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**The Impact of a Therapeutic Intervention Program on the Wellbeing and  
Attachment Patterns of Addicts**

PhD Thesis - Long Abstract

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2021

# 1 TABLE OF CONTENTS

1	ABSTRACT	IV
2	INTRODUCTION	1
3	GENERAL RESEARCH OBJECTIVE:	4
4	THESIS STRUCTURE	4
5	CHAPTER I: LITERATURE REVIEW	5
5.1	THE RATIONAL SOCIOLOGICAL APPROACH	5
5.2	THE ECOLOGICAL THEORY	5
5.3	ADDICTION	5
5.4	DUAL MORBIDITY	6
5.5	ADDICTED WOMEN	6
5.6	SOCIAL CHANGE AGENTS	6
5.7	THERAPEUTIC INTERVENTION	7
5.8	SOCIAL WORKERS' THERAPY	7
5.9	THE HUMANISTIC INTERVENTION – OVERVIEW	7
5.10	THERAPEUTIC COMMUNITIES (TC)	8
	5.10.1 TC organizational climate	8
	5.10.2 Therapeutic intervention program	8
5.11	RESEARCH KEY CONCEPTS	8
	5.11.1 Independent variables	8
5.12	DEPENDENT VARIABLES	10
	5.12.1 Secure attachment pattern	10
5.13	MENTAL WELL-BEING	10
6	CHAPTER II: METHODOLOGY	12
6.1	RESEARCH AIMS, VARIABLES, QUESTIONS, AND HYPOTHESES	13
	6.1.1 Independent variables	13
	6.1.2 Dependent variables	14
	6.1.3 Research questions	14
	6.1.4 Research hypotheses	14
6.2	MIXED METHODS APPROACH	14
6.3	RESEARCH PARTICIPANTS	15
6.4	DATA COLLECTION	16
6.5	RESEARCH INSTRUMENTS	16
	6.5.1 Attachment pattern	16
	6.5.2 Mental health	17
	6.5.3 Characteristics and roles of the social worker	17
6.6	THE QUALITY OF THE RESEARCH	17
	6.6.1 Triangulation	17
	6.6.2 Validity	17
	6.6.3 Reliability	18
	6.6.4 Generalizability	18
6.7	ETHICAL CONSIDERATIONS	18
7	CHAPTER III: FINDINGS	19
7.1	QUESTION 1 FINDINGS	19
7.2	QUESTION 2 FINDINGS	20
7.3	QUESTION 3 FINDINGS	21
7.4	QUALITATIVE FINDINGS	21
7.5	INTEGRATED FINDINGS	23
8	CHAPTER IV: DISCUSSION	25
8.1	DISCUSSION OF FINDINGS RELATING TO QUESTION 1	25
8.2	DISCUSSION OF FINDINGS RELATING TO QUESTION 2	27

8.3	DISCUSSION OF FINDINGS RELATING TO QUESTION 3	28
9	CHAPTER V: CONCLUSIONS & RECOMMENDATIONS	29
9.1	FACTUAL CONCLUSIONS	29
9.2	CONCEPTUAL CONCLUSIONS	29
	9.2.1 <i>Contribution to knowledge</i>	29
<b>9.2.2</b>	<b>PRACTICAL IMPLICATIONS</b>	30
	9.2.3 <i>Inter-personal model – ITM</i>	30
9.3	RESEARCH LIMITATIONS	32
9.4	FURTHER RESEARCH	33
<b>10</b>	<b>REFERENCES</b>	34

### **List of Tables**

No.	Name of table	Page
1	Research stages and research tools	13
2	The inter-personal therapeutic model (ITM) for implementing an interpersonal therapeutic relationship between a social worker and an addicted patient	31

## 1 ABSTRACT

Treatment outcomes among people addicted to drugs and alcohol are not high. This is reflected in the difficulty of the population to maintain persistence in abstaining from psychoactive substances and to rehabilitate their lives. This study presents a unique treatment program implemented in Israel that provides an effective response to the problem of addiction among addicted people. This research examined the effect of a therapeutic intervention program (TIP) based on inter-personal relationships on emotional and behavioral changes among drug addicts. The TIP encompasses social workers' characteristics, empathy, empowerment and containment, and the social workers' roles, namely counseling, individual therapy, and group therapy. The impact of the TIP was examined on the mental well-being and attachment patterns of the participants in treatment communities. The study was conducted in seven therapeutic communities (TC) in Israel. The research participants stayed in the community for about eight months and received a comprehensive treatment for the addiction problem. The organizing framework of the study was taken from the human theory conceived by Rogers (1994). This theory focuses on the therapeutic inter-personal relationship as a cause of change among people. The research data were collected from two sources, self-report questionnaires and interviews with the research participants. The data were collected at two time points: first time ( $t_0$ ), when the research participants joined the treatment communities, and after eight months ( $t_1$ ), when the participants completed the treatment. The findings are based on two research questions that examined the relationship between TIP and mental well-being and attachment patterns. According to the findings, the TIP helped participants to persist in drug abstinence. The third research question that dealt with the relationship between attachment and mental well-being among patients who joined TC, was partially answered. Contrary to the hypothesis of the study that the insecure attachment pattern of the addicts will be associated with low mental well-being, the study findings show that high mental well-being was found among some of the patients with an insecure attachment pattern. It is estimated that there are other variables beyond attachment that can affect mental well-being. The conclusions of this research are that inter-personal contact is a powerful factor that may affect patients' attitudes, and will contribute to behavioral and emotional changes that are consistently manifested in drug abstinence, adaptation to TC, and promote personal growth. This research presents a new model, the inter-personal therapeutic model (ITM), the foundations of which constitute a link between therapeutic personalities and planned intervention phases. This research comprises a sub-chapter about the research limitations and a proposal for further studies.

## 2 INTRODUCTION

The goals of treating drug and alcohol addicts included total abstinence from the use of psychoactive substances, proper functioning within the family, as well as integration into the labor market and into the community. These therapeutic results are only partially achieved today (NIDA, 2012). The ineffectiveness of treatment programs for addicts is reflected by the high number of addicts who are unable to recover from drug abuse, the lack of addicted people's integration into treatment, high level of dropout from rehabilitation treatment and the small number of patients who successfully complete the treatment (NIDA, 2012, 2014). Out of 21.6 million people in the United States in 2012 who needed treatment, only 1 in 10 people was treated for addiction (Ettner, Huang, Evans, Ash, Hardy, Jourabchi, & Hser, 2006; NIDA, 2012). Addicted people indicated that they were not admitted into treatment, partly due to the lack of accessible treatment facilities and to the fact that the existing treatment programs were not suitable to their needs (NIDA, 2014). Dropout from treatment is another factor that affects the rehabilitation process.

Findings show that out of the 40%-60% of the people who have dropped out from treatment, most of them did it because of adjustment difficulties (NIDA, 2012). Thirty-eight percent of 14,093 patients in the Israeli Ministry of Social Affairs and Social Services, dropped out of treatment in 2016. Patients noted that the dropout occurred due to personal difficulties, lack of conformity of the treatment plan to their needs and criminal complications. Only 27% of the patients were treated successfully and accomplished the treatment goals (Ministry of Labor, Welfare and Social Services, 2016b). Patients added that they dropped out of therapy due to lack of understanding of the need for treatment and the inadequacy of the treatment plan (Brorson, Arnevik, Rand-Hendriksen, & Duckert, 2013). On the other hand, therapists clarify that low patients' motivation and lack of understanding of the treatment nature were the cause of patients' dropout from the treatment (De Leon, 2000). These opposing positions of therapists and patients refer to the reasons for patients' dropout from treatment. The other variables for dropping out of treatment are incompatibility of the treatment to patients' needs, and lack of accessibility of treatment centers. It is clear that there is a gap between the therapeutic needs of addicted people, including participants in this research and the types of treatment intervention provided to them. Other examples of the gap between patients' needs and the responses they receive are reflected in the use of outdated treatment methods that are inappropriate for the patients' characteristics (NIDA, 2012) incorporating patients who need a community care setting into ambulatory settings; and the lack of response that is suitable for

population with dual morbidity. The therapeutic response that includes punishment, restrictions and barriers on the patients lack of outreach activity, and lack of trauma treatment, also make it difficult for patients to adapt to treatment (De Leon, 2015; Ettner, Huang, Evans, Ash, Hardy, Jourabchi, & Hser 2006; NIDA, 2012). We can summarize and say that the gap in knowledge between existing intervention programs and patients' needs is reflected by the fact that current programs fail to large extent to promote patients' attachment patterns and help them in many cases to change their behavior. This research presents an intervention program, the therapeutic intervention program (TIP), based on social workers' characteristics and roles as a factor that might affect behavioral change among the research participants. This program may address some of the current challenges and gaps in knowledge currently in the field of addiction treatment. It is noteworthy that studies have previously dealt with the social workers' characteristics and their effect on behavioral change (Zastrow, 2007).

