Journal of American Science

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MARSLAND PRESS
Multidisciplinary Academic Journal Publisher

Satisfaction of the treatment method can affect the result of treatment.

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Abstraction
The Core Objective of the research is comparison of the effectiveness of cognitive behavior therapy (CBT) in contrast with psychopharmacological intervention on the patients with anxiety disorders (Generalized anxiety disorders and social phobia (social anxiety disorder) and obsessive compulsive disorder). The research was perform on 300 individuals of Iranian women with average of age 18to 45. 150 of the patient had received CBT and 150 had received psychopharmacological intervention. The selection method was randomized. The courses of treatment for CBT groups were 16 to 18 sessions which was did per week and for other group's were6 to one year. All of the groups were tested by two psychological valuable tests SCL90R and Johns irrational believe test (IBT) at the beginning after a psychological diagnosis interview according to DSM4R.All of the groups after the courses of treatment have responded to the satisfaction of treatment inventory. The inventory by made researcher, it had 10 question which question had 5 options was scoring by Likert method. The final analyses have showed the patients who had received CBT more than other ones had satisfaction of the treatment method.
[Abdollah Alizadeh. **Satisfaction of the treatment method can affect the result of treatment**. *J Am Sci* 2022;18(10):60-68]. ISSN 1545-1003 (print); ISSN 2375-7264 (online). http://www.jofamericanscience.org.
08.doi:10.7537/marsjas181022.08.

Key words: Cognitive behavior therapy, Psychopharmacology, Anxiety disorders.

Introduction,

Anxiety disorders are the most common mental disorders in the world, affecting only as many as 40 million people in the US. The term "anxiety disorders" includes a wide range of conditions, but they are all characterized by extreme anxiety and mood or emotional disturbances. Anxiety disorders include specific phobias, which are particularized fears of an object or situation (for example, snakes, heights, or water), exposure to which causes extreme anxiety and possibly panic attacks. Generalized anxiety disorder (GAD) is a more unfocused, pervasive anxiety, causing fatigue, insomnia, and other health problems. Social anxiety disorder (SAD), or social phobia, is an unreasonable and overwhelming fear of social situations. Those with SAD avoid socializing and have difficulty interacting with others in social and work settings. The fear that others may notice the condition often worsens it. Obsessive-compulsive disorder (OCD) is characterized by obsessive thoughts and anxiety, nagging doubt, and the need to have things in order. A common manifestation is an obsession with germs and cleanliness, marked by repetitive hand washing. Sufferers are aware of the seemingly absurd nature of their conduct but are powerless to control it. "It's called 'insanity with insight' or 'the doubting disease,'" says Bruce Hyman of the OCD Resource Center of South Florida, "It is a living hell for those who have it." As we know anxiety disorders are the most common mental illness, they are often disabling and torturous, and the patients suffer tremendous difficulties in multiple life areas (e.g., occupational, social, interpersonal, academic). "Anxiety disorders cost the U.S. more than $42 billion a year, almost one-third of the country's $148 billion total mental health bill, according to "The Economic Burden of Anxiety Disorders," a study commissioned by ADAA (*The Journal of Clinical Psychiatry,* 60(7), July 1999)." According to these facts, existence of a comprehensive psychotherapy method is necessary. As mentioned, many researches point out cognitive behavior therapy in treatment of anxiety disorders, in comparison to other psychotherapy methods has superiority. Psychopharmacological intervention doesn't seem so effective because of its side effects and also some of patients consider it as stigma or something unpleasant. Sometime the treatment period is so long that patients don't follow their drug prescription so seriously and fall into some kind of helplessness.

The Aim of Research

The first aim of the present research is to determine the effectiveness of Cognitive Behavior Therapy (CBT) in comparison to psychopharmacological intervention on Iranian women with Anxiety

disorders. The second aim of the research is to find the relationship between the irrational beliefs and maladaptive thinking with anxiety disorder and the third aim of the research is to investigate which method of treatment causes more satisfaction in the patient. The final aim of this research is to teach a treatment method that through which patients could be treated with the least treatment side effects and also undergo the lowest financial charges and don't spend too much of their time on this process.

