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EXPLORING THE PERCEPTION OF PEOPLE WITH SUBSTANCE RELATED DISORDER
TOWARDS PSYCHOTHERAPY AT AMANUEL MENTAL SPECIALIZED HOSPITAL

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ADDIS ABABA

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List of abbreviations and acronyms

AMSH	Amanuel Specialized Mental Hospital
AUD	Alcohol use disorder
CBT	Cognitive behavioral therapy
DSM-5	Diagnostic and Statistical Manual of mental Disorders Fifth Edition
ED	Emergency department
HIV	Human immunodeficiency virus
IA	Involuntary admitted
SRD	Substance-related disorder
SUD	Substance use disorder
TB	tuberculosis
UN	United nations
UNOD	United nation office drug control and crime prevention
USA	United states of America
VA	Voluntary admitted

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Abstract

Most People with substance-related disorders do not seek psychotherapeutic service. The aim of this study was to investigate the perceptions of people with substance-related disorder towards psychotherapy. A qualitative study, specifically phenomenological approach was employed. Nine participants were interviewed using semi-structured interview guide; selected purposively from inpatient department of addiction ward. The collected interviews were analyzed, using thematic analysis. The emerged themes main were (1) perception about psychotherapy (2) the perceived needs (3) the benefits of psychotherapy (4) the unmet needs people with substance-related disorder receiving psychotherapy. The result of this study showed that participants understand psychotherapy as an advising process, general service, and professional help. Psychotherapy was perceived as being helpful for understanding the nature of the problem, and for adjusting future life. The perceived treatment needs were varied based on the way of admission and their educational level. Participants who are admitted voluntarily and high level of education have a positive perception of the provision of psychotherapy. However, those who are admitted by others influence have a negative perception towards psychotherapy. Participants lack of awareness (where and how to get help), stigma (they afraid of what others would think of them) were raised as potential barriers to seek therapeutic interventions. Factors for unmet treatment needs were identified for lack of continuous follow up by a psychologist, Shortage of time during group therapy and absence of separated female addiction ward. There is a need to promote awareness in the community especially on psychotherapeutic help seeking. In addition, psychologist should take in to account the individuals perspective while providing psychotherapy. In general, there is a need for improving quality of mental health service.

Keywords: Substance-related disorder, Perception, Psychotherapy

CHAPTER ONE

1.1. Background of the study

Substance-related disorder

Substance-related disorders involve drugs that directly activate the brain's reward system. The activation of the reward system typically causes feelings of pleasure; the specific pleasurable feelings evoked vary widely depending on the drug (legal or illegal). These substances include alcohol, amphetamines, caffeine, inhalants, nicotine, prescription medications that may be abused (such as sedatives), opioids (morphine, heroin), marijuana (cannabis), cocaine, hallucinogens, and phencyclidine. According to the DSM 5, there are two groups of substance-related disorders. These are substance use disorder and substance-induced disorder. Substance use disorders are patterns of symptoms resulting from the use of a substance, which the individual continues to take, despite experiencing problems as a result.

Substance-induced disorder includes intoxication, withdrawal, substance-induced mental disorders, including substance-induced psychosis, substance-induced bipolar and related disorders, substance-induced depressive disorders, substance-induced anxiety disorders, substance-induced obsessive-compulsive and related disorders, substance-induced sleep disorders, substance induced sexual dysfunctions, substance-induced delirium and substance-induced neurocognitive disorder.

According to United Nations Office for Drug Control and Crime Prevention report, the use of substances such as alcohol, khat, and tobacco has become one of the - rising major public health and socioeconomic problem worldwide. Nowadays substance-related disorder has a serious ongoing public health problem; it affects almost every community and family in some way(Harris

and Yu 2016). Globally, over 11 percent of people who are years use drugs, or around 29.5 million people (range: 15.3 million to 43.1 million), are estimated to suffer from drug use disorders the world population above 15 years (UNODCC, 2017).

Studies show that substance use, particularly in developing countries, has dramatically increased (Odejide 2006). Bassuk et al. (1998) reported that the rate of major depression among low-income women was about twice that of women 15–40 years in the National Comorbidity Survey population. In Rwanda Kanyoni¹, Gishoma and Ndahindwa (2015) reported that the past-30 day prevalence among youth 14-35 age was 34% for alcohol, 8.5% for tobacco smoking, 2.7% for cannabis, 0.2% for glue and 0.1% for drugs such as diazepam.

In Ethiopia the overall lifetime prevalence of substance use among university students is high: The most commonly used substance among students was alcohol, khat, cigarette, and other illicit drugs (Tesfaye, Derese, and Teshome, 2014; Tsegay & Esmael 2014 & Tamiru et al., 2014). In a study conducted in Debre-Markos University among 845 students focused on psychoactive substances and associated factors. The prevalence of khat chewing, alcohol drinking and cigarette smoking in the last 12 months was 28.5%, 33.8%, and 10%, respectively. (Tsegay & Esmael, 2014). Another study conducted in Addis Ababa among 114 students at Ayer Tena secondary school. The overall prevalence of substance use among students was 24.6% (Assefa, 2015). The most common reason for substance use disorder among university student was to for relaxation with friends, peer pressure, to get relief from stress and being male (Tamiru et al., 2014).

Mental and substance use disorders are the leading cause of disability, accounting for 23% of all disability-associated burden globally and 19% in Sub Saharan Africa in 2010 (Whiteford et

al., 2013). There are three basic categories of psychosocial factors of patients with substance-related disorders (Yoshimasu 2013). These are cultural factors, which includes ethnic and religious aspects. The second is social factors, including employment status. The third factor, the one most relevant to the clinical setting, is a cluster of specific somatic symptoms, i.e., a syndrome. According to Lander, L., Howsare, J., & Byrne, M. (2013), a parent with a SUD is 3 times more likely to physically or sexually abuse their child.

Regarding to the above-mentioned problems, psychological intervention have been helpful to reduce substance-related problems. According to Lisbon (2016), psychosocial interventions can help drug users to identify their drug-related problems and make a commitment to change, help clients to follow the course of treatment and reinforce their achievements.

According to Degenhardt (2014) showed that the treatment of those with alcohol dependence can be approached in a number of ways, including cognitive therapy, 12 step programs, alcohol .education, skills training and pharmacotherapy. For example, social skill training is to increase the client's ability to deal effectively with a range of situations and pressures. Skills taught include expressing emotions, responding to criticism, eye contact, giving and receiving compliments.

However, there are a number of obstacles to the psychological interventions. These include internal and external barriers. Internal barriers included stigma (social stigma and self-stigma), depression, personal beliefs, and attitudes about treatment, while external barriers (systematic or environmental circumstances that are out of a person's control) include time conflicts, addiction treatment accessibility, entry difficulty, and cost of addiction treatment and perception of patients about psychological treatments. According to Kaufmann, Chen, Crum, &

Mojtabai (2014), the study showed that the most common barriers to alcohol treatment were attitudinal barriers for both the AUD with and without comorbid mood or anxiety disorder groups. Individuals with comorbid disorders were significantly more likely to experience financial barriers than individual without mood or anxiety comorbidity. The other study conducted in South Africa Myers, Carney, & Wechsberg (2016) focused influences on health services use among poor young women who use drugs in Cape Town. They found that structural, contextual, and systemic influences on the use of health services by young women who use alcohols and other drugs.

1.2. Statement of the problem

Substance-related disorders (SRD) are associated with various psychosocial factors. Many clinical and social features are observed in SRD, and the symptoms, related legal regulations, and the substances themselves are strongly affected by cultural and ethnic specificities (Yoshimasu, 2013).

According to Fekadu, Alem& Hanlon (2007), substance misuse is associated with psychological distress, suicidal attempts, functional impairments, and physical illness and risk-taking behaviors. However, most individuals with substance-related disorders do not seek help or receive psychological treatment for these problems. Grella et al. (2009) showed a wide range of factors influenced the perception of the need for help and the receipt of help for alcohol or drug dependence. A study was done by Abera, Robbins, & Tesfaye (2015) in southwest Ethiopia; Jimma focuses on Parents 'perception of the child and adolescent mental health problems and their choice of treatment options. They conclude that low level of awareness about internalizing symptoms, the widespread traditional explanatory models as well as the preference for traditional

treatment options might present significant challenges to the utilization of child and adolescent mental health Services in this population. In Ethiopia, as my knowledge there is no study focuses on the perception of people with substance-related disorder towards psychotherapy.

1.3. Objectives

1.3.1. General objective: -

- The main objective of the study was to investigate the perception of people with substance-related disorder towards psychotherapy at Amanuel Specialized Mental Hospital.

