

## Original Article

# Formation of the Causal Pattern of the Return of Addiction Based on the Components of Perceived Child-rearing Practices, Coping styles and Hidden Propensities in the Recovered Without Return and Reborn

Aliakbar Moayed<sup>1</sup>, Ahmad Borjali<sup>1\*</sup>, Hoseain Eskandari<sup>1</sup>, Faramarz Sohrabi Asmrodi<sup>1</sup>, Mohammadreza Fasafinejad<sup>1</sup>

<sup>1</sup>Department of Psychology and Educational Sciences, Allameh Tabataba'i University, Tehran, Iran

Received: 17 September 2018; Accepted: 3 February, 2019

## Abstract

**Background:** Drug dependence is one of the most important public health problems in societies. The purpose of the research was to develop a model for the return of addiction based on the components of perceived parenting practices, coping styles and hidden propensities in recovered without return and recovered returns.

**Materials and Methods:** The statistical population of this study consisted of all recovered clinics and drug addiction treatment centers in Gilan province (North of Iran) in the 2016-17. After passing the treatment period from the discharge center and obtaining a treatment period certificate, the health card they received at least one year of recovery when they performed this research. The sample group, which consisted of 300 patients aged 18 to 35 years with substance abuse history, were selected through available sampling method in two groups. In this research, in addition to obtaining personal information and obtaining a return status report, 5 tools were used as follows: perceived parenting skills questionnaire, coping skills scale, Adlerian basic scale for interpersonal success of adult version, opinion questionnaire Tempting, and perceived stress questionnaires. Data analyzed with LISREL software.

**Results:** The path and probabilistic relationships between the phenomena were studied. Based on matrix analysis, variance, covariance and correlation matrix, we investigated the possible relationships between the phenomena studied paid. The path analysis was used to determine the model. There was a positive and significant relationship between perceived parenting style, lifestyle, coping styles, tempting beliefs and general stress with returning to addiction.

**Conclusion:** To return of addiction we proposed use of perceived parenting style, lifestyle, coping styles, tempting beliefs and general stress.

**Keywords:** Perceived parenting practices, Coping Styles, Hidden Protagonists, Recovered Without Return, Recovered Returns

---

\*Corresponding Author: Ahmad Borjali, Associate Professor of Psychology and Educational Sciences, Allameh Tabataba'i University, Tehran, Iran; E-mail: moayedialiakbar@yahoo.com

**Please cite this article as:** Borjali A, Moayed AA, Eskandari H, Sohrabi Asmrodi F, Fasafinejad MR. Formation of the Causal Pattern of the Return of Addiction Based on the Components of Perceived Child-rearing Practices, Coping styles and Hidden Propensities in the Recovered Without Return and Reborn. *Novel Biomed.* 2019;7(2): 71-9.

## Introduction

Addiction along with malnutrition and environmental pollution is one of the major problems of human societies, unfortunately, it afflicts all industrial and non-industrial societies and our society is also facing a lot of problems. In Iran, addiction has grown in recent years.<sup>1</sup> Clinical findings also suggest that in the formation of opioid dependence, personality traits, lifestyle, social relationships, beliefs, feelings, attachments, emotions and behaviors that have developed during the development of an individual, Play a major role<sup>2</sup>. Since drug addiction (in substance), as well as other illnesses and problems, has been considered more than preventive, there has not been much success in this regard, so that the recurrence of addiction in people referred to their centers indicates the abandonment of 80 percent welfare addiction.<sup>3</sup> Therefore, it is necessary, while recognizing the mechanism and the nature of addiction and recognizing the causes and causes of its causes, to be recognized again.<sup>4</sup> One of the treatments related to the prevention of recurrence is the Marlath and Gordon (1985) Prevention Program. This model examines the therapeutic outcome in a situation in which a person is avoided and his addiction is relapsed. The treatment approach based on the Marlath relapse prevention model emphasizes coping skills and lifestyle as two effective variables in the relapse process.<sup>4</sup> A significant number of studies have shown that coping skills and the way they are used by people are important in the etiology, treatment and prevention of return to drug use<sup>5,6</sup>. In their research, teaching coping skills in the end increased self-efficacy and reduced drug intake.<sup>7</sup> Another study, conducted by Anderson et al (2006), aimed at preventing recurrence of drugs in adolescents, found that coping skills deficits were an important factor in returning to drug use. The above research evidence suggests that coping skills and its elements play a decisive role in reducing consumption and preventing recurrence after the detoxification stage. Therefore, it can be said coping skills through mechanisms such as stimulus control, identifying risky situations, reducing exposure to relapsing-up symptoms, problem-solving strategies, managing stress, and ultimately recognizing effective

