Evaluate the Effect of Psychosocial Nursing Intervention Program on Adjustment Pattern of Addict Adolescent Children

*Orban Ragab, **Rania A.Zaki, ***Hala Mohamed, *Hyam Refaat Tantawi

*Pediatric**psychiatric&***community nursing department, Faculty of Nursing, Ain Shams University

Abstract: **This study was a quasi-experimental study, This study aimed to evaluate the effect of psychosocial nursing intervention program on adjustment pattern of addict adolescent children through, assessing their knowledge about addiction, psychosocial problems, and their adjustment patterns, designing and implementing psychosocial nursing intervention program for improving their adjustment patterns.**

Research design; A quasi experimental design was used.

Setting: The study was conducted at Out-Patient Clinic of the institute for psychiatric mental health, affiliated to Ain Shams University.

Subject: A purposive sample involved 50 male and females adolescent children suffering from addiction.

Tools of the study: Involved Anxiety scale and introverted behavior scale to assess the psychosocial problems among addict adolescent and interview questionnaire to assess the adolescent's knowledge about addiction and their psychosocial adjustment patterns. These tools were used twice pre and post intervention program.

The main results showed that the psychosocial nursing intervention program was effective in improving adjustment patterns of addict adolescents.

Conclusion: Most of the studied addict adolescent were having psychosocial problems, negative adjustment patterns and unsatisfactory knowledge regarding to their addiction preprogram. while post intervention significant differences were observed reflecting that intervention program empower their positive adjustment patterns with their community, home and families. Also, it was concluded that the study results support the study hypothesis. This study recommended that continuous educational health programs should be provided for prevention of addiction among adolescent. Further research on large number of substance abuser for teaching them how to cope with their problems effectively.

Keywords: **Adolescent age, Addiction, Adjustment, Nursing Intervention.**

1. INTRODUCTION

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioral, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state **(WHO, 2017)**.

Substance abuse is a pattern of recurrent use that leads to damaging consequences. Which may involve failure to meet one's major role responsibilities (e.g., as student, worker, or parent), putting oneself in situations where substance use is physically dangerous (e.g., mixing driving and substance use), encountering repeated problems with the law arising from

substance use (e.g., multiple arrests for substance-related behavior), or having recurring social or interpersonal problems because of substance use (e.g., repeatedly getting into fights when drinking). When people repeatedly miss school or work because they are drunk or "sleeping it off," their behavior may fit the definition of substance abuse **(Galanter, 2014)**

Child or young person is suffering from an addiction then this will impact upon their schooling, relationships with other children and their home life. One such effect of this is truanting from school. This can happen if the child is addicted or if they have a parent who is an addict and neglects to care for them. It is hard for a child or young person to resist the temptation of alcohol, cigarettes or drugs. A desire to be part of the gang or to try 'forbidden fruit' as a means of growing up can very quickly lead to addiction. Addiction tends to occur much more quickly in a young person than in an adult *(Marlatt , Baer , Donovan and Kivlahan , 2011).*

Substance abuse estimated Up to (2.4%) in the age group of 15 to 60 years , and there are some categories spread by substance such as the category of drivers and represent (24%). The cannabis is the most common substance in Egypt among users, where represent (79%) and (51%) of abusers taking tramadol.(**The Fund for fighting and treating addiction and administration**, **2017)**

Psychosocial factors include personality and presence of psychiatric disorder, as well as anxiety and other environmental factors that either increase the risk of an individual developing an addictive disorder (risk factors) or decrease such risks (protective factors). Cognitive and behavioral research is the key to understanding how basic principles of learning and conditioning can be used to modify drug-taking (www.nap.edu/read).

Adjustment is a process that is neither linear nor lockstep, but dynamic. The list of variables that influence this process are numerous and varied. However, an obvious influence on adjustment is a negative change in health status. Intellectually, it is believed that coping strategies contribute to adaptation and may be mediators, but most likely interact with other factors in contributing to adaptation **(Steven et al.,2016)**

Psychosocial adjustment of the individual and family is a holistic process, in which each domain of life affects the others. Therefore, a change in one domain affects adjustment in another domain **(Hoyt and Stanton , 2012)**.