1.3.2. Specific objectives

- To explore the perception of patients with substance-related disorder about psychotherapy.
- To investigate the perceived need for patients receiving psychotherapy with substance-related disorder.
- To explore the benefit of psychotherapy for patients with substance-related disorder.
- To explore unmet needs of patients with the substance-related disorder who are receiving psychotherapy.

1.4. Research questions

- How does a patient with substance-related disorder perceive the psychological treatment given at Amanuel Specialized Mental Hospital?
- What are the perceived needs of the patient with substance-related disorders from the psychotherapy being provided?

- How does the patient with substance-related disorder explain the benefit of psychotherapy?
- Are there unmet needs for the psychological treatment being provided?

1.5. Significance of the study

Substance-related disorders have many psychosocial impacts on the life of the individuals and, to deal with these multidimensional problems the individuals need appropriate psychological intervention. Therefore, the present study helps to understand the experiences of patients with substance-related disorder about the psychological intervention and guide professionals to modify way of intervention.

1.6. Scope of the study

The issue of the substance-related disorder has various components. However, this study was focused on the perception of patients with substance-related disorders on the psychotherapy they receive. This study focuses on inpatient departments' patients with substance-related disorders.

1.7. Limitation of the study

This study involved only nine participants, eight males and only one female. Because of absence of female addiction ward in AMSH. It was a challenge to maintain equal gender composition in the case of female participants.

Other limitations, of this study focused on the perception among inpatient departments who are still in the hospital this may lead to social desirability bias. However, the researcher has

made it clear that this study is independent of the service provider and their opinion has no impact on the service they are going to receive.

In addition, in the study, the data collection technique was in-depth interview; because of have not enough number of participants for in-depth interview and focus group discussion from in-patient department. To develop the rigors the researcher was not conducted member checking, triangulation or collecting data by different techniques, and taking sample from different sites.

1.8. Definition of Operational terms

- ❖ Substance-related disorder:- excessively use of drug (kchat, alcohol, smoking cigarette and local alcohol (teje or arekea)
- ❖ Perception: - the way of understanding for people with SRD about psychological treatment.
- ❖ Psychotherapy: - it is talk therapy between peoples with substance-related disorders.

CHAPTER TWO

Literature Review

Under this section, theoretical and empirical frameworks, which guide the study, were discussed.

2.1. Psychotherapy

According to the American Psychological Association (APA), psychotherapy can be defined as a “collaborative treatment ... between an individual and a psychologist” where the psychologist uses “scientifically validated procedures to help people develop healthier, more effective habits”. Psychotherapy is mainly for treating mental disorders, and their related symptoms, presenting complaints and problems, to help the patient or client is able to function in the normal range. Psychotherapy is concerned on an individual becoming the normal range; it refers to mental illnesses or disorders, their related symptoms, presenting complaints and problems (Mahrer, 2005).

2.2. Types of psychotherapy

According to Holmes (1991), psychotherapies could be classified by models (psychoanalytic, cognitive-behavioral, systemic, etc.) mode (individual, group, family) and duration (brief, time-limited, and long-term).

2.2.1. Individual psychotherapy

Individual psychotherapy is a place for a client to work through psychological issues as these issues emerge within the context of a one on one therapeutic alliance with a psychotherapist (Klein, Markowitz, Rothbaum, Thase, Fisher, & Kocsis, 2013). Individual

therapy is important for the substance-related disorder to meet the need of each individual. Wayman (2013) found that individual therapy produced greater decreases in drug use and more successful discharges than individual therapy combined with group therapy.

2.2.2. Group Psychotherapy

Joseph Pratt (1974), a Boston physician, founds group psychotherapy. Originally, found successful in treating patients with TB in early 1900's. Group therapy is a type of psychotherapy that involves one or more therapists working with several people at the same time. Researchers who study the effectiveness of group therapy generally recommend that the ideal maximum number of clients in a group is somewhere between 6 and 12. Most clients can function in a group that is heterogeneous, that is, members may be mixed in age, gender, culture, and so on. What is essential, however, is that all clients in a group should have similar needs. Group psychotherapy is effective for the substance-related disorder by using different modalities cognitive behavioral therapy, motivational interviewing, and relapse prevention. According to Rockville (2005), there are five group models of substance abuse treatment: (1) the group education model, in which the group leader services as teacher, instructing patients about substance abuse and its risks; (2) recovery skills training, also educationally based, with the aim of teaching specific behavioral and cognitive behavioral skills such as drug refusal; (3) the group process model, in which the therapeutic effects is related to the type of interaction both among group members themselves and between group members and the group leader, whether supportive or confrontational; (4) the check-in group, consisting essentially of brief individual treatment conducted within a group setting; and (5) group addressing other issues relevant to substance use, such as anger management or parenting skills.

According to Rockville (2005), group therapy and addiction treatment are natural allies, because of rewarding and therapeutic forces such as affiliation, confrontation, support, gratification, and identification.

A Study in the USA showed that providing group CBT for depression to clients with persistent depressive symptoms receiving residential substance abuse treatment is associated with better improvement in both depression and substance use outcomes (Watkins et al., 2012). Group has the benefit of creating an environment that may be similar to daily social situations, which has been shown to be helpful with relapse prevention (Waldron & Kaminer, 2004).

2.3. Substance related disorder

According to DSM 5(2013) substance-related disorders includes effects of medications, toxin exposure, and use abuse of prescription and illicit drugs, as well as alcohol.

2.3.1. Types of substance-related disorder

According to DSM-5 (2013), substance-related disorders are generally divided into two groups: substance-induced disorders and substance-use disorders. Substance-induced conditions include intoxication, withdrawal, and other mental disorders that can be caused by substances, such as psychotic disorders and sleep disorders. All substance-use disorders are characterized by the continued use of substances, despite their causing significant problems in important areas of an individual's life, such as family, school, and work. These disorders cause an underlying change in the brain of the user that may persist beyond detoxification. The behavioral consequences of these changes in the brain can be seen in the repeated relapses and intense drug craving experienced by many users.

2.3.1.1. Substance use disorder

Substance use disorder is the diagnostic term applied to the specifically used substance (e.g., alcohol use disorder, opioid use disorder) that results from the prolonged use of the substance. The diagnosis of a substance use disorder is based on a pathological pattern of behaviors related to use of the substance. Criterion A criteria can be considered to fit within overall groupings of impaired control, social impairment, risky use, and pharmacological criteria (DSM 5, 2013).

Impaired control

Over substance, use includes the first 1-4 diagnosis criteria:

1. The individual may take the substance in larger amounts or over a longer period than was originally intended
2. Persistent desire to cut down or regulate substance use and may report multiple unsuccessful efforts to decrease or discontinue use
3. Spend a great deal of time obtaining the substance, using the substance, or recovering from its effects
4. Craving is required by asking if there has ever been a time when they had such strong urges to take the drug that they could not think of anything else.

Social impairment is the second grouping of criteria (Criteria 5-7).

5. Recurrent substance use may result in a failure to fulfill major role obligations at work, school, or home.
6. Continue substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

7. Important social, occupational, or recreational activities may be given up or reduced because of substance use.

Risky use of the substance

Is the third grouping of criteria (Criteria 8-9).

8. This may take the form of recurrent substance use in situations in which it is physically hazardous.
9. Continue substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by then substance.

Pharmacological criteria

Are the final grouping (Criteria 10 and 11).

10. Tolerance is signaled by requiring a markedly increased dose of the substance to achieve the desired effect or a markedly reduced effect when the usual dose is consumed.
11. Withdrawal is a syndrome that occurs when blood or tissue concentrations of a substantial decline in an individual who had maintained prolonged heavy use of the substance.

According to DSM-5 (2013), the severity of substance use disorder estimated that a mild substance use disorder is suggested by the presence of two to three symptoms, moderate by four to five symptoms, and severe by six or more symptoms.

2.3.2. Substance/medication-induced disorder

Substance-induced mental disorders develop in the context of intoxication or withdrawal from substances of abuse, and medication-induced mental disorders are seen with prescribed or over-the-counter medications that are taken at the suggested doses. Both conditions are usually temporary and likely to disappear within 1 month or so of cessation of acute withdrawal, severe intoxication, or use of the medication.

- A. The disorder represents a clinically significant symptomatic presentation of a relevant mental disorder.
- B. There is evidence from the history, physical examination, or laboratory findings of both of the following:
 - 1. The disorder developed during or within 1 month of a substance intoxication or withdrawal or taking a medication; and
 - 2. The involved substance/medication is capable of producing the mental disorder.

