Mentalization-Based Group Therapy Intervention for Males with Amphetamine Dependence: A Quasi-Experimental Study

Kraiwut Srijan, Vineekarn Kongsuwan,* Treenut Pummanee

Abstract: Thailand is a country with a high proportion of methamphetamine substance abuse users, and the trend is increasing. Methamphetamine is a highly addictive stimulant affecting the central nervous system. Amphetamine addicts are mostly male. Amphetamine addiction is a serious problem often caused by poor attachment in childhood, leading to stress and anxiety, and therefore requires special therapy. A psychotherapy program using mentalization-based group therapy was undertaken in our quasi-experimental study. Programs like this have met with success in several countries. We aimed to test the effectiveness of mentalization-based group therapy on the sense of coherence and self-care behavior among males undergoing recovery from amphetamine dependence at two substance rehabilitation hospitals in southern Thailand. One hospital was the experimental setting, and the other was the control setting. The participants from the two settings were purposively selected and matched by age. The experimental group (n = 32) received the program, and the control group (n = 32) received only usual care. Instruments used for the data collection were a Demographic Data Form, the Sense of Coherence Scale, and the Self-care Behavior Scale. The data were analyzed using descriptive statistics, Chi-square statistics, paired t-tests, and MANCOVA.

Results revealed that after receiving the program, the mean scores in the experimental group's sense of coherence and self-care behaviors were significantly higher than before the program and those of the control group. Advanced practice nurses with special training can apply this program among males with amphetamine dependence. However, comparing the changes in the sense of coherence and self-care behaviors with a longer follow-up is recommended for further study.

Keywords: Amphetamine dependence, Mentalization-Based Group Therapy, Methamphetamine, Substance addiction, Substance rehabilitation, Thailand

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Introduction

Substance addiction is globally recognized and is a rapidly growing issue. Thailand is experiencing a high prevalence of amphetamine addiction reaching up to 79.20% of individuals undergoing treatment within medical departments from 2020 to 2022.[1] The total numbers were 5,188, 4,140, and 6,106 cases respectively.[2] The number is escalating due to both internal and external factors.[3,4] Two internal factors which have significant implications on individuals, families, and societies are a weak sense of coherence[5] and impaired self-care behaviors.[6]

Current approaches to treating amphetamine addiction encompass pharmacological interventions to alleviate symptom withdrawal and psychosocial

rehabilitation for patient management.[12,13] Thailand has adopted the FAST Model for substance addiction rehabilitation; however, there are still limitations, such as the lack of emotion management components and therapeutic techniques integrated, which are not varied enough.[14] In accordance with the previous studies,[15] it was found that there is no single method of treating substance addiction that can lead to permanent cessation; therefore, it is necessary to employ diverse approaches. Additionally, it was noted that the treatment methods used in Thailand do not primarily focus on fostering psychological awareness and emotions but rather emphasize behavioral changes alone.[16]

Hence, the case can be argued that rehabilitation should emphasize the creation of awareness of mental states and emotions using specialized programs like Mentalization-Based Therapy (MBT),[17,18] which aids in restoring awareness of a sense of coherence and enhancing self-care behaviors.[16,19] Based on the literature, there have been limited studies in Thailand exploring MBT in individuals with amphetamine dependence. Thus, this study not only applied MBT[17,18] for persons with amphetamine dependence rehabilitation in Thailand but also lead to an innovative and effective treatment to foster SOC and promote improved self-care behaviors.

Literature Review and Conceptual Framework

This study was guided by the Mentalization-Based Therapy (MBT) framework[17,18] and a literature review.[20,21] MBT was developed by Bateman and Fonagy,[17,18] suggesting that the development of robust and balanced mentalizing depends on whether the caregivers adequately understand the young child's mental state. Secure attachments create a warm and safe feeling, while insecure attachments can lead to impaired emotional perception and an imbalanced understanding of mental states and emotions.[17] This is especially relevant for individuals with amphetamine addiction who lack awareness of their mental states and emotions and exhibit deficits in interpersonal skills and emotional regulation.[18] Therefore, in addressing these issues, the focus should be on enhancing effective awareness of mental states and emotions through MBT rehabilitation. Previous studies applying the MBT can help participants develop an awareness of their emotions by changing the meaning of emotions and feelings in response to events.[16,19,21] This leads to appropriate emotional expression and a better understanding of their own and others' emotions, as well as self-awareness of what causes their substance use, and how they can deal with problems effectively. As a result, a higher level of SOC and appropriate self-care behaviors can eventually be achieved.[22]