Object of Research:

The object of research is Iranian women with anxiety disorders, especially GAD, ASD&OCD Who referred to mental health center, and private office *to be treated with CBT and psychopharmacological intervention. The total number of our sample is 300 women: 100 of them with OCD, 100 with GAD and 100 with SAD. It is appropriate to mention that each of these groups was divided into two groups: one of them received CBT by a psychologist and the other one received psychopharmacological intervention by a psychiatrist. The individuals' ages were between18-45. Their Educations varied from diploma to Bachelor of Science (in different fields). All of the patients were married. As they were selected randomly; their social class was almost the same.*

Our reasons for the selection of women as the intended objects are as following: in the Iranian society women refer to psychotherapy and counseling more than men (availability) and also we know in every research as much as variables could be controlled (like sex, age and education, etc.), the validity and reliability of research results increase and could be generalized to other similar samples.

Hypotheses

1- Irrational beliefs and maladaptive thinking have a central role in developing anxiety disorders; we must change them into rational beliefs and adaptive thinking or decrease them in order to treat anxiety disorders in a better way. It is just possible by using cognitive-behavior therapy because CBT decreases irrational beliefs more than psychopharmacological interventions.

2- While the psychopharmacological interventions attend to the physiological aspects of symptoms of GAD, SAD&OCD and decreasing of the symptoms is the main aim of this method of treatment. It doesn't have any effect on the changing of the irrational beliefs and maladaptive thinking. As far as those attitudes aren't changed, the main core of the anxiety disorders remains. It is possible that patient falls in recovery and relapse(R-R) cycles, in the end the process can cause a learned helplessness. While CBT helps the patient according to their experiences and offers homework to create new skills in them, these skills could be used in anxiety- provoking situations and prevent the increase and continuation of anxiety. Regarding this reality, *it is observable that CBT is more effective in decreasing the symptoms of the disorders than psychopharmacological inventions, and the possibility of the relapse reaches to the least point and finally it causes more satisfaction in the patients.*

3- As the symptoms of anxiety disorders decrease, the comorbidity depression diminishes, too. This shows out that there is a relationship between anxiety disorders and depression and this relationship is psychological and cognitive relationship rather than bio physiological one because they decrease by CBT more than psychopharmacological interventions.

Methods used in a research:

Research method is of quasi –experimental method with pre-test and post-test of Research society**.**

In regard to our research issue, the intended society in our research includes those patients who referred to counseling, health centers and private offices in Islamshahr city (Tehran state) for treatment of anxiety disorders.

The psychopharmacological intervention course was at least 6 months and the patients (150 people) who received this method of treatment were under the psychiatrist's supervision and they usually received the drugs (suitable for these disorders) every month. The total treatment of CBT lasted for 12 to 16 sessions. All of the patients were interviewed and diagnosed with these three disorders on the basis of DSM-IV-TR 2000; then the check-list SCL90-R test was also performed (pretest) after diagnosis by a psychiatrist and psychologist and in the next session the Jones' irrational beliefs test (IBT) was performed (pretest).

After the treatments, Two tests (posttest) and an inventory were used again, one of them was Jones' irrational beliefs test (IBT) and the other one **(**checklist SCL90-R), and Treatment Satisfaction inventory.

1-The SCL-90 is one of the most used in diagnosing psychological problems. The SCL-90 is a self-report questionnaire originally oriented towards symptomatic behavior of psychiatric outpatients (Derogatis et al. 1973) and it is reviewed on the clinical experiment of psychometric analysis and its final form was provided in 1976. It is intended to measure symptom intensity on ten different subscales.

The SCL-90-R is a revised version of the original SCL-90. It is used as a screening measure of general psychiatric symptomatology (Buckelew et al. 1988). It includes dimensions measuring somatization, obsessive-compulsive, depression, anxiety, phobic anxiety, hostility, interpersonal sensitivity, paranoid ideation, and psychoticism.

