



COMPARATIVE EFFECT OF ACCEPTANCE AND COMMITMENT THERAPY (ACT) AND PSYCHO-EDUCATION ON REHABILITATION OF PATIENTS SUFFERING WITH PSYCHOACTIVE DRUGS IN A TEACHING HOSPITAL IN NIGERIA

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Abstract

The study examined the comparative effect of acceptance and commitment therapy and psycho-education on rehabilitation of patients living with psychoactive drugs in NnamdiAzikiwe University Teaching hospital Nnewi- Anambra State. The participants for the study comprised 60 patients (50 males and 10 females) that were diagnosed patients living with psychoactive drugs that were selected from the pool of 71 patients that attend both in patients and out patient's clinic NAUTH- Nnewi in Anambra State. Their age ranged from 18 to 50 years old with the mean age of 34 and standard deviation of 7.93. The participants met the clinical impression or criteria of substance abuse disorders as diagnosed by the psychiatrist employed by the hospital. The instruments administered on them include acceptance and action questionnaire-1 (AAQ-) and (AAQ-2). The study was an experimental study and pre-test-posttest between subject design. One way ANOVA and independent T-test of related measure were employed as the statistical tool for data analyses. The result showed that patients who received acceptance and commitment therapy and psycho-education show significant lower symptoms than the control group. Therefore, the first and second hypotheses were confirmed. The third hypothesis was also confirmed which showed that patient living with psychoactive drugs who receive acceptance and commitment therapy show significant lower symptoms when compared with those who received psycho-education and the fourth hypothesis was confirmed which showed that acceptance and commitment therapy when compared with psycho-education therapy will reduce symptoms of those patients living with psychoactive drugs. In line with these findings, it implies that ACT is more effective than psycho-education in the treatment of patients living with psychoactive drugs. Therefore, this study recommends that ACT should be employed by the Clinical Psychologists or Psychotherapists in the treatment of patients living with psychoactive drugs. Suggestions for further studies were also made.

Keywords: Acceptance and Commitment Therapy, Psycho-education, Psychoactive Drugs



Introduction

Suffering from addiction to psychoactive drugs is believed to be the most devastating health problem prevalent across the globe (Lencht, Komossa and RummelKluge, 2009). This is because psychoactive drugs such as Alcohol, Heroin, Cocaine, Cannabis, Amphetamines, Opium, Valium and Librium have caused more harm than good in many societies. However, the use of drug therapeutic approach on rehabilitation/treatment of patients suffering from addiction to psychoactive drugs have yielded admirable results over the years, but it is obvious that this method alone cannot be relied upon for complete recovery of patients without the administration of psychotherapy. Indeed many researchers have documented strong evidence that support this observation. According to Rector (2004), one fourth to half of the psychotic patients who have adhered to the drug treatment, still have significant difficulty adjusting fully to the environment. Also, evidence abounds that a good number of patients treated with antipsychotics alone without psychotherapy experience relapse after treatment (Gould, Mueser, Bolton, Mays & Goff, 2005).

Thus, psychoactive drugs interact with the central nervous systems, the hormones and neurotransmitters in the way that they produce changes in the mood, consciousness, perceptions and behaviour in the patients suffering from addiction to psychoactive drugs. Research has shown that non adherence to the prescribed drugs or medical treatment of patients' addiction to psychoactive drugs with their different disorders constitutes a major problem in the mental health sector (Dilla, Cuidad & Alvarez, 2013). Demoz and colleagues (2014), proposed that non adherence rates among patients suffering from addiction to psychoactive drugs ranged between 30 to 65% while in a review of studies published in 1980 and 2000, Lacro, Dunn, Dolder, Lackband and Veste (2002) reported that non adherence frequency of 40.5% are among patients suffering from addiction to psychoactive drugs (Cocaine in quote).

