

Cognitive Therapy of substance dependence



amira chaib

University of Oum El Bouaghi. Algeria, chaib.amira@univ-oeb.dz

مخبر تطوير نظم الجودة في مؤسسات التعليم العالي والثانوي، جامعة باتنة 1

samia ibriam

University of Oum El Bouaghi. Algeria, ibriam.samia@univ-oeb.dz

مخبر البحث في دراسات الإعلام والمجتمع ، جامعة تبسة

Received date: 16/01/2021

Revised date:07/03/2021

Accepted date: 10/07/2021

Abstract:

The substance dependence phenomenon is considered an old and widespread in all societies of the world, a real threat to the individual, his health and social relations, and a threat to the state and its economy as well.

This research aimed to identify the problem of substance dependence, its diagnostic criteria and how to treat it based on the principles and foundations of cognitive therapy, where the researchers addressed a set of elements that serve the topic in simple way.

Keywords: : cognitive therapy, substance, substance dependence.

* Corresponding author: samia ibriam, e-mail: ibriam.samia@univ-oeb.dz

Introduction:

Substance dependence is a physical need for a specific substance, In other words, substance abuse leads to substance dependence, As a person continues to use drugs or alcohol as a coping mechanism, he or she eventually develops a dependence on that substance.

Therein lies the problem with substance dependence: you're not dependent on the drug right away. Over time, you develop a tolerance until one day you barely receive any reward at all. You remember how good it used to feel and you keep trying to recapture that first high, you may even start noticing withdrawal effects when you stop using ; You have become substance dependent.

Substance-dependent users show marked cognitive, behavioral, and psychomotor retardation in their daily activities.

From this, cognitive therapy tried to treat substance dependence by focusing on the addict's thoughts and beliefs, is based on the principle that thoughts and perceptions can impact our feelings and behaviour, According to Beck, thoughts, feelings and behaviours are interconnected and by identifying and changing inaccurate thinking, problematic behaviour and distressing emotional responses, individuals can work towards overcoming their difficulties (substance dependence) and meeting their goals.

Hence, to that ,therapists work collaboratively with patient to develop skills for identifying and replacing distorted thoughts and beliefs, ultimately changing the associated habitual behaviour towards them.

To develop a successful treatment plan based on cognitive therapy, we must first know:

- What is substance dependence in an overview?
- What is the definition of substance dependence?
- What are the criteria for diagnosing substance dependence?
- How cognitive therapy can treat substance dependence?

1-Overview of substance dependence :

we consider drugs addiction or illicit substances dependence as an old phenomenon that appears in various societies, as there have been numerous studies about it to find suitable solutions, and over the years we have seen that substances have evolved and reshaped in many types, it can be natural as it can be a manufactured, each type with a special effect on the user's body, thoughts and moods.

Some of the substances have low addictive potential (e.g.,hallucinogens), while others have high addictive potential (e.g, crack

cocaine).Some are typically smoked (e.g, nicotine, cannabis,crack and cocaine),others are ingested orally (e.g,hallucinogens and sedatives);while still others are taken intranasally (e.g,powdred cocaine and inhalants).Some drugs lead the user to feel "up"energized (e.g, amphetamines and cocaine); some cause the user feel "down" or relaxed (e.g,sedatives,hypnotics, and anxiolytics); while others (e.g, alcohol and nicotine) simultaneously have both effects on the user.(Beck & all,1993, P.2)

So it can be said that different drugs/substances produce different patterns of addictions/dependences, as we can find some individual consume more than one type of those.

That's why the terms **polydrug** or **polysubstance use**,are used to describe individuals who consume more than one of these substances.(Department of Social Protection,N.D, P.5).

Many young people start using these substances because of peer pressure or because their parents and other authority figures tell them not to, as for many others who become addicted to drugs, the pursuit to have it takes centre stage in their lives and becomes even more important than family, work, or their own welfare, so we can see that substance dependence does not affect the individual only, but it affects all his life sides even his family.

In this regard, we find a study conducted by **(Slimani,2012)** entitled« **Substance dependence and its impact on the family** »,the study aimed to reavel the change in the lives of addict's parents,which causes them a lot of suffering, grief and sadness, the results have confirmed that :There is an effect of a son's addiction on a parent's life on three levels:

- The psychological level :Feeling anxious, fearful, depressed, hopeless, frustrated, and feeling guilty.
- Relative family level :Disturbance of the relationship between parents,Lack of discussion and communication while dealing with problems.
- Social situation:Absenteeism in some cases,Interruption of communication between them and between friends and family,Avoid gatherings and visits.(Slimani,2012,P.8)

All countries set up preventive and curative efforts to face up the substance dependence's problem, it has realized security, healthy, socially, economic and legalplans scientifically and professionally,the treatments differed betweenmedical and psychological treatments such as analytical, cognitive, behavioral and other treatments.