emotional factors in desire. Intake of substances and coping with these factors, after the de-dosing stage, reduce the re-use of materials and ultimately prevent relapse.<sup>8</sup> Another factor that can be effective in preventing and reducing the likelihood of recurrence is lifestyle. According to Marlath & Ward (1985), lifestyle factors and hidden person's records can reduce the person's risk of increased drug intake or reduce her resilience in the relapse prevention phase.<sup>9</sup> By lifestyle modification, by identifying hidden recurrence and coping skills, one can lighten the lifestyle and subsequently prevent the return to consumption.<sup>10</sup> Research on the relationship between balancing and changing lifestyles suggests the effectiveness of this strategy to prevent relapse and reduce drug use. In connection with this, research by Beth et al. (2008) showed that one of the factors contributing to the successful and sustainable lagging of substance use is lifestyle. It also supports the impact of lifestyle as an external prevention system.<sup>11</sup> Another study by Lee Peg and Garcia-A (2008) found that people without recurrence or those who had less recurrence had a healthy lifestyle in comparison to the control group, and the lifestyle was the best predictor of recovery and prevention. Of recurrence of materials.<sup>12</sup> The results of these studies indicate that through lifestyle changes and adjustments, the possibility of returning to the drugs can be accelerated and the process of recovery from drug dependence accelerates.<sup>13</sup> In the lifestyle curriculum, it is taught to clients through influencing factors such as social relationships, self-esteem, identification of basic life mistakes and modifications to the consumer in order to bring the lifestyle associated with consumption into a new lifestyle that results from the modification of beliefs and change behaviors during the sessions.<sup>14</sup> Attachment research is one of the other variables and its effective factors are increasing in people with substance use. Attachment theory believes that attachment is a universal link that exists in all humans. This means that humans are affected by their attachment ties. Balbi.<sup>15</sup> He believes that a person needs emotional bonding for healthy growth. Susceptible parents, with a sense of security, are the base for their mental health in the child. According to Balbi, the insecure relationship causes distrust, the problem of harmony and sensitivity and emotional

dissatisfaction in the context of romance. Attachment relationships play a very important role in our sense of security. For children, this relationship is first established with the parent, in adults with a couple.<sup>15</sup> Weis (1982) regards adult attachment as a "transplant" by an adult with another adult, which in many respects is similar to the attachment that children make to their "original caregivers".<sup>16</sup> This link, just like that in children, appears only in relationships where the emotional importance of adult attachment has conceptual and structural differences with childhood attachment. Incorporated Ainsworth (1991), referring to the "stronger / more knowledgeable" criterion for identifying and mapping attachment, has made it possible to provide this criterion for emotional links between adults.<sup>16</sup> But elsewhere (1982), it is accepted that it is possible that in some forms of emotional attachment in adults, such as a good marriage, each spouse sometimes plays the role of "stronger / more informed" image for encouragement. As each of the other has a peace of mind and safety. Of course, Wees (1991) also believes that it does not seem that in the attachment of adults, neither itself nor the attachment image are considered as more or less well-known, although each may be seen at different times.<sup>17</sup> With studies on orphanages, it became clear that attachment in the early years of life was a biological need.<sup>14</sup> For adults, although there is no need for another social link to survive, but in the absence of intimate relationships, humans are exposed to a wide range of mental and physical illnesses, such as immune system weakness, suicide attempt, substance abuse and other forms. Psychological injuries.<sup>14</sup> According to Lazarus, reciprocity is a cognitive and behavioral effort to control the inner and outer demands (and conflicts between them). Lazarus et al. (1974) define coping as an attempt to solve a problem that is made by the individual when the requirements that he faces are higher than they have had before and also reduced his adaptation resources.<sup>18</sup> But what is generally implied is that stress coping skills have a widespread concept and a number of cognitive and behavioral components. Coping as a whole has been described as an attempt to increase the individual's adaptation to the environment or attempt to prevent the occurrence and

