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Effectiveness in reducing aggression and anger control skills of methadone treatment in Rasht

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Abstract: The main objective of this study was to evaluate the effectiveness of aggression anger control skills in methadone treatment is Rasht. The pre-test and post-test research design with a control group. The population, all patients dependent on private drug rehab center in the city of Rasht in 1393.Subject to random sampling method was chosen from among the target population. Questionnaire to collect data from aggressive bass and Warren (2000) was used with good reliability and validity. Results of multivariate analysis of variance (Mankva) were analyzed using spss software. The results showed a decrease in aggression and anger management skills are in methadone treatment (p<0/0001).

Key words: *Anger control skills; Aggression; People on methadone treatment*

1. Introduction

Addiction is among the fundamental issues of the society. Each day, a large number of society members are turning to use narcotics and suffer its negative physical, mental, social, cultural and economic consequences. Psychological factors including anger, helplessness, tendency to more excitement, curiosity, depression and anxiety, and having maladaptive coping strategies are among the important parameters in addiction. Violence and aggression can be considered as the most important factor or consequence of addiction which affects human life in different ways. For instance, violence can disturb the relationship between individuals and other members of the society, and make them look for an alternative for such relations. Excitement and anger are necessary for human survival and they ease adaptive responses, especially fight-or-flight response while encountering a useful danger. Nevertheless, uncontrollable anger not only does not help human being, but also can affect his life. Uncontrolled anger is related to the use of narcotics cocaine, alcohol and suicide as its consequence. Investigating the behavioral disorders and social deviance, physiologists have concluded that many disorders and damages are rooted in disability of some individuals to analyze themselves and their situation (Rouhani, 2008).

Skill refers to expertly and capable use of knowledge. For instance, most of people know that aggressive behaviors are inefficient and destructive. Many of them know some anger control methods but do not have the skill to apply them (Rezafarnia, 2006).

Life skills include ten abilities that help us to behave correctly while encountering drawbacks and high risk situations: 1) the ability to cope with emotions like anger, 2) problem solving skill, 3) critical thinking, 4) the ability to establish effective relationship, 5) self-assertion which refers to the ability to express feelings, needs and ideas both verbally and non-verbally, 6) the ability to establish and preserve interpersonal relationships, 7) self-awareness, 8) empathy, 9) decision making skill, 10) coping with stress (Aghajani, 2002). Emotions are subjective, biological, purposeful and social phenomena. They are inborn phenomena which are expressed by different individuals in similar situations and not much affected by cultural condition and learning. In fact, they recall physiological responses (Bell, 2008). Although anger is natural and necessary feeling like happiness and sadness, it can cause serious problems and irreparable damages for the person himself and others if it becomes extremely fierce and happens frequently, or the person expresses it improperly or fails to manage it. Anger patterns are usually acquisitive and learnable and the family, associates and media have a determinant role in emergence of aggressive behaviors. Therefore, anger control is considered as a health priority and requires skill to be acquired Grasham, 2001).

Today, the use of narcotics is among the most significant problems to which human societies are faced that has destructive effects on the economic and social condition of the society and individual. Use of narcotics weakens the person's moral basis and paves the way for his tendency to misdemeanor

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and commitment of crimes. The mentioned statistics about drug abuse in the world and Iran indicates that its prevalence is increasing and each day, there are more victims. Addiction worries the politicians and it has become an issue of public health. Methadone replacement therapy is the best and mostly applied method to threat addicts. Addicts can decrease their dependence to narcotics through this method (Rouhani, 2008). Addiction is closely related to physical and mental damages and threatens the person's health and safety. Emotions are subjective, biological, purposeful and social phenomena. They are inborn phenomena which are expressed by different individuals in similar situations and not much affected by cultural condition and learning. In fact, they recall physiological responses. Anger is one of the emotions, which has a significant and effect role in people's life. Aggression is known as a drastic and increasing problem among some groups such as teenagers, addicts, etc (Rio, translated Seyyed muhammadi, 2007),