Many studies have relied on psychological treatments to develop methods, whether preventive or therapeutic for addiction,as an example this study in which **(AL Ateek & all,2019)** relied on cognitive therapy ,to find out the

effectiveness of of an environmental cognitive program for developing Social skills and consensual behavior among a sample of recovered drug addicts ,This study was conducted on (30) individuals (15) of them served as experimental group and (15) served as control group, adopted the descriptive method and experimental one, and used the social skills scale and adaptive behavior scale alongside with applying an environmental cognitive program consisting of (16) sessions, each session takes (45) minutes and their results were as follows:

- There are statistically significant differences among rank means of sample of recovering drug addicts (experimental group) in the pretest and consecutive test for social skills and adaptive behavior when they responded to an environmental cognitive program.

- There are statistically significant differences among rank means of sample of recovering drug addicts (experimental group) in the consecutive test and posttest for social skills and adaptive behavior when they responded to an environmental cognitive program.

- There are statistically significant differences among rank means of sample of recovering drug addicts (experimental group & control group) in the pretest for social skills and adaptive behavior when the experimental group responded to an environmental cognitive program.(**AL Ateek & all,2019,P.17**)

If the substance dependence disorder left untreated, dependence on illicit drugs can be dangerous, it may increase the drug use as the body adapts to the drugs, this can result in overdose or death, However Treatment can reverse dependence, but it must be a desire to be treated, Sometimes, treatment is successful the first time, but relapse is common, Ongoing therapy and support groups can help the recovering and address symptoms of relapse.

2- defination of substance dependence (addiction) :

Addiction; from the Latin verb 'addicer' to give or bind a person to one thing or another. Generally used in the drug field to refer to chronic, compulsive, or uncontrollable drug use, to the extent that a person (referred to as an addict) cannot or will not stop the use of some drugs.it usually implies a strong psychological and physical dependence resulting in a Withdrawal syndrome when the use of the drug is stopped. Many definitions place primary stress on psychological factors, such as loss of self-control and overpowering desires.(Nelson & all,1982,N.P)

Drug dependence occurs when you need one or more drugs to function,The American Psychiatric Association (APA) used to distinguish between dependence and abuse.Abuse was considered the mild or early phase of inappropriate drug use that led to dependence. People viewed dependence as a

more severe problem than abuse.(Timothy,2018,Update from :<https://www.healthline.com/health/drug-dependence>).

The (American Psychiatric Association,1994)alsodefined drug addictionformerly known as a substance dependence :is chronically relapsing disorder that is characterized by :

- A compulsion to seek and take drugs .
- Loss of control in limiting intake .
- Emergence of a negative emotional state(e.g.,dysphoria, anxiety,irritability) when acces to the drugs is prevented.(Koob & all, 2014,P.1).

Also (ghabari,2017) has been defined it as :substance dependence is the frequent use of a substance , so that the individual becomes a thirst for it at any cost and at any time.(El Mouata & all,2017,P.343).

(Kaloiya&Sonkar 2018) mentioned that : dependence is generally thought to indicate a central role of the substance in an individual's life, with problems relating to controlling intake, and the emergence of physical and psychological difficulties despite which the individual continues to use the substance.(Kaloiya &Sonkar,2018,P.166).

From previous definitions, we can say that drug abuse in a continuous way inevitably leads to addiction, often the most preoccupation of the addict is how to get the substance at any cost, and at any time without taking into account or considering the consequences of this desire, which may push him into certain deviant and criminal behaviours, such as theft, and even murder- in some cases- to get money and buy those substances, If an individual falls into a trap of addiction means to destroy all aspects of his life Psychologically, physically, marital or family, professional and economic, Therefore the phenomenon of addiction is considered a scourge that affects the economy of the largest countries that have invested a lot of money in building private hospitals, rehabilitation centres and specialists to eliminate or reduce this phenomenon, but all these efforts have not been able to control and contain the problem of addiction and drugs in a final way. Substance dependence remains a threat to all states and societies that spreads between all the different classes of society (rich or poor)age groups and different categories Exception, even among children.

