

Effect of Expressed Emotion Management Program on Self Control and Social Adjustment among Substance Abusers

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Abstract

Background: Substance abuse is one of the major health and social problems that seriously impairs people's self-control and social adjustment. The study's goal was to assess the impact of an expressed emotion management programme on self-control and social adjustment in substance abusers. To achieve the study's goal, a quasi experimental design (pre and posttest) was used. The study was carried out at the Addiction Treatment Center and Addiction Clinic at the Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate, which is affiliated with the general secretariat. Subjects: For this study, a convenience sample of 40 substance abusers was used. For data collection, three tools were used. To collect data, tool 1 was a structured interview questionnaire. was used to collect information about the studied sample's sociodemographic and clinical characteristics. To assess self-control, the Tool 2- Self Control Scale was used. To assess social adjustment, use Tool 3: Social Adjustment Scale. The study found that there was a significant improvement in self-control and social adjustment among substance abusers after the programme compared to before it, and there was a high significant statistical positive correlation between total self-control and total social adjustment among the studied subjects after programme implementation. Conclusion: The expressed emotion management programme had a positive effect on substance abusers' self-control and social adjustment. Recommendations: A self-control and social adjustment expressed emotion management programme should be implemented in addiction clinics and treatment centres For those who are addicted to drugs or alcohol. for substance abusers to cover a broader spectrum.

Keywords: Expressed emotion management, Substance abuse, Self-control, Social adjustment.

Introduction

Substance abuse is currently one of the most serious concerns and social harms. It causes many risks and deaths worldwide as a social crisis and destructive phenomenon. Risky behaviours and their negative consequences have an impact on health and can pose serious threats to life. Substance abuse is linked to a slew of medical, psychiatric, psychological, spiritual, economic, social, family, and legal issues, posing a significant burden on affected people, their families, and society [1]

Addiction is defined as the chronic or habitual use of a drug in a way that is harmful to oneself, society, or both. It is also a chronic relapsing disorder that necessitates ongoing rather than episodic intervention, as well as being predictable, progressive, symptomatic, and treatable. This abuse significantly harms a person's health or interferes with social or economic functioning, resulting in a variety of issues such as poor social adaptation, decreased productivity at work, or job dismissal. A person's ability to control their drug use had deteriorated. [2].

Self-control is defined as the ability to resist inappropriate or self-destructive temptations in order to achieve long-term goals. People with higher levels of self-control are more likely to delay personal gratification based on instant impulses, allocate more well-resource energy, and are closely correlated with a wide range of behaviours low self-control is vulnerable

to a variety of situational factors such as substance use disorders, family cohesion, and peer norms [3].

Social adjustment is a psychological process by which a person copes with or controls the demands and conflicts of daily life. Social adjustment entails conforming to social norms, rules and principles, establishing effective social contacts, socially adjusted person can properly process information from their surroundings. Such a person can create a value system for themselves in order to avoid being harmed by negative mental fluctuations and disagreements [4].

Social adjustment played a role in the perpetuation of risky health behaviours such as substance abuse. A high level of social adjustment positively predicted social skills and social support, a more positive self-concept, Addiction is negatively impacted by poor social adjustment and low levels of family and environmental support [5].

Expressed emotion (EE) is a major psychosocial stressor that has a direct relationship with illness recurrence. The significance of EE is based on research that has consistently shown that people with mental illnesses, such as substance abuse, who live with close relatives who have negative attitudes are much more likely to relapse. Close emotional ties between families, according to EE, can lead to suboptimal stimulation and social withdrawal in the patient. Because of the criticism and pity from others, they are at a loss for what to do during this delicate period of recovery. This

negativity from loved ones does not assist the family member in improving their health [6].

Nurses are critical in assisting patients undergoing drug rehabilitation. They educate patients on the dangers of drug abuse, such as the physical and psychological consequences, the harm done to relationships and family life, and the impact on meeting basic needs such as maintaining a job. They keep track of their progress, assist them in adjusting to life without substances, and teach them how to maintain their sobriety after they leave the hospital. the development of a communications and the attraction of more social support on the other by providing the opportunity to use interpersonal relationships [7].

Significance of the study

Substance abuse are serious issues that contribute to significant medical, psychological and legal consequences in later life, In Egypt substance abuse estimated up to (10%) (9.6 million people) and twice the global rates in the age group 15–64 years. with marked male preponderance (94.5% males, 5.5% females). Marijuana is the most broadly used (3.8%,) there are some categories spread by substance such as the category of drivers [8].