The disorder is not better explained by an independent mental disorder (i.e., one that is not substance or medication-induced). Such evidence of an independent mental disorder could include the following:

- 1. The disorder preceded the onset of severe intoxication or withdrawal or exposure to the medication
- 2. The full mental disorder persisted for a substantial period of time (e.g., at least 1 month) after the cessation of acute withdrawal or severe intoxication or taking the medication. This criterion does not apply to substance-induced

neurocognitive disorders or hallucinogen persisting perception disorder, which persist beyond the cessation of acute intoxication or withdrawal.

D. The disorder does not occur exclusively during the course of a delirium.

E. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

2.4. Challenges of people with mental illness in receiving psychotherapy

To benefit from psychotherapy a person must seek it out and engage in the process. Unfortunately, for many peoples who are suffering from psychological distress, various deterrents keep this from happening (Bears, McMinn et al. 2013). Mental illness and psychological disorders may have different presentations in different cultures. Some cultures may not endorse seeking help for mental or emotional problems (e.g., depression) but may judge somatic problems (e.g., headache) as socially acceptable.

According to Goldsmith, Pellmar, Kleinman, Bunney (2002), there are different types of factors that affect the utilization of psychological treatment which include structural barriers and attitudinal barriers. Structural barriers are those that, many individuals cannot access proper care for mental illness because of the fragmentation of services, and Lack of adequate insurance coverage for mental health services which represents a critical barrier to treatment for mental disorders, including substance use disorders that increase suicide risk. Attitudinal barriers include lack of perceived need for treatment, having a belief that the disorder will get better on its own the view that mental illness is a result of personal weakness. The stigma against mental illness results in diminished opportunities and lower self-esteem and stigma prevents people from seeking treatment for symptoms of mental illness. This particularly affects those with co-

occurring substance use and the desire to deal with the problem on one's own. Attitudinal barriers have emerged as the more critical type of barrier in many studies in developed countries.

A study from Iran conducted by Ghazi-Moghada (2009) reported barrier of seeking psychological treatments including stigma, (in Iranian clients often associated with mental illness as being “crazy”), topics of sex and sexual abuse are not open to discussion between the family and their children, and sociopolitical history of Iran has created a deep fear of expressing personal issue. According to Roberge et al. (2016), the main perceived barriers affecting optimal mental health care included the limited availability of mental health services, the burden of care, delays accessing specialized services, suboptimal inter-professional communication and collaboration, as well as training needs. One qualitative study conducted in South Africa to explore attitudes and beliefs regarding the utilization of psychological service were explored among a group of black Africans of 18 years. The result showed barriers to seeking psychological service included the stigma of mental illness, lack of knowledge, and affordability of treatment, lack of trust, impersonal service and lack of cultural sensitivity (Ruane 2010).

Other study conducted in South Africa to examine both structural and attitudinal barriers to treatment initiation among 4, 315 adults with mental disorders, attitudinal barriers to treatment seeking were reported more commonly than structural barriers (100% and 34%, respectively). (Bruwer, Sorsdahl et al. 2011).

Sorsdahl, Stein, & Myer (2012), conducted in South Africa focused on negative attributions towards people with substance use disorders in South Africa: Variation across substances and by gender among 868. They found that high levels of public stigma across all classes of substances, the cannabis user was considered significantly less dangerous than

someone who uses alcohol, there were gender differences in attitudes towards people who use substances, and the more an individual used substances the more likely they were to hold a negative attitude.

Abera and his colleagues conducted a cross-sectional study of Parents 'perception of the child and adolescent mental health problems and their choice of the treatment option in Southwest Ethiopia, Jimma. They conclude that the low level of awareness about internalizing symptoms, the widespread traditional explanatory models as well as the preference for traditional treatment options might present significant challenges to the utilization of child and adolescent mental health services in this population (Abera, Robbins et al. 2015).

2.5. The perceptions of people with substance-related disorders towards psychotherapy

Perception of need is a key factor influencing decisions to seek help and complete treatment for treatment of substance use disorder and mental disorder (Mojtabai, Olfson et al. 2002). Bell et al. (2015) conducted clients' perceptions about the aspects of an occupational therapy intervention at a substance use rehabilitation center among 8 adolescents with the substance-related disorder. They found that useful after discharge and motivator for the participants to stay clean after reintegration into their communities was that of restoring and maintaining the roles they had lost.

Patients with SRD have a negative perception of seeking mental health service. A comparison of Canadian and US population surveys found that 18% and 24% had negative attitudes, respectively. Rates of negative attitudes were significantly higher among younger adults aged 15 to 24, with 25% of younger Canadians and 35% of younger Americans holding negative attitudes toward seeking mental health services (Jagdeo, Cox, Stein, &Sareen, 2009).

According to Sudraba & Miller et al. Quantitative study on Substance use disorder patients' attitude towards treatment with psychotherapy and self-help groups among 587 patients with the substance-related disorder. The result showed that 26.2% (154) respondents have attended self-help groups; self-help groups had secondary education and 37 (23.3%) had higher education. 18.5% (109) individual psychotherapy, 7.0% (41) – group psychotherapy. Most of the respondents choose self-help more than group therapy.

According to Oleski and his colleague's individuals with alcohol use disorder and a concurrent mental disorder have increased odds of experiencing more severe symptoms of alcohol disorders, and one could hypothesize that this would make them more likely to seek help because help-seeking is shown to be correlated with severity of alcohol use disorder symptoms. Negative attitudes toward seeking help for mental health problems are prevalent (Oleski, Mota, Cox, & Sareen, 2010).

In South Africa, a qualitative study was conducted by Bell and his colleagues among eight adolescents' perception of an occupational therapy intervention at substance rehabilitation center. The result showed that the participants felt they benefited more from practical skills that they could immediately transfer into their own lives (Bell et al., 2015).

In Ethiopia conducted a qualitative study among 115 participants Perceptions of mental illness. They showed that most of the participants' preferred modern treatment. 46% said that modern treatment was best, 16% preferred traditional treatment and 33% said both (Monteiro and Balogun 2014). Another study reported 57.08% participants belief mental illness can be cured with both traditional and western treatment (Girma et al., 2013).

2.6. The perceived need for people receiving psychotherapy with substance-related disorder

Two need definitions often used in psychiatric epidemiology are the normative need and felt the need (Aoun, Pennebaker, & Wood, 2004). The normative need is defined by diagnostic criteria determined by experts (e.g., the presence of a psychiatric diagnosis). Felt need (or perceived need) is defined by the subjective opinion that one needs treatment.

Perceived need was a major predictor of help-seeking. Expert determination often varies from perceptions of the individuals who experience these problems (Wild, Cunningham, & Ryan, R. 2006). Many people that meet criteria for substance use disorders or mental health disorders do not feel they have a problem or need treatment. Findings from the National Study of Drug Use and Health, for example, reveal that more than 80 % of all adults with a substance use disorder did not perceive a need for treatment (Ali, Teich, & Mutter, 2015). According to Lipari, Park-Lee, & Van Horn (2015) study showed 95.4 percent did not think that they needed treatment in the past year for their substance use.

In United States Grella and his colleagues conducted survey study among (N=1,603) individuals with alcohol or other substance use disorders were classified three groups, received help in the past year (14.7%), perceived a need for help but did not receive it (8.5%), or perceived no need and received no help (76.8%). They showed that most individuals with alcohol or drug use disorders do not seek help or receive treatment for these problems and factors that increased the receipt of help included older age, drug dependence (versus alcohol dependence only), longer time since the onset of dependence, co-occurring mood disorder, and more problems associated with substance use (Grella, Karno, Warda, Moore, & Niv, 2009).

According to Mason, his colleagues showed a total of 7.6% of young adults wanted mental health treatment but did not receive care. Reasons varied significantly by race and gender. Across all subgroups, cost of treatment was the top reason for not receiving treatment (42.7%), followed by being able to handle problems without help (29.7%) and not knowing where to go for treatment (18.5%). Although black males cited cost most often as the reason for not receiving treatment, only 3.8% attributed a lack of treatment to not knowing where to go and the percentage reporting concern about the stigma of treatment was the highest of any group (23.1% versus 14.4% for the sample overall (Mason, Keyser-Marcus, Snipes, Benotsch, & Sood, 2013).