3- Diagnostic criteria for substance dependence disorder :

The **APA** replaced "dependence" and "abuse" with "substance use disorder" in the 2013 edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This diagnosis focuses on the disorder involving the use of the substance.(Timothy,2018,Update from :<https://www.healthline.com/health/drug-dependence>).

Both the **DSM-IV**, **DSM-5** and the **ICD-10** set criteria for diagnosing and knowing whether an individual is in the stage of addiction, by identifying the different symptoms and their duration, and this is exactly what the following table shows :

Table N(01) :Diagnostic criteria for substance dependence disorder .

| DSM-5 | DSM-IV | ICD-10 |
|--|--|--|
| <p>A problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following occurring within a 12 month period :</p> <p>1-Tolerance is defined by either of the following : * a need for markedly increased amounts of substance to achieve intoxication or desired effect . * a markedly diminished effect with continued use of the same amount of substance.</p> <p>2-Withdrawal is manifested by either of the following : * the characteristic withdrawal syndrome for substance . * substance is taken to relieve or avoid withdrawal symptoms.</p> <p>3-There is persistent desire or unsuccessful efforts to cut down or control substance use.</p> <p>4-Substance is often taken in larger amounts or over a longer period than was intended.</p> <p>5- Important social, occupational , or recreational activities are given up or reduced because of substance use.</p> | <p>A maladaptive pattern of substance use ,leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period /</p> <p>1-A need for markedly increased amounts of a substance to achieve intoxication or desired effect ; or markedly diminished effect with continued use of the same amount of the substance.</p> <p>2-The characteristic withdrawal syndrome for substance or use of substance (or closely related substance) to relieve or avoid withdrawal symptoms.</p> <p>3-Persistent desire or one or more unsuccessful efforts to cut down or control substance use.</p> <p>4-Substance used in larger amounts or over a longer period than the person intended.</p> <p>5-Important social, occupational, or recreational activities</p> | <p>Three or more of the following have been experienced or exhibited at some time during the previous year :</p> <p>1-Evidence of tolerance, such that increased doses are required in order to achieve effects originally produced by lower doses.</p> <p>2- A physiological withdrawal state when substance use has ceased or been reduced as evidenced by : * the characteristic substance withdrawal syndrome, or use of substance to relieve or avoid withdrawal symptoms.</p> <p>3-Difficulties in controlling substance use in terms of onset, termination , or levels of use.</p> <p>4- Progressive neglect of alternative pleasures or interests in favor of substance use ; or a great deal of time spent in activities necessary to obtain, to use, or to</p> |

| | | |
|--|---|---|
| <p>6-A great deal of time is spent in activities necessary to obtain substance, use substance, or recover from its effects.</p> <p>7-Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance .</p> <p>None</p> <p>8- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.</p> <p>9-Recurrent use in situations in which it is physically hazardous.</p> <p>10-Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home .</p> <p>11-Craving or a strong desire or urge to use alcohol (or other substance).</p> | <p>given up or reduced because of substance use.</p> <p>6- A great deal of time spent in activities necessary to obtain, to use, or to recover from the effects of substance used.</p> <p>7-Continued substance use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by use.</p> <p>None.</p> | <p>recover from the effects of substance use.</p> <p>5-Continued substance use despite clear evidence of overtly harmful physical or psychological consequences.</p> <p>6- A strong desire or sense of compulsion to use substance.</p> |
|--|---|---|

(Koob & all, 2014,P.3)

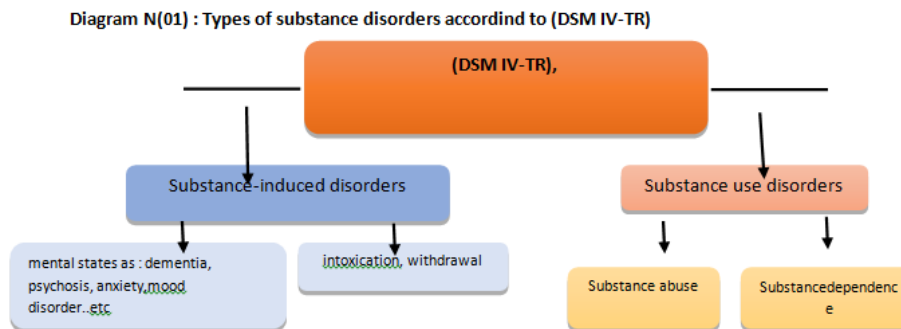
From the above table, it becomes clear to us that each of the **DSM-IV**, **DSM5** and **ICD10** set criteria and clinical tables that the clinicians can use in diagnosing dependence accurately, as we note that all of the previous criteria share in identifying some symptoms, as they differ in the number of symptoms observed and their duration.