As stated earlier, the SOC comprises three components: comprehensibility, manageability, and meaningfulness.[8] A SOC refers to an individual's ability to perceive events as meaningful, valuable, and manageable through internal resources.[8] It is closely related to substance abuse patterns and emotional perception.[9] A high SOC empowers individuals to perceive emotions, confront problems, and maintain adequate well-being effectively. These components are essential for promoting individuals to perceive their self-value and the meaning of events. This encourages them to understand events thoroughly and sort out suitable methods to cope with problems following social contexts.[9] Participants with a higher level of SOC are more capable of understanding their mental states and emotions and appropriately facing challenges without resorting to substance abuse.[5,9,22]

Self-care behavior is the ability of an individual to take care of oneself, and every individual possesses the capability, resources, and potential for self-care.[23] Literature reviews relevant to self-care behaviors among persons with amphetamine dependence have found these behaviors can be divided into five dimensions: physical, emotional, problem-solving, self-awareness, and social role.[7,10,11] These behaviors are essential for

people with amphetamine dependence to maintain their health, happiness, and well−being. Inappropriate self−care behaviors among those with amphetamine dependence play a crucial role in substance use.[5] Studies indicate deficits in physical self−care, self−awareness, emotional regulation, problem−solving, and social role functioning among people with substance dependence.[7,10,11] These deficits prevent an individual from engaging in health−promoting activities and steer one toward substance reliance.[6] Therefore, appropriate self−care behaviors are vital for enabling those with amphetamine dependence to adapt, understand their own and others' emotional states, and manage emotions effectively without resorting to substance abuse. Therefore, enhancing appropriate self−care behaviors in all these aspects can lead to a more fulfilling life in society without being entangled with substance abuse.

In conclusion, the Mentalization−Based Group Therapy program emphasizing the awareness of mental states and emotions aims to address the mental health and well−being among people with amphetamine dependence. This program provides a framework and processes to create effective awareness in various dimensions. This leads to a better understanding of mental states and emotions for oneself and others, effective interpersonal interactions, and the ability to cope with problems using internal resources that align with the situations and contexts of society. As a result, a higher level of SOC and appropriate self−care behaviors can eventually be achieved.

Study Aim and Hypothesis

The aim of this study was to compare sense of coherence (SOC) and self−care behavior between the experimental group who received the Mentalization−Based Group Therapy program (MBGT) and the control group who received only usual care (the FAST Model). The following hypothesis was set: participants in the experimental group who received the MBGT program would have higher SOC and self−care behavior than those in the control group.

Methods

Design: This study employed a quasi−experimental pretest−posttest control group design. This report followed TREND statement checklist for nonrandomized controlled trials.

Sample and Setting: The study was conducted in the rehabilitation wards of two substance rehabilitation hospitals in Southern Thailand. The inclusion criteria of the participants were: 1) males aged 18−59 undergoing rehabilitation, 2) having a SOC score below 74.50, 3) having a low to moderate self−care behavior score (25−110), 4) having the ability to communicate in Thai, and 5) participating only in the FAST model rehabilitation program. The exclusion criteria were: 1) having complications necessitating hospitalization during the study and 2) being unable to participate in the program consistently.

The sample size was calculated using G*Power software.[35] A participant size of 54 was determined with a power of 0.90 and an alpha of 0.05, assuming an effect size of 0.82. To account for potential attrition, the final participants were increased to 64 and divided equally into an experimental group and a control group by matching them in pairs based on age, resulting in 32 pairs.

Sampling: Two hospitals in the southern region specializing in drug addiction and offering inpatient treatment and rehabilitation were purposively selected by primary investigator (PI), one for the experimental group and the other for the control group. Out of 130 eligible potential participants in the experimental setting, 78 did not meet the inclusion criteria, which made the 52 remaining. Out of 60 eligible potential participants in the control setting, 27 did not meet the inclusion criteria, which made up the 33 remaining participants. Then they were matched in pairs based on ages ranging from 19−46, resulting in 32 pairs.