2-Jones' (1968) Irrational Beliefs Test (IBT) is a prominent self-report instrument that assesses dispositional rationality-irrationality with respect to 10 beliefs proposed by Ellis.

Irrational Beliefs Test (IBT). Jones developed the 100-item IBT which requires respondents to indicate their level of agreement or disagreement with each of the items on a 5-point scale. Half of the items indicate the presence of a particular irrational belief, the other half its absence

3- Interview diagnosis according to DSMIV-TR.

4- Treatment Satisfaction inventory (at the end of course of treatment). This is a kind of inventory that has been made by researcher. It consists of 10 questions with 5 parts that pays attention to different aspects of both treatments and measures the patients' attitudes toward them. In the following part, the aspects of questionnaire are being offered.

1- Feeling of satisfaction of gaining the goals
2- Feeling of satisfaction of the treatment process
3- Selectivity of the treatment to disorder
4- Being active during treatment
5- Feeling of satisfaction of the factors
6- The fear of treatment
7- The patient's attitude toward the therapist's devotion of enough time to his problem
8- Introducing the treatment to others by the patient
9- Negative attitude toward the treatment aspects
10- Fear of social limitations in the future

Method of the scoring of treatment satisfaction inventory:

This questionnaire consists of ten questions in which each question has 5 scales based on Likert 5-degree scale, one the testees (subjects) check off. The total score of it lies in the range of 10 to 50; in some of questions, low scores suggest the more satisfaction and the low concern; while in some of them, high scores show the more satisfaction of the subjects (testes). For example in the following question, the high score (5) is the sign of more satisfaction.

1-Have you achieved what you expected of the treatment as we are getting to the end of its course now? Completely (5) Very much (4) partly (3) No (2) Not at all (1)

The Scientific Innovation

1) It is the first time that the combination of CBT&REBT is used in the treatment of anxiety disorders (SAD, GAD&OCD) in comparison to psychopharmacological intervention.

2) Providing a comprehensive and complete treatment pattern with eight dimensions that could be used by the other therapists and cause a kind of confidence in patients and professionals that the complete treatment has been done and possibility of relapse will reach to the least level.

3- Offering a satisfaction questionnaire of treatment and measuring the amount of patients' satisfaction confidence and interest to the treatment method.

4- The superiority of CBT over psychopharmacological intervention in decreasing both the irrational beliefs and symptoms of anxiety disorders.

5- The illustration of the inner relationship of anxiety disorders and depression, in this way that by decreasing the anxiety symptoms, the comorbidity depression diminishes.

Result

The satisfaction of treatment questionnaire was performed on the sampling group members to survey the reality and stability of the research results. Difference between the groups was investigated by performing one-way and two-way covariance analysis test on two treatment groups, three groups of patients with disorder and the interaction of treatment and disorder. At first, the mean and the standard deviation of 10 subscales of satisfaction of treatment for each group and then the diagram of the subscales for each of three disorders and two treatment methods are presented.

Table1, the mean and standard deviation of subscales of satisfaction of treatment for each kind of treatments and disorder