Also according to the mental health clinician's handbook, Diagnostic and Statistical Manual of Mental Disorders (DSM), fourth edition text revised (DSM IV-TR), all of the substances with the exceptions of nicotine and caffeine, have disorders of two types: substance use disorders and substance-induced disorders :

- Substance use disorders include abuse and dependence.
- Substance-induced disorders include : intoxication, withdrawal, and various mental states (dementia, psychosis, anxiety, mood disorder, etc.) that the substance induces when it is used.(American Psychiatric Association,2000,N.P)

Through this explanation, we can put this diagram to clarify and differentiate more between the two disorders :

Diagram N(01) : Types of substance disorders accordind to (DSM IV-TR)



4- The cognitive therapy of substance dependence :

Cognitive therapy is an active, collaborative, focused form of psychotherapy developed from the findings that psychological disturbances frequently involve habitual errors in thinking. The underlying theoretical rationale stipulates that the way an individual feels and behaves is largely determined by the way he or she construes his or her experiences. Further, the model stipulates that psychological disorders are characterized by dysfunctional thinking derived from dysfunctional beliefs. Initial improvement results from modification of the dysfunctional thinking and durable improvement from modification of dysfunctional beliefs, a major obstacle to eliminating using or drinking is the network of this dysfunctional beliefs that center around the drugs or alcohol. examples of these beliefs are : "i can't be happy unless i can use", and " i am more in control when i 've had a few drinks " ..(Beck & all,1993,PP.25-124).

In another word, Cognitive Therapy is based on the premise that what we think affects our emotions, what we choose to do or avoid, and our physiological reactions ,In fact, most situations remain neutral until we assign meaning based on how we interpret the situation, Many of us grew up hearing "Don't believe everything you read", because of the potential bias in how stories are written. Cognitive therapy teaches a similar philosophy: "Don't believe everything you think, because your thinking may be biased" .(Oakley,2020,Update from : <https://www.cognitivetherapyla.com/CognitiveTherapy.php>).

Addicted individuals often try on their own stop using or drinking. However ,when they experience the craving they feel disappointed if they restrain themselves from using or drinking. They perceive their feelings of disappointment and distress as intolerable ; the thought : "i can't stand this feeling ", upsets them even more .Hence, they feel driven to yield to the craving in order to dispel the sense of loss and relieve their distress. Patients often have a

cluster of beliefs that seem to become stronger when they decide to stop using. These center around the anticipated deprivation: "there is nothing left in life for me", "i will be unhappy", or "i will lose my friends". Another set of beliefs centers around the addicted individual's sense of helplessness in controlling the craving: "the craving is too strong", "i don't have the power to stop", or "even if i do stop i will only start up again." These beliefs become self-fulfilling prophecies. Since the patients believe they are incapable of controlling their urges, they are less likely to try to control them and, thus, confirm their belief in their helplessness in overcoming their addiction. (Beck & all, 1993, pp. 25-26).

Generally, we are not aware of the connection between our thoughts and emotions because the situation is so absorbing. Even if we are aware of our thoughts we seldom stop to question if they are accurate, research has shown that much of negative emotion is related to inaccurate thinking; Cognitive therapy involves learning skills that allow you to see the connection between thoughts and upsetting feelings, to appraise the accuracy of these thoughts that are creating upsetting feelings, and if they are inaccurate, to make them more accurate,

However, this therapy is not merely positive thinking but is the pursuit of accurate thinking. The problem with positive affirmations are that they are often not very believable or true. For example, if you are having "one of those days" filled with frustration and disappointments, saying to yourself: "Each day can be a little better, each and every way" is not likely to make you feel better. The reason why this positive statement wouldn't make you feel better is because you have data that indicates that this thought is clearly inaccurate. Changing your thinking in ways that are most accurate and believable generally does make you feel better. (Oakley, 2020, Update from: <https://www.cognitivetherapy.com/CognitiveTherapy.php>).