The patient's perceived need was varied depending on the way of admission. According to Opsal and his colleagues conducted on perceived coercion to enter treatment among involuntarily and voluntarily admitted patients with substance use disorders among 63 involuntary and 129 voluntarily admitted patients. They found that patients admitted voluntarily and those admitted involuntarily experienced similar levels of perceived coercion. However, the VA group reported higher perceived pressure to enter treatment due to internal pressure (Self-subscale) than the IA group; and indicated that the VA group had greater insight into their own problems, compared to the IA group (Opsal, Kristensen, Vederhus, & Clausen, 2016).

In Ethiopia conducted the study among 370 university students' perceived causes of Mental Health problems and help-seeking behavior. His study showed that the participants' attitude toward seeking professional psychological help was positive. There was no significant difference between male and female participants (Alemu 2014).

2.7. The benefits of psychotherapy for people with substance-related disorder

The vast majority of substance use disorder treatment programs (97% to 99%) provide some form of psychotherapy or counseling; drug abuse counseling and psychotherapy are nearly universal in drug abuse treatment (Abuse, Onken, & Blaine, 1990). Treatment for substance use disorders is associated with positive outcomes such as reduced substance use, abstinence, and reduced high-risk behaviors (Wild, Roberts et al. 2002). A study in India by Jhanjee (2014) showed that Psychological treatment is more effective when prescribed with substitute prescribing than when medication or psychological treatment is used alone, particularly for opiate users. According to Carrol & Onken reviews showed that major behavioral therapies (contingency management, cognitive behavior approaches, motivational interviewing, and family/couples approaches) were effective on the major categories of drug dependence opioids, cocaine, and marijuana dependence. They stated Behavioral therapies have been demonstrated to be effective in reducing HIV risk behaviors and promoting health in intravenous drug users enrolled in methadone maintenance programs (Carroll and Onken 2005).McHugh and his colleges review showed that CBT for substance use disorders captures a broad range of behavioral treatments including those targeting operant learning processes, motivational barriers to improvement, and traditional variety of other cognitive-behavioral interventions (McHugh, Hearon, & Otto, 2010).

A study in Norway by Bergly, his colleagues conducted on perceived benefits of treatment among patients with and without co-occurring disorders in inpatient substance use treatment. They concluded that patients benefited most from physical activities, support from co-patients, group therapy, counseling, and assessment/treatment of psychological health (Bergly, Gråwe, & Hagen, 2014).Gouse and his colleague's reported motivational enhancement

interventions could support treatment initiation, promote sustained engagement in treatment, and achieve better treatment outcomes for the individual with substance use disorder in sub-Saharan Africa countries (Gouse, Magidson et al., 2016).

In addition to group and individual therapy, peer support is important for a person with the substance-related disorder. Tracy and Wallace reviewed among adult participants, inclusion of group format, substance use-related, and 10 US-conducted studies published in 1999 or later showed that peer support services that include peer support groups within addiction treatment to address: 1) substance use, 2) treatment engagement, 3) HIV risk behaviors, and 4) secondary substance-related behaviors (Tracy and Wallace 2016).

2.8. Unmet need for people with substance-related disorder for psychotherapy

According to Sareen, Cox, Afifi, Clara & Yu (2005); Mason, Keyser-Marcus, Snipes, Benotsch, & Sood, (2013), showed that most commonly endorsed type of unmet need for treatment is the need for therapy and counseling. There are most common reasons for not seeking care when there was a perceived need were preferred to manage [emotional problems] by self, did not get around to it [seeking treatment and did not know how to get help. Shepard et al (2005); Kaufmann, Chen, Crum, & Mojtabai, (2014), showed that respectively 4.5% of adults and 30.9% of individuals with AUD and comorbid mood or anxiety disorders who reported a perceived unmet need for substance disorder treatment indicated that they did not have health insurance. In addition to this Rockett, Putnam, Jia, Chang, & Smith (2005) showed that patients with unmet substance abuse treatment need reported more ED visits and fewer physician office visits in the past 12 months than patients without this treatment need.

Wells and his colleagues found that less access to care, poor quality of care and greater unmet need for alcoholism and drug abuse treatment and mental health care among African American and Hispanics relative to whites (Wells, Klap, Koike & Sherbourne, 2001). In addition, to the above barriers the perceived needs of the individual with substance-related disorders cause of unmet needs Novins, Beals, Sack, & Manson (2000) conducted on unmet needs of mental health service among 109 Indian and American adolescents. Their study showed that half of the youths who were found to have disorders and who had not used services reported that an adult had recognized their problem because the need for care was not recognized.

CHAPTER THREE

Methodology

The present study is designed to determine the perception of people with substance-related disorder towards psychotherapy. In this chapter, the research procedure for this study area is presented. The design of proposed research, participants, instrumentation, procedure and method of data analysis are described.

3.1. Study setting

This study was conducted at Amanuel Mental Specialized Hospital. The Hospital was established in 1930 E.C. In AMSH, there is one addiction ward that provides an inpatient service for 14 people with SRD and one case team, which provides the outpatient services. The patients first get medical treatment (detoxification) and then after one week, a psychologist starts psychotherapy that includes individual or group therapy. The focus of individual therapy is on co-morbidity and the interpersonal relationships of the patient. The individual therapy employs the following techniques psychoeducation especially at first most of them are misinformed about drugs and drug problems, CBT specifically cognitive restructuring, motivational interviewing to facilitate the change process, teaching coping skills which will help the patient for the post-treatment phase, solution-focused therapy to help the patient be open to solution other than the already existed problem, and then family therapy to equip them with the necessary knowledge and skill to cope with the problem of the addiction. Group therapy was provided once a week and focused on recovery, the process of recovery, relapse prevention and methods of the relapse prevention.

3.2. Research design

The qualitative research approach was employed to address the research objectives. This method was selected because it is helpful to interpret and better understand the complex reality of a given situation from the perspective of study participants. In this study, a phenomenological approach was employed in order to explore the perception of the individual with substance-related disorder towards psychotherapy. Phenomenological research approach helps to understand the meaning of a lived experience from the perspective of the participants (Jackson, 2003). Therefore, this is a qualitative study using a phenomenological approach, in the case of Amanuel Specialized Mental Hospital.

3.3. Participants

The participants of the study were nine patients with substance-related disorders at Amanuel mental specialized Hospital: eight males and one female. The primary rationales for selecting night participants were receiving psychotherapy at inpatient department of AMSH. Other factors, which were taken into consideration, included willingness to participate, resource and time availability. The researcher did the identification of participants.

3.4. Participant selection techniques

The study participants were selected using non- probability sampling, particularly, purposive sampling technique. To use purposive sampling the sample must be appropriate to the objectives (Plays, 2008). Moreover, purposive sampling was done based on the inclusion and exclusion criteria to enable me gain detailed understanding of the phenomena.

3.4.1. Inclusion criteria

The participants of this study were eight males and one female, who are admitted Amanuel Mental Specialized Hospital at the time of the data collection process. The participants of the study were selected based on the following inclusion criteria;

- Patient with substance-related disorder receiving psychotherapy at inpatient department of Amanuel Mental Specialized Hospital
- Patients who have stayed more than one month at AMSH for inpatient department
- Patients who are willing to participate in a study

3.4.2. Exclusion criteria

During the study period, there were fourteen male and one female patient in the addiction clinic. Six of them were not included in the study because three of them had psychotic features and the other three had only one-week duration left in the addiction ward because they have not start receiving psychotherapy in one week and they could not have enough experience about psychotherapy.

The participants of the study were excluded based on the following criteria;

- Participants were acutely psychotic due to intoxication or withdrawal and
- Any disturbed state.

3.5. Participants selection process

After obtaining willingness of participants, nine patients with SRD were selected from inpatient department of addiction ward.

3.6. Data collection technique

In this study, primary source of data was used. Primary data was gathered by using in-depth interview. An in-depth interview was conducted by using an open-ended semi structured interview questions (see Appendix B). An in-depth interview is a technique designed to elicit a vivid picture of the participant's perspective on the research topic (Mack, N. et al. 2005). Before conducting this interview, the researcher developed the topic guides, after deep reading of the previous literature that helps to meet objectives of the study.

3.7. Data Collection Procedure

Prior to data collection, ethical approval was obtained from the research and training directorate, specifically, ethical review committee of Amanuel Mental Specialized Hospital, Addis Ababa. Then introduce myself with the Participants, telling about the objectives of the study and ask their willingness for participate to the study. Written informed consent was taken from each participant for willingness to participate to the study and audio recording. The data was collected between August 2017 and September 2017.