Aggression is so common in human life that is almost regarded as being natural. Some even call the age we live as the age of aggression (Borazjanian, 2001). On the other hand, the revolution of communication technology is accelerated in this age through the quick and instant transfer of information which results in a globally united world (Morey, 2004), and since globalization is an interwoven set of forces and processes formed in the contemporary world (Bottery, 2006) and a complicated concept of social sciences (Cambridge and Thompson, 2004), a solution must be sought in accordance with the present condition in order to resolve its problems and issues such as aggression; because, if the modern human tends to destroy and damage the social structure or his fellows, the required facilities and instruments are provided more than ever. Therefore, the more such destructive instruments put in people's hand, the more control is required so that they cannot abuse these facilities and instruments (Malekian, 2004). According to Adler, Aggression is the expression of the will to power, while Freud knows it as the expression of death instinct in the conscious behavior. Actions that cause individual or physical damage or financial destruction are passed in the framework of aggression by Bandura (1969) (English & English, according to Allahyari, 1997). In a therapeutic collaboration, a special attention must be paid to individual's movement toward aggression as a problem. Empathic relationship and communication is firstly developed when the therapist does not concentrate too much on client's understanding about his improper feelings. Therapists need to understand the situation from the viewpoint of the aggressive case. Secondly, it is very important to reach a compromise about the objectives of the therapy. If the clients do not believe that the therapy aims to decrease the aggression, their active participation in therapy is not likely. The primary objectives might necessarily include establishing a relationship and gaining trust, spotting and understanding the aggression and increasing the motivation to reduce aggressive behaviors. Thirdly, the therapist and his client must reach an agreement on the acceptable tool used for the therapy. If they cannot agree in this, they might face a dead-end in the therapy (Deffenbacher, 1999).

Generally speaking, a psychoanalytic therapist considers anger as a part of aggression instinct which is developed through automatic processes. From this point of view, anger expression results in catharsis and a decrease in emotions. A cognitive therapist knows anger as a set of cognitions, behaviors, and physiological excitement patterns. As to behavioral attitude, anger is developed and it can change through learning Mayne and Ambrous, 1999).

Meanwhile, existence of anger management methods, that can aggregate psychoanalytic and behavioral attitudes towards aggressive behavior, can be efficient in prediction of the damages of this mental phenomenon in adulthood, especially about the patients under methadone replacement therapy. Therefore, considering what was mentioned before, anger control method seems to be a response to this need, because it is a tool of self knowledge and learning to establish communication with others.

Bagheri (2011) investigated the role of life skill training in knowledge and attitude towards narcotics and self-esteem among students. Results indicate that life skill training cause significant changes in knowledge, attitude and self-esteem among the students.

Maleki(2006) studied the effect anger control skills training on the aggression of university student. Results showed that training of anger control skulls affects students' aggression. Two individual and group methods were applied in this study between which, no significant difference was found.

Golnavaz (2010) proceeded to investigate the efficiency of anger control training on the self-efficiency among a group of teenagers and young individuals in Shiraz. Results indicated that the training of anger control skills is an effective method in increasing the level of self-assertion.

Nikpoor (2004) investigated anger control, problem-solving, and self-awareness skills among the students of the University of Science and Technology. Findings showed a significant difference between pretest and posttest which indicates that mental health has been promoted among students.

Taramian (2008) investigated the effect of life skills training on physical and mental health. Results indicated that life skill training is effective in increasing the factors of physical and mental health such as self-confidence, copping with environmental and mental pressures, decreasing anxiety and depression, reduction of suicidal behaviors, decreasing the rate of academic failure, encouraging interpersonal relationships and healthy and useful social behaviors, decreasing drug abuse and prevention of mental, behavioral and social problems.

Hatfield (2007) showed that training of life skills such as anger control and self-assertion can has a positive effect on family relationships and it promotes individual's emotions such as humanism.

Snyder (2009) investigated the effect of anger management group therapy on decreasing anger and aggression among teenagers who suffer mental illness. This training caused an increase in their aggression during eight sessions of group therapy.

Bell (2008) showed that training of social skills, particularly assertiveness, has a significant role in controlling anger impulse.

Tottle (2006) investigated the relationship between anger control skill and children's aggression. Results indicated that there is a significant relationship between muscular relaxation (an anger control skill) and aggression in children with mental disorders.

In their research named "Investigation of the Relationship between Anger Control and Mental Health", Myers and Diner (2006) showed that ange4r control depends on a high level of mental health and the more control individual has on his anger, the more positive emotional he experiences in his life.

Manino (2008) concluded that the training of social skills such as self-assertion anger control and problem-solving would increase personal characteristics such as self-sufficiency, self-esteem, self-confidence and successful social behaviors.

Thompson (2205) applied the anger control training program in order to prevent suicide, violence and negative behaviors and decrease the rate of academic failure. Results indicated a decrease in rate of suicide, violence, negative behaviors and academic failure.