"Schemas" a cognitive concept, many cognitively-based interventions for psychological problems focus upon dysfunctional automatic thoughts and associated cognitive processes and structures both as explanatory mechanisms and as potential vehicles of therapeutic change. Considerably less attention has been paid in this area and elsewhere to what may be regarded as more basic core beliefs or schemas that are less situation-specific and have a more pervasive influence on an individual's psychological functioning. (Roper & all, 2009, P. 207).

(Beck, 1967) defined schemas as cognitive structures for screening, coding, and evaluating stimuli that impinge on the organism. They are considered to develop during childhood, serving as a template to process experience throughout life. (Young & all, 2003).

Maladaptive schemas can evolve through early noxious experiences and are later triggered by situations similar to the experiences in response to which they initially evolved. (Roper & all, 2009, P. 207).

Furthermore, substance dependence is thought to be one of many coping strategies that individuals may engage in to avoid negative affect triggered by maladaptive schemas.

The aim of schema-focused therapy is to modify maladaptive schemas by helping the individual accommodate new experiences that disprove the original schema and facilitate more adaptive coping behaviours (Young et al.2003).

Nevertheless relatively little is known about the existence or impact of early maladaptive schemas in different patterns of substance abuse, or whether targeting schemas in treatment is necessary. (Roper & all,2009, P.207).

Hence, Cognitive therapy is a system of psychotherapy that attempts to reduce self-defeating behavior by modifying erroneous thinking and maladaptive beliefs and teaching techniques of control. The therapeutic approach consists of undermining the urge by weakening the beliefs that feed into the urge and, at the same time demonstrating to the patient various ways of controlling and modifying their behavior. (Beck & all,1993, P.41).

A number of studies have relied on cognitive basics to treat the different patterns of substance dependence, as this study "Cognitive Remediation Therapy During Treatment for Alcohol Dependence" by (Rupp & all,2012), This study aimed to determine whether cognitive remediation (CR) therapy applied during treatment for alcohol dependence improves cognitive functioning in alcohol-dependent inpatients, a secondary aim was to evaluate whether the benefits of CR generalize to noncognitive clinically meaningful outcomes at the end of inpatient treatment, the results indicated that, relative to patients completing conventional treatment, those who received supplemental CR showed significant improvement in attention/executive function and memory domains, particularly in attention (alertness, divided attention), working memory, and delayed memory (recall). In addition, patients receiving CR during alcohol-dependence treatment showed significantly greater improvements in psychological well-being, and in the compulsion aspect of craving, CR during inpatient treatment for alcohol dependence is effective in improving cognitive impairments in alcohol-dependent patients. The benefits generalize to noncognitive outcomes, demonstrating that CR may be an efficacious adjunctive intervention for the treatment of alcohol dependence. (Rupp & all,2012, PP.625–634).

The major goal of cognitive therapy is to teach you a method for testing the accuracy of your thoughts so that you are able to "lighten your load of unnecessary emotional baggage" and use the extra energy to pursue more productive courses in life.

Cognitive therapists don't tell the individuals that their thinking is wrong, but instead teach them methods to discover, using their own experiences and behavioral experiments, the types of thinking that make them feel worse and less able to cope with difficulties. By learning to test your thoughts through real life experiments, you can discover more balanced ways of thinking. More balanced thinking will enable you to control a variety of emotions that, prior to therapy, seemed overwhelming. (Oakley,2020, Update from :<https://www.cognitivetherapyla.com/CognitiveTherapy.php>).

Table N(02) :How Cognitive Therapy Is Different From Other Therapies.

| How Cognitive Therapy Is Different From Other Therapies. | |
|--|--|
| COLLABORATIVE THERAPEUTIC RELATIONSHIP | Cognitive therapy is based on the philosophy that people can learn to be their own therapist. The relationship with your therapist will be a collaborative one. Rather than a doctor-patient role, where you are often not a part of treatment planning and goal setting, we will emphasize a teacher-student relationship where you assume an active role. This reduces the likelihood of dependence and empowers you to solve future difficulties independently. |
| TIME LIMITED TREATMENT | Cognitive therapy is usually short-term with the average treatment being 8-16 weeks. Maladaptive emotions, beliefs, and behaviors are measured when you begin therapy. These are then measured again at frequent intervals during treatment to assure that therapy is working. If appropriate progress is not accomplished then adjustments are made. The required length of treatment depends upon the nature of the difficulty. However, even when longer term treatment is required, short term goals are mutually agreed upon and reviewed periodically. It is imperative that at all times you understand and agree with the |
| SKILL ACQUISITION | Once the goals and methods are mutually agreed upon, your therapist will teach you skills that can be applied not only to your present difficulties but to future problems as well. This enables you to more effectively maintain progress and continued healthy growth in the future. One skill that is central to Cognitive Therapy is the Thought Record . Thought records are utilized in a process designed to understand the connection between thoughts, emotions, behaviors and physiological reactions. Once this connection is established and clarified, Thought Records are then used to appraise the accuracy of those thoughts that are central to distressing emotion or maladaptive behavior. If these thoughts are determined to be inaccurate, then the goal is to replace them with more accurate thoughts that are believable. If thoughts are determined to be accurate, then the goal is to problem solve. |