This research is conducted with a special population that suffers from a chronic illness. Addicted people experience an urge to use drugs and alcohol, have difficulty controlling the amount of the psychoactive substances and the frequency of their use. The causes of addiction can stem from emotional difficulties, personal difficulties, genetics, and social causes. Addicted people's behavioral change, due to the TIP intervention, could develop a behavioral change instrument that enhances therapeutic effectiveness. In light of the above, this research assesses whether the TIP by social workers' characteristics and roles in therapeutic communities, can promote changes among patients and have a positive effect, on both the patients' adaptation to the community and their behavioral change. This research examines the relationship between the variables included in the traits and roles of social workers, namely empathy, empowerment, counseling, group therapy, and individual therapy (Angelides, 2008; Haidt, 2001; Zimmerman & Rapport, 1981), and its effect on the dependent variables, patterns of attachment and mental well-being among addicts (Biswas-Diener, Vittersq, & Diener, 2005; Blatt, 2004; Fonagy, 1994; Mikulincer & Shaver, 2008). This research was conducted due to a gap in knowledge in the therapeutic field, manifested by a difficulty in accomplishing rehabilitation goals with addicts (EMCDDA, 2017; Ettner, Huang, Evans, Ash, Hardy, Jourabchi, & Hser, 2006). This ineffectiveness was demonstrated by in the rate of drug addicts' dropout from treatment. About 40% to 60% of the population drops out within three months of treatment, and only 30% of the patients complete the treatment successfully and persevere over time in drug abstinence (WHO, 2016 Ministry of Labor & Social Affairs, 2018; NIDA, 2012).

The implication of dropping out of treatment and persevering in drug abstinence, is a major risk for addicts who may experience social distress. Research has indicated that the reasons for the inefficiency of intervention programs, might be related to the treatment programs' inability to match the patient needs, lack of instrumental response in the treatment plans, and enactment of therapeutic approaches that require complete drug abstinence during the treatment (De Leon, 2000, 2015; Ettner et al., 2006). Other reasons for the low effectiveness of intervention, is related to maintenance of uniform patterns of treatment plans, little response to trauma care, lack of intensive therapeutic intervention, and lack of use of evidence-based practice (EBP) (Ettner et al., 2006; Gofen, 2014). This research bridges the gap in knowledge by presenting the therapeutic intervention program (TIP).

The TIP program constitutes a therapeutic response based on an inter-personal relationship between social workers and patients. This activity outline is at the heart of this research. The TIP is based on the human theory that recommends inter-personal activity as a framework for cognitive and behavioral change (Rogers, 1994). During the first phase, the patterns of the TIP determine the intervention plan in collaboration with the research participants, in order to create a personalized treatment that is suitable and tailored to the needs of the patients. Moreover, the TIP applies therapeutic techniques designed to address patients' social needs, such as exercise of rights, address of trauma, and problem-solving difficulties (Hepworth et al., 2006). This research presents three research questions, two of them related to the impact of the TIP on mental well-being and the attachment pattern of research participants. Another research question engaged in a possible link between a pattern of attachment and mental well-being of participants who joined the therapeutic community. In the Methodology chapter, the characteristics of the research participants were presented. These are people who are addicted to drugs and alcohol. The data in this research were collected by quantitative and qualitative research instruments. The findings illustrated a positive relationship between TIP characteristics and roles of social workers - and good mental well-being and good attachment of the research participants.

Complementary research findings were presented with reference to participants' addiction status as they joined the treatment community, the research participants' perception of the social workers as a secure base, and their level of adjustment to the treatment community. The discussion chapter presents explanations and conclusions of the research findings in light of the human theory. This research makes a number of conclusions about the findings of the good TIP effect, the attachment patterns and mental well-being of the participants. Moreover, this

research proposed a new therapeutic model and the recommendations for follow-up studies that could reinforce the findings of this research.

### **3 GENERAL RESEARCH OBJECTIVE:**

Examine the effectiveness of a therapeutic intervention program (TIP) based on the human theory in people addicted to substances of abuse.

*Specific research aims:*

1. To examine how a therapeutic intervention program (TIP) based on empathy, containment, and empowerment affects the *well-being* of people addicted to substances of abuse.
2. To examine how a therapeutic intervention program (TIP) based on empathy, containment, and empowerment affects the *attachment patterns* of people addicted to substances of abuse.

### **4 THESIS STRUCTURE**

This research sought to demonstrate the impact of the therapeutic factors, provided under the therapeutic intervention program (TIP). The TIP includes characteristics and roles of social workers' activity in addictive treatment communities (TC) (Zastrow, 2007; Hepworth, Rooney, Dewberry Rooney, Storm-Gottfried., & Larsen, 2006). This research starts with a research review of subjective characteristics and therapeutic roles of social workers. The literature review presents research information and data about the independent variables, social workers' characteristics - empathy, empowerment, and containment, and social workers' roles - counseling, individual therapy, and group therapy (Angelides, 2008; Haidt, 2001; Zimmerman & Rapport, 1981) The empirical literature related to the dependent variables - mental well-being and attachment patterns (Blatt, 2004; Biswas-Diener, Vittersq, & Diener, 2005; Fonagy, 1994; Mikulincer & Shaver, 2008). An intervention model for treating addicts, based on the inter-personal therapeutic relationship method is presented. This model is a platform for therapeutic intervention based on the human approach and cognitive behavioral approach. This research recommends conducting future studies to explore the efficacy of this model and other models that are grounded in inter-personal therapy.

Keywords: addicted people, inter-personal therapeutic model (TIP), attachment patterns, mental well-being, drug abstinence.



## **5 CHAPTER I: LITERATURE REVIEW**

The literature review of this research encompasses research information, epidemiological data, reports, and reviews. The literature review discusses the theoretical foundation for the method of intervention that is based on the sociological and the human theory. The human theory provides a conceptual framework included in this research that allows understanding the background on which social workers operate within an inter-personal therapeutic relationship (Yalom & Leszez 2006). The literature review presents the characteristics of these therapeutic communities and the patterns of work of social workers with addicts. The review relates to possible relationship between the study variables and the TIP program.

### ***5.1 The Rational Sociological Approach***

The rational sociological approach allows examination of the patterns of thinking and decision-making of the research participants and the impact of these patterns on their lives (Coleman, 1999). The rationality approach includes three stages, defining a goal, collecting and processing relevant information and rejecting the other options. According to the approach, it is believed that patients who transfer their control of their lives to social change agents, like social workers can make good rational decisions for themselves. The action includes social worker participation in decision-making, increasing willingness of research participants for help, and setting goals for self-change.

### ***5.2 The Ecological Theory***

The ecological approach facilitates understanding of the reciprocal relationships existing in society. This theory postulates that people function within a number of different social systems and are affected by the interaction between the systems (Hepworth et al., 2006). According to the theory, social workers as social change agents must address patients' difficulties and need to modify the communities in order to establish a supportive and progressive social system (Hepworth et al., 2006; Zastrow, 2007). The role of social workers is not only to focus on changes in the patients but as well as to improve their interaction with his social environment outside of the therapeutic community (TC), like government agencies, and employment frameworks.

### ***5.3 Addiction***

A population addicted to psychoactive substances is at the heart of this research. Psychoactive substances, such as heroin, cocaine, cannabis, and alcohol, act on people's central nervous

system (Brook et al., 2014). The addiction to these substances, as in the case of the research participants, is defined by the World Health Organization as a persistent addiction to toxic substances (WHO, 2016). The addiction includes the urge to use drugs and alcohol and the difficulty in controlling the amount of drugs or the times of use (APA, 2013), addiction involves learning behavior patterns. A number of factors may lead to addiction: genetics, personality, mental disorder, family background of substance use, and crisis events in human life (WHO, 2016).