Satisfaction of method treatment																					
1-Feeling of satisfaction of gaining the goals				**2-Feeling of satisfaction of the treatment process**		**3-Selectivity of the treatment to disorder**		**4-Being active during treatment**		**5-Feeling of satisfaction of the factors**		**6-The fear of treatment**		**7-The patient's attitude toward the therapist's devotion of enough time to his problem**		**8-Introducing the treatment to others by the patient**		**9-Negative attitude toward the treatment aspects**		**10-Fear of social limitations in the future**	
GROUP		**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**	**SD**	**M**
CBT	GAD	**0.59**	**1.34**	**0.62**	**1.32**	**0.48**	**4.36**	**0.49**	**4.42**	**0.98**	**2.34**	**0.57**	**4.56**	**0.44**	**4.74**	**0.53**	**4.62**	**0.49**	**4.66**	**0.47**	**4.68**
	SAD	**0.59**	**1.34**	**0.63**	**1.32**	**0.48**	**4.36**	**0.49**	**4.42**	**0.79**	**1.94**	**0.79**	**4.46**	**0.71**	**4.52**	**0.53**	**4.60**	**0.77**	**4.12**	**0.79**	**4.24**
	OCD	**0.48**	**1.34**	**0.62**	**1.32**	**0.48**	**4.36**	**0.49**	**4.42**	**0.78**	**1.96**	**0.79**	**4.46**	**0.71**	**4.52**	**0.53**	**4.60**	**0.78**	**4.04**	**0.81**	**4.14**
PSSCHOPHARMACHOLO	GAD	**1.01**	**3.64**	**0.94**	**2.36**	**0.81**	**2.46**	**0.73**	**1.72**	**0.99**	**3.70**	**0.76**	**2.30**	**0.89**	**2.50**	**0.99**	**3.02**	**0.99**	**3.14**	**0.63**	**3.16**
	SAD	**1.07**	**3.70**	**0.97**	**2.32**	**0.81**	**2.46**	**0.71**	**1.70**	**0.99**	**3.58**	**0.71**	**2.22**	**0.88**	**2.44**	**0.99**	**3.04**	**0.99**	**3.14**	**0.74**	**2.94**
	OCD	**1.07**	**3.70**	**0.97**	**2.32**	**0.81**	**2.46**	**0.71**	**1.70**	**0.32**	**0.73**	**0.35**	**0.82**	**0.44**	**0.82**	**0.32**	**0.80**	**0.34**	**1.04**	**0.74**	**2.94**