Ethical Considerations: This study received ethical approval from the Social and Behavioral Sciences Institutional Review Board Committee, Prince of Songkla

University (PSU IRB 2023 – St – Nur – 002) on 22 February 2023. Additionally, the rights of participants were safeguarded through confidentiality and anonymity. Care and assistance were provided by the research team in case the participants experienced any physical or psychological discomfort. The participants were assured of their right to withdraw from participation without any repercussions. The research findings are presented only in an overall context without the identification of participants.

Instruments: The instruments used in this study were divided into two parts: four instruments for data collection and the Mentalization-Based Group Therapy Intervention.

A Demographic Data Form: a self-administered questionnaire with multiple-choice questions and fill-in-the-blank answers, which included gender, age, marital status, and occupation.

The Sense of Coherence Scale (SOC): was translated from the original scale by Antonovsky by Hanucharurnkul[36] and modified by Polkla[26] to assess the sense of coherence. It was used in this study with permission to modify. The scale comprises 24 items using a Likert scale ranging from 1 to 5, where 1 is 'least likely,' and 5 is 'most likely.' The interpretation of the scale yields two levels: a high sense of coherence (with a score greater than or equal to 74.5) and a low sense of coherence (with a score less than 74.5). The total score ranges from 24-120, with higher scores indicating higher SOC. Cronbach's alpha reliability was 0.93 in the pre-test, with 30 participants having characteristics similar to the participants and 0.87 in the actual study.

The Self-care Behavior Assessment Inventory: This was adapted from the Self-As-Care Inventory Thai Version-SCIT developed by Isaramalai[27] with permission from the developer to modify it. It comprises of 25 items with a 6-point Likert scale ranging from 1 to 6, where 1 is 'least realistic' and 6 is 'the most likely.' The interpretation categorizes the scores into three levels: low self-care behavior (25-67), moderate self-care behavior (68-110), and high self-care behavior (111-150). The total score ranges from 25-150, with higher scores indicating higher self-care behaviors. The Cronbach's alpha reliability of this modified version was 0.92 in the pre-test, with 30 participants having similar characteristics to the participants in the actual study and 0.83 in the actual study.

Mentalization-Based Group Therapy Intervention (MBGT)

The MBGT Program was developed by the PI based on MBT principles[17,18] and a literature review,[20,21] combining group-based activities which emphasize the perception of emotional states. This program is composed of five sessions delivered over two weeks: 1) Look into the Heart, 2) My Story of Events, 3) Acknowledging My Experiences, 4) My Perspectives and Choices, and 5) Effective Self-Management. The objectives and activities of each session reflect the MBT principles as shown in **Appendix, Table A1.**

Four experts—a psychiatric nurse, a psychiatrist, and a registered nurse with experience in amphetamine addict care—reviewed the program's content validity. Then, the program was revised according to the experts' comments. After that, it was implemented in a pilot study with eight participants in a substance rehabilitation hospital not included in the actual study, which resulted in an increased SOC and self-care behaviors.[3] After the pilot study, the program was adjusted and used in this actual study.

Usual Care: The Intensive Rehabilitation Program (the FAST Model), developed by Thanyarak Institute, Department of Medical Services, Ministry of Public Health,[34] is used in substance rehabilitation hospitals with all people with substance dependencies. This program focuses on patients' rehabilitation recovery to regain physical and mental strength. Family members are also engaged in the rehabilitation process.

Data Collection: Data were collected from February to April 2023. After obtaining Institutional Review Board (IRB) approval, the researchers requested permission to conduct the study in both rehabilitation hospitals. The PI explained the purpose, benefits,

research procedures and rights to the participants, who then signed the informed consent form. The PI who provided the intervention was a master's student in mental health and psychiatric nursing and was trained in MBT, theory for 20 hours and practice for 84 hours until they achieved competency to deliver the intervention. The PI trained two research assistants (RAs) to collect demographic data and administer the SOC and Self-care Behavior instruments to three people with drug addiction and with similar characteristics to the sample group to ensure their understanding and skills in the data collection process. The RAs did not know the status of the group. Demographic data were collected before starting the program; the SOC and self-care behaviors were collected before and immediately after the completion of the program.

Data Analysis: Data were analyzed using computer software. Before the analysis, preliminary tests of the MANCOVA were conducted, considering the test of equality of covariance matrices. The covariance matrices of the dependent variables were equal across the board, which was confirmed. Testing the null hypothesis that the residual covariance matrix is proportional to an identity matrix by Bartlett's test of Sphericity and found that all dependent variables are related to each other. These tests confirmed the data's suitability. Demographic data from people with amphetamine dependence were used to determine frequency distribution, mean, percentage, and standard deviation, and differences between participants' group characteristics were compared using the Chi-square test. The mean SOC and self-care behavior scores before

and after the program were compared using the paired t-test. The SOC and self-care behavior between the groups were compared using MANCOVA.