#### **5.4 *Dual Morbidity***

This research investigated a population of dual morbidity, suffering from mental impairment and substance abuse. Many participants of this research started using drugs after experiencing mental health difficulties, intended for self-healing (APA, 2013). The social workers in the therapeutic communities (TC) reported that, based on the diagnosis, it became necessary to provide a separate response within the TC activity for these patients. The association between mental illnesses and drug abuse can be based on neurobiological factors, genetic factors, and mental and cultural causes (Volkow, 2009).

#### **5.5 *Addicted Women***

There has been an increase in the rate of addicted women worldwide. As this research reflects, there has been an increase in drug and alcohol abuse among girls alongside a decrease in the age of onset of drug abuse (NIDA, 2014). The therapeutic communities include 20% addicted women, some of whom are trapped in the vicious cycle of prostitution and drug abuse. These women suffer from sickness and severe dysfunction that may last for several years (Herman, 2015; Ministry of Labor, Welfare and Social Services, 2016a). According to studies many women have a background of sexual and physical abuse by a parent that has contributed to addiction (Herman, 2015). Use of drugs has been effective healing for a certain period of time for those women and to some extent suppresses difficult events and memories, but this use creates a new problem, addiction.

#### **5.6 *Social Change Agents***

The main goal of social workers as a social change who treat these research patients is offering personal assistance and social help. Social workers believe in the values of people and in the power of environmental change. These variables include intervention in people's challenging

living conditions. Studies support the concept that people join the social work profession because of their belief in their ability to help people and change their condition. Findings shows that early socialization affects social workers in their choice of future profession (Compton et al., 2005). The values of social worker's human relations include, empathy, empowerment, and attention for author people.

### **5.7 *Therapeutic Intervention***

The goals of treating addicts like the participants of this research are to improve their health and overall mental well-being, in addition to promoting their ability to persevere in abstinence from drugs and alcohol (NIDA, 2012). This treatment should include a combination of prevention programs, behavioral therapy, and medication (Gastfriend & Mee-Lee, 2008). The treatment of addicts Participants in this study who are in therapeutic communities (TC) include the use of diverse types of treatment. The basis for the therapeutic intervention is the interpersonal therapeutic relationship between the social worker and the patient.

### **5.8 *Social Workers' Therapy***

Social workers are the main response for treating addicts in the State of Israel. The types of therapeutic interventions vary and include population outreach, street work, psychosocial diagnosis, counseling, individual therapy, group therapy, drug and alcohol monitoring, and family intervention. The literature and research presented in this chapter are part of the therapeutic intervention program performed by social workers in their role, as well as other factors based on social worker social interactions such as empathy, caring, commitment, responsibility, patient empowerment, accepting the patient as it is, planting positive expectations and sincerity in the therapeutic relationship.

### **5.9 *The Humanistic Intervention – Overview***

This research adopted the humanistic theory as an overall conceptual framework for therapeutic intervention with patients. This therapeutic intervention is based on inter-personal relationships between social workers and patients, enabling patients' change in behavioral and emotional patterns. The humanistic theory, conceived by Rogers (1995), is based on a number of assumptions about the way people behave. The basic concept of this theory is that people are responsible for their destiny, actively guiding their life to self-realization (Rogers, 1994). The principles of the humanistic approach are based on the basic trust of the caregiver in the patient abilities and his visible and latent powers. The humanistic practical concept speaks of a positive

therapeutic climate that must be maintained between the social worker and the patient in order to reach a goal of personal and therapeutic empowerment.

## **5.10 Therapeutic Communities (TC)**

### 5.10.1 TC organizational climate

A Therapeutic Community (TC) is defined as an inclusive community method for patients addicted to drugs and alcohol. The TC is designed to offer a community alternative and collaborative lifestyle as a means of rehabilitation (De Leon, 2010; TC, 2014). The community goals are to bring about a meaningful change in the patients' lives, support the individuals, and help them in the process of change (De Leon, 2003). The patients stay in the community for a year and receive personal assistance, medical care, and occupational rehabilitation (Ministry of Labor Welfare and Social Services, Israel, 2016a).

### 5.10.2 Therapeutic intervention program

#### *Theoretical rationale*

The therapeutic intervention program (TIP) involved social workers with therapeutic characteristics of empowerment, empathy, and containment, in addition to therapeutic roles of individual therapy, counseling, and group therapy. The TIP is grounded in evidence-based intervention approaches, such as the cognitive-behavioral approach and the inter-personal approach (NIDA, 2016; WHO, 2016). The principles of the inter-personal therapy intervention program are presented within the human practice (Rogers, 1995), and the approach has placed social workers and other therapists at the center of the treatment process.

## **5.11 Research Key Concepts**

### 5.11.1 Independent variables

The therapeutic intervention program (TIP) encompassed the social workers' characteristics: empathy, containment, and empowerment, and their roles: individual therapy, group therapy, and counseling.

#### **(1) Empathy**

Studies that have explored the concept of empathy, illustrate that empathy allows therapists to understand the patients' personal and emotional world as if it were the therapists' world, without giving up the separation between them (Lerner & Tiedens, 2006). The context of exerting empathy in therapeutic relationships means the social workers' ability to experience

the patients' emotional and behavioral state of cognition. Researchers concur that the concept of empathy is first and foremost the ability of therapists and social workers to temporarily enter "the patients' shoes," being able to understand their difficulties and feelings, which may facilitate addressing the emotional dilemmas faced by the patients (Beck, 1996).

### ***(2) Empowerment***

The term empowerment refers to patients' ability to achieve greater control over their lives either by themselves or with the assistance of therapists (Rappaport, 1987). Studies analyzing patients' empowerment process, indicate that an effective patients' empowerment can allow them to considerably change their behavior and assume responsibility for their life. After undergoing ineffective empowerment process, people can take other directions, make a decision, and act in order to change their condition. The ability to act, will shape people's functioning later in.

### ***(3) Containment***

Containment is a psychological concept, namely therapists' ability to accept the patients' feelings and difficulties as they really are (Rogers, 1994). Therapists do not reject the patients' feelings or deny their existence (Yalom & Leszez, 2006). Social workers are some kind of container for the patients, they contain feelings and conflicts, with which patients find it difficult to cope. Practical content activity is based on the humanistic approach, which provides guidelines of the containment process (Rogers, 1994). Social workers perform a number of actions that includes providing supportive emotional expression to the patients, unqualified acceptance of the patients, assistance in coping with exclusion and helping the patients in being integrated into their social environment (Ainscow et al., 2006).

### ***(4) Individual therapy***

Individual therapy plays a key role in social workers' work with distressed populations. Individual treatment is provided conversation and dialogue with the patients and it includes several methods of action, aimed at advancing the patients in the process of change (Zastrow, 2007). The goals of the individual treatment by a social worker with patients include changing thought, emotions and patterns of behavior. Reference is also made to the difficulties experienced by the patient in the past and which contribute to the persistence of the problem (Hepworth et al., 2006).

### ***(5) Counseling***

Providing counseling to patients is a literal response to people's difficulties, giving specific information and assistance in order to reach the person's social potential (Hepworth et al., 2006). Patients counseling focuses on providing knowledge and information here and now ad hoc, according to the issues faced by patient at the present time (Hepworth et al., 2006). The social workers' action as counselors comprises identification of the elements that contribute to the problem presented by the patients and completing information and data about the problem (Zastrow, 2007).

### ***(6) Group therapy***

Studies analyzing the context of group intervention by social workers with patients, indicate that a central pattern in this therapeutic activity is guiding the group members to establish a personal relationship that is the engine for changing ineffective behavior patterns (Zastrow, 2007). According to studies, there are nine variables that form the basis for the activity of a group under the guidance of the social worker, altruism, mutual assistance, inter-personal learning, modeling, catharsis, releasing difficult feelings within the group, receiving advice from group members, instilling hope, and encouraging new group participants (Yalom, & Leszez, 2006).