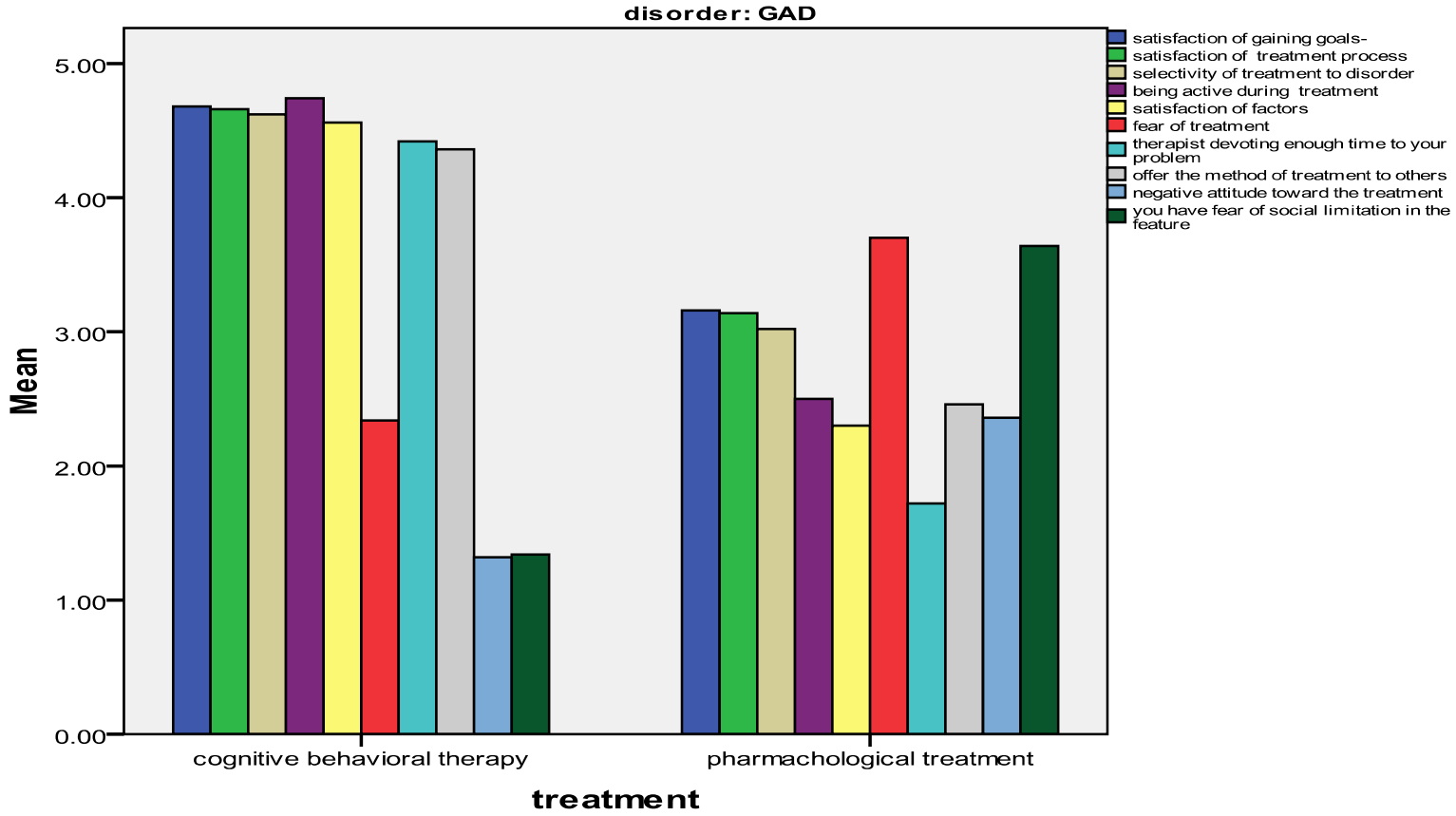

Diagram 1 the means of the subscales of satisfaction of treatment in generalized anxiety Disorder,

Regarding the table (1) and diagram (1), it is observable that the means of all the subscales of satisfaction of treatment except the fear of treatment, negative attitude toward the treatment and fear of social limitation in the future(negative aspects) of in CBT of generalized anxiety are greater than the psychopharmacological intervention.

In the following diagrams the means for obsessive-compulsive disorder and social anxiety disorder have been represented.

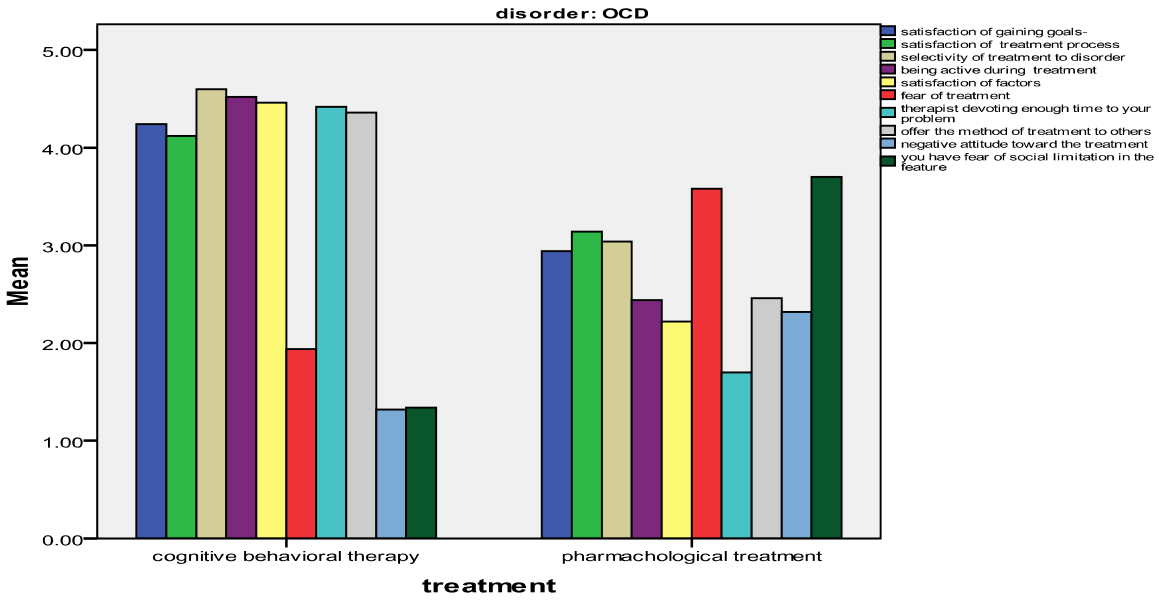

Diagram 2 the means of the subscales of satisfaction of treatment in obsessive-compulsive disorder