According to World Health Organization (WHO 2011) report, over 20 millions of people globally are suffering from addiction to psychoactive drugs and they are aged mainly from 18-59 years but one in two people suffering from addiction to these drugs do not receive



medical care for the condition. Lavretsky (2008), confirmed that the social and economic impact of it in the society and families are enormous. In the Global Burden of the diseased study, people suffering from addiction to psychoactive drugs accounted for 3.4% of the total Diseased Adjusted Life Years (DALY'S). In African region, people suffering from addiction to psychoactive drugs accounted for 0.5% of total DALY's (WHO, 2011).

Indeed, the application for the use of Acceptance and Commitment Therapy (ACT) and Psycho-education Therapy have been recommended as more effective than the use of other therapies in treating patients suffering from addiction to Psychoactive drugs. The idea was buttressed by the Association of Acceptance and Commitment Therapies (AACT-2010) and Association of Behavioural and Cognitive Therapies (ABCT-2015) inclusively; effective psychosocial treatment like Acceptance and Commitment Therapy (ACT) is needed to compliment drug interventions for psychiatric symptoms (Bieling, McCabe & Antony, 2006).

ACT is a form of Psychotherapy commonly described as a form of Cognitive Behavioural Therapy (CBT) or approaches to counseling. The psychotherapy was established in 1985 by Stephen C. Hayes, but was built up into modern form in the late 1990s by Robbert Zettle. The objective of ACT is not only elimination of difficult feelings but, also to be presented with what life brings about and to move towards valued behaviour because it is an action oriented therapy. According to McCabe and Antony (2003), ACT cannot invite people to open to unpleasant feelings and learn not to over react to them and not avoiding situations where they are involved because feeling better leads understanding of the truth. ACT challenges clients to accept their thoughts and feelings and still commit them into action or change. It is an effective model for life coaching, solving problem of addiction and similar treatment like CBT, it helps people to control their thoughts, feelings, memories and other private events and judgments and their personal values and to take action on them and bring them into vital meanings in their life.

According to Hayes and Zettle (1999), ACT is the type of therapy that is based on a respond to life event through combination of cognitive, affective and behavioural responses. The cognition involves how the individual perceives and interprets meanings



to events. These perceptions interact with environmental factors that often lead to maladaptive behaviours because of misinterpretations or misperceptions of events. Hayes and Zettle (1990), also confirmed that ACT is an action oriented therapy. It is all effectively used to treat work place stress, test anxiety, social anxiety disorder, compulsive disorder and drug addiction. It focuses on resolving emotional, cognitive and behavioural problems in Clients which includes being mindful to your behaviour, pay attention to the present values and commit them into action by taking steps to change your behaviour and also accept psychological experience from the therapist, then the clients can eventually change their minds towards the illness after receiving the Psychotherapy.

According to Hayes, Strosahl and Wilson (2012) ACT main objective is not eliminated of difficult feelings, rather it is to be present with what life brings us about and to move towards valued behaviour. ACT's goal is not changing cognitions or assumptions alone as CBT does, but it goes with mindful tolerance and acceptance of cognitions and symptoms (Arch & Caske, 2008) Acceptance and Commitment Therapy (ACT) commonly employs six (6) components are creative hopefulness, problem of control, willingness, self as distinct from private events, values and commitment. The goal of ACT is to dispute irrational/faulty interpretations of the patients towards their illness and to help the patients modify their beliefs of maladaptive behaviours and emotions. Hayes emphasizes the negative role of dysfunctional cognitions in clinical beings and stated that prevention from indulging in irrational beliefs would improve people's ability to direct their energy towards self-actualization.

Psycho-education is another form of psychotherapy used in the study. Psycho-education refers to the process of providing education and information to those seeking or receiving mental health services, such as people diagnosed with mental health conditions or life threatening illness such as patients suffering from addiction to psychoactive drugs and their family members. Chagani (2005), stressed that psychotherapy is beneficial to schizophrenia and other patients suffering from addiction to psychoactive drugs. Patients suffering from addiction to Psychoactive drugs suffer from disturbances of thinking, perception, affect, maladaptive behaviour and cognitive impairment, brain disorder-



characterized by symptoms of hallucinations, delusions, disorganized thought/communication, poor planning, reduced motivation and blunted affect (McGrath, Saha, Welham, Saadi, Mac Lauley and Chant, 2004). Psycho-education provides more information and support to better understanding or to cope with the illness in order to help a person change and overcome problems in a desired ways.