## ***5.12 Dependent Variables***

### ***5.12.1 Secure attachment pattern***

Attachment patterns refer to people's ability to establish inter-personal relationships with other people. According to various studies, attachment patterns are fixed in people from childhood into adulthood (Bowlby, 1973, 1979, 1988). Attachment patterns can be categorized into insecure attachment patterns, manifested in anxiety and avoidance of people, and secure attachment patterns, manifested in the ability to form safe connections with people (Bowlby, 1988). Findings illustrate that the transition from an insecure attachment to a secure attachment is possible (Fonagy, 1994; Mikulincer & shaver, 2008). Changing attachment patterns and moving from an insecure attachment pattern to a secure attachment pattern are explored in this research.

### ***5.13 Mental well-being***

Mental well-being is presented as a continuum, positive mental well-being or low mental well-being. Positive mental well-being includes a positive state of mind, such as life satisfaction and

a general positive feeling about one's life (Blatt, 2004; Diener, 1984). Low mental well-being, on the other hand, includes a negative state of mind, negative feeling about one's quality of life, and low expectations of the future. In recent years, studies have presented a variety of findings about the mental well-being of the population. This research aims to analyze the meaning of mental well-being of quality, what causes high or low mental well-being, and how this mental well-being can be improved (Blatt, 2004; Diener, 1984).

## **6 CHAPTER II: METHODOLOGY**

The Methodology chapter presents the data collection process, the characteristics, the validity and reliability of the research instruments. The research instruments examined attachment patterns and mental well-being of the research participants at two time points: at the time the participants were admitted to the treatment community (TC) and eight months later. The research instruments aimed to collect supplementary information about the research participants. This information included the research participants' perception of the social workers as a secure base, the research participants' addiction status, and assessment of the impact of social workers' characteristic and roles on the research participants. The process of collecting information about the research participants, addicted people, who stayed for eight months in therapeutic communities, was done by using quantitative and qualitative research instruments. The data were collected by means of five questionnaires, two research instruments that examined mental health behavioral changes and emotional changes in the participants' attachment patterns as well as complementary research instruments that examined the patterns of TIP care. Open-ended questions were also used. The chapter provides extensive information about the characteristics of drug addicts who have participated in this research, and about the adherence to the rules of ethics that helped increasing the desirability of the findings. The research program presents three research phases and the therapeutic instruments used in this research, the framework of the various research phases, the emotional and behavioral pattern of the participants, and the dependent variables, at the time when the participants were admitted to the TC. The second phase includes the treatment intervention performed under the therapeutic intervention program (TIP) by the social workers. At the final stage, this research re-examined the dependent variables. This lengthy research process included a preliminary phase while the participants were integrated into the therapeutic community and in which research tools were activated about the patterns of attachment and mental well-being of the participants for that phase. The second phase included the implementation of the intervention process through social workers (TIP) which included activating traits such as empathy, contenting, and empowerment as well as performing individual therapy roles, counseling, and group therapy. After 8 months, the third stage was performed, which once again examined a change in the participants' patterns of mental well-being and attachment.



**Table 1 Research stages and tools**

<p><b>Stage 1</b> <b>Pre-intervention</b> <b>(t<sub>0</sub>)</b></p>	<p><b>Examination of the level of mental well-being and the attachment patterns of the research participants, people addicted to drugs that have joined the therapeutic community setting (t<sub>1</sub>).</b></p> <p><b>Examination if participants with insecure attachment experience low mental well-being.</b></p> <p><b>Evaluation tools:</b></p> <p><b>1 Patterns of attachment.</b></p> <p><b>2 Mental health inventory</b></p>
<p><b>Stage 2</b> <b>During intervention</b></p>	<p>Therapeutic intervention program (TIP) for 8 months. Examination of social workers' characteristics and roles in their intervention with the research participants.</p>
<p><b>Stage 3</b> <b>Post-intervention</b> <b>(t<sub>1</sub>)</b></p>	<p>Examination the level of mental well-being and the attachment patterns of the research participants at the end of the therapeutic intervention program after 8 months, compared to their initial level upon joining the TC (t<sub>0</sub>).</p> <p>1 Patterns of attachment 2 Mental health inventory</p>

## **6.1 Research Aims, Variables, Questions, and Hypotheses**

### **6.1.1 Independent variables**

Therapeutic intervention program (TIP): Secondary independent variables:

#### **A. Social worker characteristics:**

1. Expressing empathy with patients, which includes understanding the patient's personal world, providing patient support, acceptance, and assistance with emotional regulation.
2. Providing patient empowerment, which includes providing confidence and fostering the patient capabilities.
3. Expressing containment: the ability of the social worker to accept difficult feelings of the patient and process these feelings, to interpret and clarify the feelings, and to provide recommendations on ways of coping with internal conflicts.

#### **B. Social worker roles:**

1. Individual therapy, which includes diagnosing the patient's condition, problem-solving, and changing patient thoughts and behaviors.
2. Group therapy, which includes inter-personal learning in the group, guidance of the patients by the social worker, and receiving advice from group members.

3. Counseling: identifying problematic key issues facing the patient, providing new information, helping the patient to choose between alternatives, and resolving problems.

#### 6.1.2 Dependent variables

1. Level of mental well-being of the research participants.
2. Secure attachment pattern of the research participants.

#### 6.1.3 Research questions

1. How does a therapeutic intervention program (TIP) based on the humanistic theory affect the *attachment patterns* of participants addicted to psychoactive substances?
2. How does a therapeutic intervention program (TIP) based on the humanistic theory affect the *wellbeing* of participants addicted to psychoactive substances?
3. How does the attachment pattern of the research participants who have joined the therapeutic community setting affect their mental wellbeing?

#### 6.1.4 Research hypotheses

1. Following participation in the TIP at the TC, the research participants' attachment patterns will become secure.
2. The TIP will have a positive effect on the participants' level of wellbeing.
3. There will be a positive correlation between insecure attachment pattern and low mental wellbeing among participants who have joined the TC.

### **6.2 *Mixed Methods Approach***

This research was conducted by a mixed methods approach, using a combination of two methods: quantitative and qualitative paradigms (Creswell & Plano-Clark, 2008). The rationale underpinning the decision to use this method in this research was first and foremost the wish to strengthen the validity of the findings. Good validity of the research findings allows generalizations of the findings to other populations of addicts, whose characteristics are similar to those of the research population. The quantitative and qualitative paradigms by themselves have limitations, but the use of two paradigms enhances to a large extent the validation of the

findings (Tashakkori & Teddlie, 2003). In the mixed method approach applied in this research, many terms are used for describing the various phenomena that are related to the characteristics of the participants, the drugs addicts, and the characteristics and roles of the social workers who cared for them (Creswell, 2014).

### **6.3 Research Participants**

Seventy-five people aged 18-67 who were addicted to psychoactive substances participated in this research. Most of them have been addicted to alcohol and drugs for many years (Ministry of Social Affairs, 2016; UNODC, 2015; WDR, 2018). During the interviews, the research participants specified several reasons that had led them to use drugs over the years. Among them were: genetic background, mental illness, use of psychoactive substances in the family of origin, personal crises, difficult socioeconomic status, and the need for self-healing due to sexual and physical abuse or mental illness (Anderson & Berg, 2001; Hway et al., 2014; Somer, Altus, & Ginzburg, 2010). Most of the research participants came to the therapeutic community in order to change the social environment and to be in an in-patient setting that cut them off from the social environment where they used drugs (De Leon, 2003). It is noteworthy that some of the participants were in the therapeutic community for a second or even third time, and most of them were unable to be adapted to the community in the past (De Leon, 2010). All the participants completed a physical rehabilitation prior to their integration into the community. Some of them were referred directly to a therapeutic community from the physical rehabilitation framework. Being adapted to the community in the first three months is complex and requires the joint effort of the participants and the staff (De Leon, 2010). Some of the participants who come to the community, find it difficult to stay there due to adjustment difficulties, and the feeling that the treatment plan is not suitable for them. The therapeutic community have expectations of personal development, strengthening of patients, promotion of values, mutual concern and performance of tasks. These expectations of the TC from the participants may be complex to carry out in terms of some participants, which may contribute to the departure of the therapeutic community in the early stages. The study examines the therapeutic intervention programs in communities conducted by social workers based on interpersonal relationship and their impact on the mental well-being and secure attachment of addicts (De Leon, 2010).