Results

Sociodemographic data of participants

No participants were lost during the study. As shown in **Table 1**, the age of the two groups were young adults, 19-30 years old; most were Buddhists, followed by Muslims respectively, single, unemployed, and had close and warm family relationships. When comparing all these demographic characteristics between the groups, there was no statistical significance.

Effectiveness of the MBGT

The results of the multivariate analysis of covariance (MANCOVA) show overall differences based on the independent variable of the instructional method effect and the two dependent variables while controlling the pre-SOC and pre-SCB. The Pillai's Trace was used to evaluate the multivariate (MANCOVA) differences. The results of the MANCOVA analysis comparing the two groups were statistically significant (F = 2390.84, $p < 0.001$). The covariates pre-SOC (F = 10.16, $p < 0.001$) and pre-SCB (F = 6.02, $p = 0.004$) had significant effects (**Table 3**). The participants in the experimental group had a significantly higher sense of coherence than the control group (t = 55.68, $p < 0.001$). Additionally, the mean score of self-care behavior of the participants in the experimental group was significantly higher than that of the control group (t = 40.12, $p < 0.001$). (**Table 2**).

Table 1. Sociodemographic data and SOC and self-care behaviors at baseline

Sociodemographic data	Experimental group (n = 32)	Control group (n = 32)	χ^2	p-value
	Number (%)	Number (%)		
Gender				
Male	32 (100)	32 (100)		
Age (years)			0.00[a]	1.0
Mean = 29.88 (SD = 5.94)		Mean = 29.81 (SD = 6.05)		
Min-Max = 19-46		Min-Max = 19-45		
19-30	20 (62.4)	20 (62.4)		
31-40	10 (31.3)	10 (31.3)		
41-50	2 (6.3)	2 (6.3)		

Table 1. Sociodemographic data and SOC and self-care behaviors at baseline (Cont.)

Sociodemographic data	Experimental group (n = 32) Number (%)	Control group (n = 32) Number (%)	χ^2	p-value
Sense of coherence				
Mean = 56.50 (SD = 4.30)		Mean = 58.12 (SD = 3.41)		
Self-care behavior				
Mean = 71.43 (SD = 7.53)		Mean = 74.71 (SD = 7.30)		
Religion			3.21[a]	.07
Buddhist	16 (50.0)	23 (71.9)		
Muslim	16 (50.0)	9 (28.1)		
Marital status			2.79[a]	.25
Single	23 (71.9)	28 (87.5)		
Married	5 (15.6)	3 (9.4)		
Divorced	4 (12.5)	1 (3.1)		
Occupation			6.38[a]	.38
Unemployed	8 (25.0)	9 (28.1)		
Student	0	1 (3.1)		
Merchant	5 (15.6)	9 (28.1)		
Laborer	12 (37.5)	7 (21.9)		
Farmer	2 (6.3)	4 (12.5)		
Family business assistant	3 (9.4)	2 (6.3)		
Civil servant/government employee	2 (6.3)	0		
Income in Baht (USD)			0.67[a]	.72
M = 5,909.37 ($162.63)		M = 6,421.88 ($176.74)		
(SD = 4,665.06 ($128.39))		(SD = 5,410.73 ($148.91))		
Min-Max = 0-16,000		Min = 0, Max = 20,000		
Less than 5,000	13 (40.6)	16 (50.0)		
5,001-10,000	14 (43.8)	11 (34.4)		
10,001-20,000	5 (15.6)	5 (15.6)		
Family intimacy			0.09[a]	.76
Close and warm	25 (78.1)	26 (81.3)		
Distant	7 (21.9)	6 (18.8)		

Note. [a] = Pearson Chi-square

Table 2. Comparing differences in average scores of sense of coherence and self-care behavior between groups before and after receiving the MBGT program

Variable		Experimental group		Control group		t^1	p-value
		Mean	SD	Mean	SD		
Sense of coherence score	Before program	56.50	4.30	58.12	3.41	−1.67	0.09
	After program	103.12	2.56	60.21	3.52	55.68	< 0.001
Self-care behavior score	Before program	71.41	7.53	74.71	7.30	−1.76	0.08
	After program	131.28	5.54	78.03	5.06	40.12	< 0.001