Psychosocial adjustment works to reintegrate substance abusers after recovery with the community to become productive and positively influencing individuals. It also helps to reform his thinking and behavioral changes to achieve a healthy life, as well as to teach the patient how to cope with difficult situations that may lead him to think about substance abuse **(Strain , 2017).**

Psychosocial nursing intervention provides patients with a cognitive and intellectual framework in which to understand the process of psychotherapy, the difficulties regulating affect and self-esteem, and how aftercare treatment addresses their psychological problems and decreases chances of relapse **(Hendershot, Witkiewitz, George and Marlatt, 2011).**

Nurses play a vital role in helping patients undergoing substance abuse treatment. They monitor their progress, help them adjust to life without drugs and teach them how to maintain their sobriety after leaving rehabilitation **(Ibrahim, 2017).**

Significance of the study:

Addiction viewed as a chronic health problem all over the world and it is the most common forms of mental disorders frequently occurring in association with anxiety, depression and virtually all other forms of mental disease. The world drug, shows that there was an increase the number of addiction to 250 million people worldwide which constitute 5% of the world population **(Samhsa, 2017)**.And in Egypt according to the report of ministry of health ,2017 estimated that 2.4% in the age group of 15 to 60 years were substance abuser and cannabis founded to be the most common substance among users **.** Nurses play a crucial role in preventing and management of addiction through helping the patients to develop positive adjustment pattern against psychosocial risk factors of addiction such as lifestyle modification, time and stress management, enhancing the patient's feelings of life mastery and prepare the patients for healthier lifestyle with lifelong abstinence. So that, this study aimed at improve adjustment patterns among addict adolescent in order to help the addicted adolescent to reduce /or prevent the psychosocial problem through implementation of psychosocial nursing intervention program**.**

ISSN 2394-7330

International Journal of Novel Research in Healthcare and Nursing
Vol. 5, Issue 3, pp: (306-318), Month: September - December 2018, Available at: **www.noveltyjournals.com**

Aim of the study:

This study aimed to evaluate the effect of psychosocial nursing intervention program on adjustment pattern of addict adolescent children through, assessing their knowledge about addiction, psychosocial problems, and their adjustment patterns, designing and implementing psychosocial nursing intervention program for improving their Adjustment Patterns.

Hypothesis:

The psychosocial nursing intervention program will improve the adjustment patterns of addict adolescents

2. SUBJECT AND METHODS

Research design:

A quasi-experimental design was utilized to conduct this study.

Setting:

The study was conducted at waiting area of Out-Patient Clinic of Institute of psychiatric mental health, affiliated to Ain Shams University.

Subjects:

A purposive sample involved 50 addict adolescent children were recruited into this study. The inclusion criteria: Male and females adolescent children aged from 14 to≥ 18 years old with confirmed diagnosis of addict

Tools of data collection:

The tools used in this study were:

1- An interviewing questionnaire was developed by the researchers based on literature review and experts' opinions. It is presented in a simple clear Arabic language . It includes three parts:

The first part: related to the characteristics of the study subjects as age, sex, educational level residence .

The second part: concerned with adolescent's knowledge regarding to addiction (12 items) including (definition, causes, predisposing factors, types, manifestation, complication, management , prevention and sources of their knowledge) . The adolescent's answer were categorized into the poor <50%,   Average 50% - < 65%   and good > 65%

The third part: concerned with adolescent's adjustment patterns including positive and negative adjustment toward their home, school, social relations, and medication compliance. (36 items) The total scores of home & school adjustment consist of 20 grades, from 0 - 6 not adjusted, 7-13 sometimes adjusted , 14 -20 adjusted all the time . The total scores of social & medication compliance adjustment consist of 16 grades, from 0 – 5 not adjusted, 6-10 sometimes adjusted , 12-16 adjusted all the time .

2- An Arabic version of Children Manifest Anxiety Scale (CMAS) developed by *Castaneda,(1965)* and modified by *Abd EL-Fattah* , *(1998)* : to assess the degree of severity of anxiety symptoms of addiction, it consists of 36 statements and it measures all aspects of anxiety as aromatic , emotional ,motor& social features . Scoring was done by each sentence has a score ranging from (0-1-2) 0 = no, 1 = sometimes, and 2 = yes

- 0-12 refers to mild anxiety symptoms

- 13-24 refers to moderate anxiety symptoms

- 28-36 refers to severe anxiety symptoms

3- An Introverted behavior scale developed by *Moss (1989)* translated by *Abd El-Hamid (1995)* it composed of 30 sentences to assess introverted behavior among school age children (shyness, social isolation, and negativity) . Scoring was done by each sentence has a score ranging from (0-1-2) 0 = no, 1 = sometimes, and 2 = yes

- 0-20 refers to low social withdrawal behavior

- 31-40 refers to moderate social withdrawal behavior

- 41-60 refers to high social withdrawal behavior

ISSN 2394-7330

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4- psychosocial nursing intervention program for adolescent was developed by the researchers, based on literature review and experts' opinions. It was presented in a simple, clear, Arabic language. The content covers the knowledge regarding addiction, management of psychosocial problems, concepts of adjustment and positive patterns of adjustment for addiction toward their home, school, social relations and compliance with medication

Validity:

The developed tools were reviewed by five experts in nursing and medical pediatrics, psychiatrics, as well as experts in socio-behavioral sciences . who reviewed the tools for clarity, relevance, comprehensiveness, understanding, applicability and ease for implementation. Validation was through majority agreement

Reliability:

Testing the Arabic interviewing questionnaire sheet was done using Alpha Cronbach test. The results shows high reliability score (0.89) .