#### **6.4 Data Collection**

The data for this research were collected from two sources. The first was three questionnaires that included the participants' attachment pattern, mental well-being, and characteristics and roles of the social workers. The characteristics and roles questionnaire dealt with the effect of the social workers' characteristics, empathy, empowerment, and containment on the research participants. The second source engaged in the impact of social workers' roles, individual therapy, counseling, and group therapy on research participants. Semi-structured interviews, based on questions posed to the research participants, were included in a characteristics and role questionnaire. Three additional questionnaires were filled out by participants, regarding their perception of social workers as a "secure base", the status of drug and alcohol use by the research participants and the patterns of adaptation to TC. The questionnaires who sought information about patterns of attachment and patterns of mental well-being were passed on to the participants by research assistants, social counselors who resided in each of the 7 treatment communities where the study was conducted. The data collection was done over 2 time points. In the first month where the study began to participate in the treatment, the research assistants collecting the mental health questionnaires and the attachment patterns questionnaires ( $t_0$ ). The second gathering of questionnaires was done after 8 months ( $t_1$ ). The questionnaire that was collected was characteristics and roles activation of the social worker which included the research intervention program, the TIP, the attachment pattern and mental well-being questionnaire.

#### **6.5 Research Instruments**

##### **6.5.1 Attachment pattern**

This questionnaire (Appendix1) was based on the questionnaire of Ben-Naim (2007), entitled "Emotional regulation during a marital conflict, the moderating role of attachment styles" The questionnaire was administered to populations similar to the population participating in this research, namely patients with addictive behavior. The feedback given by the participants was that the questionnaire was clear and comprehensible, and that the items were appropriate to the topic. The questionnaire was designed in order to examine the attachment patterns of the research participants at their admission to the therapeutic community and eight months later.

### 6.5.2 Mental health

#### *Questionnaire validation process*

This questionnaire (Appendix 2) was based on the questionnaire conceived by Almog-Ovadia (2013), entitled “The association between the father’s drug addiction and the mother’s parental functioning and satisfaction.” The questionnaire was administered to populations similar to the population participating in this research, namely patients with addictive behavior. The feedback given by the participants was that the questionnaire was clear and easy to understand, and that the items were appropriate to the topic. The questionnaire includes 38 items that relate to two factors: A sense of mental distress and a sense of mental well-being during the month preceding the questionnaire.

### 6.5.3 Characteristics and roles of the social worker

The questionnaire (Appendix 3) was originally designed for the purpose of this research by the main researcher and based on the standards for clinical social work in social work practice (NASW, 2005). This questionnaire defines the characteristics and roles expected of social workers that work in community frameworks, therapeutic frameworks, welfare, health agencies, and other areas of social work. The definitions that relate to the attributes include empathy, sincerity, ability to accept others, empowerment, sensitivity, and caring.

## **6.6 The Quality of the Research**

### 6.6.1 Triangulation

This research was conducted by both quantitative and qualitative methods, in addition to supplementary information that was collected from the social workers who treated the research participants. The mixed methods paradigm was used in order to investigate the effect of a therapeutic intervention on personal rehabilitation of addicted people (Creswell, 2014). The use of both quantitative and qualitative methods in this research aimed to reinforce the reliability of the conclusions of the qualitative study.

### 6.6.2 Validity

This research was conducted in a systematic and planned manner. At the first stage, quantitative data were collected by using two research questionnaires. At the second stage, qualitative data were obtained through in-depth interviews (Greene, 2007; Johnson & Onwegbuzie, 2004).

Furthermore, a supplementary study was conducted, collecting information about the impact of the characteristics and roles of the social workers, the characteristics of addiction and the research participants' perception of the social workers.

### 6.6.3 Reliability

Research assistants accompanied the study and presented the research procedure and its characteristics to potential research participants (Zeichner & Noffke, 2002). The environmental conditions in the therapeutic community were constant in all two measurements. The reliability of the research instruments was high, the research instruments were comprehensive and included many types of items, open-ended questions, close-ended questions and interviews (Barrett, 2001). Additionally, the reliability of this research was examined by external judges of social workers.

### 6.6.4 Generalizability

The generalizability of this research is due to the demographic diversity of the research participants, their different age, the varied socio-demographic status of the participants, and the fact that they come from different geographical environments in Israel. It is likely to assume that the research findings can be generalized to a variety of populations of drug addicts that are living in different environments and different cultures.

## 6.7 *Ethical Considerations*

Patients in the therapeutic communities who participated in the study did so at their own discretion. During the research process, the research assistants answered the questions of the participants before the beginning of the research and distributed to them a document defining the research aims. The research participants subsequently signed a document that expressed their willingness to participate in the research. No information about the participants or their identity was given to anyone who was not involved in this research.

## 7 CHAPTER III: FINDINGS

The findings are presented in this chapter according to research questions No. 1, 2, and 3. Research questions No. 1 and 2 sought to examine the impact of the therapeutic intervention program (TIP) which is reflected in the characteristics and roles of social workers on the improvement of the patients' mental well-being and attachment pattern, following eight months of inter-personal therapy. The Findings chapter discusses supplementary information about the effect of the therapeutic activity which is expressed in the characteristics and roles of the social workers which include the ability of participants to see social workers as a secure base. The effect of the TIP on participants' persistence in drug and alcohol abstinence and their adaptation to the therapeutic community was also examined. The findings of the study with respect to Question 3 of the study provided an answer regarding the relationship between the pattern of attachment and the sense of mental well-being among participants who joined the therapeutic community at the time the study began. The findings may provide information on participants' likelihood of adapting to the therapeutic community. At the first stage, the findings were shown with reference to the obtained quantitative findings. In the second stage, the obtained causal findings were presented. The data processing in this research was displayed for each research question.

### 7.1 *Question 1 Findings*

The findings are presented according to research question No. 1, that investigated whether a therapeutic intervention program would affect the attachment patterns of research participants who were addicts. the corresponding first research hypothesis was that the participants' attachment patterns would become secure. According to the research findings, the TIP implemented by the social workers contributed to the change in attachment patterns of many research participants. It is noteworthy that even the population that still had an insecure attachment pattern, benefited a lot from the relationship with the social workers. This group persevered in the community, and continued advancing in the drug rehabilitation process. A secure foundation included a sense of security for the research participants in their ability to interact personally with other people, trust other people and relatives.

The findings revealed that after 8 months of inter-personal therapy, out of a total of 36 research participants, 25 participants had a secure attachment and 11 participants had an uncertain attachment. Insecure attachment may cause a child and adult person many difficulties in their

daily functioning, inability to make good connections with other people, difficult to adapt to social settings, and personal distress that includes addiction. The ability to influence a person's attachment pattern by an alternative figure to the initial attachment figures exists, but it is a long-term and complex process. The findings of the study regarding the effectiveness of ITR and the responses given by the social workers to the many difficulties of the participants are reflected in both aspects: it is expected that participants who came to TC with a secure attachment pattern will persist in these patterns eight months later. It should be clarified that the ability to persevere in a secure attachment pattern is not self-evident for participants that staying in TC. Patterns of attachment are in sequence and may change due to external events experienced by the person. Stress conditions, disciplinary requirements, and limitations that exist in TC, and participants' emotional difficulties may contribute to a negative change in these emotional patterns.

## **7.2 Question 2 Findings**

The findings are presented according to research questions No. 2 that investigated whether a therapeutic intervention program would affect the well-being of research participants who were addicts. In light of this question, the second research hypothesis was that there would be a positive effect on the research participants' level of well-being. As demonstrated the TIP impact on the mental well-being of the research participants was good and high. The ability to make quality contact with the social workers, based on unconditional support and attentive support, were actions that the research participants had not been used to for many years. These actions may end up contributing to the research participants' optimism, and a better future belief than they had prior to their integration into the therapeutic community. The research participants' mental well-being included a feeling of satisfaction with their life, optimism and a better faith in the future, despite the many difficulties they had experienced due to the drug addiction.

Thirty-one of the research participants had good mental well-being and 5 participants with low mental well-being according to the measurement after 8 months of therapeutic. The correlation between empathy, containment, and empowerment for change the mental well-being was good 291. and 031. A sense of well-being among people with addiction has been found to be very low in many studies. Among the reasons for this are the effects of psychoactive substances, sickness, and mental difficulties. Research participants' mental well-being may include ups and downs depending on changing situations and life events. The stability of the study results



in both measurements and the fact that most participants had good mental well-being over time is evidence of the effectiveness of activating the TIP.

