	16	76.2
Anxiety	test	26.14	58.2	63.12	34.2
	control	9.14	27.2	86.14	31.2
stress	test	3.15	52.2	3.13	8.2
	control	93.15	98.2	8.15	88.2

Inferential findings

Hypothesis 1: training of life skills affects depression of male addicts in the psychiatric hospital of the Professor Moharerri.

Table 6. The results of the Leven's test to examine the equality of variance of scores

Variable	F	DF1	DF2	P
Depression	32.3	1	58	12.0

As shown in the (Table 6), the results of the Leven's test are not significant, so the hypothesis of equality of variances is accepted. Then, the hypothesis of equality of regression was investigated by examining the interaction of pre-test scores and independent variable levels in influencing post-test scores. The results indicated that this interaction was not significant, so the given hypothesis is accepted [F (1 and 56) =0.02, P=0.87) and analysis of covariance can be used.

Table 7. One-way analysis of covariance to examine the effect of training of the life skills on depression in addicts

Source of variance	SS	DF	MS	F	P	η²
Pre-test (control variable)	68.213	1	68.213	31.145	001.0	71.0
Group (dependent variable)	70.49	1	70.49	8.33	001.0	37.0
error	81.83	57	47.1			
total	13445	60				

The results of analysis of covariance in (Table 7) showed that there was a significant difference between the groups in terms of mean score of depression [F(1, 57)= 33.8, p= 0.001]. Examining the table of means (Table 5) showed that the mean score of depression (13.5) decreased significantly in the test group compared to that in the control group (16). In addition, examining the differential Eta-square (effect size) indicates that training of the life skills explained 37% of the variance of depression in addicts.

Hypothesis 2: training of life skills affects the anxiety of male addicts in the psychiatric Hospital of Professor Moharerri.

Table 8. The results of the Leven's test to examine the equality of variance of scores

Variable	F	DF1	DF2	P
Anxiety	58.4	1	58	09.0

As shown in the (Table 8), the results of the Leven's test are not significant, so the hypothesis of equality of variances is accepted. Then, the hypothesis of equality of regression was investigated by examining the interaction of pre-test scores and independent variable levels in influencing post-test scores. The results indicated that this interaction was not significant, so the given hypothesis is accepted [F (1 and 56) =1.12, p=0.16) and analysis of covariance can be used.

Table 9. One-way analysis of covariance to examine the effect of training of the life skills on anxiety in addicts

Source of variance	SS	DF	MS	F	P	η²
Pre-test (control variable)	93.221	1	93.221	75.136	001.0	71.0
Group (dependent variable)	87.43	1	87.43	03.27	001.0	32.0
error	5.92	57	62.1			
total	11733	60				

The results of analysis of covariance in (Table 9) showed that there was a significant difference between the groups in terms of mean score of anxiety [F(1, 57)= 27.03, p= 0.001]. Examining the table of means (Table 5) showed that the mean score of anxiety (12.63) decreased significantly in the test group compared to that in the control group (14.86). In addition, examining the differential Eta-square (effect size) indicates that training of the life skills explained 32% of the variance of anxiety in addicts.
Hypothesis 3: training of life skills affects the stress of male addicts in the psychiatric Hospital of Professor Moharerri.

Table 10. The results of the Leven's test to examine the equality of variance of scores

variable	F	DF1	DF2	P
stress	52.3	1	58	12.0

As shown in the (Table 10), the results of the Leven's test are not significant, so the hypothesis of equality of variances is accepted. Then, the hypothesis of equality of regression was investigated by examining the interaction of pre-test scores and independent variable levels in influencing post-test scores. The results indicated that this interaction was not significant, so the given hypothesis is accepted [F (1 and 56) =0.55, p=0.45) and analysis of covariance can be used.

Table 11. One-way analysis of covariance to examine the effect of training of the life skills on stress in addicts

Source of variance	SS	DF	MS	F	P	η²
Pre-test (control variable)	44.209	1	44.209	13.98	001.0	63.0
Group (dependent variable)	01.57	1	01.57	71.26	001.0	31.0
error	65.121	57	13.2			
total	13127	60				

The results of analysis of covariance in (Table 11) showed that there was a significant difference between the groups in terms of mean score of stress [F(1, 57)= 26.71, p= 0.001]. Examining the table of means (Table 5) showed that the mean score of stress (13.3) decreased significantly in the test group compared to that in the control group (15.8). In addition, examining the differential Eta-square (effect size) indicates that training of the life skills explained 32% of the variance of stress in addicts.
Main hypothesis: training of life skills affects depression, anxiety and stress (total score) of male addicts in the psychiatric hospital of Professor Moharerri.

Table 12. The results of the Leven's test to examine the equality of variance of scores

Variable	F	DF1	DF2	P
stress	57.2	1	58	19.0

As shown in the (Table 12), the results of the Leven's test are not significant, so the hypothesis of equality of variances is accepted. Then, the hypothesis of equality of regression was investigated by examining the interaction of pre-test scores and independent variable levels in influencing post-test scores. The results indicated that this interaction was not significant, so the given hypothesis is accepted [F (1 and 56) =0. 11, p=0.73) and analysis of covariance can be used.

