

Official title of the study: Life-Skills Training Program: Its effect on Self-efficacy among Patients with Substance Use Disorders

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Introduction

Substance use disorders is episodic, with periods of abstinence, reduction of use, and relapse as the prevailing pattern, often with the course of events being influenced by external factors such as the availability of drugs and societal pressures (Sapkota, et al., 2019)

Self-Efficacy (SE) plays an essential role in the maintenance of abstinence from drugs and alcohol which is a belief regarding one's ability to successfully resist performing a behavior, and outcome expectancies, meaning the anticipated consequences of performing a behavior (Alanazi, et al., 2022). Also, Abstinence self-efficacy (ASE) as the belief individuals have in their ability to abstain from engaging in an undesired action. ASE includes an individual's level of confidence with their ability to abstain from substances for an extended period of time (Niles, et al., 2022).

Overall, Self-efficacy addresses the individual's perception of control of life events and is predictive of a person's goals and performance and affected with negative things such as shame (Bahramabadian, Mojtabaie, & Sabet, 2021).

Life skills are defined as a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy

relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner (UNODC, 2023).

Life skills may be directed toward personal actions or actions toward others, as well as toward actions to change the surrounding environment to make it conducive to health (WHO, 2023). Bearing the WHO definition in mind, the Basic Life Skills curriculum offers youth the emotional, social, and intellectual tools needed to achieve success in life – on personal level, interpersonal level, also, within their community and workplaces (UNICEF. 2023)

Drug users often have problems with social and interpersonal relationships. The lack of adequate social relationships for patients' will should various negative personal and social consequences for patients' health, their families, friends, and society. Life skills training could effectively improve their social communication with parents, family, and friends. Life skills training should be part of addiction prevention training programs (Ebrahim, Radwan, & El Amrosy, 2022).

Life-skills training program designed to prevent substance use relapse which typically combine training about self-management skills (e.g., coping with stress), social skills (e.g., assertiveness), and skills to enhance resistance to substance use (e.g., opposing peer pressure to use substances) (Paz Castro, et al., 2022).

Participation in life skills workshops provides an opportunity for drug addicts to meet and communicate with others who have the same problem. The participants can share their remedies and approaches to deal with drug abuse, avoid recurrence, and handle cravings. They could provide multiparty support to improve the chance of keeping away from the drug. Moreover, intra-network social supports are against the sense of seclusion, isolation and foster interpersonal relationships (Jahanbin, et al., 2017)

Nurses are well placed to serve a key role in teams seeking to help individuals to avoid relapses. They often had critical knowledge about the community resources and trends. Also, their ability to provide a wide range of interventions ranging from supportive therapy to medical interventions often proves to be an asset to patients (Guenzel & McChargue, 2022)

Significant of the study

Substance use disorders are highly prevalent among youth and adult populations. It is estimated that 10% of adolescents and between 20% and 30% of adults (Centers for Disease Control CDC, 2021). The prevalence of substance use disorders is 5.9% in Egypt, the population between 15-25 is the most exposed to substance abuse and between 25-35 years is the most requested for treatment (Addiction Treatment and Abuse Fund, 2022). Relapse rates after treatment have been shown in other surveys to be as high as 40–75% in the 3 weeks to 6 months following treatment (Moradinazar, et al., 2020).

The recovery (management and rehabilitation) processes from substance use disorders are not inclusive enough and confine members to physical attendance for the purpose of detoxification, neglecting the important factors such as life skills, social, cultural, economic, environmental, and family factors. Since after detoxification of the substances users return to their family and society, there can't be expect a perfect quit without considering these factors carefully (Jepkorir, 2023).

Life skill educational program to enhance self-efficacy as a preventive approach in which it focuses on the development of personal and social skills. Previous studies revealed that there were few studies about the effects of life skills training on relapse prevention among patients with substances use disorders

(Volkow, 2020). Therefore, the present study is an attempt to introduce a safe and reasonable training program that help patients with substance use disorders to enhance abstinence self-efficacy.

Aim of the study

The study aims: to evaluate the effect of life-skills training program on self-efficacy among patients with substance use disorders.

The aim of this study will be achieved through the following objectives:

- 1- Assessing self-efficacy among patients with “substance use disorders”.
- 2- Assessing risk for relapse among patients with “substance use disorders”.
- 3- Developing life skills training program for self-efficacy among patients with substance-use disorders based on identified their needs.
- 4- Implementing the developed life skills training program of relapse prevention among patients with substance-use disorders.
- 5- Evaluating the effect of implementing life skills training program on self-efficacy among patients with “substance-use disorders”.

Research Hypothesis

Life skills training program will have a positive effect on self-efficacy among patients with substance-use disorders.

Subjects & Methods

Study design

A quasi-experimental research design on one group (pre-post) test will be used to conduct the current study.

Study setting

The study will be conducted at Alabbasya Mental Health Hospital in Cairo. It is the oldest and biggest hospital for psychiatric illnesses in Egypt, affiliated to General Secretariat of Mental Health and Addiction Treatment of the Ministry of Health. It was established in 1883 A.D over an area of 68 acres. Its capacity is 1950 beds. The hospital structure is divided into such as, sections: Twenty-one old free sections, four illegal sections (forensic), two new buildings one of them for males that included addiction treatment and rehabilitation department in new building (2nd -3rd -4th) floor included detox ward about 30 bed, rehabilitation ward 60 bed, and dual ward, and another one for females. also, clinics such as, outpatient clinic - addiction clinic - children clinic - adolescent clinic - daycare

clinic - aging clinic - dental clinic - electroencephalogram clinic and electro compulsive therapy clinic.