### **7.3 Question 3 Findings**

The findings are presented according to research question No. 3, that investigated whether the attachment pattern of the research participants who joined the therapeutic community affected their mental well-being. In light of this question, research hypothesis No. 3 was that there would a relationship between insecure attachment pattern and low mental well-being among the research participants who joined the therapeutic community. The significance of this association is an effect on the participants' adaptation to the therapeutic community and to dropout or persistence in treatment. The findings corroborated to certain extent the third hypothesis. The impact of an insecure attachment pattern that included insecurity in relation to others, anxiety, and avoidance, was manifested only by some of the participants. In order to identify this relationships, ANOVA and Pearson correlation statistical analyses were performed. The first stage in this process was encoding the quantitative data. The second stage was scanning the data in order to find the missing values. Descriptive statistics were used to characterize the participants' population by gender, age, type of drug used, education, marital status, and nationality.

### **7.4 Qualitative Findings**

This research aimed to obtain the subjective perspective of the participants, allow for a complete reflection and explore the issues raised by the research questions. The qualitative study, similar to the quantitative study, explored whether the therapeutic intervention program (TIP) affected the research participants' mental well-being and attachment patterns (Appendix 6). The aim was to present inductive conclusions and generalize the findings to other populations of addicts. The qualitative study was conducted separately from the quantitative study and constituted a complementary phase of the study. The purpose of the qualitative study was to obtain additional information from the participants about the research questions.

The qualitative analysis includes themes and categories in light of the participants' interviews. The combination of the findings of the quantitative and qualitative research are presented jointly in the subchapter (integrated findings – summary). The qualitative research, conducted according to the research questions, included three mortality cases and their analysis, categorization of the mortality, association between the mortality and the categories and drawing conclusions. The first theme included empathy, containment, and empowerment of

social workers and their effect on behavior, namely, leading to secure attachment and better mental well-being of the research participants. The category was termed “Inter-personal relationship.” A second theme was the individual therapy, counseling, and group therapy, and their impact on attachment patterns and mental well-being. The category was named “Changing patterns of thinking and behavior.” A third theme was the effect of insecure attachment on mental well-being among addicted populations who were integrated into therapeutic communities. The category was named “Avoidance, anxiety, and lack of optimism of the research participants.”

### ***Research participants’ comments***

The research participants presented three key issues that affected their mental well-being and attachment patterns at the time of joining the community and after the therapeutic intervention. During the interview, the participants were asked to relate to the inter-personal relationship with the social workers. First, the participants stated that from the beginning of the relationship, they felt that they had built a partnership with the social workers. The participants felt that ultimately the purpose of the social workers was to help and support them. The participants indicated that they felt more open and relieved about inter-personal relationship with the social workers. N, one of the men from the participants said,

*“Slowly I felt that the social worker really wanted to listen to me. She did not judge me at all for the life I had led over the years.”*

M, one of the men from the participants said,

*“The social worker contained all my craziness even when I was not in the mood. She knew how to accept me and did not judge me. On the contrary, she encouraged me. I felt I was strengthened by our relationship. During the therapy process, I met my family members. The meeting was not good; I was really depressed. The social worker immediately realized my situation and talked to me – I felt strong.”*

As part of the open-ended interviews, the participants embraced new ways of thinking they had acquired during the individual therapy. The importance and significance of the encounter with other patients in treatment groups was noted. The participants felt that watching role models of people who have been able to cope with the addictive substances reinforced them. Many participants felt they had an opportunity to change. Some of them mentioned that they did not

initially understand the course of treatment and that they expected the social worker to instruct them how to move forward in their lives. Second, the participants understood that the treatment was designed first and foremost to give the patients instruments for being independent in their life. D, one of the men from the participants said,

*“My ways of thinking were wrong over the years. I believed everything would work out and I would know how to accomplish my goals, but the results were poor. Now I am finally able to figure out how to plan my life and how to deal with the drug addiction. I had to set goals that I could accomplish, rather than unreal goals. First, I have to solve my problems with the family. I felt someone supported me in the change process. In fact, they made me change my mind and my behavior, to relax. I was a violent person for many years, so I thought that with such behavior, I could accomplish my goals – I was very wrong. In my conversations with the social worker, I realized that I could control my behavior, and for a long time I have not been involved in violence.”*

Third, the participants noted that, at the first phase of joining the TC, they felt confused, insecure, and experienced a craving for using drugs. The participants noted that their harsh backgrounds were due to the fact that in the past, they lived on the street and suffered from sexual and physical vulnerability and poverty. They pointed out that all past difficult experiences, resulting from substance abuse, evoked a very low sense of well-being over long periods of time. R, one of the women from the participants said,

*“I have felt especially lost in recent months. I have constantly continued to consume all kinds of drugs and I felt bad and lonely.”*

The participants referred to difficulties in establishing safe relations with other people.

U, one of the men from the participants said,

*“I felt that anyone who talked to me wanted something from me or wanted to hurt me. As a result, I stopped contacting people. This whole situation did not improve my trust in people.”*

## **7.5 Integrated Findings**

The findings obtained from research questions No. 1, 2, according to the qualitative and quantitative research, show a high correlation between the social workers' characteristics and

roles (TIP) and the research participants' secure attachment and good mental well-being. Research question No. 3 was only partially supported. The research findings demonstrated the impact and power of an inter-personal therapeutic relationship. This relationship allowed the participants to overcome obstacles and barriers to personal and social functioning that they had experienced over the years, due to psychoactive substances addition. The integrated findings obtained from research hypothesis No. 1 indicated a correlation between the TIP social workers' characteristics, such as empowerment, empathy, and containment, as well as roles, such as individual therapy, counseling, group therapy, and good attachment patterns. Both the quantitative and the qualitative findings specified that the inter-personal relationship within the TIP, contributed to a secure attachment between the participants and the social workers, based on a strong therapeutic alliance that lasted for eight months. The integrated findings obtained from research hypothesis No. 2 indicated a correlation between the TIP social workers' characteristics, such as empowerment and empathy, and roles, such as counseling, group therapy and individual therapy, and a good mental well-being. This good mental well-being included optimism and confidence in the research participants' ability to create a better future. The TIP strengthened the participants' ability to generate and persevere in behavioral changes over eight months, enabling counseling and empathy, and coping with an attempt to solve problems that concerned the participants 'here and now'. The partial corroboration of research hypothesis No. 3 clarifies that, at some point, factors such as social and family support of the integration of a family member, the therapeutic process, the ability to successfully complete physical rehabilitation from drugs and alcohol, and admission into a new setting of the therapeutic community, contribute to the participants' sense of optimism and confidence and to the ability to achieve a better future for themselves. These variables may facilitate a high sense of well-being, despite an uncertain attachment pattern.

## 8 CHAPTER IV: DISCUSSION

The present study examined the impact of an interpersonal therapeutic intervention program (TIP) on emotional and behavioral aspects among drug addicts. The research findings provide answers to the research questions and show a good relationship between an interpersonal therapeutic program based on therapeutic empathy, containment, and empowerment, and the persistence of a secure attachment and good mental well-being pattern among participants who joined the therapeutic community (TC). It was also found that participants who had an insecure attachment pattern changed this pattern to a secure attachment, and participants who had low mental well-being changed this pattern to high mental well-being. The conclusions indicate that an interpersonal therapeutic relationship based on a humane perspective beneficially affect emotional changes among severely distressed populations. The actions of the social worker that include permanent presence in the participants' lives, developing a therapeutic emotional climate, exercising therapeutic flexibility and building a strong therapeutic alliance, has a good effect on developing participants' self-efficacy, safe attachment and mental well-being.

The discussion related to research questions No. 1, 2 and 3 emphasizes that in many ways this research is original. It attempts to introduce an intervention method that has not been specifically oriented at addicted patients. This research study examines whether there is a relationship between individual participants' emotional variables, such as attachment patterns and mental well-being at the time of joining a therapeutic community. Furthermore, on the basis of the humanistic theory that constitutes an organizing framework for research, this research examined whether a therapeutic inter-personal relationship involving social workers' characteristics and roles would have an effect on the behavioral changes of the research participants. The research findings depict an interesting picture of the effects of therapeutic inter-personal relationships, based on the social workers' characteristics and roles. As one would expect, empathy, containment, empowerment, as well as individual therapy, group therapy, and counseling, have an impact on high mental well-being and secure attachment patterns of the research participants.