negative consequences of stress conditions.<sup>14</sup> Therefore coping, the cognitive, emotional and behavioral effort of a person to control exterior requests is a particular internal one that threatens or challenges a person. In other words, coping is a person's attempt to deal with stressors. Therefore, when an incident occurs, people evaluate the stimulus and provide responses. These responses can be manipulative responses or adaptive responses.<sup>19</sup> According to Sweeney (2009), Adler's individual psychology in areas such as child, rearing, particularly in areas such as marital and family counseling, drug dependence, is used. A study by McDermott et al.<sup>20</sup> to determine the determinant factors in the persistence and change of smoking in the statistical population of women. The result of the study showed that lifestyle and life stages were important determinants of women's addiction. The results of Laudet's research (2008)<sup>22</sup> showed that among the factors associated with improving, maintaining and reducing the effect of treatment, lifestyle is one of the important factors in treatment and promotion and improvement of lifestyle has a significant effect on the process of reducing and consuming drugs. Hojj et al.<sup>23</sup> concluded that the spiritual and spiritual lifestyle of a strong supporting component in reducing drug intake and avoiding drug use among participants was investigated in order to investigate the supportive factors of drug and alcohol use. It should be. Regarding the above, this study aimed to develop a causal model of the return of addiction indicating whether perceived parenting practices, coping styles, lifestyles (hidden propaganda) and beliefs based on the temptation of drug use Is it different from recovering without return and recovering?

## Methods

The statistical population of this study consisted of all recovered clinics and drug addiction treatment centers in Gilan province (North of Iran) in the years 2016-17. After completing the course of treatment, received a certificate of completion of the course of treatment after receiving a certificate of end-of-treatment, received a health card and at the time of the research, they were at least one year of their recovery. According to the goals and hypotheses, the sample group, which consisted of 300 patients aged 18 to 35

years with substance abuse history, were selected by available sampling method in two groups: those who, during one year after the end of the course The treatment has not reported any slippage (those who have recovered without a return) and those who have been slipping or returning after the end of the treatment period (reborn),

In this study, besides receiving personal information and obtaining a return status report, 5 tools were used as follows: perceived parenting practices questionnaire (Bruno, 2007), Coping Skills Scale, Adlerian Basic Scale for Interpersonal Success Adult version, tempting beliefs questionnaire, and perceived stress questionnaire.

Finally, analysis of the data with LISREL software analyzed the path and probabilistic relationships among the phenomena were studied. Based on matrix analysis, variance, covariance and correlation matrix, we investigated the possible relationships between the phenomena studied. Route analysis was used to determine the model.

## Results

**The main hypothesis:** The causal pattern of returning addiction was fitted according to perceived parenting practices, coping styles, and hidden protagonists (lifestyle) and perceived stress in

recovered without returns and reborn.

**The correlation matrix:** Since the basis of studies is the path analysis of correlation between variables, the correlation matrix of the research variables was presented.

According to the table1, it can be concluded that among the variables of research, the coping style and perceived child-rearing practices had the lowest correlation ( $r= 0.11$ ) at the significance level of 0.05, and the overall stress and coping style had the highest correlation ( $r=0.48$ ) and had a significant level of 0.01. In the table (2) of multivariate correlation coefficients, along with coefficients of determination and changes in the coefficients of determining the predictive variables of the return of addiction were presented. Based on the results of the table, the rate of seven factors predicted the return of addiction was ( $r=0.75$ ), and these factors ultimately explain 57% of the variance of the addict return variable.