In a research named "Investigation of the Relationship between Aggression and Mental Health, and Receiving Social Supports" Adler and Fagli (2005) found that the more social support the person receives from others, the higher satisfaction and mental health and lower rate of aggression he has.

In a two year longitudinal study on 159 students of fourth to sixth grade, Dabels (2010) found a significant relationship between family structures, children's relationship with parents, and its effect on adaption to school which shows that family experiences are in accordance with adaption in early adolescence.

Researchers indicated that life skill training significantly effect on decreasing the use of Alcohol, cigarette, and narcotics.

This investigation tries to answer the following hypotheses:

1. Training of anger control skills affects the decrease in aggression of individuals under methadone replacement therapy.
1.1. Training of anger control skills affects the increase in anger and nervousness.
1.2. Training of anger control skills affects the increase in invention and insult.
1.3. Training of anger control skills affects the increase in obstinacy and implacability.

2. Method

Considering the research topic and objective, it is an applied study performed through tentative method. Control group pretest-posttest plan was design was applied.

2.1. Statistical population and sampling method

The statistical population consists of all patients addicted to narcotics that refer to private rehabilitation centers of Rasht in 2014 (800 individuals). Firstly two private rehabilitation centers of Rasht were selected randomly and among the individuals under methadone replacement therapy, 30 ones with high level of aggression were selected through simple random sampling who were randomly positioned in two groups of fifteen i.e. test and control groups.

Table 1: Distribution of samples based on age group (year)

Age group (year)	group Test		control		total	
	frequency	percent	frequency	percent	frequency	percent
21 to 30	9	60	7	46.7	16	53.3
31 to 40	6	40	5	33.3	11	36.7
41 to 50	0	0	3	20.0	3	10.0
Total	15	100	15	100	30	100

As it is observed in table 1, the mean and standard deviation of age are respectively equal to 29.32 and 6.64 for the test group and 33.33 and 9.34 for the control group.

2.2. Research instrument

The following instruments were applied in order to measure the required data: Anger Control training package and Aggression Questionnaire (AGQ).

Aggression Questionnaire (AGQ) applied as the research instrument includes 30 items (14 items to evaluate the anger factor, 8 ones to evaluate invasion and 8 ones for implacability. AGO is a pencil and paper self-report scale and the respondent should select one of these four options: "never", "rarely", "sometimes", and "always". The total score ranges from 0 to 90 and it is calculated through addition of the scores of questions. Higher scores refer to higher aggression. If the person's score in this test is higher than 42.5, his aggression is in a high level.

Psychometric characteristics of this questionnaire are designed through factor analysis (Zahedifar, 1996).

The obtained test-retest coefficient (r) through respondents' scores in two shifts was respectively equal to 0.70, 0.64 and 0.79 for all girls and boys.

Cronbach's Alpha (internal consistency) was equal to 0.87 in AGQ scale. Correlation coefficients, reported by Zahedifar, varied between the score of psychopathic deviation sub-score (Pd, one of the MMPI subscales) and AGQ scale for all respondents (N=105), (P=0.001, r=0.58) and correlation coefficients of total intimacy-vice (Bass and Dukey, 1957) (N=215) (P=0.001, r=0.56).

Cronbach's alpha and bisection method were both applied in order to determine the reliability of Aggression Questionnaire. The total reliability for the whole questionnaire was respectively equal to 0.91, 0.73, 0.82, and 0.89 which refer to acceptable reliability coefficients.

2.3. Anger control training package

First session: introduction, acquaintance of participants, definition of anger, ways to express anger, the right way to express anger, what characteristics and consequences does it have?

Task: subjects review their daily actions and past memories accurately and try to remember behaviors that make them angry and the ways they have expressed their anger.

Each session lasts 90 minutes

Second session: what is the difference between anger and aggression? How do people express their aggression and what are the consequences?

Tasks: through reviewing their memories and paying attention to their daily actions, students should remember situations that have made them angry or aggressive and write down their primary and secondary assessments.

Third session: submitting the tasks from the previous session and giving feedbacks, discussion about the verbal and non-verbal communication, the contents and patterns of relationships, training of body language for instance eye contact, breathing, intonation, the color and form of the face, the condition of organs, etc

Tasks: subjects should mention situations in their lives and descried the form of their organs and the proper use of body language so that they can express their anger in aright way.