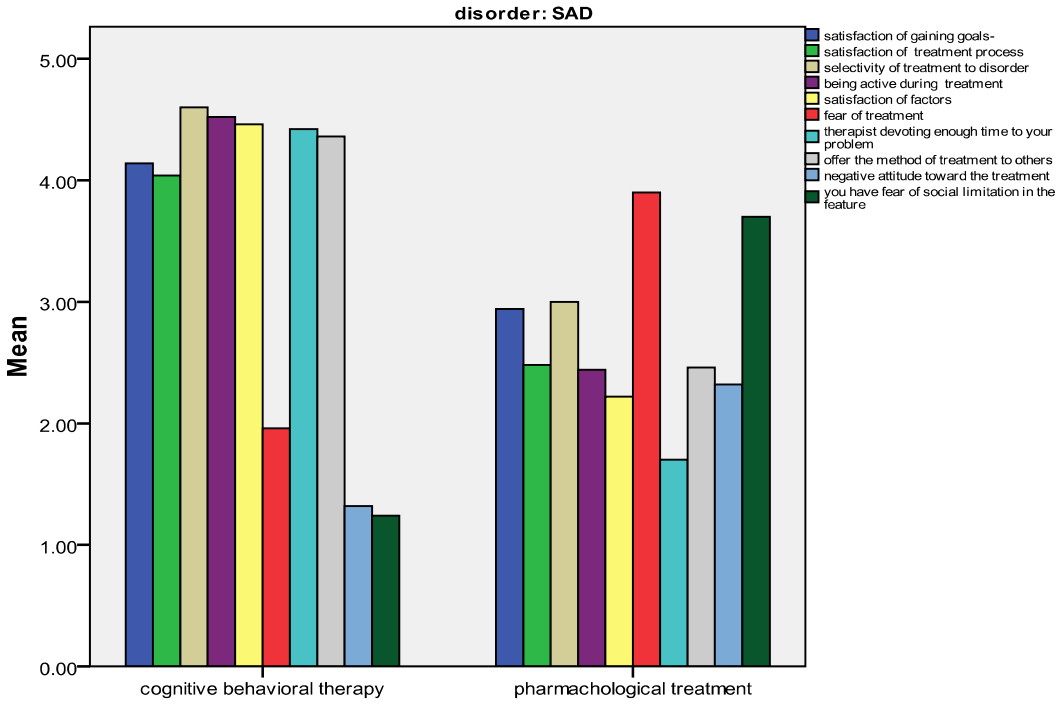

Diagram 3, the means of the subscales of satisfaction of treatment in social anxiety disorder.

As it is observed in table 1 and diagrams 1, the means of the all the subscales except those of three subscales of fear of treatment, negative attitude toward treatment and fear of social limitation (negative aspects of treatment method) in CBT group for obsession-compulsion and social anxiety are greater than the psychopharmacological treatment in positive aspects of a treatment method. The means of three mentioned subscales (negative aspects) in psychopharmacological group is greater than that of the CBT group.

Table2, one-way, two-way covariance analysis and F relations for interactional effect of treatment and disorder
***p≤0.05, **p≤0.01**

Attention: Multivariate F relations have been obtained from **Wilks' lambda distribution**

MANOVA				ANOVA									
GROUPS		F	Eta 2	Feeling of satisfaction of gaining the goals F(1,96)	Feeling of satisfaction of the treatment process F(1,96)	Selectivity of the treatment to disorder F(1,96)	Being active during treatment F(1,96)	Feeling of satisfaction of the factors F(1,96)	The fear of treatment F(1,96)	The patient' s attitude toward the therapist' s devotion of enough time	Introducing the treatment to others by the patient F(1,96)	Negative attitude toward the treatment aspects F(1,96)	Fear of social limitations in the future F(1,96)
TYPE OF	treatment (CBT) a	417.77**	0.94	270.48**	198.99**	282.24**	577.66**	718.88**	236.19**	245.40**	603.86**	116.76**	596.89**
	Psychopharmacology b	2.66**	0.08	8.56**	14.96*	0.02	1.11	0.513	2.02	0.01	0.00	0.02	0.02
CBT*PSY.PH		0.85	0.03	1.35	3.80*	0.02	0.36	0.01	2.44	0.01	0.00	0.02	.23