### *8.1 Discussion of Findings relating to Question 1*

The main idea on which the first research question and the first hypothesis are based is that an interpersonal therapeutic relationship will have a positive effect on the participants' attachment pattern. This positive effect will be reflected in the ability of the participants to socialize, reduction avoidance of contact, and reduction the social anxiety. 47.2% of research participants

who persisted in treatment in the therapeutic community (N = 36) had a secure attachment pattern when joining the therapeutic community ( $t_0$ ). Following the interpersonal therapeutic intervention process 70% of them were with secure attachment ( $t_1$ ). 30% of the participants were left with insecure attachment and avoidance of social connections. It should be emphasized that persistence in a secure attachment pattern during the period of stay in the therapeutic community is not self-evident. Participants' secure attachment pattern may have changed to an insecure attachment due to personal conflicts, personal barriers, and frustration due to events that may occur in the TC and due to the reasons that the period of treatment in the therapeutic community, which includes closed setting may have been complex and challenging for some participants. According to the findings of the study, persistence in a secure attachment pattern and achieving a secure attachment resulted from the interpersonal bonding processes activated by the social workers throughout 8 months of intervention. This intervention included the activation of therapeutic empathy that enabled psychological mechanism of emotional attachment, and a focal point of assistance here and now. Additional therapeutic operations which contributed to achieving secure attachment of the participants was the construction of secure communication with participants and the development of social capacity. 30% of the research participants were left with an insecure attachment pattern even after the therapeutic intervention, however, this population persisted in the therapeutic relationship with the social worker, developed an awareness of the reasons for their difficulties, and persisted in drug abstinence. The research findings were in line with the data in the research literature, indicating that people's attachment patterns can be affected by therapeutic actions, such as inter-personal relationships and therapeutic factors, e.g., social workers' characteristics and roles (Mikulincer & Shaver, 2008). The fact that there is another attachment pattern in people. Fonagy (1994), explains that being in contact with a therapeutic figure who provides a safe and supportive environment, may promote a change in attachment patterns and establish another attachment pattern in people. However, studies indicated that switching from an uncertain attachment pattern to a secure attachment pattern might be complex. This complexity could be reflected by latent resistance to therapeutic relationships due to human emotional and personal barriers (Meier et al., 2005). This research indicated that implementing the therapists' properties, i.e., empathy, empowerment and containment might be an answer to this problem. These therapeutic actions may reduce the patients' barriers at the first stage, and subsequently help promote a safe attachment pattern. The content presented in this literature review was a meaningful therapeutic instrument in the ability to affect the change in attachment patterns of the research participants (Ainscow et al., 2006). Researchers concur that operating with a

dynamic and sensitive therapeutic approach, allows social workers to work with addicts on unresolved conflicts (Meier et al., 2005), containing activity according to Rogers (1995), is a strategic action based on secure attachment and establishment of a protective therapeutic environment.

## ***8.2 Discussion of Findings relating to Question 2***

The study sought to examine the effect of an interpersonal therapeutic relationship on participants' mental well-being. The study found a positive relationship between therapeutic processes and high mental well-being after the intervention that lasted 8 months. As for the general population that started the study, 75% of the research participants (N = 75) reported a high pattern of mental well-being, while 25% of participants reported low mental well-being during their integration into the therapeutic community. 8 months after the end of the interpersonal therapeutic intervention process ( $t_1$ ), 88% of the participants who persevered in the study persisted in good mental well-being, or changed their mental well-being pattern from low to high. 12% of the participants were left with a low mental well-being. The ability to persevere in high mental well-being is not self-evident. Participants face many challenges and difficulties while in the therapeutic community such as: personal pressures, adjustment difficulties, conflicts, and social functioning difficulties. These variables can in many cases adversely affect a person's level of mental well-being. Mental well-being is a variable pattern that may be affected by personal, social and environmental events. According to the findings of the study, therapeutic relationships that had a positive effect on perseverance in good mental well-being included the assistance of the social worker to the research participants in removing emotional barriers, the support and acceptance of patients, and processing patients' hidden emotions. It should be noted that even participants who were left with a low pattern of mental well-being greatly improved their functioning in various areas, persisted in abstaining from drugs, and improved their social ability. The TIP is a humanitarian theory-based intervention program, and has a positive relationship with the mental well-being of the research participants. This positive association was found after eight months of therapeutic intervention, and was adapted to research hypothesis No. 2. The quantitative and qualitative data of the two measurements, designed to examine changes in the mental well-being of the research participants, showed that the social workers' empathic understanding throughout the treatment period, positively affected the patients' behavioral changes. The TIP which encompasses a deep understanding of the research participants, alertness and sensitivity to their needs, reactions and perspectives, enabled the research participants to adopt a meaningful approach

to learning and affect the advancement of a good mental well-being (Capuzzi & Stauffer, 2016; Diclemente, 2003; Griffiths, 2008; Ray & Ksir, 2004). The therapeutic intervention program (TIP) enabled addicts to become aware of their situation, increased their personal motivation for change, and considerably improved their mental well-being. The TIP model included factors that were in this research within the framework of social workers' characteristics i.e., traits, empathy, advice and containment (Angelides, 2008; Haidt, 2001; Zimmerman & Rapport, 1981) and the roles, i.e., individual therapy, group therapy and counseling.

### **8.3 Discussion of findings relating to Question 3**

The third question and hypothesis assessed the existence of a relationship between an insecure attachment pattern and low mental well-being among participants who joined the therapeutic community. This hypothesis is based on theories and studies that have indicated a link among distress, drug addiction, insecure attachment and low mental well-being (Meier et al., 2005; Mikulincer & Shaver, 2008). These study findings referred to all participants who joined the study at that time point (N = 75), Participants who persisted in the community for 8 months and participants who dropped out of the community during the first 3 months. The findings indicate the existence of a partial relationship between an insecure attachment pattern and mental well-being. 50.75% of the research participants had a secure attachment while joining the community and only a small proportion of the participants were initially insecure attachment patterns. 75% of the participants who persisted in participating in the study, had a high mental well-being pattern. The study found that 25% of participants had a low attachment pattern and low mental well-being respectively. Apparently, relationships between attachment patterns and behavioral and emotional variables, may be complex in the general populations and distressed populations. The possible causes for the research findings could be the objective and subjective variables of the research participants (Biswas et al., 2005; Heady & Wearing, 1989). Events experienced by the research participants in the period prior to their admission into the community, could have affected their sense of mental well-being. Successful physical rehabilitation from drugs abuse by undergoing treatment, and the very ability to be accepted into the treatment community by itself, could contribute to people's good sense of well-being for a certain period of time. These variables may have contributed to the participants' sense of optimism and the belief that they expected a better future.



## 9 CHAPTER V: CONCLUSIONS & RECOMMENDATIONS

### 9.1 *Factual Conclusions*

The factual conclusions present the lessons and meanings of the research findings in light of the discussion of the research questions. The factual conclusions are that the use of interpersonal therapeutic approaches enabled social workers to create a safe therapeutic environment, based on a therapeutic alliance with the patients. This safe therapeutic environment included factors such as therapeutic empathy, containment and empowerment. These factors helped the research participants to experience secure attachment and significantly improve their ability to establish a relationship with their social environment. Furthermore, these processes have helped the patients to reduce anxiety and avoidance of communicating with other people. The ability to create good mental well-being among research participants was based on their ability to experience social learning that helped them develop a secure attachment with other people. The individual therapy and group therapy frameworks greatly emphasize the empowerment processes of the research participants that could facilitate accomplishment of functional goals and contribute to a good mental well-being and long-term persistence in abstinence from drugs and alcohol.

### 9.2 *Conceptual Conclusions*

#### 9.2.1 Contribution to knowledge

The findings of this research presented the characteristics of the new therapeutic intervention that can be assimilated into various therapeutic settings engaged in the treatment of addicted persons. The significance of the research findings refers to the inter-personal relationship that is at the heart of therapeutic practice and is a distinctive factor that contributes to the emotional and behavioral change of the research participants. Studies indicate that attachment patterns have been ingrained in people over the years. This study has been supported by the assumption that inter-personal therapeutic relationships may help populations overcome patterns that are considered permanent in humans. While many addicts started using drugs to cure themselves of physical or sexual injury experiences, the TIP model as shown in this study tried to address these vulnerability issues. The therapeutic model sought to exclude research participants from the confines of “I” to the “we” partnership, the meaning of “we” mean that the quality of the therapeutic alliance and partnership may help to add and to control of one’s life and make a short-term impact as we observed in this study on the two variables examined in the study, i.e., the mental well-being and attachment pattern. The inter-personal care model presented in this

study was tailored to the needs of patients in the TC analytic space. Using the TIP in ambulatory settings, where short-term individual treatment is given, may have been more complex to operate. There is a need for the TIP to be activated intensively in formal and informal activities over many hours, and in this respect the TC is suitable for this type of intensive intervention.