In the entry table (3 and 4), the predictive variables of the return of addiction to the predicted equation are given. Based on the results of the table, five stages of perceived parenting style, coping style, lifestyle, tempting beliefs, and general stress predictive of addiction are presented in the table. Finally, the prediction equation is as follows: Return of addiction = 0.92 (parenting style) - 0.89 (coping style) - 0.26 (lifestyle) + 0.66 (tempting beliefs) + 0.56 (general

**Table 1:** Correlation matrix of research variables.

Variable					
Perceived child-rearing practices	1				
Copy style	0.11**	1			
Life style	0.12**	0.24**	1		
Tempting Thoughts	0.15**	0.27**	-0.34**	1	
General stress	0.18**	0.48**	0.25**	-0.42**	1

\*P< 0.05    \*\*P<0.01

**Table 2:** Multivariate correlation coefficients along with coefficients for determining predictor variables of the return of addiction.

Model	Multiple correlation coefficient	coefficient of determination.	The coefficient of determination justified	SE	Coefficient of Determination Different
Step one	0.58	0.34	0.34	12.11	0.34
Two	0.63	0.40	0.40	13.02	0.11
Three	0.69	0.48	0.47	12.56	0.02
Four	0.72	0.52	0.50	12.06	0.01
Five	0.75	0.57	0.52	12.46	0.01

**Table 3:** Prognostic variables for returning addiction using step-by-step method.

Model	B	Std.Error	Beta	T	Sig
Step one (Canstant)	6.33	4.22		1.22	0.14
Perceived child-rearing practices	5.57	0.19	0.63	7.19	0.0001
Two (Canstant)	23.13	6.32		4.27	0.0001
Perceived child-rearing practices	1.11	0.19	0.52	6.74	0.0001
Copy style	-1.10	0.28	-0.25	-3.72	0.0001
Three (Canstant)	49.49	8.38		5.32	0.0001
Perceived child-rearing practices	0.78	0.15	0.42	6.19	0.0001
Copy style	-1.21	0.18	0.27	-4.23	0.0001
Life style	-0.21	0.053	-0.18	-3.15	0.002
Four (Canstant)	36.11	9.27		3.77	0.0001
Perceived child-rearing practices	0.87	0.17	0.36	5.75	0.0001
Copy style	-1.23	0.22	0.21	-5.20	0.0001
Life style	-0.11	0.03	-0.18	-2.88	0.004
Tempting Thoughts	0.62	0.22	0.16	2.81	0.005
Five (Canstant)	22.15	9.85		2.73	0.005
Perceived child-rearing practices	0.92	0.16	0.33	5.39	0.0001
Copy style	-0.89	0.25	-0.22	-3.29	0.001
Life style	-0.26	0.07	-0.15	-2.67	0.006
Tempting Thoughts	0.66	0.11	0.16	3.11	0.002
General stress	0.56	0.20	0.19	4.35	0.001