Aim of the Study:

This study aimed to evaluate the effect of expressed emotion management program on self control and social adjustment among substance abusers.

Research hypotheses

Self-control and social adjustment in substance abusers may improve after implementing an expressed emotion management programme compared to before.

Subjects and methods:

Research design: To achieve the study's goal, a quasi experimental research design (pre and posttest) was used..

Setting: The Addiction Treatment Center and Addiction Clinic at the Psychiatric Mental Health Hospital in Benha City, Qalubia Governorate, which is affiliated with the general secretariat

Sample: For the purposes of this study, a convenience sample of 40 patients was used.

Tools of data collection

Tool one: A Structured Interview Questionnaire created by the researcher that is divided into two sections:

Part I :- Socio-demographic data: To elicit information about the patient's characteristics such as age, marital status, level of education, occupational status, monthly income, and living situation.

Part II: To elicit information about the patient's characteristics such as age, marital status, level of education, occupational status, monthly income, and living situation.

Tool (2) :

(9) created the Self-Control Scale. This scale is used to evaluate self-control in substance abusers. It includes 36 items that are rated on a three-point scale (1 = rarely, sometimes = 2, and always = 3). The items are broken down into five subscales: 11 items are used to assess the general capacity for self-discipline; 10 items are used to assess deliberate/non-impulsive action; 5 items are used to assess healthy habits; 5 items are used to assess work ethics; and 5 items are used to assess reliability

Scoring system:

Low self-control = less than (90);

moderate self-control = from (90) to (134);

high self-control = from (135) to (180).

Tool (3): The Social Adjustment Scale (SAS) was created by (10). This was created to assess substance abusers' social adjustment in various life domains. It was dubbed in Arabic by (11). This scale is made up of 40 items in the form of a rating scale, ranging from (1-3). The items are divided into five subscales: 8 items to assess the patient's performance during treatment, 10 items to assess the patient's daily activities, 12 items to assess the patient's social role performance, 5 items to assess the patient's personal hygiene, and 5 items to assess the patient's interest in external events.

Scoring system:

■ fewer than (61), poor social adjustment

■ From (61) to (99), make a moderate adjustment.

■ High adjustment from (100) to (120).

Methods:

Preparatory Phase:-

This included reviewing relevant literature from various studies related to the research topic using textbooks, articles, and magazines to gain a clear picture of all aspects related to the research topic in order to design the programme.

Content Validity:

A group of five psychiatric nursing experts examines the validity of tools to ensure that the questions are relevant, clear, comprehensive, and applicable. According to their opinions, modifications were made with the goal of increasing its accuracy and consistency, as well as avoiding the repetition of some scale items, and the final form was developed.

Reliability of the tool:

For both tools, test-retest reliability was used (Self Control Scale and Social Adjustment Scale). The tools were found to be highly reliable ($r = 0.841$ for the Self Control Scale and 0.829 for the Social Adjustment Scale).

Ethical Consideration:

Before conducting the study the participants were assured about confidentiality and anonymity of their obtained information throughout the study. They were informed about their right to refuse to participate

in the study and the right to withdraw from the study at any time. Acceptance of participants agreed to participate in the study was taken from the participants through a written consent filled by assistance of the patients' rights committee in the hospital

Pilot study:

It was performed on 10% of the subjects, who were then excluded from the main study sample. Under the supervision of supervisors, a final format was developed.

Field work:

The director of the Psychiatric Mental Health Hospital gave his official approval & the Human Rights Protection Committee and the Research Committee of Egypt's General Secretariat of Mental Health gave their official approval. The purpose of the study was thoroughly explained.

Preparatory phase:

In order to develop the data collection tool and nursing guidelines, it was necessary to review recent related literatures of various aspects of the study using books, periodicals, magazines, and the internet...etc.

Assessment phase: The data was collected on the study group (pre test) in the first session (acquaintance session) after identifying the purpose of the programme, describing the programme schedule (number of sessions, time and duration of each session), and outlining the program's content and steps.

Planning phase: The researcher identified the critical needs of substance abusers, prioritised those needs, and developed goals and objectives.