Individual in-depth Interview was conducted with nine participants. The place and time of the interview were arranged according to the program of the health professions with the participants, and interest to each participant. All of the interviews were conducted in addiction clinic library. Before starting any of the interviews, the researcher began with a brief description of the study and obtaining written consent (see Appendix A). The interviews were conducted in Amharic, the official language of Ethiopia. The interview took maximum 1hr and minimum 40 minutes. Audio recording was used for eight participants who were willing to be recorded. However, one interview was conducted with note taking because the participant was not willing

to be audio recorded. The data saturation was occurred at the ninth participant. The audio record was transcribed in Amharic and then translated into English for further analysis and write up.

3.8. Methods of data analysis

According to Creswell (2003, p.198), data analysis in qualitative study is not a separate step in the research process rather it is done simultaneously with data gathering and report writing. Therefore, the data analysis phase of this study was an ongoing process. The researcher structured both the audio recorded interviews and field. The audio-recorded interviews were first translated from Amharic into English and then transcribed into written form and the field notes were arranged based on specific themes by using manually method. The researcher was crosschecked the original Amharic transcripts with English translations, and some difficult words were translated by PhD student. After finalizing the transcription, translation of the interview data and organizing filed notes, the researcher and the Ph.D. student have coded the data independently. Finally, the researcher and the PhD. Student were checked the similarity of the codes and they were agreed. Data were analyzed using a thematic method. Regarding methods of data analysis, R Jane and Jane, (2003) suggested topics are identified in the way the themes were presented and the rate of its existence. The Four major themes were included in the interview guidelines and taken as main themes, under four themes nine subthemes were identified to present the participant's idea and analysis.

3.9. Ethical consideration

Ethical clearance letter was obtained from College of Health Science, Department of Psychiatry Addis Ababa University. Amanuel Mental Specialized Hospital gave permission for the study to be conducted at the center. Participation was after a proper explanation about the

study and obtaining written informed consent. In order, to assure confidentiality and anonymity of the participants no personal identifier were kept with the data. In addition, the issue of protecting participants from harm was considered. The participants were told to take a rest or stop the interview any time and to skip any question they do not want to answer and have no effect on their treatment if they choose not to participate.

CHAPTER FOUR

Results

In this chapter, the results of the perceptions of people with SRD towards psychotherapy at AMSH are presented. This chapter is classified into two main sections the first of which is about the socio-demographic characteristics of the participants. The second section results of participant's perception about psychotherapy, the perceived needs of the participants from the treatment service, the benefit they get from the intervention and the unmet need of the participants respectively.

Table 1

Summary of the participant's socio-demographic information

Participant Number	Age	Sex	Marital status	Living condition	Educational level	Job before addiction	Types of used substance	Problem related to being substance used
1	28	M	Single	Family	7 th grade	Daily worker	khat, cigarettes, teje, tela, arekia	Poor social-relationship, financial problem
2	30	M	Single	Family	MSC degree	Engineer	Gin, beer smoking cigarettes,	Poor social relationship, unemployment
3	30	M	Single	His Sister	10	Driver	Cigarettes, teji, tela, Arekia	Separate from his girl friend and financial problem
4	34	M	Single	His mother	10+1	Wood worker	Cigarettes ,teji,tela, Arekia	Unemployment, financial problem
5	28	M	Single	His mother	10	Soil test	Cigarettes ,teji,tela, Arekia	Unemployment, financial problem
6	22	M	Single	Family	8	Waiter	Khat and cigarettes	conflict between his family and him, financial problem
7	28	M	Single	His mother	10+3	Nurse	Khat and cigarettes	Unemployment and financial problem
8	33	M	Divorced	On the street	10+3	Teacher	Cigarettes ,khat, arekia, teji	Unemployment, divorce, financial problem and conflict between his family
9	45	F	Divorced	Her two children	BA	Lawyer	Aperitif	Divorce, financial problem,

In this section, the demographic data, type of substance in which the participants were addicted, duration of use, as well as the problem in which the participants were experienced in relation to addiction were included. The study participants were within 22-45 years of age, eight of them were males, and one was female. Most of the participants were living with their parents but one was homeless. Regarding participant's educational level minimum was grade seven complete and the highest was MSC degree. Some participants have government work, and the other participants worked by private. Regarding the types of substance used two participants drank alcohol only (Teji, Tela, Areki, beer and dry alcohol).The other two participants use chewing chat and smoking cigarette. The rest of five used three of them (drinking alcohols, chewing khat, and smoking cigarette). The demographic information of the participants is as follows.

Descriptions of the patients

Theme 1: Perception about psychotherapy

Participant's perception about psychotherapy was described under the identified three sub-themes, namely, advising process, general service, and professional help.

Sub-theme 1. 1. Advising process: -As results showed participants have a different view towards psychotherapy. Most of the participants described psychotherapy is an advising that provides an individual to understand the nature of addiction and to admit that they were within the addition problem. One participant shared his opinion by saying:

“As to my understanding it is an advice which is helps to stop addiction through several methods, both individually and group. ከሱስ በተለያዩ መንገዶች መውጣት እንዳለብን ምክር ይሰጡኛል። (kesuse beteleyayu mendedoch mewtat endalebgn mikr yisetugnall.)”(P: 04)

Some participants also described it as the psychologist provided advice with a group once in a week on issues. Like how the drug consumption led the person to be addicted, the addiction problem is solved, and how it can relapse, how intoxication exposes to accidents as well as for HIV.

Sub-theme 1.2: General Service: - some participants described psychotherapy as a type of treatment provided by any health worker or mental health professionals such as nurses, psychiatrists, social workers, and psychologists. Routine cares which they receiving in the hospital like medicine and psycho-education, recreational practice and reading fiction. Regarding the general service, participants shared their view as:

“There is a follow-up treatment twice a week individually with a psychiatrist, we have discussed on the overall progress of each patient. Those were adherence to the drug, (how to take a drug and side effect of the drug) and future plan of each patient.”

Sub theme 1.3. Professional help: - Participants understood psychotherapy as a psychological treatment that provided by the psychologist using different techniques (group or individual), the psychologist prepared activities that are related to the SRD and gave as a homework for every patients and discussed on that issues. As individually, the psychologist made a follow the patients progress and discussed on different personal problems that are helpful the patients to recover from their problems. A participant described psychotherapy as:

“It is talk therapy provided by psychologist based on the problems, and psychologist giving activities thorough group or individually that are related to the problem and making follow-up treatment for each patient.”P: 02 MSC holders

Theme 2: The perceived need for patients receiving psychotherapy

Regarding the perceived need for patients receiving psychotherapy was seen in two subthemes. One participant found neutral, some participants perceived it positively, and the others perceived it negatively.

Sub-theme 2.1: Positively perceived need: - As the result showed some participants who were admitted by themselves have a positive expectation. Their positive expectation was to receiving proper psychological treatment; helps separate from addiction problems, and adjust future life. In this issue, one participant expressed his expectation of the treatment provided in the hospital that:

“I have lost a lot of things due to addiction like a job, live on the street for ten years, and I lost my wife and my child...I have expected therapy that was helpful to recover from addiction. በፊት ያሳለፍኩትን የስቃይ ህይወት ለማስተካከል ፣ ለምን በሳት ላይ መራመድ አይቻልም፤ ሁሌም እሳት ላይ መቀመጥ ይከብዳል። (Befit yasalefkachewn yeskay hiwot lemastekakel lemn besat lay meramed aychalm,huleam esat lay mekemet yikebdal.)”P: 08

One participant had outpatient follow up treatment in St. Paulo’s for 15 days before joining the hospital. She said that she could not get inpatient treatment in St.Paulo’s. Due to this, she wanted to admit in AMSH and she has expected to admit with female addiction ward at Amanueal Mental Specialized Hospital. She expressed her experience as-

“I use to have high expectation for psychotherapy than medication, for reducing this problem. Even now, I am admitted in mood ward and I cannot get psychological treatment. እኔ ስግባ ያሰብኩት የተለየ የሴቶች የህክምና ክፍል ውስጥ ተመድቤ የስነ-ልቦና ህክምና ለማግኘት ነበር። (ene sgba yasebkut yeteleye Ysetoch Yhekmna kfl wst tmedbea Ysnelbona hkmna lemaggnet nebere.) ”P: 09

Sub-theme 2.2: Negatively perceived need: - Most of the participants who expressed negative perceptions towards needing psychotherapy were those who had been admitted by others influence. They also shared the reason for their negative perception. Those were ignorance (they did not know where and how to get help) and stigma (they were afraid of what others would think of them). Due to this, their expectation was not fixed to certain treatment rather than they perceived simply as they can get treatment. However, after joining this hospital they could understand the importance of the service. One participant expressed his experience:

“I have no any awareness about treatment of addiction, however, before admitted the inpatient department I have contact with the Doctor and we have discussed on the aim of the admission, the overall procedures and termination of the treatment after that I am agreed with the doctor and admitted to addiction ward 11. እኔ ወደ አዲስስ-አበባ የመጣሁት ቤተሰብሮቻ መኪና እንግዳላህ ብለውኝ ነው፤ እዚሁ የሚያስቀሩኝ መስሎኝ ነበር። (ene wd Adiss Ababa Ymetahut beteseboche mekina engzalh blewgn new, ezihu yemiaskerugn meslogn nebre.)”P:

Another participant shared:

*“Before joining the hospital I believe that addiction is not going to be cured by therapy . However, after I admitted to the addiction ward and receiving treatment I have planned to live without addiction and to be a hard worker. ወንድሜን እግዚአብሔር ይሥጠው እኔ እንዲህ መሆኑን ባውቅ ኖሮ ከቀበሌ ነፃ ወረቀት አዕፊ እገባ ነበር።(wendimen egziabher ystew ene endih mehonun bawk noro kekebele nta wereket atfe egeba nber.)”*P: 04.