. MANOVA= multivariate covariance analysis, ANOVA=univariate covariance analysis, a= df (10285) = MANOVA

The above table shows that there is a significant difference between the means of total 10 subscales of satisfaction of treatment in two treatment groups (CBT & psychopharmacological intervention).It could be seen that the means of gaining goals, satisfaction of treatment ,selectivity of treatment to disorder , being active during treatment satisfaction of factors , attitude to the devoted time and suggesting it to the others in cognitive-behavior therapy in 0.01 level is significantly greater than the psychopharmacological treatment .In contrast , with 99 % confidence the means of fear of treatment, negative attitude toward treatment and social limitations in psychopharmacological treatment group are greater than the cognitive-behavior therapy($p<0.01$).

There is significant difference between the means of the subscales of satisfaction of gaining treatment goals and satisfaction of treatment process in three disorders so that regarding the table 2 the means of satisfaction of gaining treatment goals and treatment process in patients with generalized disorder are the greatest.

In contrast, generally the interaction of treatment method and disorder doesn't have a significant difference and just there is a significant difference in the subscale of satisfaction of treatment process between three groups of patients with anxiety who were treated with CBT and the other three groups of patients who were treated with psychopharmacological intervention($p<0.05$). So the mean of satisfaction of treatment in generalized anxiety disorder group that has undergone the CBT is

greater than the patients in the psychopharmacological intervention. Therefore, the result of the satisfaction of treatment questionnaire confirms the result of posttests of irrational beliefs and disorder symptoms.

Conclusion

As we know the most of treatment methods just considering of decreasing of the symptoms of disorders and they don't regard of the satisfaction of patient from the method of therapy. Usually the methods of treatment view to disappear of symptom as a complete therapy. And the relapse issue has been ignored. Even though most of patient in this state fall to a process it would called recovery and relapse(R-R).When this process is repeating the patients involve in new phenomena which call learned helplessness. A complement treatment not only considers decreases of symptom but also attend to the sum of other important factors such as: replacing irrational beliefs with rational beliefs also maladaptive thinking with adaptive thinking, Increasing self-efficacy, develop social skills, identifying cognitive distortion, getting disputing skills with irrational beliefs and decreasing of symptoms of disorders.

Social limitation is one of the elements which patients who receiving psychopharmacological intervention are concern about it. They ask of their self how much we have to take this drug and if my medical documents will be keep as personal history, if I find some social limitations in the future and lot of worries like this they have. In additional the effect of CBT is more than of psychopharmacological and those patients who receive CBT more than of other group are satisfaction of the method of treatment and they did not have worry about social limitations and side effects of the treatment also they don't have any worry about to depending in to drug.

Other researchers findings have been showed the effect of psychopharmacological intervention while associate with CBT is very consistent as it is alone.an other hand in those treatments the patients actively have not participate usually they don't follow up very well prescription which has given by psychiatrist.

CBT by giving homework assignment according to patient's experiences bring about an active participate in treatment process and it have some benefits that include fast progressive of treatment and stability of the effect of treatment, decreasing of relapses scale and important of all it can bring about the satisfaction of patient of the methods of treatment which is the Core Objective of this article.

In a brief review, in any treatment which the patients have more participate the treatment process the effects of that will be more than other treatment methods which patients have not any participate or less than it is. And the sharing in the treatment process has given the motivation of progressive, responsibility and satisfaction.

Acknowledge, I'd like to have special thanks from Lady Leila Esfandyari for here unsparing helps in editing and re reading and best suggestions and rewarding.

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10/12/2022