Implementation phase:

For the study group, the researcher implemented an expressed emotion management programme (40 substance abusers). This group was divided into eight subgroups, each with five patients. The programme included 15 sessions, each lasting 3.5 hours theoretically and 9 hours practically. Each subgroup had 15 sessions. The researcher works with eight subgroups (2 days per week). Each subgroup had five patients. Sessions were held twice a week for 30 minutes to 60 minutes each, with a 10-minute break in between. Every week, on Monday and Tuesday. One session was given to two subgroups of ten patients per day and week. One session for eight subgroups takes two weeks to complete (2 sessions per month). The sessions of the expressed emotion management programme were completed over an 8-month period (one month for pre-testing and seven months for programme sessions) (beginning of October-2021 to the end of May-2022).

Evaluation phase: This phase aimed to estimate the effect of the expressed emotion management programme on substance abusers' self-control and social adjustment. After the study group completed the expressed emotion management programme sessions, a

post-test was administered using the previous assessment tool for data collection (tools two and three for data collection) to compare the effect of the programme pre and post intervention.

Statistical Design:

Statistical Package for Social Science (SPSS) version 20 was used to organise, computerise, tabulate, and analyse the collected data. The data was analysed using number, percentage distribution, mean, and standard deviation. To compare means within groups, the paired t-test was used, and the t-test was used to compare two independent means. When p -value = 0.05

Results:

Table (1): revealed that less than half (45.0%) of the subjects studied were between the ages of 35 and 45, with a mean SD of 36.7 8.63 years. Furthermore, more than one-third (35.0%) of them had a secondary education., less than half (45.0%) of them were married., all (100.0%) of them worked., less than two-thirds (62.5%) of their monthly income was insufficient., and less than half (45.0%) of them live with their family. In addition, when they have a problem, half of them (50.0%) turn to their friends for help.

Figure (1): It was discovered that only (5.0%) of the studied subjects had a high level of total self-control prior to programme implementation, which increased to (75.0%) after programme implementation..

Figure (2): It was discovered that only (5.0%) of the studied subjects had a high level of total social adjustment prior to programme implementation, which improved to (80.0%) after programme implementation.

Table (4) presented the relationship between demographic data of the studied subject and their total self-control at pre and post implementation of programme. It revealed a highly statistically significant relationship between total patients' self-control at pre-intervention and their level of education, monthly income, and where they live ($P = 0.001$). There was also a statistically significant relationship with their age at ($P = 0.05$). However, the findings revealed a highly statistically significant relationship between total patients' self-control at post-intervention and their age, level of education, monthly income, and who they live with ($P = 0.001$).

Table (5) The relationship between demographic data of the studied subject and their total social adjustment before and after programme implementation is revealed. It revealed a highly statistically significant relationship between total patients' social adjustment at pre-intervention and their level of education, monthly income, and where they live ($P = 0.01$). the findings revealed a highly statistically significant relationship between total patients' social adjustment at post-intervention and their age, level of education, monthly income, and who they live with ($P = 0.01$).

Table (6): showed that there was a statistically significant positive correlation between total self-control and total social adjustment among the studied

subjects at pre ($r=0.51$, $p 0.01$). and after programme implementation ($r=0.52$, $p 0.01$).

Table (1) The frequency distribution of socio-demographic data among the 40 subjects studied.

Socio-demographic data of studied subject	No.	%
Age (years)		
15-< 25	4	10.0
25-<35	14	35.0
35-<45	18	45.0
≥ 45	4	10.0
Mean ±SD	36.7 ± 8.63	
Education level		
Illiterate	2	5.0
Reading and writing	10	25.0
	8	20.0
Primary education	14	35.0
Secondary schooling	6	15.0
Education at the university level	0	0.0
Postgraduate studies		
Marital status		
Single	9	22.5
Married	18	45.0
Divorced	9	22.5
Widowed	2	5.0
Separated	2	5.0
Occupation		
Work	40	100.0
Don't work	0	0.0
Monthly Earnings		
Enough	13	32.5
Not enough	25	62.5
Insufficient and save	2	5.0
With whom you live		
Alone	10	25.0
With family	18	45.0
With friends	0	0.0
With relatives	12	30.0
If you have a problem, who should you turn to		
Friend	20	50.0
One of the parents	0	0.0
Brother	9	22.5
No one	11	27.5
Others	0	0.0

