THE EFFECT OF GROUP COGNITIVE – BEHAVIORAL TREATMENT WITH PSYCHOLOGICAL - PEDAGOGICAL APPROACH ON WELFARE PSYCHOLOGICAL OF WHO ARE SUFFERING FROM SPINAL CORD INJURY PARAPLEGIA – THE MEMBER OF RASHT PROVINCE WELFARE ORGANIZATION

Zinat Sadat Mirpour 1, Javad Khalatbari 2, Shohre Ghorban Shiroudi 3

1 Department of Clinical Psychology, Guilan Science and Research Branch, Islamic Azad University, Guilan, Iran
2 Department of Psychology, Tonekabon Branch Islamic Azad University, Mazandaran Iran.
3 Department of Psychology, Tonekabon Branch Islamic Azad University, Mazandaran Iran.

Abstract

Goal: this research has been done to assign the effect of group cognitive – behavioral treatment with psychological-pedagogical approach on welfare psychological of who are suffering from spinal cord injury paraplegia – the member of Rasht province welfare organization. The way of investigation: the present study is a quasi – experiment type with post and pre test and control group. the sample group capacity consist of 30 person who are suffering from spinal cord injury paraplegia that according to study criteria are: 1- absence of narcotics 2- absence of case history psychotherapy disorders 4- the age of(25-45) 5- back ground of suffering to injury (2-10) year, have been chosen randomly. The data gathered through using welfare psychology questionnaire (1980) the collecting analyzed by variance of some variables. Findings: the result of some variables variance analysis shows that the grades of psychology welfare in welfare psychology had meaningful relation after interference (p<0/05). Conclusion: the result of this study shows that group cognitive – behavioral treatment with psychological-pedagogical approach on welfare psychological of who are suffering from spinal cord injury paraplegia is meaningful.

Keywords: Group Cognitive – Behavioral Treatment, Psychological- Pedagogical Approach, Welfare Psychological, Spinal Cord Injury Paraplegia.

1. Introduction

In spite of improvement and achievement in today’s industries society related injuries and dangers are inevitable. One of consequent of this way of living is the high rate of contagion of spinal cord injuries because of driving accidents, sport event, falling down of heights. The one who suffer from physical disability specially spinal cord paraplegia , lose his control on many of natural performances , in order to move needs a wheelchair and not only needs other people’s help to do his duties (Moghadam, Davatgaran and colleague 2007) ; but experience a painful shortage that has physical and emotional importance (Moradi and Calantari 2006). Based on natural – psychological- social attitudes, the ones who suffer from spinal cord bear some other physical, psychological and social condition either that need coincidence and useful conversion. Changes that come with spinal cord are: 1- lake of privacy 2- absence of freedom 3- change of role and life style 4- absence of confident toward future 5- feeling inanity 6- separation from family 7- disability to control body performance 8- changing in body appearance (Moghdam, Habibi and colleagues 2007). Since handicaps experience more psychological and depression than other people (Turner and Biser 2004 ) and this problem convert to crisis like havinity conflict with itself , family and society which has a consistent and tense nature ; therefore it is expected that the damage on handicap’s psychological health which suffer from spinal cord can be qualified to survey ; with the respect to expanded spectrum of emotional reaction and physical barriers and difficulties come from association in communities and rely on member of family in doing personal affairs and losing social and economical position that he or she had in the past , is one of relative variable driven from spinal cord injuries.
Psychological welfare mentions how people assess their lives (Diener 2000). Psychological welfare consist of person’s perception from harmony rate between definite and designed goals with functional outcomes that obtain from continuous assessment and lead to internal satisfaction and somehow consistent during life (Goldsmith, Vium & Drait 1997 by Khosroshahi & Nosratabad narration 2011). Rif and his colleagues in an attempt to introduce dimension and indexes of psychological welfare define and perform a model consist of 6 structure (Ryff & Singer 1995, Singer & Shart 1997 by Zanjani Tabasi narration). The factors of this structure are: self acceptance toward positive view, recognizing different aspect that can be positive or negative and positive feeling about past will be explained. Having positive relation with others, feeling satisfactory, attention to others health and happiness, sympathizes with them imputed. The next factor is self – determination that shows the ability to resist against social pressures, the ability to adjust behavior from inside and self assessment through personal criteria. Meaningful life also defined by having goal and direction in life , giving meaning to life in the past and present , having a belief that give a goal to life . The last factors to imply personal growth are having continuous feeling of growth; always feel to advance and reform, being summiness for new trade, having a sense of recognition, potential ability of its own (Rif and colleagues 1997; by Vising & Fori narration).

Mental welfare has been defined as a central element, as a good life for a long time. From the evolutionary point of view, positive mental welfare has a correspondence role in increasing human survival through persuading people to survey and making sources to manage disasters and productive factors of stress. (Diener 1995 by Nansok Park; 2004). The importance of mental welfare has been recognized for psychological heath for a long time. In the early of first decades of this century, Carl Mininger (1930) explained mental welfare as correspondence humans with world with each others, combined with the ultimate happiness and competence.