Fourth session: training of proper relationship and description and discussion about improper communication, mention the signs and methods to establish proper relationship and improper relationship that results in passive aggression, the right way to talk and hear

Task: in short sentences, subjects should describe their positive and negative feelings in daily relationship and situations that makes them angry.

Fifth session: identification and modification of their thoughts while being angry, identification wrong beliefs about conflict and disagreement, parameters that cause interpersonal conflicts and anger, investigation of thinking errors

Tasks: subjects should proceed to identify the thoughts that cause their anger in different situations and identify and mention the wrong beliefs and thinking error that results in aggression.

Sixth session: how can anger be expressed in a passive way? What are the causes and consequences? How can we prevent the expression of passive anger?

Tasks: apply what they have learnt in your daily life and describe your experiences in next sessions.

Seventh session: training of muscular relaxation while being angry

Eighth session: what are the warning signs of anger? When the anger must be controlled?

Tasks: subjects must write down the cases that make them angry and what thoughts cross their mind in such times. They should share their thought with their friends and become familiar with other viewpoints on this matter.

Ninth session: training of abdominal breathing, presenting anger control strategies, such as leaving the place, walking, causing a delay in their thoughts, acquaintance with different types of pent-up and impulsive anger, certain and wise expression of anger, problem-solving training and expressing anger in adaptive methods

Tasks: write down the positive and negative consequences of each anger expression method and the new right ways you know to express your anger.

Tenth session: a summery and conclusion of discussed topics and practical definitions in previous sessions

2.4. Findings

In addition to descriptive statistical methods such as calculation of frequency, percent, mean, standard deviation, Levin method (in order to regard the assumption of equality of variances and variables), Kolmogorov-Smirnov test (in order to regard the pre-assumption of normal score distribution in the society), single variant analysis of covariance (ANCOVA), multivariate analysis of covariance (MANCOVA) and Cronbach's Alpha (in order to calculate reliability coefficient, SPSS (version 18) was applied in order to analyze the obtained information and research data. The level of significance (α) determined in this research was equal to 0.05. This statistical analysis is reported in tow following sections.

2.4.1. Descriptive findings

The descriptive findings including statistical indicators such as mean, standard deviation, and the number of sample subjects for all variables are presented in Table 2.

The mean and standard deviation of pretest scores of aggression, anger and nervousness are respectively equal to 31.20 and 3.70 for the test group and 28.93 and 4.96 for the control group. As to posttest scores, the mean and standard deviation are

respectively equal to 19.67 and 4.93 for test group and 27.00 and 3.91 for control group. The mean and standard deviation of pretest scores of aggression, invasion and insult are respectively equal to 13.80 and 2.80 for the test group and 12.93 and 4.33 for the control group.

Table 2: Mean and standard deviation of aggression pretest and posttest scores in test and control groups

variable	stage	Statistical index group	mean	Standard deviation	number
aggression	pretest	test	57.53	7.83	15
		control	55.73	9.08	15
	posttest	test	30.07	7.02	15
		control	56.00	9.04	15
Aggression, anger and nervousness	pretest	test	31.20	3.70	15
		control	28.93	4.96	15
	posttest	test	19.67	4.93	15
		control	27.00	3.91	15
Aggression, invasion and insult	pretest	test	13.80	2.80	15
		control	12.93	4.33	15
	posttest	test	5.80	2.04	15
		control	13.80	4.31	15
Aggression, obstinacy and implacability	pretest	test	12.53	4.62	15
		control	13.87	4.32	15
	posttest	test	4.60	2.38	15
		control	15.20	4.96	15

As it is observed in table 2, the mean and standard deviation of pretest scores of aggression are respectively equal to 57.53 and 7.83 for the test group and 55.73 and 5.08 for the control group. As to posttest scores, the mean and standard deviation are respectively equal to 30.07 and 7.02 for test group and 56.00 and 9.04 for control group.

As to posttest scores, the mean and standard deviation are respectively equal to 5.80 and 2.04 for test group and 13.80 and 4.31 for control group. The mean and standard deviation of pretest scores of aggression, obstinacy and implacability are respectively equal to 12.53 and 4.62 for the test group and 13.87 and 4.32 for the control group. As to posttest scores, the mean and standard deviation are respectively equal to 4.06 and 2.38 for test group and 15.20 and 4.96 for control group.