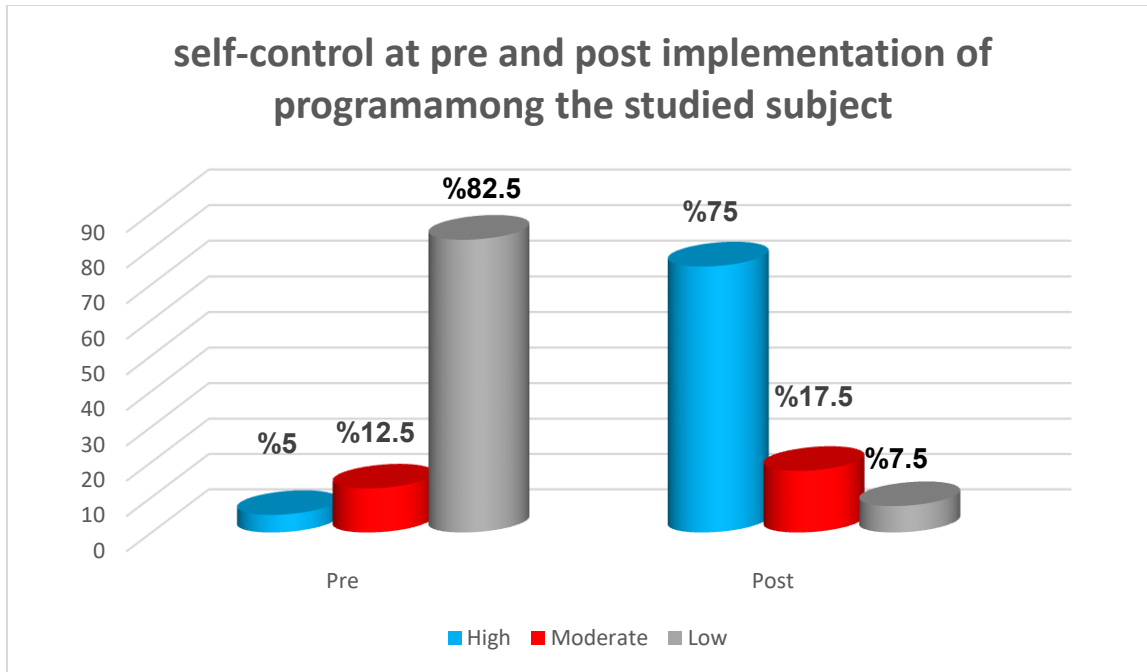


Fig. (1) The percentage distribution of the studied subjects' levels of self-control before and after programme implementation.