One participant shared his experience:

“There is a misunderstanding in the community. That means if an individual is taking mental health services in AMSH, they perceived as that individual is crazy, and I was afraid of what others would think of me, due to this, I am no voluntary to start treatment. However, after started treatment, I can change my perception of the service and the patients, within three days I can introduce many friends, they are cooperative. አማኑኤል ሆስፒታል የሚገባው እብድ ብቻ ይመስለኝ ነበር።በተጨማሪም ህብረተሰቡ አንድ ሰው አማኑኤል ገብቶ ከታከመ እብድ ነው የምሉት።” P: 03

In case, one participant was admitted by emergency case and he admitted without his awareness.

One of participant explained his expectation although:

“I admitted to this hospital by an emergency case of a car accident, I have not expected to get psychological treatment”. P: 01

Theme 3: The benefit of psychotherapy

Participants described psychotherapy is helpful for understanding the nature, cause, consequence, treatment, relapses, and preventions of the substance-related disorder by using both

therapeutic techniques (group and individual). Based on the Participant's explanation two sub-themes are identified; awareness creation and adjusting the future life.

Subtheme 3.1.Awareness creation: -Most of the participants explained that they become aware of the nature, cause, consequence of substance-related disorder. One of the participants explained group psychotherapy is helpful to understand the cause and preventions of relapse. One participant stated that:

"It is the third time I am admitted to this ward and I have received both medical and psychological treatment, however as my understanding psychotherapy is helpful than medication... in group therapy, we have shared our personal experience, like cause of relapse and how others coup up the relapse. ሰውዝም ብሎ ከሚውጠው መድሀኒት ይልቅ ቈንቅላቱን የሚገዛ ምክር ይሻላል: :(sew cause of zmbilo kemiwatew medhanit yilk chinklatun yemigeza mikr yishalal.)" P: 05.

Another participant stated that psychotherapy is helpful for understanding the nature, cause, the disadvantage and the treatment of addiction.

He expressed his opinion as:

"Before joining this hospital I believe that there is no life without addiction and addiction is not cured. However, after receiving therapy and I feel guilty for my past life and I can live without addiction for 2 months. እኔ ከዚህ በፊት ከሱስ ወጪ መኖር የሚቻል አይመስለኝም ነበር፤ ነገር ግን ሆስፒታል ከገባሁ ጀምሮ እስካሁን ለሁለት ወር ምንም ሳልጠቀም መቆየት ችያለሁ።: (Ene kezih befit kesus wchi menor yemichal aymeslegnm neber

neger gin hospital kegebahu jemro eskahun lehulet wer mnm saltekem mekoyet chiyalehu.)”P: 04

Sub-theme 3.2: Future Life Adjustment: - Some other participants explained Psychotherapy is helpful in increasing their motivation to adjust things what they lost in their life due to addiction and share their life experiences. One participant explained that he now has time for relationships with his girlfriend, which he did not have in the past. He explained his relationship was meaningful and kept him focused to not go back to substances. He shared his experience as:

“I never had time for my girlfriend and we are separated when I was on drugs but after starting psychotherapy, I focused on our relationship and I am ready to start a new life. እኔ ለ15 ዓመት የጠበቀኝኝ ፍቅረኛ ነበረኝ፣ ሱሱን እንዲያቆም በተደጋጋሚ ብትነግረኝም ማቆም ስላልቻልኩ ተለያይተን ነበር፤ ነገር ግን እዚህ ከገባሁ በኋላ ዳግም እንደማልመለስ እና እንደማገባት ቃል ገብቻለሁ። (ene le 15 amet yetebekechign fikregna neberchign susun endiaqom betedgagami btnegregnm makom slalchalku teleyayten neber neger gin ezih kegebahu behala dagim endemalmesna endemageat kal gebchelatalehu)P: 03

Few of the participants understood that they have a plan for new life after discharged from the hospital. One participant tells his plan after discharge from the Hospital in this quote as:

“I wasn’t really interested before but now I have a plan to select new friends, new job, and new workplace”. P: 06

Some other participants also shared that they became aware of the roles they had lost because of using substances during the treatment and this assisted them to realize that they did not want to use substances any more.

They started to Think about the positive feature life and increase their motivation to corrected things what they left their life before due to addiction. “...*Because of addiction, I lost my wife, child and my work, due to this I live on the street for 10 years*”. P: 08

In addition to group and individual therapy, participants were discussed on different issues between them. Like how to control the risk factors and factors of SRD (Substance-Related Disorder) after discharge from the hospital, like peer pressure, and social life (wedding, holiday and other ceremonies).

Theme 4: The Unmet needs of the patients receiving psychotherapy

As the results indicated that, there are services that are provided in the addiction ward. However, some of the participants expressed as service is not fulfill. On the issue of the unmet needs the participants were answered based on two themes, an absence of continues follow-up by psychologist and lack of time during group psychotherapy, there is no female ward in the hospital.

Sub-theme.4.1. Absence of continuous follow-up and lack of time during group therapy: - regarding this issue, the participants expressed there is no continuous follow up by the psychologist rather than other health workers. The participants also shared group therapy is not continuous and it has short duration. They also expressed there is no activities either individually or group. One participant described it as:

“I use to have expected to get continuous follow up by the psychologists and I want to talk my feeling most of the time but I have contact with a psychologist once a week. እኔ ከመግባቴ በፊት በሳይክሎጂ ባለሙያዎች ለሱስ ችግር መፍትሄ ይሆናሉ ተብለው የሚታሰቡትን ተግባራት በግልም ሆነ በቡድን በመስጠት ተገቢውን ክትትል እንደሚደረጉልኝ ነበር የጠበኩት። (ene kemegbati befit besaychology balemuyawch lesuse chigre mefthe yhonalu tblew ymitasebuten tgbarat bglm hone bbbbudn bmestet tgebiwen kittle endmiyadergulgn neber yetebekut”. P: 02

Another participant described as:

“I am admitted for the third time, previously a group therapy is twice a week for two hours but now group therapy is once a week for one hour. It is not continuous and the time is short...within two moth duration,... we have received a group therapy three times’: 05

Sub-theme 4.2: No female addiction ward: - There is a male inpatient addiction ward in AMSH, but there is no female addiction ward. Due to this one participant was admitted to the mood ward, and she cannot get any of the group therapy sessions. The participant expressed her feelings as:

“I expect that there is a separate female ward in the Hospital, the Psychologist will provide special psychological treatment and group discussion with other patients who have SRD, but now I am admitted to mood ward. I cannot get a group and individual therapy እኔ ስመጣ በሱስ ችግር ለተጎዱ ሰዎች የተለየ ቦታ እንዳለ እና የተለየ የሳይክሎጂ ህክምና እንደሚሰጥ እንዲሁም በችግሩ ላይ ከተለያዩ ሰዎች ጋር ለመወያየት እና ልምድ ለመለዋጥ ነበር፤ ግን ከገባሁ ጀምሮ ከሙድ ዋርድ ካሉ

ታካሚዎች ጋር ነው ያለሁት። (ene smeta bsus chigre letegodu swechYtleye bota endalenna YeteleYe yepsaychologiyhikimna endemiset na endihum bchigru laY keteleyayu sewoch gar lemewyayet na lmd lemelewawt neber,gin kegebahu jemro kemud ward kalu takamiwch gar new yalehut).....” P: 09

CHAPTER FIVE

Discussion

In this section, the results of this study is going to be discussed in the light of studies and existing evidence about psychotherapy for SRD. The discussion is going to be described under the identified themes. These themes were perceptions about psychotherapy, the perceived needs of people with SRD of psychotherapy, the benefits of psychotherapy for people with SRD and the unmet needs of people with SRD for psychotherapy.