Note. t^1 = independent t-test

Table 3. Summary of the multivariate analysis of covariance (MANCOVA)

Variable	Multivariate F Pillai's Trace	Univariate F
Group effect	2390.84 (p < 0.001)	
Sense of coherence (SOC) scores		3801.75 (p < 0.001)
Self–care behavior (SCB) scores		1673.10 (p < 0.001)
Pre–SOC	10.16 (p < 0.001)	
Pre–SCB	6.02 (p = 0.004)	

Discussion

The results of this study demonstrate the effectiveness of a Mentalization–Based Group Therapy program (MBGT) in enhancing SOC and self–care behaviors among persons with amphetamine dependence. These findings suggest that the MBGT program effectively promotes reflections of one's emotions, thoughts, and behaviors in response to impactful events, leading to a balanced understanding of one's mental states through mentalizing processes. The program incorporated effective communication skills such as suspension, seeing the world with one's own eyes, and tuning in,[33] along with activities that encouraged participants to share and narrate what they encountered. Before sharing, the therapist encouraged suspension of assumptions and attentive listening to narratives, enabling participants to adopt new perspectives and understand their own self. This process allowed participants to cope with their thoughts, perceptions, emotions, and feelings arising from experiences and to understand the roots of self–care behaviors related to substance use. Furthermore, through event narrative activities, participants were able to gain a deeper understanding of past events, which aligns with previous studies suggesting that event narratives can help individuals better understand their experiences and subsequently gain insights into their own emotions and behavior related to substance use.[21]

In addition, these activities helped participants identify somatic markers and give meaning to their physical sensations such as their mental pain and feeling of resentment all the time through the process of symbolization. By structuring events, experiences, and physical sensations into narratives, participants were able to reflect emotions that emerged from these stories, which is a significant process that helps participants understand and validate their emotions.[28] The findings are consistent with previous studies suggesting that focusing on emotions and understanding them through narrative processes can help adolescents make meaning and gain insight into emotions from past events.[29] Moreover, the study aligns with the research indicating that after MBT, participants exhibit improvement in their ability to respond to emotions appropriately.[30] In particular, the MBGT can be applied as an intervention for amphetamine substance users in Southern Thailand who were both Buddhism and Islam practitioners.

When participants can accurately identify their emotions, there are still activities that encourage participants to broaden their perspectives in managing emotions, including reflection, consideration, and selecting appropriate approaches to handle a certain situation. This is consistent with the findings that after MBT treatment, participants developed appropriate emotional responses.[9] Additionally, there are activities that help in reflecting on psychological awareness, allowing participants to practice self–perception and awareness, as well as effective management of incoming experiences. These activities aim to create mentalization processes and are conveyed through storytelling, assisting participants in coping, and facing future events appropriately.

Furthermore, these processes and activities not only enable participants to learn about their own stories, but they also provide them with the opportunity to learn about the stories of fellow group participants.

During the rehabilitation, each participant suspends their thoughts and attentively engages with each speaker's narrative, leading to collective understanding. Moreover, they collectively reflect, fostering a comprehensive awareness that contributes to a balanced perception of their own mental states and emotions. This balance strengthens their sense of coherence and fosters appropriate self-care behaviors. This is congruent with a study that discovered how MBT increases participant's ability to perceive their own mental states and emotions, resulting in improved reactions to emotions, reduced psychological stress, and diminished social impairments.[31] Additionally, it aligns with the findings that after MBT treatment, participants gained control over abnormal emotions, impulsive behaviors, and enhanced their self-care abilities, leading to substance cessation.[32] This is also in line with the research showing that coupling MBT with regular care enhances self-care efficiency, efficient psychological awareness, and increased interactions with others.[20] Most importantly, this is consistent with a previous study stating that the program can help patients understand their condition and their own mind as they develop the ability to recognize increased mental and emotional states.[21]

Limitations

This study was carried out in the southern part of Thailand with only male participants whose language, religion, or culture is specific to an extent. Thus, the findings cannot be generalized to female participants or participants in other parts of the country. Also, the threat to internal validity could not be totally avoided even with a double-blind study since the two groups' settings might differ.