Operational Design:

Pilot study:

A pilot study was applied on 10% of sample to test the clarity, applicability of tools, feasibility of the study. As well as, to estimate the time needed for filling out the forms, According to the results of the pilot study, necessary changes were done and the tools finalized. Patients included in the pilot study were excluded from the main study sample.

Administrative Design:

Administrative & Ethical consideration:

Official permissions were obtained from medical & nursing directors of the study setting, verbal approval from the addict adolescent was a pre-requisite to be included in the study sample, emphasis was placed on confidentiality of data and rights of withdrawal.

Field Work:

The study was implemented during period 6 months from the beginning of February 2018 to the end of July 2018. The researchers attended the out- patient clinic from 9.00 am to 12.00 pm at two days a week for data collection and program implementation. Subjects were interviewed by the researchers, after explaining the aim of the study that was conducted through four phases:

Phase 1: in this phase the researchers introduced themselves to the addict adolescent children , explained the aim of the study and obtained their oral informed consent to participate in the study. Addict adolescent children were interviewed individually to assess their knowledge regarding addiction including (definition, causes, predisposing factors, types, manifestation, complication, management , prevention and sources of their knowledge)to obtain baseline measures in a time ranged from 20 to 30 minutes from the first session.

Phase 2: In this phase, the education sessions were done for the addict adolescent children after divided them into three groups each one consisted of 15 child and the last group were 20 child. The length of each session was 30-45 minutes at two days/week for each group. The sessions were implemented in the waiting area of out patients clinic of the institute of psychiatry affiliated to Ain shams university after the time that the patient end his follow up at clinic . all addict adolescent children received the same content using training methods, demonstration, re-demonstration, role play, pictures, and posters and aided by same booklet. The program sessions emphasized on the concepts of addiction and its types, methods of addiction , signs and symptoms factor related to addiction, psychological problems related to addiction, rehabilitation phase of addiction and treatment of addiction. in addition to skills needed for improving patterns of adjustment emphasizing on concepts of adjustment, management of psychosocial problems and positive patterns of adjustment for addict children toward their home, school, social relations and compliance with medication

Media: Hand out, Posters ,Pictures, Real situation, Real objects, Flipchart, Computer- assisted education

Phase 3: An educational Arabic booklet, designed by the researchers, was reviewed and modified by psychiatric and mental health professionals, pediatric and community health professionals. It was distributed with instructions to guide the addict adolescent children.

Phase 4: The researchers evaluated the addict adolescent children ` knowledge regarding addiction and related behaviors, psychosocial problems and adjustment patterns in their daily life, through interview using the same data collection pre tools.

Statistical design:

In the present study, a frequency analysis, using SPSS 19.0, was performed to calculate the percentages distribution. Chi square and p value for the relations in the study

3. RESULTS

Table (1) illustrated that the majority of the studied sample were males and aged 14 -18 years with Mean ± SD 16.1± 2.1.and more than half of them were illiterate and were living in urban area which constitute 52% and 68% respectively.

Table (2) shows that about 40% and 42% of the studied sample addicted respectively to Banjo and sedatives. Also more than half of them addicted the mentioned types of addiction for 1< 3 with 3.5 ±1.5 Mean ± SD. It was clear from this results that the majority of the studied sample do the trail to stop the addiction once or twice as cleared from this table and was reported respectively 38 % and 54%.

Table (3) clarifies that the most important factors were respectively family disturbance, Leisure, Bad couples, Curiosity, Personality disturbance, Lack of religious morals, Imitation others and Job disturbance (86%, 72%, 70%, 68%, 62%, 62%, 56% and 54%).

Table (4) it was clear that more than half of the studied sample (52%) have sever effects in their total daily living activities

Figure (1) reveals that , a highly statistical significant difference was observed as regards children's knowledge about addiction before & after program implementation , where the majority of children (85%) have a poor knowledge before the program , compared with post program results, where 62% of them were having good knowledge ($X^2 = 77.245$, p < 0.01) .