.(Oakley,2020,Update from :

<https://www.cognitivetherapyla.com/CognitiveTherapy.php>).

When drug abuse escalates to dependence, treatment becomes complicated, there are many psychological treatments, including cognitive therapy, which has confirmed its effectiveness in many cases of dependence, but this does not mean that it applies to all dependence cases, there are more complex cases that require medical intervention beside psychological treatment plan that may be a combination of two or more treatments (e.g.Cognitive behavioural therapy), and thus a successful clinician selects the most effective therapy program for his patient.

Conclusion :

In conclusion, we can say that the phenomenon of substance dependence is very serious that has threatened societies since ancient times, and there are many treatment programs that can be relied upon to reduce and contain this phenomenon, and cognitive therapy is considered one of the most successful treatments, as it can be relied upon even in building some programs Preventative, such as working to change the positive attitudes of individuals towards dependence and abuse, these trends can be the first step towards drugs, so working to reduce this phenomenon is the responsibility of everyone, starting from the family to which the individual belongs, to the state and providing the means, centers and institutions. To take care of addicts.

Recommendations and proposals :

- ❖ More psychological care of addicts, especially in Algeria, where there are no rehabilitation centers and qualified professionals for psychological support.
- ❖ Preparing preventive programs instead of waiting for substance dependence.
- ❖ More awareness about substance dependence, even in primary schools.

Recommendations and proposals :

- ❖ More psychological care of addicts, especially in Algeria, where there are no rehabilitation centers and qualified professionals for psychological support.
- ❖ Preparing preventive programs instead of waiting for substance dependence.

More awareness about substance dependence, even in primary schools

Bibliography:

- 1 - Al-Ateek, A & all (2019). The effectiveness of an environmental knowledge program for developing social skills and consensual behavior among a sample of recovered drug addicts. Journal of the College of Education : - Ain Al-Shams University.
- 2 - American Psychiatric Association. (2000). Diagnostic criteria from DSMIV-TR. American Psychiatric Pub.
- 3 - Beck, A & all (1993). Cognitive therapy of substance abuse. The Guilford Press : New York.
- 4- Department of Social Protection, Substance and Drug Dependency. BearingPoint, Atos Healthcare & DSP EBM Substance Abuse. Version 5.
- 5- El Mouata, H & all (2017). The phenomenon of drug abuse and its effects on the occurrence of crime. Journal of Educational science : Jordan.
- 6- Kaloiya, G & Sonkar, M (2018). Substance Abuse Disorder and its Management. In book: Alcoholism: Causes Symptoms Effect and Treatment. Publisher: Manakin Press : New Delhi.
- 7- Koob, G and all (2014). Drugs addiction and the brain. Academic Press of Elsevier, Oxford : UK.

8-Nelson,J & all (1982).Guide to drug abuse research terminology .National institute on drug abuse .Rockville MD.

9-Roper.L & all (2009), Maladaptive Cognitive Schemas in Alcohol Dependence: Changes Associated with a Brief Residential Abstinence Program, Division of Clinical Psychology. School of Population,Community and Behavioural Sciences, :University of Liverpool,Whelan Building, Liverpool L69 3GB :UK

10- Rupp,C & all (2012).Cognitive Remediation Therapy During Treatment for Alcohol Dependence.*Journal of Studies on Alcohol and Drugs*, 73(4) :New jersey.

11- Slimani,F(2012).Substance dependence and its impact on the family. Master Thesis in Psychology.Faculty of Social Sciences, Department of Psychology and Education Sciences : University of Oran.

12 - Young, J & all (2003).Schema therapy:A practitioner's guide. New York: Guilford Press.

Web site :

13-Oakley(2020),Update from : <https://www.cognitivetherapyla.com/CognitiveTherapy.php>.

14 - Timothy(2018),Update from : <https://www.healthline.com/health/drug-dependence>).