Conclusions and Implications for Nursing Practice

This study applied the Mentalization-Based Group Therapy program (MBGT) as an intervention for amphetamine substances in Southern Thailand, who were Buddhists and Muslims. Nurses can use it in their nursing practice to create appropriate behavioral changes by focusing on awareness of mental and emotional states of clients to be able to see problems and find ways to change themselves. Nurses can utilize this program to strengthen the sense of coherence and self-care behaviors in persons with amphetamine dependence. However, advanced training with MBT and effective communication skills are required to implement the program, and further testing with different samples is warranted before widespread use in practice.

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Appendix

Table A1. Content of the Mentalization−Based Group Therapy Program

Week/Session /Topic	Objectives	Activities
Week 1 **Session 1:** Look into the Heart (20 minutes)	1. To foster strong relationships and bonds during the rehabilitation 2. To cultivate a positive atmosphere in rehabilitation where trust and open communication are established 3. To provide knowledge about the MBT	Explain the objectives, processes, duration, and session order of activities to the participants − Ask the participants to write their names and place them in a random selection box. Randomly draw names one by one until 8 participants are selected − Provide information about the MBT
Session 2 My Story of Events (120 minutes)	1. To help participants comprehend, explore, and reflect on their thoughts, emotions, and feelings through storytelling 2. To enable participants to understand the causes and sources of self−care practices related to substance use 3. To raise awareness and to comprehend the challenges they are facing	− Facilitator instructs all participants to suspend assumptions − Encourage participants to explore and reflect on their thoughts and emotions stemming from substance use−led events through storytelling − Encourage participants to share pivotal events that influenced their substance use − Collaboratively examine multi−faceted perspectives of the events to help participants grasp experiences from the unfolding stories − Encourage participants to share outcomes resulting from their responses to events involving substance use
Week 1 **Session 3:** Acknowledging My Experiences (120 minutes)	1. To allow participants to express emotions and reflect on thoughts and feelings related to past experiences 2. help participants identify emotions and behaviors, physically and mentally, in response to past events/experiences 3. To guide participants in recognizing physical symptoms and interpreting them into appropriate emotions, leading to appropriate emotional awareness	− Provide information about the effective mentalizing processes − Encourage participants to express and reflect on emotions and thoughts arising from substance use−led experiences − Guide participants to reflect on their thoughts with the following guiding questions: How do you feel about the past experience/event? What kind of consequences from the event do you consider the most frightening? In case what you thought happens, how do you think it would influence you and your family? − Have participants narrate responsive emotions and behaviors by acting out

Table A1. Content of the Mentalization–Based Group Therapy Program (Cont.)

Week/Session /Topic	Objectives	Activities
		– Encourage participants to identify somatic markers resulting from responses to encountered events
		– Guide participants in symbolizing the meaning from somatic markers into feelings
Week 2 **(Session 4):** My Perspectives and Choices (120 minutes)	1. To encourage participants to reflect on emotions through substance use–led events 2. To help participants widen their perspectives and effectively recognize the benefits of emotion management 3. To allow participants to practice appropriate self–management strategies in substance use–leading situations	– Foster participants with problem–solving skills, emotion management, and influential factors, and discuss within the group – Guide participants to select suitable emotion management strategies to deal with substance use–led situations – Assist participants in choosing appropriate approaches to self–management in simulated situations, present, and discuss within the group
Week 2 **(Session 5):** Effective Self–Management (120 minutes)	1. To facilitate participants to experience a process of efficient self–care awareness and self–consciousness 2. To enable participants to recognize their self–worth and efficiently manage incoming influences 3. To empower participants with set goals and adopt self–care strategies from diverse perspectives	– Encourage participants to use impactful rehabilitation events to create effective mentalizing processes – Guide participants to set goals and outline strategies fostering physical self–care, emotional well–being, problem–solving skills, self–awareness, and social roles from various perspectives – Encourage participants to exchange their own strategies and approaches

การบำบัดทางจิตที่มุ่งเน้นการรับรู้สภาพจิตใจและอารมณ์แบบกลุ่มสำหรับผู้ชายที่ติดสารเสพติดประเภทแอมเฟตามีน : การศึกษากึ่งทดลอง