**Table 4:** Indices related to the routes of the addiction-return model.

Model	$\beta$	$\beta$ Standard	T	P	RSMEA
Perceived child-rearing practices to addiction	0.23	0.1	4.35	<b>p≤0.001</b>	<b>RSMEA≤0.0001</b>
Lifestyle to return to addiction	0.21	0.22	5.01	<b>p≤0.001</b>	RSMEA≤0.0001
Copy style to return to addiction	0.22	0.32	2.57	<b>p≤0.001</b>	RSMEA≤0.0001
Tempting Thoughts on the Return of Addiction	0.59	0.59	13.50	<b>p≤0.001</b>	RSMEA≤0.0001
General stress on the return of addiction	0.47	0.47	8.95	<b>p≤0.001</b>	RSMEA≤0.0001
Lifestyle to Perceived child-rearing practices	0.24	0.21	4.35	<b>p≤0.001</b>	RSMEA≤0.0001
Perceived child-rearing practices to Copy style	0.18	0.22	4.01	<b>p≤0.001</b>	RSMEA≤0.0001
Perceived child-rearing practices to Tempting Thoughts	0.25	0.14	0.57	<b>p≤0.001</b>	RSMEA≤0.0001
Perceived child-rearing practices to General stress	0.38	0.59	11.50	<b>p≤0.001</b>	RSMEA≤0.0001
Lifestyle to Copy style	0.31	0.32	8.35	<b>p≤0.001</b>	RSMEA≤0.0001
Lifestyle to Tempting Thoughts	0.27	0.21	5.35	<b>p≤0.001</b>	RSMEA≤0.0001
Lifestyle to General stress	0.29	0.26	5.23	<b>p≤0.001</b>	RSMEA≤0.0001
Perceived child-rearing practices to Lifestyle	0.24	0.41	3.34	<b>p≤0.001</b>	RSMEA≤0.0001

stress) + 15.22.

**Sub-hypotheses:** There was a difference between the perceived child-rearing practices and the recovered

ones without returning to the recovered. As the results of the table 5 shows, there was a difference between the mean of coping styles among the recovered

**Table 5:** T-test compares the Perceived child-rearing practices between the two groups.

Group statistic index	M	SD	SD-Error	T	Df	Sig
Recoveries without return	10.53					
Recovered by returning	16.02	22.3	1.01	<b>21.59</b>	<b>34</b>	<b>0.002</b>

**Table 6:** T-test compares lifestyle (hidden promise) between the two groups

Group statistic index	M	SD	SD-Error	T	Df	Sig
Recoveries without return	21.66	5.66	1.46	1.18	20	0.01
Recovered by returning	23.60	2.79	0.72			

**Table 7:** T-test. Comparison of coping style between two groups

Group statistic index	M	SD	SD-Error	T	Df	Sig
Recoveries without return	17.53	4.50	1.16			
Recovered by returning	20.13	4.40	1.13	<b>1.59</b>	<b>28</b>	<b>0.04</b>

**Table 8:** T-test comparing temptation-based beliefs between the two groups

Group statistic index	M	SD	SD-Error	T	Df	Sig
Recoveries without return	16.05	5.32	1.09	<b>2.13</b>	<b>26</b>	<b>0.01</b>

without returning to the recovered. On the other hand, a meaningful level indicated that there was a significant difference between the two samples ( $p > 0.05$ ). In other words, our research hypothesis was based on the difference between the average perceptual parenting styles of the two groups.

Lifestyle (hidden prophylaxis) in preventing recurrence of drug use among recoveries without return was higher than that of recovered people. As the results of the table 6 shows, there was a difference between the averages of the coping styles among the recovered without returning with the recovered. On the other hand, a meaningful level indicates that there was a significant difference between the mean of the two samples ( $p > 0.05$ ). Our research hypothesis was based on the difference between the mean of coping style of the two groups and the improved individuals have a high level of health without returning.

There was a difference between the coping styles among the recovered without returning to the recovered. As the results of the table 7 shows, there was a difference between the averages of the coping styles among the recovered without returning with the recovered. On the other hand, a meaningful level indicates that there was a significant difference between the mean of the two samples ( $p > 0.05$ ). In other words, our research hypothesis was based on the difference between the mean of the coping styles of the two groups.

The temptation-based beliefs among those who have recovered without return were less diverse than those who have recovered. As the results of the table 8 shows, there was a difference between the average temptation-based beliefs among the recovered ones without returning to the recovered. On the other hand, a meaningful level indicates that there was a significant difference between the mean of the two samples ( $p > 0.05$ ). Our research hypothesis was based on the difference between the mean of the two-group temptation-based beliefs, and those who have improved without return have fewer deviations.