Psycho-education, according to Anderson et al (1900), is describe a behavioural therapeutic concept consisting of four (4) elements, briefing the patients about their illness, problem solving, training, communication training and self-assertiveness training, where by relatives were also included. Psycho-education comprises systemic, didactic- psychotherapeutic interventions, which are adequate for informing patients and their relatives about the illness and its treatment, facilitating both an understanding and personally responsible handling of the illness and supporting those afflicted in coping with the disorder. The roots of Psycho-education are to be found in behavioural therapy, although current conceptions also include element of client centered therapy in various degrees.

Within the frame work of Psychotherapy, Psycho-education refers to the components of treatment where active communication of information, exchange of information among those afflicted and treatments of general aspect of the illness are prominent. Psycho-education therapy implores its effectiveness in the treatment of serious illness such as Dementia, Schizophrenia, Clinical depression, anxiety disorders and personality disorders and it is used in this study to treat patients suffering from addiction to psychoactive drugs.

Psycho-education is a paradigm in which the patients are taught about the illness, the causative factors, and preventive measures, side effects of psychoactive drugs and symptoms of relapse. Psycho-education is programmed for patients and their families, caregivers that are aimed at coping with illness or have been shown to improve adherence, reduce substance abuse, reduce relapse and shorten hospital durations (Cassidy Hill & O' Callagham, 2001). It shows that increased in knowledge enables patients with values (patients suffering from addiction topsychoactive drugs) to cope



more effectively with their illness. Psycho-educational interventions involved interaction between the information provider and mentally ill person (Xia, Merinder&Belgamwar, 2011). According to Barbui& Tan Sella (2003) opined that clients who understand their illness medications and treatment expectations are consistently demonstrating better adherence to treatment.

According to Nwankwo (1995) Psycho-education is the process whereby correct and quantum information is provided to a client/patient by the therapist concerning his or her problem area arising from lack of information, in order to allay his or her fears and build confidence in him .

Based on these assumptions, the present study is aimed at comparing the effect of Acceptance and Commitment Therapy (ACT) and Psycho-education on rehabilitations of patients suffering from addiction to Psychoactive drugs in NAUTH-Nnewi in order to evaluate the extent or usefulness to which Acceptance and Commitment Therapy (ACT) and Psycho-education will help in rehabilitation of the patients by comparing the effects of both of them in the treatment modalities.

Theoretical Framework

This study was anchored on the behaviour theory. The model assumed that behaviour, including its acquisition, development, and maintenance, can be adequately explained by principles of learning. Behaviour theory, attempts to describe the general principles of behaviour, often deriving these laws from control studies of animal behaviour, such as the Operant theory by B.F. Skinner, as well as contemporary approaches to behaviour. Also are called general behaviour theory. The tenet of this perspective is based on the effect of reward and punishment in pursuit of a goal of prediction and control of behavior. Reviewed under this study include how reducing positive reinforcers and stressful life events may come to serve as possible link for the explanation of the presence problems, symptoms of patients suffering from addiction to psychoactive drugs. As such, the application of Acceptance and Commitment Therapy (ACT) or Psycho-education have come to break this link and foster effective living of patients suffering from addiction to Psychoactive drugs.



Behaviourist have tried to explain that patients living with psychoactive drugs have developed it through Operant conditioning. According to Ulmann and Krasner, (1975) they conducted a research titled behaviour influence and personality. The participants for the study were 30 clients, made of 25 males and 5 females, their age ranged from 20 to 50 years. Convenience sampling method was used for the selection of the participants. The statistics used in the finding of the study was independent T. test of related measure and one way ANOVA.

