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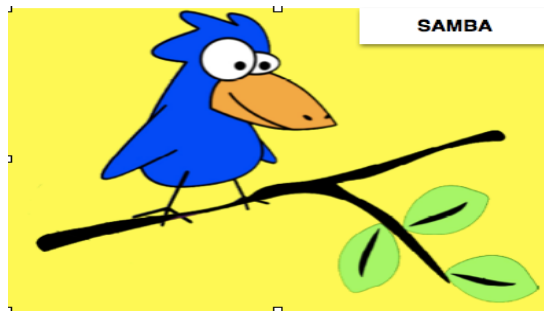
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BACKGROUND:

- Substance use disorders are characterized by recurrent, maladaptive use of drugs and/or alcohol (1) which often leads to significant distress and impairment in social, interpersonal, and occupational settings (2,3). Several psychotherapy approaches and medications are being used in the treatment of addiction. SAMBA is a kind of psychoeducation programme applied in the form of group therapy in addiction centers of state hospitals in Turkey (4).

- The aim of this study is to investigate the impact of SAMBA programme on psychological flexibility and addiction severity.



METHOD :

Study sample consist of;

- 15 inpatients with cannabis and opioid use disorders according to DSM-V criteria from three different addiction centers in Turkey
- All of the participants were male.
- Mean Age= 27,63 yrs. SD=8,67 (age range: 20-54 years)

Process;

- Patients participated three-week and 9 session SAMBA programme (Table 1).
- Collecting data: All participants completed the data before (time 1) and after (time 2) the treatment programme to evaluate the clinical change and disorder severity.

The measurements are;

- Clinical Global Impression scale (CGI),
- Beck depression inventory (BDI),
- Beck Anxiety Inventory (BAI),
- Acceptance and Action Questionnaire-II (AAQ-II)
- Addiction Severity Index (ASI)

Statistical Analysis

For comparison the total scores of the scales before and after treatment programme; Wilcoxon Signed Rank Test

Table 1. The intervention content of SAMBA

- Psychoeducation about the harmful effects of substance to body, infectious diseases and mechanism of addiction,
- Emotion, thought and behavior relation (A-B-C model),
- Cognitive distortions,
- Interpersonal interactions and skill training about communication,
- Present moment, mindfulness exercises,
- Acceptance of craving, unwanted thoughts and emotions (especially anger) without judgement.

RESULTS:

Sociodemographic Data

- The 40%(6) of the participants were married, 47,7%(7) were single and 13,3% (2) were divorced.
- 53,3%(8) were primary school graduate, 33,3%(5) were high school graduate and 13,3%(2) were university graduate.

Disorder Severity

- Ratio of the subscales of ASI was: drug 0,45; alcohol 0,33; psychological 0,45; physical 0,22; family 0,46; employment 0,58.
- A significant decline was detected between the before and after treatment mean scores of CGI (p<0,001).

Other Clinical Scales:

- Significant differences were found between the before and after treatment mean scores of BDI, BAI and AAQ-II (p<0,05).

Table 2. Comparison of BAI, BDI, CGI and AAQ-II total scores before and after SAMBA

	Time 1* M± SD	Time 2** M± SD	Z	p
BAI	23,60±15,69	15,47±18,36	-2,311	0,021
BDI	32,27±15,17	14,47±11,41	-3,068	0,002
CGI	3,87±1,06	2,47±0,99	-3,52	0
AAQ-II	28,00±10,99	22,04±7,97	-2,045	0,041

*Time 1: before SAMBA programme, **Time 2: after SAMBA programme

DISCUSSION:

This paper shows the preliminary results of a study about psychological flexibility and psychoeducation weighted group therapy programme.

- SAMBA is a combination of ACT, CBT and DBT interventions and in keeping with current literature, our results about AAQ and CGI show that this programme is effective on substance use disorder.

- Interventions about acceptance of emotions and thoughts like ‘we don’t need to response to all feelings.’, ‘Don’t struggle with things that you can’t change.’ and interventions about present moment like mindful breathing can be responsible for the decline in AAQ-II. And this result supports the ACT literature about effectiveness in substance use disorders

- Also according to our results shows decline in BDI and BAI indicates that SAMBA can be an effective programme on comorbid depression and anxiety disorders.

- Future studies are needed that research the effect of each intervention in SAMBA by mediation analyses, thereby ineffective parts can be removed and because of high drop-out ratios efficiency can be increased by shortening the programme.

References:

1. American Psychiatric Association, 2013. Diagnostic and statistical manual of mental disorders, 5th ed. American Psychiatric Publishing, Arlington, VA.
2. Henkel, D., 2011. Unemployment and substance use: a review of the literature (1990–2010). Curr. Drug Abuse Rev. 4, 4–27.
3. Mueller, S.E., Degen, B., Petitjean, S., Wiesbeck, G.A., Walter, M., 2009. Gender differences in interpersonal problems of alcohol-dependent patients and healthy controls. Int. J. Environ. Res. Public Health 6, 3010–3022.
4. Ögel K., Koç C., Aksoy A., Basabak A., Evren C. Sigara, Alkol ve Madde Bağımlılığı Tedavi Programı (SAMBA). Yeniden Yayınları, İstanbul, 2012