The perceived stress among the recovered without return was low compared to the recovered. As the results of the table 9 shows, there was a difference between the average perceived stress among the recovered without return with the recovered. On the other hand, a meaningful level indicates that there was a significant difference between the mean of the two samples ( $p > 0.05$ ). Our research hypothesis was based on the difference between the mean of perceived stress in the two groups, and the improved individuals have a lower level without returning.

## Discussion

The research data used to explain the findings of this research were: a person fit of perceived parenting style factor in preventing return to drug use according to numerous research findings, including; Rosentin and Hroeitz (2006; quoted by Christine M. Casper),



**Table 9:** T-test compares the perceived stress between the two groups

Group statistic index	M	SD	SD-Error	T	Df	Sig
Recoveries without return	22.88	4.32	1.62	<b>1.84</b>	<b>24</b>	<b>0.03</b>
Recovered by returning	29.31	3.02	0.76			

Greenberg and McLaughlin (1997; quoted by Cassidy, 1999), Basharat (2007), Zolfaghari Motlagh (2007), Besharat, Karimi and Rahiminejad (2006), Fereshteh Nouri (2006), Besharat, Gilinjad and Ahmadi (2003), Mostafa Asgari (2002), Peasant (2002), Goodwill, Sharifi And Yeravani (2001), and Goli-Nejad (2011).

In explaining this finding, as Reese et al. (2008) state, "Comparing mental health and parenting practices of addicted and non-addicted people": the rejection and lack of emotional and emotional relationships among high-addicted families.

The fit of overall stress factor and coping style in preventing the return to drug use according to several research findings, including Sanjie (2012), Mouse and colleagues (2010), Fini et al. (2009), Wales (2014), Hausen (2012) Corvin (2011) and Mous (2010), Maoliki et al. (2009, quoted from Moghimi, 2014).

In explaining the relationship between coping styles and preventing the return of consumption of substances, it can be noted that the behavior of a person with a high risk situation, in particular, determines a kind of crisis similar to recurrence. Coping methods used by individuals differ in their personal values, beliefs and goals.

In explaining the interaction of factors related to stress and coping responses, cognitive-behavioral theories of substance dependence can be used. Each type of coping (coping stress, coping temptation) has a separate role in the likelihood of drug use.

The fitting of the lifestyle factor and the tempting beliefs in preventing the return to drug use, according to several research findings, including McDermott et al. (2009), Superina and Lingel (2008), Laudet (2008), Hovej et al. (2007) , Roll and Bishop (2006), Lewis and Watts (2004), Lewis and Ossburg (2004), Baumann (2000), Forum and Urik (2004), Zarsky (2002). In the explanation of the findings of this section, we can mention Marlat and Gordon (1985).

The causal pattern of the return of addiction is consistent with the components of perceived child-

rearing practices, coping styles, and hidden propensities in recovered non-returns and recovered returns.

As shown in Table 2, multi-variable correlation coefficients along with determination coefficients and changes in the coefficients of determining the predictive variables of addiction return are predictors of addiction return ( $r=0.75$ ) and these factors ultimately account for 57% of the variance of the addictive return variable are explained. In other words, based on the results presented in Table 3, in five stages, perceived parenting style, coping style, lifestyle, tempting beliefs, and general stress predict return to addiction, and finally, the prediction equation was as follows: return of addiction = 0.92 (parenting style) - 0.89 (coping style) - 0.26 (lifestyle) + 0.66 (tempting beliefs) + 0.56 (general stress) + 15.22.

These factors were obtained through the LaserLay software and pathway analysis, and a return to drug use model, which has the fitness to analyze the return to drug use. In other words, in therapeutic programs to prevent the return to drug use, the emphasis should be on the analysis of parenting style, coping style, lifestyle, temptation, and general stress.