From their findings, they concluded that most people learn what stimuli to attend to in the social environment through another person's face, about what that person is saying or doing through experiences in which they attend to these stimuli and they are rewarded for doing so. But people suffering from addiction to psychoactive drugs did not receive this basic training because of inadequate information. As a result, they attend to irrelevant stimuli in the environment such as taking Psychoactive drugs: Cocaine, heroin, Cannabis etc because they do not know what is socially acceptable or side effects of their negative action. Therefore it is clear that behavioural techniques through the application of Acceptance and Commitment Therapy and Psycho-education Therapy can help patients suffering from addiction to psychoactive drugs to learn more socially acceptable ways of interacting with others. Also According to Braginsky and Ring, (1969) by using behavioural techniques patients are encouraged to do some activities that will help them overcome anxieties through learning, in addition J.B Waston, (1913) had argued that abnormal behaviour was learned in much the same manner as normal behaviour. The assumption of learning by behaviour theorist in this instance, patients living with psychoactive drugs have been much influenced by their role models who are drug addicts.

Research Questions

1. Will patients suffering from addiction to psychoactive drugs who have received Acceptance and Commitment Therapy show significantly lower symptoms than the control group?



2. Will patients suffering from addiction to psychoactive drugs who have received psycho-education show significantly lower symptoms than the control group?
3. Will patients suffering from addiction to psychoactive drugs who have received Acceptance and Commitment Therapy show significantly lower symptoms when compared with those who have received psycho-education?
4. Will patients suffering from addiction to psychoactive drugs who received psycho-education show significantly lower symptoms when compared with those who received Acceptance and Commitment Therapy (ACT)?

Research Hypotheses

1. Patients suffering from addiction to psychoactive drugs who received Acceptance and Commitment Therapy (ACT) will show significantly lower symptoms when compare to the control group.
2. Patients suffering from addiction to psychoactive drugs who received Psycho-education therapy will show significantly lower symptoms when compare to the control group.
3. Patients suffering from addiction to psychoactive drugs who received Acceptance and Commitment Therapy (ACT) will show lower symptoms when compare with those who received Psycho-education.
4. Patients suffering from addiction to psychoactive drugs who received Psycho-education will show significantly lower symptoms when compare with those who received Acceptance and Commitment Therapy (ACT) alone.

Materials and Methods

Participants Sixty participants (50 males and 10 females) that were diagnosed patients living with psychoactive drugs were selected from the pool of 71 patients that attend the outpatient/inpatient clinic in NnamdiAzikwe University Teaching Hospital Nnewi in Anambra State. Convenience sampling was used to select participants; hence any patient that was willing to participate in the study was engaged. A total of 60 patients folders were selected from the General Outpatient Department (GOPD) of the hospital with the assistance of the HOD medical records. The participants comprised of 50 males and 10



females, aged from 18 to 50 years old with the mean age of 34 and standard deviation of 27.4. The participants met the DSM 5 diagnostic criteria for substance use disorders as they were dilly diagnosed by the psychiatrist employed by the hospital.

Instruments The instrument used in this study was **Drug Abuse Screening Test (DAST)**.

The DAST was developed by Gavin, Ross, and Skinner, (1989) to provide a brief instrument for clinical screening and treatment evaluation research. The DAST is a 20-item screening

instrument designed to identify individuals who have a drug abuse problem (excluding alcohol). It includes some features of the dependence syndrome such as inability to abstain, withdrawal symptoms and a range of social and emotional problems associated with drug misuse. It also covers the use of drugs, physical and medical complications, emotional and personal problems arising from drug use in the preceding 12 months. Respondents are required to answer either YES or NO to each of the items. The DAST is scored by adding the number of items indicating drug use problems. "No" responses to items 4 and 5 indicate problems with drug use so are scored 1. Gavin, et al. (1989), reported a high degree of internal consistency (coefficient alpha = .92) and factor analysis of the DAST item inter-correlations have been interpreted as providing evidence that it measures a single dominant dimension of problems associated with drug abuse (Skinner, 1982). Scores on the DAST are highly correlated with the frequency of use for a range of drugs including cannabis, barbiturates, amphetamine and opiates other than heroin (Skinner & Goldberg, 1986). The sensitivity and specificity of the DAST was evaluated by Gavin et al. (1989). Using the Diagnostic Interview Schedule, subjects were classified according to the presence or absence of any current DSM-III drug disorder (excluding alcohol and tobacco). The DAST attained 85% overall accuracy in identifying subjects who met DSM-III diagnosis; maximum sensitivity (96%) was obtained with a cut-off score of 6 to 7. The present study report a Crobach alpha of .84.