Subjects

A purposive sample will be obtained from patients with “substances use disorders” who meet inclusion criteria during their existence in the previously mentioned setting.

Inclusion criteria:

- Age: from 20 years to 50 years.
- Had history of one episode of relapse
- Free from any physical disease such as diabetes, hypertension, viral hepatitis etc.)
- Free from other Psychiatric disorders.

Sample size

Based on power analysis; Type I error (α) =0.05 with confidence level (1- α) =0.95 and Type II error (β) = 85%, by power test (1- β) =0.15, sample size was

calculated according to the following equation that has been adopted from (Gupta, et al, 2016)

$$N= 2(Z_{\alpha} + Z_{[1-\beta]})^2 \times SD^2/d^2$$

Where: n is the sample size, Z_{α} and $Z_{(1-\beta)}$ are constant values for convention values of α and β values where $Z_{\alpha} = 1.96$ when $\alpha = 0.05$ and $Z_{(1-\beta)} = 1.036$ when $\beta = 0.20$, SD is the standard deviation obtained from previous study Moshki, et al., (2014) and d is the effect size.

$$N= 2(1.96 + 1.03)^2 \times 7.7^2/5^2 = 42.4$$

Therefore, the minimal sample size was found to be =50 participants

Tools of data collection

Tool I: Interview Questionnaire

It will be designed by the researcher and reviewed by supervisors. It will be written in the Arabic language for gathering data in relation to the following parts:

Patients' characteristics. such as age, marital status, residence, qualifications, starting and years of substance use.... etc.

Clinical data (addiction History). about substances as types of substance, onset, duration, route, etc.

Tool II: Alcohol Abstinence Self-Efficacy Scale (AASE)

It was adapted by the researcher from DiClemente et al., (1994) to assess personal confidence against taken substance. It consists of 40 items for assessing self-efficacy. It includes 4 domain parts unranked: negative effect (1-5-9-13-17-21-25-29-33-37), social/positive situations (2-6-10-14-18-22-26-30-34-38), physical and other concern (3-7-11-15-19-23-27-31-35-39), and craving and urges(4-8-12-16-20-24-28-32-36-38). Every domain includes 10 items.

Scoring system. Each statement was rated on 5 points as a Likert Skill Scale ranged by statistical from (1) No Confidence, (2) Low Confidence, (3) Middle Confidence, (4) High Confidence, and (5) Excellent Confidence. The total score ranged from 40:200 ranged as, Low self-efficacy $40 < 120$, Middle self-efficacy $121 < 160$, and High self-efficacy $161 < 200$.

Validity:

The one tool will be formulated and submitted to (5) experts in psychiatric and mental health nursing or other specialty who will review the content of the tools for their comprehensiveness, accuracy, clarity, and relevance.

Reliability:

Cronbach's Alpha will be used to determine the internal reliability of the tool.

Preparatory Phase

This phase will be included reviewing of literature related to substance use disorder, relapse prevention, this served study tools for data collection. During this phase, the researcher also will be visited the selected place to be acquainted with the staff and the study settings.

Ethical considerations:

Research approval obtained from the faculty of Nursing- Ain Shams University Ethical Committee before starting the study. The researcher explained the aim and objectives of the study to patients with substance use disorder included in the study before starting. Written approval obtained from patients with substance use disorders before inclusion in the study. They guarantee that all the gathered data will be used confidentially and will be used for research purposes only. The researcher maintain anonymity and confidentiality of subjects' data included in the study. Patients with substance use disorder will be informed that they allow for withdrawal from study at any time.

Administrative design

Approval will be obtained through an issued letter from the dean of faculty of nursing to directors of the previously mentioned setting. The researcher will be met by the director to explain the purpose and methods of data collection and obtain participants consent of share in the study after explain anything such as, related to study and rights of withdrawal, free from harm. Data collected from the studied sample will be revised, coded, and entered using a personal computer (PC).

Computerized data entry and statistical analysis will be conducted using the statistical package for social sciences (SPSS).

Pilot study

The pilot study will be done on 10% (5 Patients) of the sample to examine the clarity of tools and to estimate time needed to fill in the study tools. Based on the results, modifications will be done (if necessary). Subjects included in the pilot study will be excluded from the study if major modifications are required.

Field work

- The researcher will explain the aim of the study and the components of the tools to the studied patients.
- The researcher will distribute a questionnaire to the studied patients to assess their self-efficacy.
- The researcher will distribute a questionnaire to the patients studied to assess the risk of relapse.
- The researcher trained patients in improving their life-skills.

Life-skills Training Program

Life-Skills Training program will be developed by the researcher and reviewed by supervisors for Enhance self-efficacy among patients with substance use disorders. After reviewing the past and current related literature through

teaching the patients how to identify, plan and participate in relapse prevention. The program will cover an overview of substance use disorders, relapse prevention, self-efficacy, and many of life skills such as problems solving, assertiveness, negotiation, refusal, time management, meditation, emotional regulations, and non-violence communication skills.

Results

The results of the study will be presented in tables and figures that are easy to understand and will be analyzed for inferring information and the proper comments will be stated.

Discussion

The results will be discussed in the light of available national and international studies.

Conclusion

It will be derived from the finding of the study based on the research hypothesis.

Recommendations

It will be derived from the discussion based on the findings of the study.

Summary

It will include a brief description of the study process.

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