According to Table 4, which shows the directions and coefficients of the drug re-use prevention model, the results are as follows: based on the coefficients of the paths (coefficients), the perceived style of parenting style to the return of addiction was 0.23 and the significance level was 0.001 and consequently, it is significant. Based on the coefficients of the paths (coefficients), it was observed that the life style pathway to the return of addiction was 0.21 and the level of significance was  $p<0.001$  and therefore it is significant. Based on the coefficients of the paths (coefficients), it was observed that the coping path to the return of addiction was 0.22 and the level of significance was  $p<0.001$  and therefore, it was significant. Based on the coefficients of the paths (coefficients), it was observed that the path of the tempting beliefs to the return of addiction is 0.59 and the significance level was 0.001 and consequently it

was significant. Based on the coefficients of the paths (coefficients), the overall stress versus the return of addiction was 47.0 and the significance level was  $P=0/001$  and therefore, it was significant. Based on the coefficients of the paths (coefficients), it was observed that the path of lifestyle in perceived parenting was 0.24 and the level of significance was  $p=0.001$  and consequently was significant. Based on the coefficients of the paths (coefficients), it was observed that the perceived perception style of parenting style was to the coping style was 18.1 and the level of significance was  $p<0.001$  and therefore it was significant. Based on the coefficients of the paths (coefficients), it was observed that the perceived perception style of parenting style to the tempting beliefs was 0.25 and the level of significance was  $p=0.001$  and therefore, it was significant. Based on the coefficients of the paths (coefficients), it was observed that the perceived perception style of parenting style had a general stress of 0.38 and a significant level of 0.001 and consequently was significant. Based on the coefficients of the paths (coefficients), it was observed that the path of lifestyle with coping style was 0.31 and the level of significance was  $p<0.001$  and therefore, it was significant. Based on the coefficients of the paths (coefficients), it was observed that the path of lifestyle to the tempting beliefs was 0.27 and the level of significance was  $p=0/001$  and therefore it was significant. Based on the coefficients of the paths (coefficients), it was observed that the lifestyle pathway had a general stress of 0.29 and a significant level of 0.001 and was therefore significant. Based on the coefficients of the paths (coefficients), it was observed that the perceived style of parenting style was 0.24 and the level of significance was  $p=0.001$  and consequently it was significant.

## Conclusion

Regarding the aim of the study, which developed and test the pattern of drug re-use prevention based on the model, the design of the research has been compiled in two parts. In the first stage, a causal preventive model for the return of consumption of materials was developed and evaluated, and then in the post-event method, the differences in the

components among the survivors on treatment and the individuals returned to the drug consumption. In the research hypothesis, the causal pattern of the return of addiction was determined based on the components of parenting practices of perception they have returned anticipatory and anticipatory styles to recover without recovery and recovery. Multivariate correlation coefficients along with coefficients of determination and changes in the coefficients of determining the predictor variables of the addiction return, were the predictors of the return of addiction ( $r = 0.75$ ), and these factors ultimately explain about 57% of the variance of the addictive return variable. In addition to the results of the path analysis and the results of the tables that showed the comparison of the variables studied in the research and the confirmation of the sub-hypotheses, as well as considering that these hypotheses are presented in the form of an explanatory model, explaining the results of the set of hypotheses presented together.

## Acknowledgment

We sincerely thank all kidney clinics and drug addiction treatment centers in the province of Gilan, who provided the opportunity to participate in this study.

## References

1. Seraji M, Momeni H, Salehi A. Effectiveness of communication skills training on increasing marital adjustment of addicted spouses and preventing the return of male addicts in Isfahan, Scientific Journal of Substance Abuse. 2015;2(7):28-3.
2. Jafari A, Jafarzadeh D, Porschebaz AS. A Survey and Comparison between Personality Components and Coping Strategies in Opium Addicts, Quarterly Journal of Addiction Research. 2014;1(2):10.
3. Arto BL. The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. American Psychologist. 2015;56:218-26.
4. Sadr Sadat A. Effective factors on the return to addiction in patients referring to their addiction treatment centers. Tehran University of Medical Sciences. Journal of Ardabil University of Medical Sciences. 2014;12:40.
5. Muntz JV, Watt MC, Mackinnon SP, Stewart SH. CBT for high anxiety sensitivity: Alcohol outcomes, Addictive Behaviors. 2002;46:19-24.
6. Bradiza C, Arora M, Gupta S, Kumar B. Five factor correlates: A Comparison of Substance abusers and None-Substance Abusers. Journal of the Indian Academy of Applied Psychology. 2013;36(1):107-14
7. Ludat ME. The psychology of forgiveness. In C. R. Snyder & S. J.