Figure (2) illustrated that there was a highly statistical significant difference between pre- and post- program implementation as regarding anxiety & the psychosocial problems among addicts. Their anxiety levels decreased significantly post program with $X^2 = 85.2$, p < 0.01 and their social withdrawal behavior decreased significantly post program with $X^2 = 54.8$, p < 0.01 .

Table (5) shows that the positive home adjustment of addicts as spiritual support , obeying medical instructions , diet regimen , cooperation with family members and informing parents about warning signs were upgraded in post program with $X^2 = 54.2$, 35.6,46.8 & 29.1 respectively , p< 0.01 (difference found to be highly significant). Meanwhile as regarding to the negative home adjustment of addict adolescent as Quarrelsome, Nervous in dealing with family members, Dependent on parents ,Crying & anxious, Ignoring their illness requirements were downgraded in post program with $X^2 = 45.2$, 47.9, 43.1 , 40.4, 53.5 & 40.9 respectively, p< 0.01 . (difference found to be highly significant).

Table (6) indicated that there was a highly statistical significant difference between pre- and post- program as regards the positive adjustment patterns of addict adolescent toward their school **,** as active participation, achieving a high score, sharing hobbies & asking permission assertively for frequent urination. Were increased significantly in post- program with $X^2 =$ 49.4, 36.7, 23.01,91.4&18.7 respectively ،p< 0.001. Also their negative adjustment patterns toward their school as preferring isolation ,feeling inferior, refusing to take medication at school, quarrelsome continuously against colleagues & their absenteeism, were decreased significantly in post- program with $X^2 = 37.3$, 54.8, 21.5, 27.4 & 55.04 respectively , p< 0.01.

It was found from **table (7)** that there was a highly statistical significant difference between pre- and post- program as regards the positive social adjustment patterns of addict adolescent, their friendship ability , their participation in sports , playing activities and visiting relatives ,expression of their inner feeling were improved after program implementation. X^2 = 39.9, 62.1, 69.8 & 47.8, respectively, p< 0.01 . Almost in pre-program they were having negative social adjustment patterns in form of social isolation, avoid to deal with strangers dependent on friends in achieving needs. Meanwhile these rates decreased significantly in post program with X^2 = 74.3,19.6 & 47.7, p< 0.01)

Table (8) indicated that there was a highly statistical significant difference between pre- and post- program as regards the positive adjustment patterns of addict adolescent in the form of compliance to their medical treatment, as obeying medical orders , discussing with doctor / nurses ways of prevention, optimistic feeling towards recovery, taking medication regularly & periodic follow-up . Were increased significantly in post- program X^2 = 68.5, 53.7, 50.6, 59.4 & 47.8 respectively، p< 0.01 . Also their negative adjustment patterns as refusing hospital follow up, continues complaining and argument & careless in taking medication. Were decreased significantly in post- program X^2 = 39.7, 43.3&19.6 respectively , p< 0.01 .

It is clear from **table (9)** that , there was a highly statistical significant difference between pre- and post- program as regards to abilities of addict adolescent to adjustment to their home, school, social interaction and compliance with medication after program with X^2 = 67.7,50.2,94.7&62.9 respectively p< 0.01).

Table (1): Number and Percentage Distribution of the studied sample according to their Characteristic

Characteristics	No =50	100%
Gender :		
• Male	46	92
• Female	4	8
Age:		
• <14 years	5	10
• 14<18 years	42	84
• ≥ 18	3	6
Mean ± SD	16.1± 2.1	
Educational Level:		
• Illiterate	26	52
• Read& write	9	18
• Primary / preparatory School	12	24
• Secondary School	3	6
Residence:		
• Urban	34	68
• Rural	16	32

Table (2): Distribution of the studied sample according their previous history of addiction

Items	No =50	100%
Type of addiction :		
Heroin	3	6.0
Banjo	20	40.0
Cocaine	2	4.0
Alcohol	3	6.0
Opium	1	2.0
Sedatives (tramadol)	21	42