Table 13. One-way analysis of covariance to examine the effect of training of the life skills on depression, anxiety, and stress (total score)

Source of variance	SS	DF	MS	F	P	η²
Pre-test (control variable)	57.639	1	57.639	35.144	001.0	71.0
Group (dependent variable)	01.435	1	01.435	19.98	001.0	63.0
error	51.252	57	43.4			
total	112875	60				

The results of analysis of covariance in (Table 13) showed that there was a significant difference between the groups in terms of mean score of stress [F(1, 57)= 98.19, p= 0.001]. Examining the table of means (Table 5) showed that the mean score of depression, anxiety, and stress (39.43) decreased significantly in the test group compared to that in the control group (46.66). In addition, examining the differential Eta-square (effect size) indicates that training of the life skills explained 32% of the variance of stress in addicts. Moreover, examining the differential Eta-square (size of effect) indicates that training of the life skills explains 63% of variance of total score of depression, anxiety and stress in addicts.

Discussion and Conclusion

Hypothesis 1: examining the table of means showed that the mean score of depression in the test group was significantly lower than that of the control group. These results are consistent with those of the study conducted by Mahmoudian et al (2008) and Vatankhah et al (2013). In explaining this result, it can be stated that depression reflects a situation in which it is revealed for a person that all ways to achieve valuable goals depend on him or her and this dependency might be permanent. Healthy people experience a wide range of mood changes as well as emotional changes. These people are able to control their mood and emotions (Kaplan Wassadok, 2012). When a person is exposed to depressive situations, he or she shows two types of behavior, including effective coping behavior to change the mood and the conditions and temporary ineffective behaviors to change the mood, including drug use. The type of behavior selected by the person depends on the level of individual skills. Therefore, lack of adequate life skills provides the conditions for a person to be involved in ineffective and high-risk coping strategies, including drug use. In general, it can be stated that training of the life skills provides an important tool for people to control and reduce their depression effectively. For this reason, the training of these skills is effective.

Hypothesis 2: The results showed that there is a significant difference between the two groups in terms of mean score of anxiety. Examining the table of means showed that the mean score of anxiety decreased significantly in the test group compared to that in the control group. These results are consistent with the results of the studies conducted by Honarmand, Gravand, Arzi (2009), Khodabakhsh and Mansouri (2011), Moradi and Kalantari (2006), Baba Shahabi and Kashani Nia (2007), Naderi, Boroumand Nasab and Varzandeh (2008). In explaining this result, it can be stated that anxiety is the most common response to a stressful stimulus that we all experience it at various levels in the form of the words such as concern, stress, and fear. Anxiety is multidimensional concept and it is considered as a psychological and physical phenomenon, manifested as an interpersonal experience or between a person and an external person or subject or a characteristic. Generally, anxiety is a state of psychological and physiological arousal and the way of conscious perception of panic, disgust, fear, and stress in a particular situation. Thus, we all experience a

level of anxiety normally throughout a day. What is important and makes a difference between people is the way of coping with the anxiety experienced. The assumption of this study was that the lack of proper communication skills has provided the conditions for anxiety experience in addicts. Thus, training of the life skills can lead to achieve the skills required to control anxiety and it finally leads to the reduced tendency toward addiction and looking for more effective ways to reduce the anxiety. Therefore, training of the life skills can help a person acquire the skills needed to control anxiety and finally, in an optimistic perspective, it can reduce the tendency toward addiction and looking for more effective ways to reduce the anxiety.

Hypothesis 3: The results showed a significant difference between the two groups in terms of the mean score of stress. Examining the table of means showed that the mean score of anxiety in the test group decreased significantly compared to that in the control group. Ebrahim et al. (2013), Tezel and Guzom (2006) found the similar results. In explaining this result, it can be stated that stress is one of the threatening events for the person and invokes physiological and behavioral responses. Therefore, stress is a situational stimulus that requires changing the one's current model. What defines one's ability to cope with the stress is the level of life skills that shows to what extent one can change his or her current behavioral model and pursue a more effective model for the new outcome. Lack of these skills causes stress, and training of these skills will increase the control and management of the stress in the future. Thus, training of the life skills helps people use more effective methods to cope with the stress.

Main hypothesis: The results showed that there is a significant difference between the two groups in terms of general score of depression, anxiety and stress. Examining the table of means showed that the mean score of depression, anxiety and stress in the experimental group decreased significantly compared to that of the control group. These results are consistent with those of studies conducted by Mahmoudian et al (2008), Khodabakhsh and Mansouri (2011), Ebrahim et al (2013), Martinez et al. (2012). As stated, the level of anxiety, stress, and depression experienced, regardless of genetic issues, is largely dependent on one's individual skills to cope with the challenges of life. Having and acquiring these skills prepares people to perform effectively and lack of these skills leads to more negative experiences and ineffective behaviors, including drug abuse. Therefore, training of the life skills provides an effective communicative tool to cope with life challenges. Some of the limitations of this study are the limited sample size, the lack of follow-up tests that can show the continuation of treatment, and the use of only a questionnaire. Thus, it is recommended that the research project to be implemented on a larger population with more samples. The implementation of longitudinal experimental designs which can show the continuity of the treatment is another recommendation in this regard. Using other measurement methods such as observation and interviewing might yield more useful results in future research. The design of integrated treatments that can target all family members is another recommendation of this study.

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