Perceptions about psychotherapy

Participants expressed their perceptions about psychotherapy as an advising process, talking therapy and general service or something that is part of the routine hospital service. Participants who perceive psychotherapy as an advising process which psychologist, psychiatry nurse and other health workers provided. It is helpful to understand the nature of the problem (how the drug consumption has led them to addiction, how they can deal with the addiction problem is solved, and how it can be relapse), how intoxication exposes to accidents as well as for HIV.

Some described it as a general service, which was given by any health worker and is a part of the routine cares like receiving a drug reading fiction and listing music were helpful to pass the time of craving and create a feeling of happiness. A study in South Africa Bell et al. (2015) also stated that leisure activities contributed to their feelings of satisfaction and overall health by providing new interests. Other participants who have high educational level expressed that psychotherapy is a professional help, which is provided by psychologist or psychiatrist, by using both techniques (individual or group).

The perceived need for patients with SRD receiving psychotherapy

Participants perceived treatment need was varied based on the way of admission and their educational level. Those who are admitted voluntarily have a positive perception of the provision of psychological intervention. This result is consistent with literature that demonstrates the participants were admitted voluntary had greater insight into their own problems compared to involuntarily admitted participants (Opsal, Kristensen, Vederhus, & Clausen, 2016). The participants who had high level of education have positive attitudes toward seeking professional psychological help.

Most of the participants admitted by others influence have the negative perception toward psychotherapy. It is similar to the other study findings on substance use; more than 80 % of all adults and 95.4% of the participants did not think that they needed treatment for their substance use problem (Ali, Teich, Mutter, 2015; Lipari, Park-Lee, and Horn, 2015).

There are many potential reasons for negative perceptions toward seeking mental health care are common in most populations, Such as ignorance and stigma. A study done in USA by Mason, Keyser-Marcus, Snipes, Benotsch, & Sood (2013) suggested that across all subgroups, cost of treatment was the top reason for not receiving treatment (42.7%), followed by being able to handle problems without help (29.7%) and not knowing where to go for treatment (18.5%). Although black males cited cost most often as the reason for not receiving treatment, only 3.8% attributed a lack of treatment to not knowing where to go and the percentage reporting concern about the stigma of treatment was the highest of any group (23.1% versus 14.4% for the sample overall. However, in this study none of the participant raised an issue of cost of treatment

because Amanueal Mental Specialized Hospital is government hospital, which has low payment and provided free service for peoples who have low socio economic status.

Some Participants expressed stigma (they were afraid of what others would think of them) is one of the barriers of seeking psychological help. They explicitly said that as an individual receiving mental health treatment others might consider them as mentally ill or “crazy”. This result is consistent with a study conducted in Iran by Ghazi-Moghadam (2009), reported that barrier of seeking psychological treatments including stigma, and (in Iranian clients often associated with mental illness as being “crazy”).

The Benefits of psychotherapy for patients with substance-related disorder

After receiving psychotherapy, all of the participants responded that psychotherapy helps to understand the nature of the problem and adjust future life. A study on Compulsory substance abuse treatment among 170 British participants showed that positive perception for treatment of substance use disorders is associated with positive outcomes such as reduced substance use, abstinence, and reduced high-risk behaviors (Wild, Roberts & Cooper, 2002).

Most of the participants expressed that psychotherapy is helpful for understanding the nature of substance-related disorders (cause, consequence, treatment, relapse, and preventions of relapse). Psychosocial interventions can help drug users to identify their drug-related problems and make a commitment to change, help clients to follow the course of treatment and reinforce their achievements (Lisbon (2016)).

Group psychotherapy was raised as the important type for sharing personal experience, giving and receiving feedback about the cause, treatment, the relapse and preventions of relapse of addiction and help to empower individuals to reduce the level of addiction. Waldron &

Kaminer (2004) study showed that group has the benefit of creating an environment that may be similar to daily social situations, which has been shown to be helpful with relapse prevention. A Study in USA showed that providing group CBT for depression to clients with persistent depressive symptoms individual therapy combined with group therapy receiving residential substance abuse treatment is associated with better improvement in both depression and substance use outcomes (Watkins et al., 2012). In contrary to the above findings Wayman (2013) found that individual therapy has better results to reduce drug use and more successful discharges than combined individual and group therapy.

Participants reported that psychotherapy is helpful for adjusting future life after discharging the hospital. They have planned to start a new life by rebuild interpersonal relationship with their family member and partners that they had lost due to addiction.

In addition to group and individual therapy, participants were supported by each other on different issues. It is help to know the protective and risk factors of the addiction such as social events like wedding and holidays) as well as peer pressures. This correspond to the study by Tracy and Wallace (2016), which reported that peer support help to reducing substance use, improving engagement, reducing HIV/HCV risk behaviors, and improving substance-related outcomes.

The Unmet needs of patients with substance-related disorder receiving psychotherapy

Unmet need is related to the poor quality of the service that means during the study period the participants expressed that discontinuation of group therapy (they expressed that within two-month duration they get three sessions), shortage of time during group therapy and absence of proper follow up by psychologist. Studies showed that the reason of unmet needs

varied on the individuals. Sareen, Cox, Afifi, Clara & Yu (2005); Mason, Keyser-Marcus, Snipes, Benotsch, & Sood, 2013), founded that most common reasons for not seeking care is when there was no perceived need or preferred to manage [emotional problems] by self, or did not know where to get help.

The unmet needs of the participants are lack of proper follow up by psychologists. Some participants described that they wanted to talk with a psychologist about their problems individually but the psychologist is not available. Some other participants expressed that there is no continuous program in group therapy and the duration of group therapy was short. This result is consistent with previous findings of Rockett, Putnam, Jia, Chang, & Smith (2005), Patients with unmet substance abuse treatment need reported more emergency department visits and fewer physician office visits in the past 12 months than patients without this treatment need do.

A Participant also described there is no female addiction ward, due to these the participant could not get group therapy and peer support. Wells, Klap, Koike& Sherbourne, (2001) founded that less access to care, poor quality of care and greater unmet need for alcoholism and drug abuse treatment and mental health care among African American and Hispanics relative to whites. Shepard et al (2005)); Kaufmann, Chen, Crum, & Mojtabai, (2014), showed that individuals with Alcohol Use Disorder and comorbid mood or anxiety disorders who reported a perceived unmet need for substance disorder treatment indicated that they did not have health insurance.

Conclusion

In this study, an attempt was made to explore the perceptions, perceived needs, the benefits and the unmet needs of people with substance-related disorder towards psychotherapy. Accordingly, the study has shown the participants understand psychotherapy as an advising process, talking therapy, and general service. Participants who had high level of education understand psychotherapy is professional help. The participants perceived treatment need was varied based on the way of admission and their educational level. Those who are admitted voluntarily and high level of education have a positive perception of the provision of psychotherapy. However, the others who are admitted by the family influence have a negative perception towards psychotherapy due to ignorance (being unaware where and how to get help), and stigma (they were afraid what others think of them). Psychotherapy is helpful for understanding the nature of substance-related problems and for adjusting future life. The unmet treatment needs of the participants were lack of proper follow-up lack of time during group therapy and no separated female addiction ward.

Implications

Awareness creation: - People with substance-related disorders have faced different psychosocial problems. Therefore, the first implication of this study is exploring the perceptions of people with SRD towards psychotherapy. People with SRD might resist psychotherapy for fear of being labeled as crazy, so, educating the public on the concept of mental health and psychotherapeutic services, people with SRD would benefit from learning about confidentiality and data privacy. The second implications of the study are the knowledge of the people with SRD towards psychotherapy is the main factors of seeking psychotherapeutic service. Perception of need is a key factor influencing decisions to seek help and complete treatment for treatment of substance use disorder and mental disorder (Mojtabai, Olfson et al. 2002). Therefore to change the perceptions of people with SRD towards psychotherapy, awareness creation should be one by the psychologist.

Provision of psychotherapy :- Psychotherapy is important for people with substance-related disorder making to understand the nature of problems, to regain hope, feel empowered and made them take the decision to get out of this problem, develop a sense of self, and positive living. It is important for psychologists created a new way of understanding the patient's experience, meaning, and interpretation. It helps to uncover hidden, contextual meanings that can be deconstructed, giving voice to individual perspectives which suppressed due to stigma and associated factors. It helps to the psychologist to choose the best way of the treatment.