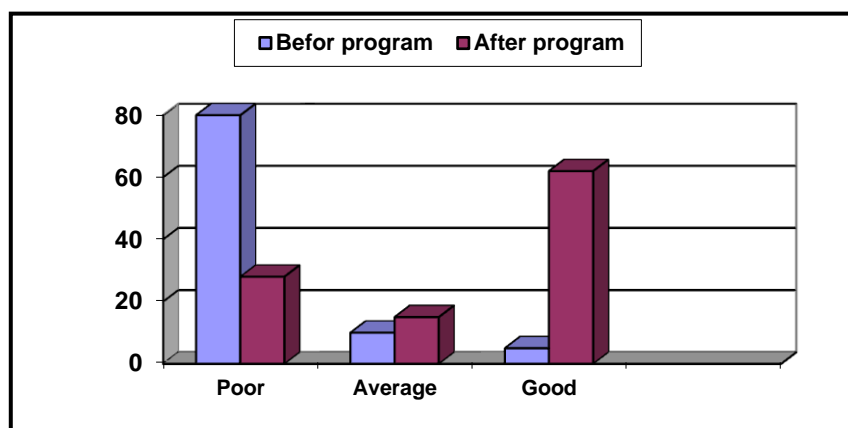| Duration of addiction :		
1<3	31	62.0
3<6	14	28.0
≥6	5	10.0
Mean ± SD	3.5 ±1.5	
Stop trial :		
- Once	19	38
- twice	26	52
- three times and more	5	10.0

Table (3): Number and Percentage Distribution of the studied sample according to factors of addiction

Factors of addiction	Unimportant		Important		Very important	
	No	%	No	%	No	%
1. Family Disturbance	8	16.0	8	16.0	34	**86.0**
2. Job Disturbance	18	36.0	5	10.0	27	**54.0**
3. Personality Disturbance	12	24.0	7	14.0	31	**62.0**
4. Leisure	7	14.0	7	14.0	36	**72**
5. Curiosity	7	14.0	9	18.0	34	**68.0**
6. Financial facilities	28	56.0	9	18.0	13	26.0
7. Busy parents	14	28.0	18	36.0	18	36.0
8. Bad couples	7	14.0	8	16.0	35	**70.0**
9. Imitation others	9	18.0	13	26.0	28	**56.0**
10. Lack of religious morals	5	10.0	14	28.0	31	**62.0**
11. Physical causes	35	70.0	10	20.0	5	10.0
12. TV	18	36.0	22	44.0	10	20.0
13. Internet	9	18.0	28	56.0	13	26.0
Total score	18	36	10	20	5	10

*No are not exclusive

Table (4): Number and Percentage Distribution of the studied sample according to the effect of drugs in their total daily living activities

Daily living activities	No	%
• Never effects	3	6.0
• Mild effects	5	10.0
• Moderate effects	16	32.0
• Sever effects	26	52.0

$X^2 = 77.245$, H.S (**p < 0.001**)

Fig. (1): Comparison of adolescent's Knowledge regarding addiction before & after program implementation
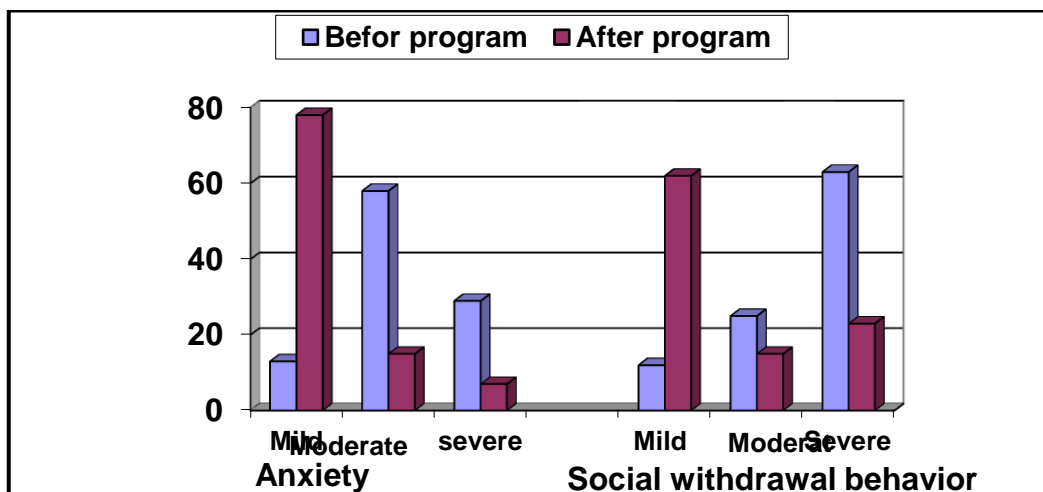
$X^2 = 85.202$, $X^2 = 54.888$ H.S ($p < 0.001$)

Fig. (2): Distribution of addict adolescent according to their psychosocial problems Pre and post program implementation

Table (5): Percentage distribution of adolescent according to their positive & negative home adjustment before & after the program implementation:

Items	Before program			After program			X^2	P-value
	Yes	No	Some times	Yes	No	Some times		
Positive adjustment: - Pay attention to spiritual support (praying & asking god)	12	35	23	44	21	35	54.268	0.000*
- Obey family orders regarding to medical & diet regimen	22	43	35	53	12	30	35.671	0.000*
- Cooperative with siblings & family member	23	55	22	69	15	16	46.805	0.000*
- Inform parents always at the beginning of warning signs	15	51	23	45	35	20	29.186	0.000*
Negative adjustment: Quarrelsome, nervous in dealing with family member	50	20	30	10	58	32	45.244	0.000*
Feel jealousy from siblings	53	12	30	19	54	27	47.941	0.000*
Dependant on parents in satisfying needs	73	7	20	30	40	30	43.122	0.000*
Crying & anxious	71	9	20	40	50	10	40.483	0.000*
Aggressive & anger quickly	69	10	21	21	50	29	53.547	0.000*
Ignore his/her illness requirements	45	25	30	12	68	20	40.987	0.000*

* High statistically significant difference

Table (6): Percentage distribution of adolescent according to their positive & negative school adjustment before & after the program implementation:

Items	Before program			After program			X^2	P-value
	Yes	No	Some times	Yes	No	Some times		
Positive adjustment: - Active participation with teacher at school	15	66	19	59	21	20	49.464	0.000*
- Attaining high score at school despite illness	19	59	18	57	25	18	36.762	0.000*
- Ask colleagues for help if need	22	58	20	45	25	30	23.016	0.000*
- Have a desire to share in hobbies suitable to illness	19	78	3	69	11	20	91.413	0.000*

- Ask permission assertively for frequent urination	75	5	20	45	10	45	18.782	0.000*
Negative adjustment: - Prefer isolation from colleagues	55	20	25	15	50	35	37.381	0.000*
- Feeling inferiority	63	12	25	23	62	15	54.888	0.000*
- Refuse to take medication at school	65	15	20	39	30	21	21.524	0.000*
- Quarrelsome continuously against colleagues	57	33	10	30	29	41	27.481	0.000*
- Need motivation from teacher to study	54	21	25	50	25	25	0.502	0.778
- Prefer to be absent from school	70	10	20	30	60	10	55.048	0.000*

* High statistically significant difference

Table (7): Percentage distribution of adolescent according to their positive & negative social adjustment before & after the program implementation:

Items	Before program			After program			X^2	P-value
	Yes	No	Some times	Yes	No	Some times		
Positive adjustment: - Have a friendship ability	39	51	10	75	10	15	39.926	0.000*
- Participate with friends in sports activities	15	75	10	60	20	20	62.175	0.000*
- Prefer to go with family to visit relatives & friends	5	50	45	60	25	15	69.872	0.000*
- Cooperative with friends in playing & activities	5	50	45	60	25	15	69.872	0.000*
- Talking about inner feeling with surrounding of friends	30	55	15	70	10	20	47.868	0.000*
Negative adjustment: - Isolated from friends	45	10	45	11	69	20	74.322	0.000*
- Avoid to deal with strangers outside home	54	21	25	35	56	14	19.659	0.000*
- Depend on friends in achieving needs	67	13	20	30	60	10	47.707	0.000*

* High statistically significant difference

Table (8): Percentage distribution of adolescent according to their positive & negative compliance with medication adjustment before & after the program implementation:

Items	Before program			After program			X^2	P-value
	Yes	No	Some times	Yes	No	Some times		
Positive adjustment: - Obey medical order regarding to illness & treatment plan	6	50	44	61	24	15	68.539	0.000*
- Discuss with doctor / nurse about ways of prevention	15	65	20	60	18	22	53.710	0.000*
- Optimistic & feeling that medication will cause recovery	29	56	15	72	10	18	50.640	0.000*
- Always taking medication regularly	20	55	25	70	10	20	59.487	0.000*
- Cooperative during periodic follow up with medical team	30	55	15	70	10	20	47.868	0.000*
Negative adjustment: - Refuse to go to hospital for follow up	74	11	15	35	56	14	39.795	0.000*
- Always complain & relate everything to his/her illness	67	15	18	30	60	10	43.399	0.000*
- Continuous argument & Careless in taking medication	54	21	25	35	56	14	19.659	0.000*

* High statistically significant difference

Table (9): Total adjustment of adolescent according the program implementation (pre and post)