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บทคัดย่อ: แอมเฟตามีนเป็นปัญหาที่รุนแรงโดยในประเทศไทยมีผู้ติดแอมเฟตามีนสูงถึงร้อยละ 79.20 ซึ่งส่วนใหญ่เป็นเพศชายและมีแนวโน้มเพิ่มขึ้นอย่างต่อเนื่อง ซึ่งเกิดจากความผูกพันที่ไม่ดีในวัยเด็กส่งผลให้เมื่อต้องเผชิญกับความเครียด จะตอบสนองด้วยการใช้สารเสพติด จึงจำเป็นต้องได้รับการบำบัดด้วยการรับรู้สภาพจิตใจและอารมณ์ การศึกษากึ่งทดลองแบบสองกลุ่ม เพื่อศึกษาผลของโปรแกรมการบำบัดทางจิตที่มุ่งเน้นการรับรู้สภาพจิตใจและอารมณ์แบบกลุ่มต่อความเข้มแข็งในการมองโลกและพฤติกรรมการดูแลตนเองของผู้ชายที่ติดสารเสพติดแอมเฟตามีน กลุ่มตัวอย่างเป็นผู้ติดสารเสพติดแอมเฟตามีนที่เข้ารับการรักษาในระยะฟื้นฟูสมรรถภาพ ณ โรงพยาบาลฟื้นฟูสมรรถภาพผู้ติดยาเสพติดในภาคใต้ของประเทศไทย 2 แห่ง แบ่งกลุ่มตัวอย่างออกเป็น 2 กลุ่มโดยจับคู่ด้วยช่วงอายุ แบ่งเป็นกลุ่มทดลอง (n = 32) ได้รับโปรแกรมการบำบัดทางจิตที่มุ่งเน้นการรับรู้สภาพจิตใจและอารมณ์แบบกลุ่ม และกลุ่มควบคุม (n = 32) ได้รับการดูแลตามปกติ ควบคุมปัจจัยแทรกซ้อนด้วยช่วงอายุ เครื่องมือที่ใช้ในการเก็บรวบรวมข้อมูล ประกอบด้วย แบบสอบถามข้อมูลทั่วไป แบบวัดความเข้มแข็งในการมองโลก แบบประเมินพฤติกรรมการดูแลตนเองของผู้ติดสารเสพติดแอมเฟตามีน โปรแกรมการบำบัดทางจิตที่มุ่งเน้นการรับรู้สภาพจิตใจและอารมณ์แบบกลุ่ม วิเคราะห์ข้อมูลโดยใช้สถิติพรรณนา สถิติไคสแควร์ สถิติทีคู่ และสถิติวิเคราะห์ความแปรปรวนพหุคูณ

ผลการศึกษาพบว่า กลุ่มทดลองที่ได้รับโปรแกรมการรับรู้สภาพจิตใจและอารมณ์แบบกลุ่มมีคะแนนความเข้มแข็งในการมองโลกและคะแนนพฤติกรรมการดูแลตนเองหลังได้รับโปรแกรมสูงกว่าก่อนได้รับโปรแกรมและสูงกว่ากลุ่มควบคุมอย่างมีนัยสำคัญทางสถิติ สรุปได้ว่าโปรแกรมการบำบัดทางจิตที่มุ่งเน้นการรับรู้สภาพจิตใจและอารมณ์แบบกลุ่มจำนวน 4 ครั้ง ทำกิจกรรม 2 ครั้งต่อสัปดาห์ ครั้งละ 2 ชั่วโมง กลุ่มละ 8-10 คน สามารถเพิ่มความเข้มแข็งในการมองโลกและพฤติกรรมการดูแลตนเอง พยาบาลจะต้องได้รับการฝึกฝนก่อนการนำโปรแกรมไปใช้เพื่อให้สามารถนำโปรแกรมไปใช้ในการส่งเสริมความเข้มแข็งในการมองโลกและพฤติกรรมการดูแลตนเองได้อย่างมีประสิทธิภาพ อย่างไรก็ตาม ควรมีการศึกษาเปรียบเทียบความเข้มแข็งในการมองโลกและพฤติกรรมการดูแลตนเองในระยะยาวเพื่อติดตามผลการวิจัยในอนาคต

คำสำคัญ : การติดสารเสพติดแอมเฟตามีน การบำบัดทางจิตที่มุ่งเน้นการรับรู้สภาพจิตใจและอารมณ์แบบกลุ่ม เมทแอมเฟตามีน การติดสารเสพติด การฟื้นฟูสมรรถภาพผู้ติดยาเสพติด ประเทศไทย

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