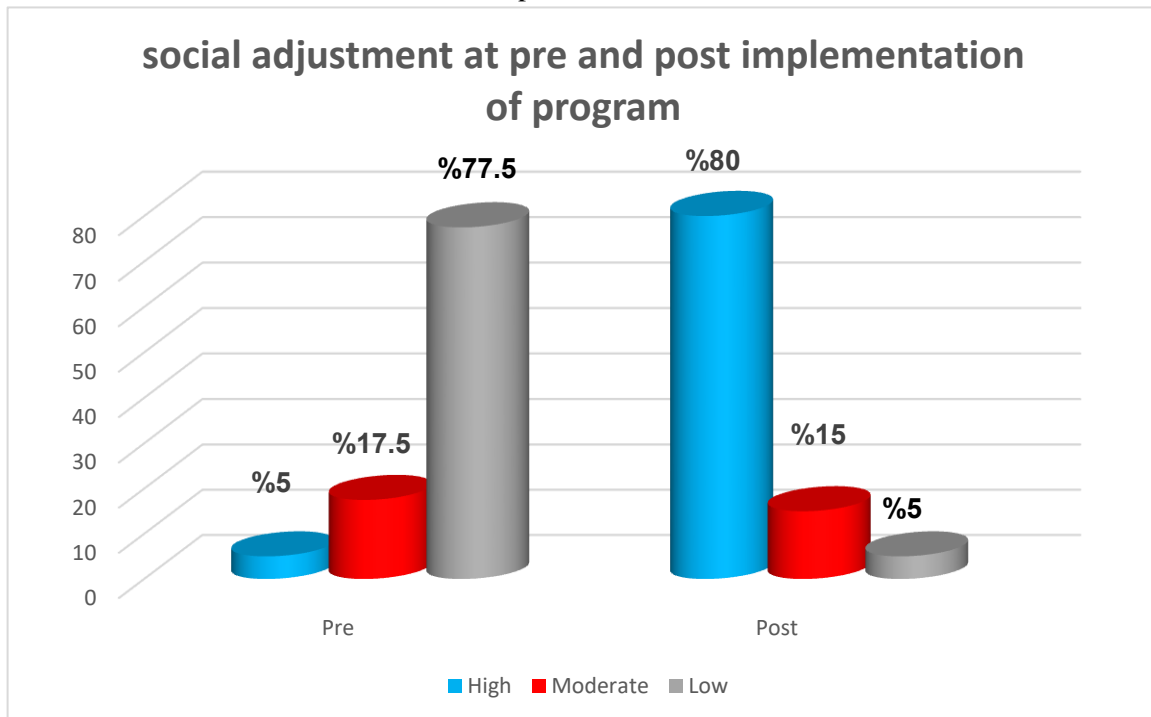


Fig. (2) Percentage distribution of the studied subjects' levels of social adjustment before and after programme implementation

Table (2) Relationship between sociodemographic data of the subjects studied and their total self-control before and after programme implementation.

Socio demographic data of the studied subject	Levels of total self-control													
	Pre program						χ^2 (p)	Post Program						χ^2 (p)
	High (n =2)		Moderate (n =5)		Low (n=33)			High (n =30)		Moderate (n =7)		Low (n=3)		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Age (years)														
15-< 25	2	100	2	40.0	0	0.0	9.408 (0.031*)	4	13.3	0	0.0	0	0.0	12.57 (.001**)
25-<35	0	0.0	2	40.0	12	36.4		14	46.7	0	0.0	0	0.0	
35-<45	0	0.0	1	20.0	17	51.5		12	40	6	85.7	0	0.0	
≥ 45	0	0.0	0	0.0	4	12.1		0	0.0	1	14.3	3	100	
Level of education														
Illiterate	0	0.0	0	0.0	2	6.1	14.01 (0.005**)	0	0.0	0	0.0	2	66.7	13.57 (0.007**)
Read and write	0	0.0	0	0.0	10	30.3		2	6.7	7	100	1	33.3	
Elementary education	0	0.0	0	0.0	8	24.2		8	26.7	0	0.0	0	0.0	
Intermediate education	0	0.0	1	20.0	13	39.4		14	46.7	0	0.0	0	0.0	
University education	2	100	4	80.0	0	0.0	6	20.0	0	0.0	0	0.0		
Marital status														
Single	0	0.0	2	40.0	7	21.2	5.114 (0.097)	6	20.0	2	28.6	1	33.3	4.882 (0.101)
Married	2	100	2	40.0	14	42.4		14	46.7	2	28.6	2	66.7	
Divorced	0	0.0	1	20.0	8	24.2		8	26.7	1	14.3	0	0.0	
Widowed	0	0.0	0	0.0	2	6.1		1	3.3	1	14.3	0	0.0	
Separated	0	0.0	0	0.0	2	6.1		1	3.3	1	14.3	0	0.0	
Monthly Income														
Enough	0	0.0	4	80.0	9	27.3	12.98 (.001**)	13	43.3	0	0.0	0	0.0	15.07 (.001**)
Not enough	0	0.0	1	20.0	24	72.7		15	50.0	7	100	3	100	
Enough and save	2	100	0	0.0	0	0.0		2	6.7	0	0.0	0	0.0	
With whom you live														
Alone	0	0.0	0	0.0	10	30.3	14.27 (0.001**)	4	13.3	5	71.4	1	33.3	16.22 (.000**)
With family	2	100	5	100	11	33.3		18	60.0	0	0.0	0	0.0	
With relatives	0	0.0	0	0.0	12	36.4		8	26.7	2	28.6	2	66.7	

Table (3) Relationship between the studied subjects' sociodemographic data and their total social adjustment before and after programme implementation.