Future research: -As research is the base for finding several interventions to the problem, as my knowledge this study is the first in Ethiopia that focused on the perceptions of people with

substance-related disorder towards psychotherapy. Therefore, the findings of this study helped as the baseline for the future researchers.

Recommendations

The results of the study have been presented in the preceding chapter. Based on these results and findings on the perceptions of people with SRD towards psychotherapy, the following specific recommendations are drawn.

- Amanuel Specialized Mental Hospital should make a separate female addiction ward
- The psychologist should be considered the understood the individuals lived experience and focus psychological aspects of the service like increase time of group therapy and individual therapy.
- Mental Health professionals, create awareness about the nature of the SRD, and barriers to seeking psychotherapeutic services.
- Since the present study was limited to Amanuel Specialized Mental Hospital in-patient department. Future study should be extended to other hospitals. This will help to provide a picture of the perceptions of the people with substance-related disorder towards psychotherapy

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Appendix -A**Informed Consent**

My name is Tringo Cheru, and I am a graduate student at Addis Ababa University, school of medicine. Currently, I am conducting research on exploring the perception people with substance related disorder towards psychotherapy at Amanuel Specialized Mental Hospital. I am doing this study for the partial fulfillment of my master's degree in clinical psychology. The study has purposes; to understand the perception people with substance related disorder towards psychotherapy, to inform different professionals to design appropriate psychological service and help for researchers as baseline information who are conducted on the perceptions of people with substance related disorder towards psychotherapy. Therefore, your participation in the study will have greater contribution and involve an in depth interview. The in depth interview is with an estimated length of one hour and half. This interview will include audio recorded for later analysis. Besides I will ensure confidentiality by not writing your real name within the study report. You can miss the question which is not comfortable to you or you can stop the interview session at any time. If you have any question, you can contact the researcher using phone number 0923666024. After read and understood the above information expresses your agreement to participate in this study by signing your signature below.

Name _____

Signature _____

Date _____

Appendix-B

Interview guideline

This study is conducted to understand the perception of people with substance related disorders that are on receiving psychological treatment in AMSH. I would like to ask your experience, awareness of psychotherapy.

Thanks for your time

A. Personal information

1. Can you tell me about yourself?
2. Name (code), age, education, religion, address (place), marital status, occupation, with whom you're living.
3. What type of substance used?
4. How long of illness?
5. Do have problems due to substance?
6. How many times admitted in these ward?

1. Description About psychotherapy

- What type of psychotherapy is being provided to you?
(Group or individual)
- Can you tell me about your experience of psychotherapy?
- Do you think that the psychological treatment is helping your problem?
If it is, how?

If not, how?

What was your expectation?

Do you have unmet needs?

- Were there things that you think are not helpful?
- Do you have any information about your progress
- Any suggestions for improving the service?

አማርኛ የስምምነት ቅጽ

እኔ ትርጉህ ቸሩ በአዲስ አበባ ዩኒቨርሲቲ የጤና ሳይንስ ድህረምረቃ ተማሪ ነኝ።በአሁኑ ሰዓት የዕዕ ተጠቃሚነት እና ተያያዥ ችግር ሕመምተኞች ለስነልቦና ህክምና ያላቸውን አመለካከት በተመለከተ ጥናት እያካሄድኩ ነው።ይህ ጥናታዊ ጽሁፍ በክሊኒካል ሳይኮሎጅ የሁለተኛ ድግሪ የማሟያ ዕሁፍ ሆኖ ያገለግል።በዚህም መሰረት ጥናቱ አላማ ያደረገው የሱስና ተያያዥ ችግር ሕመምተኞች ለስነልቦና ህክምና ያላቸውን ግንዛቤ ለመረዳት ነው።ከጥናቱ የሚገኘው ውጤትም ችግሩን በተመለከተ ለስነልቦና ባለሙያዎች ህክምና አሰጣጥ ዘዴዎችን ለማሻሻል እና የህክምና ማዕከላትን በማዘጋጀት የችግሩ ሰለባ የሆኑ ሰዎችን ሁኔታ ለማሻሻል እንደመነሻ ያገለግላል።በዚሁ ጥናት ውስጥ እርስዎ በቃለመጠይቅ ተሳትፎ ያደርጋሉ።ይህን ቃለመጠየቅ ለማካሄድበግምት አንድ ሰአት የሚወስድ ሲሆን ይህ ቃለ-መጠይቅ ወደፊት ለሚደረገው የጥናቱ ትንተና እንዲያገለግል በድምፅ መቅጃ ይቀዳል።በተጨማሪም ሚስጥራዊነቱን ለመጠበቅ በመጠየቁ ውስጥ የተገለጸውን ስም በጥናቱ ውስጥ በቀጥታ ባለመጠቀም ሚስጥራዊነቱን ያረጋግጣል።በመጠየቁ ውስጥ ካሉት ጥያቄዎች ውስጥ ለመመለስ የማይፈልጉትን ጥያቄ ባለመመለስ ወይም መጠይቁን በማንኛውም ሰዓት ማቋረጥ ይችላል።በጥናታዊ ጽሁፍ ላይ ጥያቄ ወይም ሀሳብ ካለዎት በስልክ ቁጥር 0923666024 የጥናቱን ባለቤትማካጋር ይችላሉ።ይህን የስምምነት ቅጽ ካነበቡና በትክክል ከተረዱት በኋላ በጥናቱ ለመሳተፍ ፍቃደኛ መሆንዎን ለማረጋገጥ ከዚህ በታች በተዘጋጀው ቦታ ላይ በመፈረም ፍቃደኛነትዎን ያረጋግጡልኝ ዘንድ በትህትና እጠይቃለሁ።

ስም -----
 ፊርማ -----
 ቀን -----

አማርኛ ቃለ-መጠይቅ

የዚህ ጥናት አላማ በአማኑኤል የአዕምሮ እስፔሻላይዝድ ሆስፒታል የዕዕ ተጠቃሚነት እና ተያያዥ ችግሮች ያለባቸውን እና ህክምናውን በመወሰድ ላይ የሚገኙ ሰዎችን ለስነ-ልቦና ህክምና ያላቸውን ግንዛቤ ለማወቅ ነው። በመሆኑም እርስዎ ስለህክምናዎ ያለዎትን ግንዛቤ እና ልምድ እንዲካፍሉኝ በትህትና እይቃለሁ።

ሀ. የግለሰብ መረጃ

1. ዕድሜ _____
2. ያታ _____
3. የጋብቻ ሁኔታ _____
4. የትምህርት ደረጃ _____
5. የሥራ ሁኔታ _____
6. የቤተሰብ የመኖሪያ ቤት ሁኔታ _____
7. የምን አይነት እዕ ተጎጂ ነህ/ነሽ?
8. ከእዕ ጋር ተያያዥ የሆነ ያጋጠመህ/ሽ ችግር ካለ ቢነግሩኝ?
9. የእዕ ተጠቃሚ ከሆንክ/ሽ ስንት ጊዜ ሆነህ/ሽ?

ለ. የስነ-ልቦና ህክምና መረጃ

1. ስለ ስነ-ልቦና ህክምና ያለዎትን ግንዛቤ ቢገልጹልኝ?
2. ስንት አይነት የስነ-ልቦና ህክምና ያወቃሉ?
3. እርስዎም የስነ-ልቦና ህክምና ተጠቃሚ እንደመሆንዎ መጠን ህክምናዎ ለችግርዎ መፍትሄ ሰጥቶዎታል?
4. ህክምናዎን ከመወሰድህ/ሽ በፊት ከህክምናዎ ምን አይነት አገልግሎት አገኛለሁ በለህ/ሺ ታስብ/ቢ ነበር?
5. ከህክምናዎ ጠብቀህ/ሺ ያላገኘኸው/ሺው አገልግሎት ካለ ብትገልፅልኝ/ብትገልጫልኝ?
6. የህክምናዎ አገልግሎት በጤናህ/ሺ ላይ ያመጣዉን ለዉጥ ብትገልፅልኝ/ብትገልጫልኝ?

Minutes of the Ethical Review Committee

Date: March 22, 2017

Time: 2:30

Members present

1. Mr Tolosa Fanta Chairperson

2. Mr Dese Abebaw Secretary

3. Mr Tesealem Araya Member

Agenda:

Evaluation and deciding whether the project proposal **Exploring the perception of people with substance related disorder towards psychotherapy** The Case of Amanuel Mental Health Specialized Hospital, Addis Ababa”

Presented by:- Tringo Cheru

After deliberations, the Ethical Review Committee accepted the proposal to be ethically sound, and could be undertaken in the hospital.