Item			Before program	After program	X^2	P-value
Ability of home/family Adjustment	Adjusted All the Time	No.	13	65	67.742	0.000*
		%	13.00%	65.00%		
	Adjusted sometimes	No.	20	20		
		%	20.00%	20.00%		
	Not Adjusted	No.	67	15		
		%	67.00%	15.00%		
Ability of school Adjustment	Adjusted All the Time	No.	25	75	50.253	0.000*
		%	25.00%	75.00%		
	Adjusted sometimes	No.	40	15		
		%	40.00%	15.00%		
	Not Adjusted	No.	35	10		
		%	35.00%	10.00%		
Ability of social Adjustment	Adjusted All the Time	No.	15	83	94.769	0.000*
		%	15.00%	83.00%		
	Adjusted sometimes	No.	69	10		
		%	69.00%	10.00%		
	Not Adjusted	No.	16	7		
		%	16.00%	7.00%		
Ability of compliance with medication	Adjusted All the Time	No.	12	45	62.996	0.000*
		%	12.00%	45.00%		
	Adjusted sometimes	No.	32	49		
		%	32.00%	49.00%		
	Not Adjusted	No.	56	6		
		%	56.00%	6.00%		

* High statistically significant difference

4. DISCUSSION

This study aimed to evaluate the effect of psychosocial nursing intervention program on adjustment pattern of addict adolescent children through, assessing their knowledge about addiction, psychosocial problems, and their adjustment patterns , designing and implementing psychosocial nursing intervention program for improving their adjustment patterns.

The finding of the present study illustrated that, the majority of the studied sample are males and aged between 14 to ≥18 years old. This study was in accordance with (**The Ministry of Social Solidarity in Egypt**, **2017**) who said that the rate of substance abuse was about (10%) of the population, about 9 million people, (72%)of whom were males and also this results supported with (**Lutfi, 2010**) who reported the majority of drug users were aged between 15 and 18, also this investigator clarified that about 439,000 children are regular drug users in Egypt, a major producer, supplier and consumer of narcotics.

The current study showed that about one fifth of the studied sample addicted respectively to Banjo and sedatives. Also more than half of them addicted to the mentioned types of addiction for   1<3 with 3.5 ±1.5 Mean ± SD. It was clear from these results that the majority of the studied samples did the trail to stop the addiction once or twice as cleared from this result. This results may be due to Bango is widely used in the Sinai peninsula and has also been reported in southern Egypt, According to the United Nations Office on Drugs and Crime (UNODC), Egypt's location makes it a transit point for drug trafficking from major production areas in South East Asia and Europe.

These results agree with (**Hamdi et al., 2013)** an Egyptian study termed "Lifetime prevalence of alcohol and substance use in Egypt: a community survey" who found that, Cannabis is the substance mostly misused in Egypt; alcohol is a distant second . Also, These findings highly supported by (**Kallestrup ,2016):**)who mentioned that 12.2 percent of Egypt's students depend on drugs, most of them smoke Bango, three percent prefer Hashish and 0.21 percent take Heroin or chemical drugs.

The study clarified the most important factors were respectively family disturbance, Leisure, Bad couples, Curiosity, Personality Disturbance, Lack of religious morals, Imitation others and Job Disturbance. This study was in agreement with (**NIDA, 2015**) the National Institute of Drug Abuse (NIDA), who mentioned that most of the factors of addicted personal are focused on the social factors namely homeless children failure to fulfill the needs.

This results could be support the fact that the role of the family in providing instruction for positive and adaptive schemas creates better feelings and capability in children, which consider a very important factor in preparing a healthy child physically , mentally and socially and make them able to feel more satisfied with themselves and more able to deal effectively with any stressors and enables them to better cope with problems.

Concerning the daily activities of the studied sample, it was obvious from the current study that more than half of them had sever effect on the daily living of activities, while it was moderate effect on increase motivations. Also As regards Number and Percentage Distribution of the studied sample according to their total daily activities, it was clear that more than half of the studied sample had severed effects.

This study was in accordance with (**NCADD, 2010**) who clarified that the daily activities of the studied sample had sever effects related to the Number of meals /day and Quantity of food but it showed moderate and no effect on Motivations and exercises respectively. This results could be due to addict adolescent does not think he/she is important, expects others to humiliate him, does not trust others, and thinks nobody likes him/her. also feels loneliness and separation from others, and is not interested in him and others.

The recent study revealed that, a highly statistically significant difference between pre and post program implementation as regards adolescent knowledge about addiction. This results may be due to the fact that the adolescent age children have a curiosity to know everything about their disease, problems and its treatment which may acquainted enough about it through the intervention program.