### 9.2.2 Practical implications

The practical implications, derived from the research findings, recommend an intervention model which will be based on an inter-personal therapeutic relationship. This relationship will constitute an action that may improve therapeutic effectiveness. The use of multiple inter-personal therapy models, based on therapists' characteristics and roles, could promote the patients' behavioral and emotional changes. The new model that is based on the variables of this research, could be more accurate and suitable for addictive needs. This research indicates an inter-personal therapeutic relationship between therapists and patients on the basis of the six instruments: empathy, counseling, empowerment, individual therapy, group therapy and containment, that could allow patients to learn new behaviors. Other changes that may occur in patients in light of the model implementation, are analysis of ineffective drug use decisions, and life planning in the short and long term.

### 9.2.3 Inter-personal model – ITM

The inter-personal therapeutic model (ITM) is based on the principles of the humanist approach, emphasizing the social workers' basic trust in their patients, and their overt and covert powers. The basis for the ability to form a therapeutic alliance is the social workers' belief in the patients, a belief that the patients want to change, want to learn, want to discover more information about themselves and to control their life. Humanistic Practical Activity advocates a positive therapeutic climate that needs to be maintained between the social workers and the addicts, in order to achieve personal empowerment therapeutic empowerment. The therapeutic climate includes expressing trust in the patients, and honest therapeutic relationship, which can allow patients to cope with negative emotions. According to the humanistic approach, a situation in which addicted people perceive their relationship with the social workers as real and honest, will allow patients a personal development and growth, enabling them to overcome the challenges and difficulties faced during the addiction recovery process. The model creates the language of change with the patients through the use of empathy, containment and counseling instruments. The ITM model focuses on the therapists' characteristics as a cause of change in patients. The objectives of the model are to improve

patients' behavioral, emotional, and cognitive patterns, such as mental well-being, attachment pattern, and patients' perseverance in drug abstinence. Table No.2 presents the ITM model.

Table 2 The inter-personal therapeutic model (ITM) for implementing an interpersonal therapeutic relationship between a social worker and an addicted patient

Meeting	The inter-personal intervention content	Treatment technique	Treatment Tools
1	Learning effective ways to cope with the patient's yearning to use drugs: examining the patient's feelings and thoughts, presenting memories, using the empathy and empowerment instruments	The self-talk technique	Dynamic Therapeutic Tool
2	Support of drug abstinence: engagement in the treatment of abstinence from drug abuse	Containment, counseling, and empowerment instruments	Cognitive behavioral therapy tools
3	Promoting a patient's ability to refuse to use drugs: learning how to use assertiveness	Using the instrument of empowerment	Behavioral therapy tools
4	Learning to improve decision-making: understanding the essence of decisions made in the past in the context of substance abuse, trying to think about the consequences of substance abuse	Counseling instruments and behavioral therapy.	Cognitive therapy tools
5	Planning for the future: learning how to deal with future risk situations, using counseling instruments and behavioral therapy		Cognitive therapy tools
6	Troubleshooting: viewing the various possible steps to solve a patient's problems, showing different approaches to problem-solving, examining approaches to assess the effectiveness of the types of solutions for the patient, using individual and group therapy		Cognitive behavioral therapy tools
7	Case management: collaborative process with the patient in order to identify the problem, setting tangible goals to solve the problem, identifying patient resources, presenting follow-up program details, and coping with new difficulties experienced by the patient, using the empathy, empowerment, and counseling instruments		Dynamic Therapeutic Tool
8	Meeting a patient with close associates: examining the interaction between the patient and family or friends, evaluating the interaction, using the empathy instrument and the group therapy instrument		A tool for family and social therapy intervention
9	Summary of the treatment: examination and joint assessment of the results of the inter-personal program by the social worker and the patient. Providing feedback from the social worker about the progress of the treatment, examining how to achieve the main goals of inter-personal care.		Dynamic cognitive behavioral therapeutic tool

Table No. 2 shows that the intervention in the context of inter-personal therapy takes place over nine sessions. The therapeutic meetings include personal conversations, interview, and individual dialogue.

The introductory phase:

1. Initial contact with the prospective patient: the process includes examining the reasons the person sought treatment, an overview of the types of treatment programs in which the prospective patient has participated in the past, and examining the patient's level of mental resilience. This step includes the use of the empathy and counseling instruments.
2. Negotiating the treatment goals. This activity is done within the individual treatment and counseling sessions.
3. Establishing basic rules for treatment. Setting time for inter-personal therapy sessions.
4. Performing the potential patient's drug abuse monitoring tests.

### **9.3 *Research Limitations***

This research has several limitations that should be taken into consideration. The research findings do not apply to all patients who stayed in the treatment communities at the time of this research. They apply only to patients who joined the community at one point in time for one month. The research findings are not necessarily applicable to other patients who stayed in the communities during this time. Thirty-nine participants dropped out of the treatment community during the first few months. This made it difficult to assess the impact of the initial inter-personal relationship developed between them and the social workers. Another limitation was the fact that this research was a longitudinal study that examined the research participants at two points of time. This research did not include control groups since no other therapeutic communities (TC) in Israel could be operated through a control group. Another possible limitation was the age of the research participants, who were 18+, mostly within the range of 25-45 years. This rendered it difficult to discard the findings about populations at a younger age. According to the research literature, a young population, aged 12-25 years, has different characteristics than adults as far as their behavior and addiction patterns (De Leon, 2003). Another limitation pertains to the fact that the findings of the study relate solely to the effect of social worker contact on the research participants. This study did not examine additional patterns of influence on participants like other staff members of TC, who were working in the community at the same time as teachers, mentors, and maintenance personnel. This study was initiated in a distinctive setting, therapeutic community (TC) for addicts, research participants were disconnected from social and family factors, which had a major impact on them in the past, which is believed to have contributed to their ability to help themselves without

background noise. This study did not examine the influence of factors with which the patient was in contact daily was prior to his integration into the community, such as family, acquaintances, friends and people from the community in which he lived.

#### **9.4 Further Research**

Conducting studies which will be similar to the characteristics of this research and assessing inter-personal relationship efficacy may help addiction treatment policy makers to assess whether current therapeutic interventions based on inter-personal therapeutic relationships are valid. It will also be possible to assess whether the therapeutic intervention program (TIP) may contribute to other populations of addicts in treatment communities and ambulatory settings. Studies of the impact of therapeutic characteristics, such as social workers' role as a model for patients, patients care of patterns, promotion of self-belief, and patient trauma intervention patterns, may identify additional effective treatment factors, that were not examined in this research. Conducting qualitative studies in this field will yield a more complete picture of addicted people's perspective of the key therapeutic factors that assist them in the healing process and also enable them to address ineffective therapeutic factors. In a qualitative study it is recommended that patients present the factors that may help them to persevere in the treatment community. It is suggested that additional studies will involve a control group. Such comparative studies may be conducted in ambulatory settings for addicts in order to compare treatment effectiveness for programs that implement the inter-personal therapeutic model. It is also recommended reviewing programs that apply other medical or general rehabilitation approaches. It is advisable to conduct a longitudinal study that will examine the effect of inter-personal and therapeutic relationships on addicts who have completed their stay in therapeutic communities. Such research will help in understanding the long-term impact of the therapeutic intervention program (TIP) effectiveness, exploring how former addicts face the challenges of life. It is advisable to conduct research that examines the organizational and the climate aspects of the therapeutic community as a whole. Such research will provide another perspective on the effectiveness of a community method based on the power of the community. Finally, it will be interesting to examine the TIP therapeutic model both around the globe and in Israel in outpatient settings and in ambulatory settings for the distressed population, in order to see whether this intervention model is valid in a variety of therapeutic settings.

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