2.4.2. Findings related to research hypotheses

Table3: the results of Levin test on pre-assumption of equality of score variances for research variables of two groups in the society

Variable	F	First Degree of freedom	Second Degree of freedom	Level of significance
Aggression	0.465	1	28	0.501
Aggression, anger and nervousness	0.334	1	28	0.568
Aggression, invasion and insult	2.45	1	28	0.129
Aggression, obstinacy and implacability	0.117	1	28	0.735

As it is observed in table 3, the zero assumption for equality of score variances for two groups is confirmed for all research variables. I.e. presumption of the equality of score variances is confirmed for both test and control groups. Nevertheless, when the sample sizes are equal, significance of Levin test has no considerable effect on the level of nominal alpha.

As it is observed in table 4, the zero assumption for normality of score distribution of two groups is confirmed for all aggression variables. I.e. pre-assumption of normality of pretest score distribution is confirmed in both test and control group.

As it is observed in table 5, the value of interaction F for homogeneity in slope of regression line is non-negative for all research variables. In other words, the homogeneity of regression line slope is admitted.

First assumption: Anger control skills affect the decrease in aggression of individuals under methadone replacement therapy.

As it is shown in table 6, a significant difference was found between the aggression in individuals under methadone replacement therapy in test and control groups through pretest control ($P<0.0001$, $F\square 133.21$). Therefore, the first hypothesis is confirmed. In other words, considering that the average score of aggression in individuals under methadone replacement therapy in test group compared to the mean in control group, anger control skills have decreased the aggression in the test group. The rate of this effect or difference was equal to 0.83. In other words, 83% of individual differences in pretest scores of aggression are attributed to the effect of anger control skills (group

membership). Statistical power was equal to 1.00. In other words, the second-type error is not probable.

Table 4: The results of Kolmogorov-Smirnov test on pre-assumption of normality in distribution of aggression scores

Normality of score distribution	Group	Kolmogorov-Smirnov			Group	Kolmogorov-Smirnov		
		statistic	Degree of freedom	significance		statistic	Degree of freedom	significance
Aggression	test	0.185	15	0.177	control	0.166	15	0.200
Aggression, anger and nervousness	test	0.153	15	0.200	control	0.195	15	0.131
Aggression, invasion and insult	test	0.199	15	0.114	control	0.150	15	0.200
Aggression, obstinacy and implacability	test	0.207	15	0.084	control	0.137	15	0.200

Table 5: The results of the investigation on pre-assumption of homogeneity in slope of regression lines for the variables of two groups in the society

variable	Variation source	F (interaction)	significance
Aggression	Interaction Group*pretest	1.43	0.242
Aggression, anger and nervousness		3.50	0.073
Aggression, invasion and insult		2.78	0.107
Aggression, obstinacy and implacability		3.82	0.061

Table 6: the results of one-way ANOVA on the mean scores of aggression posttest on the individuals under methadone replacement therapy in test and control groups through pretest control

Variation source	Total squares	Degree of freedom	Average squares	F	Level of significance (P)	Eta-square	Statistical power
pretest	738.13	1	738.13	18.17	0.0001	0.40	0.981
group	5411.49	1	5411.49	133.21	0.0001	0.83	1.00
error	1096.79	25	40.62				

Table 7: the results of multivariate ANCOVA on the average scores of posttest on aggression elements of individuals under methadone replacement therapy in test and control groups through pretest control

Test name	value	DF hypothesis	DF error	F	Level of significance (P)	Eta-square	Statistical power
Wilks's lambda test	0.175	3	23	36.09	0.0001	0.82	1.00

Table 8: Table 6: the results of one-way ANOVA in MANKOVA pattern on the mean scores of aggression elements posttest on the individuals under methadone replacement therapy in test and control groups through pretest control

variable	Variation source	Total squares	Degree of freedom	Average squares	F	Level of significance (P)	Eta-square	Statistical power
Anger and nervousness	pretest	31.44	1	31.44	2.12	0.158	0.07	0.288
	group	345.22	1	345.22	23.95	0.0001	0.48	0.996
	error	370.49	25	14.82				
Invasion and insult	pretest	23.91	1	23.91	2.61	0.118	0.09	0.343
	group	369.06	1	369.06	40.39	0.0001	0.61	1.00
	error	228.40	25	9.13				
Obstinacy and implacability	pretest	48.15	1	48.15	3.97	0.057	0.13	0.483
	group	682.63	1	682.63	56.30	0.0001	0.69	1.00
	error	33.07	25	12.12				