The previous finding concerning that there was a highly statistical significant difference between pre- and post- program implementation as regarding the psychosocial problems among addict adolescents. Meanwhile the anxiety levels and the social withdrawal behaviors of the studied sample were decreased significantly after program intervention. This results could be due to continuous education for addict adolescent through intervention program are providing them with cognitive information focusing on their psychosocial problems which is essential for positive improvement of anxiety level and social withdrawal.

This study was supported by (**Houston ,2017),** who studied Event-related potentials as biomarkers of behavior change mechanisms in substance use disorder treatment and mentioned that statistically significant difference between pre and post the program.

The current study clarified that the positive home adjustment of addict adolescent namely, spiritual support, obeying medical instructions, diet regimen, cooperation with family members and Informing parents about warning signs were upgraded post program implementation. Meanwhile as regard the negative home adjustment of addict adolescent namely, Quarrelsome, nervous in dealing with family members, Dependant on parents, Crying & anxious, Ignoring their illness requirements were highly downgraded in post program implementation. This may be due to addict adolescent after program intervention become more objective in their way of thinking and started to understand the causes and factors predisposing to their addiction and realized the importance of carrying out medical instructions and parent's advices.

These findings were highly supported with the study of (**Azmal , 2016)**) who studied Relapse Coping Strategies in Young Adults Addicts and mentioned that positive home adjustment were post program implementation.

The present study indicated that there was a highly statistical significant difference between pre- and post- program as regards the positive adjustment patterns of addict adolescent toward their school, as active participation, achieving a high score, sharing hobbies. Also their negative adjustment patterns toward their school as preferring isolation, feeling inferiority, refusing to take medication at school, needing motivation from teacher & their absenteeism, were decreased significantly in post- program. This could be due to addict adolescent's attempt to overcome the sense of being different from his colleagues and realize that study is important to compensate their absence from school during their treatment.

This is supported by (**Schmidt, et al., 2007),** who found that addict adolescent improve their feeling isolation, feeling inferiority, needing motivation from teacher after program.

It was found from The current study that there was a highly statistically significant difference between pre- and post-program as regards the positive social adjustment patterns of addict adolescent, their friendship ability , their participation in sports , playing activities, visiting relatives and expression of their inner feelings were improved after program implementation. This could be due to addict adolescent's enhance their awareness regarding the importance of social activities as a part of their treatment and develop a sense of competence. Meanwhile, negative social adjustment patterns in form of social isolation, avoidance of dealing with strangers and dependence in achieving needs decreased significantly in post program. These findings were highly supported with the study of **(Erish,2017),** who studied self-efficacy: relationships to adolescent choices for addiction treatment and observed that after program implementation these negative adjustment patterns were decreased. While the positive adjustment patterns were highly after the intervention to the entire studied sample.

The study finding also, clarified that there was a highly statistical significant difference between pre- and post- program as regards the positive adjustment patterns of addict adolescent towards their compliance to medical treatment, as obeying medical orders, discussion with doctor / nurses the ways of prevention, optimistic feeling towards recovery, taking medication regularly & periodic follow-up . this could be due to awareness of addict adolescent about the benefit of medical compliance .in addition to in this adolescent age they are learning to master independence , they are creative, sociable and develop sense of competence.

Also their negative adjustment patterns as refusing hospital follow up, continuous complaining and argument in taking medication, were decreased significantly in post-program.

The results of the present study cleared that , there was a highly statistical significant difference between pre- and post-program as regards to abilities of addict adolescent to total adjustment to their home, school, social interaction and compliance with medication after program . These findings were highly supported with a similar study of *paul (2005) ,* who studied factors associated with medical and school specialty needs: further evidence for the importance of personality factors and attachment styles, mentioned that negative adjustment patterns were decreased significantly in post- program intervention , also it showed that there was a highly statistical significant difference between pre- and post- program as regards abilities of addict adolescent to adjustment to their home and families, school, social interaction and compliance with medication after program.

5. CONCLUSION

In the light of the present study, it can be concluded that most of the studied addict adolescent were having psychosocial problems, negative adjustment patterns and unsatisfactory knowledge regarding to their addiction pre program. While post intervention significant differences were observed reflecting that intervention program empower their positive adjustment patterns with their community, home and families. Also, it was concluded that the study results support the study hypothesis.

6. RECOMMENDATION

Continuous health educational programs should be provided at the out patients psychiatric clinics for alleviating addict adolescent stressors. Further studies are needed to focus on psychosocial problems among addict adolescent for prevention of the factors hindering their addiction. Psychiatric physician and nurse should have an active role in helping addict adolescent and their families to prevent recurrent of addiction. Further research on large number of substance abuser for teaching them how to cope with their problems effectively.

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