Procedure The researchers approached the management of NnamdiAzikiwe University Teaching Hospital NAUTH Nnewi- Anambra State with a letter of identification from the



Department of Psychology, Faculty of Social sciences, NnamdiAzikiwe University, Awka. After prescribed protocol, the researchers obtained an ethics Committee approval to carry out the study in the hospital. Once permission was granted, the researchers engaged a Psychiatric Nurse in the mental health clinic and Matron in the GOPD of the hospital to assist in the study. Prospective participants were reached, information regarding the study was discussed with them (patients) and those who consented to participate in the study were then listed. Participants were informed that the study and treatment was about the status of their health and they were assured of confidentiality. They were also informed of their right to withdraw at any time.

The Psychotherapies (ACT and Psycho-education) were administered by a qualified Clinical Psychologist in the hospital while trained Psychiatric Nurse in the mental health clinic and the researchers monitored the treatment progress. This was done to control experimenter bias. The participants were assessed to determine the severity of the symptoms prior to treatment. This served as pretest measure.

The participants were assigned to three (3) groups of 20 participants each. Group 1 received Acceptance and Commitment Therapy (ACT). Group 2 received Psycho-education and Group 3 received no psychological treatment (control group). The therapy sessions was twice a week Mondays and Thursdays and lasted for one hour per session and this lasted for 10 weeks and it is 2 sessions per week, making a total of 20 sessions. At the end of the 10 weeks the patients were reassessed to determine the severity of the symptoms. This serves as posttest.

Design/Statistics

The research was an experimental study. The design was pretest- posttest between subject design while the statistics was independent T- test of related measure and one way ANOVA were applied. This is because two treatment groups (ACT and Psycho education) were tested against a control group.

The summary time table of the therapy sessions are shown below:



Summary time table of therapy sessions

WEEKS	DATE	THERAPY	TOPIC	PERIODS/ SESSIONS
Week 1	Mon. 8 th Jan, 2018	ACT	General introduction of ACT and medical history of patient's illness	8.00am-9.00am
	Thurs.11 th Jan 2018	PSYCHOEDUCATION	General introduction of psycho-education and medical history of patient's illness	8.00am-9.00am
Week 2	Mon. 15 th Jan, 2018	ACT	Using creative hopelessness of ACT	8.00am-9.00am
	Thurs.18 th Jan 2018	PSYCHOEDUCATION	Psycho-education on psychoactive drugs to CNS	8.00am-9.00am
Week 3	Mon. 22 nd Jan, 2018	ACT	Using willingness of ACT	8.00am-9.00am
	Thurs.25 th Jan 2018	PSYCHOEDUCATION	Treatment options and drug adherence counselling	8.00am-9.00am
Week 4	Mon. 29 th Jan, 2018	ACT	Using role playing of CT and problem of control	8.00am-9.00am
	Thurs 1 st Feb 2018	PSYCHOEDUCATION	Relapse prevention	8.00am-9.00am
Week 5	Mon. 5 th Feb, 2018	ACT	Interpersonal skills training and conversation/communication	8.00am-9.00am
	Thurs 8 th Feb 2018	PSYCHOEDUCATION	Training in relaxation	8.00am-9.00am
Week 6	Mon. 12 th Feb 2018	ACT	General introduction of ACT and medical history of patient's illness	8.00am-9.00am
	Thur. 15 th Feb 2018	PSYCHOEDUCATION	General introduction of psycho-education and medical history of patient's illness	8.00am-9.00am
Week 7	Mon. 19 th Feb 2018	ACT	Using creative hopelessness of ACT	8.00am-9.00am
	Thur. 22 nd Feb 2018	PSYCHOEDUCATION	Psych education on psychoactive drugs to CNS	8.00am-9.00am
Week 8	Mon. 26 th Feb 2018	ACT	Using willingness of ACT	8.00am-9.00am
	Thur. 1 st Mar 2018	PSYCHOEDUCATION	Treatment options and drug adherence counselling	8.00am-9.00am
Week 9	Mon. 5 th Mar 2018	ACT	Using role playing of CT and problem of control	8.00am-9.00am
	Thur. 8 th Mar 2018	PSYCHOEDUCATION	Relapse prevention	8.00am-9.00am
Week 10	Mon. 12 th Mar 2018	ACT	Interpersonal skills training and conversation/communication	8.00am-9.00am
	Thur. 15 th Mar 2018	PSYCHOEDUCATION	Training in relaxation	8.00am-9.00am
Total =10 weeks	2 months and 2 weeks	2 Therapies		20hrs or 20 sessions