- Lopez (Eds.), Handbook of positive psychology. NY: Oxford University Press; 2008.
8. Rahmati M. Psychology of Addiction Based on DSM-5, Science Publishing, Tehran; 2015.
  9. FASTER Oleu BD, Nich C, Carroll KM. Relationship of cognitive function and the acquisition of coping skills in computer assisted treatment for substance use disorders, Drug and Alcohol Dependence. 2007;114(2-3):169-76.
  10. Botwin M, Hurmic H, Serre F, Debrabant R, Jean-Pierre Daulouède JP, Denis C, Auriacombe M. Addiction severity pattern associated with adult and childhood Attention Deficit Hyperactivity Disorder (ADHD) in patients with addictions. Psychiatry Research; 2016. In Press.
  11. Feleming A, Campbell Aimee NC, Pavlicova M, Hu M-Ch, Walker R, McClure EA, Ghitza UE, Bailey Ge, Stitzer M, Nunes Esward V. Coping strategies as a mediator of internet-delivered psychosocial treatment: Secondary analysis from a NIDA CTN multisite effectiveness trial, Addictive Behaviors. 2016;65:74-80.
  12. Grifein SJ, Snyder CR. Positive psychology assessment: A handbook of models and measures. Washington DC: American Psychological Association; 2015.
  13. Hubar MD, Bentler NM. Individualized assessment and treatment program for alcohol dependence: results of an initial study to train coping skills. Addiction. 2016;104(11):1837-8.
  14. Ebrahimi AA. Study of social and environmental factors associated with the return of opiate addicts in patients referred to Isfahan addiction treatment centers, Journal of Zanjan University of Medical Sciences and Health Services. 2015;45:41-5.
  15. Hujer J, Franklin T, Patapis N, Lynch K. Conceptual, methodological, and analytical issues in the study of relapse. Clinical Psychology Review. 2007;26(2):109-27.
  16. Lavasani Mohammad. Methods of coping with stress in addicts and their relationship with family function. Master's Degree Program in Public Psychology, Khorasgan Azad University, Khorasgan; 2016.
  17. Mazaheri, E. Comparison of personality traits and coping strategies and documentary styles of patients with opioid and healthy people. Rehabilitation Journal. 2016;12(1):18-28.
  18. Marlat M, J, Wektor Weter CG. Coping style and substance use intention and behavior patterns in a cohort of BC adolescents. Addictive Behaviors. 2005;39(10):1394-7.
  19. Esviney GM. Received Wisdom Regarding the Roles of Craving and Dopamine in Addiction. A Response to Lewis's Critique of Addiction: A Disorder of Choice, Perspectives on Psychological Science. 2009;6(2):156-60.
  20. Dermot GD, Bary P. Spouse-aided therapy for addiction. Sexologies. 2009;24(4):75-7.
  21. Saduk BJS, Roeze P. Synopsis of Psychiatry: Behavioral Sciences / Clinical Psychiatry, Translation by Farzin Rezaee. Volume II, Arjomand Publications. Tehran; 2016.
  22. American Psychiatric Association. Revised Text Fourth Diagnostic and Statistical Manual of Psychiatric Disorders, translated by Mahmoud Rezaeheri and Hamiyam Avavadis Yans, Sokhan Publication, Tehran; 2010.
  23. Hojj BJS, Roeze P. Synopsis of Psychiatry: Behavioral Sciences / Clinical Psychiatry, Translation by Farzin Rezaee. Volume II, Arjomand Publications. Tehran; 2006.