Socio demographic data of the studied subject	Levels of total social adjustment												X ² (p)	
	Pre program						X ² (p)	Post Program						
	High (n =2)		Moderate (n =7)		Low (n=31)			High (n =32)		Moderate (n =6)		Low (n=2)		
No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Age (years)														
15-< 25	2	100	2	28.6	0	0.0	10.17 (0.022*)	4	12.5	0	0.0	0	0.0	17.34 (.000**)
25-<35	0	0.0	4	57.1	10	32.3		14	43.8	0	0.0	0	0.0	
35-<45	0	0.0	1	14.3	17	54.8		14	43.7	4	66.7	0	0.0	
≥ 45	0	0.0	0	0.0	4	12.9		0	0.0	2	33.3	2	100	
Level of education														
Illiterate	0	0.0	0	0.0	2	6.4	13.77 (0.007**)	0	0.0	0	0.0	2	100	15.15 (.001**)
Read and write	0	0.0	0	0.0	10	32.3		4	12.5	6	100	0	0.0	
Elementary education	0	0.0	0	0.0	8	25.8		8	25.0	0	0.0	0	0.0	
Intermediate education	0	0.0	3	42.9	11	35.5		14	43.7	0	0.0	0	0.0	
University education	2	100	4	57.1	0	0.0	6	18.8	0	0.0	0	0.0		
Marital status														
Single	0	0.0	2	28.6	7	22.6	6.017 (0.113)	7	21.9	1	16.7	1	50.0	5.066 (0.122)
Married	2	100	2	28.6	14	45.2		15	46.9	2	33.3	1	50.0	
Divorced	0	0.0	2	28.6	7	22.6		8	25.0	1	16.7	0	0.0	
Widowed	0	0.0	1	14.2	1	3.2		1	3.1	1	16.7	0	0.0	
Separated	0	0.0	0	0.0	2	6.4		1	3.1	1	16.7	0	0.0	
Monthly Income														
Enough	0	0.0	6	85.7	7	22.6	21.73 (.005**)	13	40.6	0	0.0	0	0.0	14.08 (.003**)
Not enough	0	0.0	1	14.3	24	77.4		17	53.1	6	100	2	100	
Enough and save	2	100	0	0.0	0	0.0		2	6.3	0	0.0	0	0.0	
With whom you live														
Alone	0	0.0	0	0.0	10		13.99 (0.005*)	5	15.6	4	66.7	1	50.0	14.01 (.001**)
With family	2	100	7	100	9			18	56.3	0	0.0	0	0.0	
With relatives	0	0.0	0	0.0	12			9	28.1	2	33.3	1	50.0	

Table (4): Correlation between total self-control and total social adjustment in subjects studied before and after programme implementation (n=40).

Total self-control	Total social adjustment	
	Pre	Post
r	0.513	0.522
p	0.000**	0.000**

Discussion

Substance abuse is a chronic, relapsing disorder characterised by compulsive drug seeking and drug-taking behaviour that persists despite serious negative consequences that impair self-control, social adjustment, and appropriate decision making. Tolerance, physical dependence, sensitization, craving, and relapse are all outcomes of continued use in the central nervous system. Thus, prevention, early detection, and intervention are critical in the fight against substance abuse through comprehensive, multidisciplinary interventions and treatment strategies. [12]

In terms of self-control, the current study results showed that there was a highly statistically significant improvement in the mean score and standard deviation of all items of self-control post expressed emotion management programme with a statistically significant difference. The current findings are consistent with [13], which demonstrated a very strong and significant positive improvement in self-control subscales and a significant moderate improvement in self-esteem, quality of life, happiness, and minor psychological disorders. According to the researcher, having high self-control after participating in an emotion management programme helped them recognise their own strengths and weaknesses, be aware of their negative thoughts and have taught them how to control their emotions and overcome internal criticism

In terms of social adjustment pre and post programme implementation, the current study results showed a significant improvement in the mean score of all social adjustment items as well as total social adjustment means score post intervention than pre intervention, with a statistically significant difference between pre and post programme implementation. This lower of social adjustment preprogram was consistent with [14] which discovered that drug addicted patients had significantly lower adjustment in terms of home, social, emotional, and educational hen compared to those patients who were not addicted to drugs. Due to prior to programme implementation, they harmed relationships with family and friends. The individual not only has physical and psychological issues

In terms of the relationship between patients' age and level of self-control after intervention with an expressed emotion management programme, the current study results revealed a statistically significant relationship between level of self-control and patients' age. Those between the ages of 35 and 45 have a higher level of self-control. According to the researcher, this age represents a period in which an individual gains maturity, is able to make decisions for himself, uses logic and identifies reasons, and is able to improve their self-control.

This result agreed with [15], who stated that the majority of respondents believe they will reach the age

of 35, and there was a significant relationship between self-control and age.