Research Findings/Results

Table I: Summary of the mean and standard deviations of all the treatment conditions pretest and post test

	N	Mean	Std. Deviation	Std. Error
Control Group Pretest	60	16.06	3.03	.34
Control Group Posttest	58	15.87	2.66	.31
ACT Pretest	55	17.73	4.29	.50
ACT Posttest	30	11.63	1.03	.92
Psycho Education Pretest	50	18.64	4.64	.56
Psycho Education Posttest	35	13.97	2.43	1.09
Total	288	17.24	4.33	.22
Model				
Fixed Effects			4.17	.22
Random Effects				.60

Table II: Summary of the Result of Anova

		Control Group	16.0641	.34496	6.663	.001
Control Group	Control Group	Pretest				
	Control Group	Posttest	15.8684	.30513		.001
ACT	ACT	Pretest	17.7260	.50162		.002
	ACT	Posttest	11.6333	.92162		.007
	Psycho Education		18.6429	.55506		.003
Psycho Education	Psycho Education	Pretest				
	Psycho Education	Posttest	13.9714	1.08658		.000

Table III: Summary of the Result of t-test

One- sample Test

	Test Value = 0					
				95% Confidence Interval of the Difference		
	T	DF	Sig. (2-tailed)	Mean Difference	Lower	Upper
ACT	6.02	55	.001	13.01	32.11	72.23
Psycho Education	6.123	50	.001	10.330	25.3368	82.6632
Control Group	5.992	58	.001	11.110	39.3368	92.00



From the analysis above, it shows that the probability value (0.001) is less than the alpha value (0.05), the researcher therefore conclude that patients suffering from addiction to psychoactive drugs cannabis who received acceptance and commitment therapy show significant lower symptoms than the control group. Therefore, the hypothesis one was confirmed at $p < .05$. Also from the analysis it shows that for every unit increase in acceptance and commitment therapy the symptom decreases.

The analysis above shows that the probability value (0.003) is less than the alpha value (0.05), the researcher therefore conclude that patients suffering from addiction to psychoactive drugs who received psycho education show significant lower symptoms than the control group. Therefore, the hypothesis two was confirmed at $p < .05$.

The analysis above shows that the probability value (0.007) is less than the alpha value (0.05), the researcher therefore conclude that patients living with psychoactive drugs who received acceptance and commitment therapy show significant lower symptoms when compared with those who received psycho education. Therefore, the hypothesis three was confirmed at $p < .05$.

From the analysis in the table above, it shows that the probability value (0.002) is less than the alpha value (0.05), the researcher therefore conclude that acceptance and commitment therapy when compared with psycho education therapy will reduce symptoms of those patients suffering from addiction to psychoactive drugs. Therefore, the hypothesis four was confirmed at $p < .05$.

Discussion

The present study investigated the effects of Acceptance and Commitment therapy (ACT) and Psycho education on patients suffering from addiction to psychoactive drugs. The first hypothesis confirmed that patients suffering from addiction to psychoactive drugs who received ACT manifested lower symptoms when compared to the control group. This implies that ACT as a Psychological treatment paradigm was very effective in reduction of symptoms among patients living with psychoactive drugs. This is due to the cognitive restructuring of their irrational beliefs and replacing them with more moderate and functional beliefs or rational alternative, through logical in their pattern of thinking and



administration of ACT. It made them to evaluate their problems and make a better decision. This result was achieved because patients were encouraged to develop rational patterns in steady of negative beliefs system; and also due to good therapeutic relationship between the patients and the researcher during the sessions, improving their quality of living was successful.