As it is observed in table 8 a significant difference was found between the aggression, anger and nervousness in individuals under methadone replacement therapy in test and control groups through pretest control ($P<0.0001$, $F\square 23.95$). Therefore, hypothesis 1.1 is confirmed. In other words, considering that the average score of aggression, anger and nervousness in individuals under methadone replacement therapy in test group compared to the mean in control group, anger control skills have decreased the aggression, anger and nervousness in the test group. The rate of this effect or difference was equal to 0.48. In other words, 48% of individual differences in pretest scores of aggression, anger and nervousness are attributed to the effect of anger control skills (group

membership). Statistical power was equal to 0.996. In other words, i.e. if this research repeats 1000 times, merely four times, the zero assumption is likely to be mistakenly confirmed.

Moreover, a significant difference was found between the aggression, invasion and insult in individuals under methadone replacement therapy in test and control groups through pretest control (P<0.0001, F□40.39). Therefore, hypothesis 1.2 is confirmed. In other words, considering that the average score of aggression, invasion and insult in individuals under methadone replacement therapy in test group compared to the mean score in control group, anger control skills have decreased the aggression, invasion and insult in the test group; the rate of this effect or difference was equal to 0.61. In other words, 61% of individual differences in pretest scores of aggression, invasion and insult are attributed to the effect of anger control skills (group membership). Statistical power was equal to 1.00. In other words, the second-type error is not probable.

A significant difference was also found between the aggression, obstinacy and implacability in individuals under methadone replacement therapy in test and control groups through pretest control (P<0.0001, F□56.30). Therefore, hypothesis 1.3 is confirmed. In other words, considering that the average score of aggression, obstinacy and implacability in individuals under methadone replacement therapy in test group compared to the mean score in control group, anger control skills have decreased the aggression, obstinacy and implacability in the test group; the rate of this effect or difference was equal to 0.69. In other words, 69% of individual differences in pretest scores of aggression, obstinacy and implacability are attributed to the effect of anger control skills (group membership). Statistical power was equal to 1.00. In other words, the second-type error is not probable.

3. Discussion and conclusion

According to interpretation of the findings, it seems that the effectiveness of the training of anger control skills in decreasing the aggression and increasing individual-social compatibility in individuals under methadone replacement therapy can be attributed to the following logical reasons: this result is in accordance with the results of Maleki (2006), Golnavaz (2010), Aghajani (2002), Nikpoor (2004), Bagheri (2011), Taramian (2008), Bell (2008), Myer and Ambrose (1999), Dables (2010), Vaker (2007), Hatfield (2207), Snyder (2009), Tottle (2006), Myer and Diner (2006), Manino (2008), Thompson (2005), and Adler and Fagli (2005).

In order to explain the results of hypothesis test, it can be indicated that training of anger control skills is efficient because it rectifies a part of skill deficiency and shortage and informs the person about special skills to control his emotions. The decrease in aggression is based on cognitive reformation and anger control. This program is also based on cognitive changes. After cognitive reformation in training of anger control skills for individuals under methadone replacement therapy who suffer negative cognition, pessimism towards others, irrational thoughts and useless prejudice, the way was paved for a change in their thoughts and aggressive behaviors. Through changing cognitions that increase the clients' anger, training of anger control skills cause behavioral changes and as a result, cognitive changes in them and decrease aggressive behaviors among the individuals under methadone replacement therapy.

Training of anger control skills develops mental and social abilities in individuals under methadone replacement therapy which can be applied by them while encountering the problems and pressures of personal and social life and helps them to have control on their thoughts, emotions and behaviors. The consequences of anger control training increase the mental and social abilities and help the individuals under methadone replacement therapy to have an efficient and useful life. It prepares them to cope with life challenges. Moreover, this training empowers the individual's character, promotes their insight about the life and its events, decreases aggression, and increases their skills to manage their lives and establish relationship with their environment. Patients who suffer drug abuse have some problems in anger expression. Since showing aggression makes it harder for these patients to establish an effective and constructive relationship with their associates and particularly their family and makes the occupational therapy even harder, the decrease in their aggression can promote their relationship with others, the treatment process and their recovery. Inadequacy of inland studies and having no access to research findings on the studied subject, and the lack of a long-term pursuit of such results are among the limitations of the present research. It is suggested to perform surveys on the effects of Methadone Maintenance Treatment (MMT) and investigate the constancy of the changes caused in the patients. We hope to increase the generalizability and information enrichment through regarding the mentioned items.

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