In terms of the relationship between the studied patients' educational level and their total self-control at the end of the programme, the current study results showed that there was a highly statistically significant relationship between the studied patients' educational level and their level of self-control. According to the researcher, this relationship could be due to their educational level, which enabled them to abstract, solve problems, and manage situations within the group during group discussion.

This result was consistent with [16], who suggested that the findings of their study revealed a highly significant relationship between educational level and self-control, and that self-control plays a minor role in explaining educational level.

In terms of the relationship between where they lived, monthly income, and level of self-control after programme intervention, the current study results showed that there was a highly statistically significant difference between the level of self-control of the studied patients and where they lived and monthly income. Those who live with their families had a higher level of self-control, which could be attributed to the family support system, which helps them accept themselves and gain self-control. This result contradicted [17], who stated that there was no significant relationship between self-control and where they lived, or family caretaking and earning money.

In terms of the relationship between patients' age and their total social adjustment at the end of the expressed emotion management programme, the current study results showed that there was a statistically significant difference between the studied patients' level of social adjustment and their age. Form point of veiw as people get older, their social situations and social places improve, and they gain the ability and skills to communicate and interact with others in a positive way. This result contradicted [18], who stated that there was no significant relationship between social adjustment and age.

Concerning the relationship between the studied patients' level of education and their total social adjustment at the program's post intervention, the current study results showed that there was a highly statistically significant difference between the studied patients' level of social adjustment and their educational level. According to the researcher, having more knowledge and education improves interaction and social relationships, as well as the ability to communicate effectively and adjust socially.

This finding was consistent with the findings of [19], who discovered a highly significant relationship between social adjustment and educational level. This result was consistent with the findings of [20], who

stated that there was a significant relationship between social adjustment and level of education. While there was disagreement with the study of [18], which stated that there was no statistically significant relationship between the studied sample's level of education and social adjustment.

In terms of the relationship between the studied patients' monthly income and their total social adjustment at the end of the programme, the current study results showed that there was a highly statistically significant difference between the studied patients' level of social adjustment and their income. This result was consistent with the findings of [21] who stated that there was a significant relationship between social adjustment and economic status. This result contradicted the findings of [18], which found no statistically significant relationship between the studied sample's monthly income and social adjustment.

In terms of the relationship between where they lived and their total social adjustment at the end of the programme, the current study found a statistically significant difference between the level of social adjustment of the studied patients and where they lived. According to the researcher, family supportive systems and relationships have an impact on social adjustment. This result agreed with [21] who stated that there was a significant relationship between social adjustment and who the patients lived with.

In terms of the relationship between marital status and total social adjustment after programme intervention, the current study results showed that there was no statistically significant difference between the studied patients' level of social adjustment and marital status. According to the researcher, this could be due to marital problems or economic pressure.

This result was consistent with the study of [21] which found no significant relationship between social adjustment and marital status. This finding contradicts the findings of studies [19] and [18], which found a statistically significant relationship between the studied patients' level of social adjustment and marital status. Furthermore, this result contradicted the findings of [22] who stated that supportive family and spouses contributed to substance use reduction, whereas living alone and being divorced or widowed was associated with increased risky alcohol consumption.

In terms of the Correlation between total self-control and total social adjustment among the studied subjects at the post intervention of the expressed emotion management programme, the current study results revealed a highly significant statistically positive correlation between total self-control and total social adjustment among the studied subjects. This result was consistent with [23] who discovered a positive relationship between self-control and social adjustment, impulse control, and abstaining from substance use.

According to the researcher, any loss of self-control led to feelings of failure, dissatisfaction with one's role in society, dissatisfaction with one's quality of life

Conclusion

Based on the current study's findings, it is possible to conclude that:-

The expressed emotion management programme had a positive effect on substance abusers' self-control and social adjustment. There was a highly significant correlation between the studied patients' self control and their social adjustment at the end of the expressed emotion management programme.

Recommendations

Based on the findings of this study, the following recommendations can be made:

Addicts should be encouraged to develop self-control skills in order to deal with high-risk situations.

For the Community: Preventive services should primarily target young and middle-aged males, those with less education, those working in technical or commercial jobs, and those living in cities.

Expressed emotion management programmes about self-control and social adjustment should be used in addiction clinics and treatment centres for substance abusers to cover a broader spectrum and identify corrective action if necessary.

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