The second hypothesis of this study was also confirmed that patients who received psycho education manifested lower symptoms than the control group. This implies that the application of psycho education on them on the causative factors of their illness and treatment modalities, drug adherence counseling relapse awareness and prevention were very essential and effective in the treatment process during the sessions, a basic knowledge of adjustment in life and living a balanced and positive life. This is in line with the following works by Abbadi (2005), Agara&Onibi(2007) and Matsud& Kohn(2016). They are all of the view that psycho educational approaches which stem from behavioural theory are useful in the treatment of patients, since it involves learning which is a relatively permanent change in behaviour. It implies that negative behaviours are unlearned and replaced with positive alternatives to enhance stable psychological health of the patient. It is also in line with the ecological theory that deals with prevention and early intervention of an illness because once the environment is modified, the human behaviour is virtually empowered to provide remediation services. Patients who are exposed to effective teachings and behaviour management strategies are likely to maintain good interaction with people in the society, maintain good hygiene, normal eye contact or gaze and normal voice tone even in the face of illness.

The third hypothesis confirmed that patients who receive Acceptance and Commitment therapy show significantly lower symptoms when compared with those who received psycho education. This strongly suggested that the treatment paradigms of ACT is more effective in reducing symptoms of patients suffering from addiction to psychoactive drugs than the psycho education. The effectiveness of it is traceable to its cognitive and behavioural components where irrational taught is being identified and replaced with new rational taught and thereby reducing the effectiveness of psycho education in this



study. According to (Rai, Sinah, Kumar, Munda and Das, 2011) Acceptance and Commitment therapy is an indispensable adjunctive psychotherapy in the field of psychological health and effective in reducing symptoms among patients suffering from addiction to psychoactive drugs (especially cannabis).

Implications of the study

Theoretically, this study has added to the body of knowledge on the effectiveness of ACT on the treatment paradigm in our culture and hospital settings. Clinical Psychologists should learn the techniques involves in ACT to ensure maximum wellbeing of patients to avoid relapse and ensure drug adherence. Some mental health service should also encourage and integrate it into their unit, since the therapy (ACT) has been proven to be effective in reducing symptoms among patients suffering from addiction to psychoactive drugs and be inculcate in the health sector for improving mental health regulations and services to the patients.

Conclusion and Recommendations

The study examined the effect of Acceptance and Commitment Therapy (ACT) and Psycho education on rehabilitation of patients suffering from addiction to psychoactive drugs. Fours hypothesis were tested. Patients who received Acceptance and Commitment Therapy (ACT) will show significantly lower symptoms when compared with control group. Also patients who received psycho education will show significantly lower symptoms when compared with the control group. Patients who received Acceptance and Commitment Therapy (ACT) will show significantly lower symptoms when compared with those who received psycho education. Therefore, ACT is more effective because patient who received ACT showed significantly lower symptoms when compared with those who received psycho education. The result revealed that ACT plays more effective role than psycho education in reductions of symptoms among patients suffering from addiction to psychoactive drugs. This may contribute in better understanding and treatment of reduction of symptoms in our society. Also, it will help people to understand



that ACT and psycho education are beneficial to the holistic mental health of an individual. Finally it is expected that this research will encourage researchers to explore, the effectiveness of other psychotherapies on the reduction of symptoms among patients. Acceptance and Commitment therapy (ACT) should be employed by the Clinical Psychologists or Psychotherapists in treatment of patients suffering from addiction to psychoactive drugs in the hospital settings. It is recommended that Clinicians must be trained and retrained to be administering ACT to their patients suffering from addiction to psychoactive drugs. It is also recommended that more research should be conducted in other settings with the different patients in finding out solution for different psychological problems. Acceptance and Commitment therapy (ACT) is recommended as an in-dispensable adjunctive psychotherapy in the field of mental health clinic.



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