It seems that mental welfare as a bulkhead against the negative result of different psychological disorders can be effective. Mental welfare is not only a general index for positive growth but promotes and keeps mental health. (Park, 2004)

Because of this; to tangle with psychological reaction from spinal cord disability there are some other different psychological treatment that can be useful, propositional interference in present plan, is cognitive - behavioral interference with psychological – pedagogical approach.

Cognitive –behavioral treatment is a combination of two approaches that is behavioral treatment (most of them are under Palfi and Vnopalfi condition) and cognitive approach – which are appeared in cognitive treatment or in psychological framework. today this approach contain different theories and views that the only commonality of them, is the attention to role of cognitive process in processing data of person’s reaction to stimulant. This approach applies expressions and concepts that is meaningful in behavioral framework and is measurable (Aslani, Hashemian and colleague, 2007).

But the thing that make cognitive –behavioral group effective in combination with group treatment, is the forte of group treatment in comparison with individual treatment are : the ability to immediate feedback of same patient, the ability to view psychological answers , excitement of patient’s behavior by him or herself and curer toward people that inflame types of transferences . (Kaplan, Saduk and Benjamin, translation of Purafkari, 2003). and the thing that magnify psychological –pedagogical approach toward group cognitive – behavioral treatment , is the psychologists emphasis during recent decades on this issue that most of the disorders and injuries are the result of disability to the person’s control and unable to face with hard circumstances and being unprepared to solve the problems and affairs of life . to do so , psychologists gathered by the support of social and teaching life institutes to prevent from making harmful behaviors to health and promoting people psychology health .(world health institution 1996). And to do this goal , psychological teaching for the one who suffer from spinal cord injury of problems and new needs related to handicaps can be helpful to adapt his/her life with the circumstances and promote psychological welfare .

The thing this study is going to answer is that whether the group cognitive – behavioral treatment with psychological- pedagogical approach on welfare psychological of who are suffering from spinal cord injury is effective or not? Moradi and Kalanitary (2006) in their studies on women with such disability find out; teaching life skills can increase psychological health and decrease anxiety in a meaningful way.

In Usefi’s study (2009) reported that the knowing treatment to leave automatic thought of Qum devotee, prepare more psychological welfare for them.
Aghabagher, Mohammadkhani and colleagues (2012) find out group cognitive treatment lead to increase mental welfare and hope in patients who suffer from MS. Faramarzi, Homaie and colleagues (2009) mention that group cognitive – behavioral treatment increase health of women who have handicaps husband. Moghdam, Ghorbani, and colleagues (2012) reported that group cognitive – behavioral treatment is effective to decrease the psychological symptom of patient who suffers from MS. Moradi , Rezaie Dehnavi (2012) reach to this conclusion from the happening researches that each of group teaching methods of self-esteem, teaching group independency and teaching group motivation can be effective on handicaps self-esteem.

In Mahta and colleagues studies (2012) reported that interfere cognitive – behavioral treatment is an effective way to cure the psychological consequents like depression, anxiety, confrontation with stress and adapt with disability of who suffer from spinal cord. Dorestin (2012) in his/her studies find out the cognitive – behavioral treatment has immediate benefits and help to improve people life quality after spinal cord injury. Ringinz and colleagues (2011) from their studies on spinal cord injuries figure out that the people who walk after using wheelchair have better life quality in comparison with those who don’t try wheelchair, also they have less depression and pain.

The present study with understanding the importance of this issue that most of family problems, social and economical of handicaps depends on their views toward disability and condition driven from that in social performance especially family rather than disability by itself. So dealing with such psychological problem of handicaps is very important. (Hamidreza Darmani 2006). Also according to existing statistics in handicaps isolation because of broken down from social activities, differences and discontent of crisis the roles & absence of emotional, sexual, economical, and... Needs, the present research has an extra importance. on the other hand representing rehabilitation services and keeping by welfare institute and drug expenses issued by psychological conflicts that bring so much expenses for the government; the importance and the need for present study with goal, assign the effectiveness of group cognitive – behavioral treatment with psychological –pedagogical – approach on psychological welfare rate for spinal cord paraplegia before and after of interference.

2. Research Instrument

To collect the data of research the following instrument has been used:

Demographic questionnaire

Ryff's welfare psychological questionnaire (1980) has been made. The main form consists of 120 questions but in the next studies shorter forms 84 questions, and 54 questions and 18 questions prepared. In the present research the form with 84 questions has been used. Psychological welfare scale has 6 small test, self-acceptance, positive relation with others, self-determination, meaningful life, characteristic growth, dominance on environment. In form 84 questions each factor consist of 14 question and based on 6 degrees scale (the grade 6 means agreeable and the grade 1 means completely disagree)

The phrase35,34,32,31,29,27,24,22,20,18,17,15,13,11,9,7,4,2,1,37,41,42,43,44,45,54,55,56,58,60,61,62,63,65,66,73,75,76,82,83,84 have been scored reversely. The consistency index by Rif welfare psychological questionnaire 82% and small scales of self-acceptance, positive relation with others, self-determination, dominance on environment, meaningful life, characteristic growth, respectively %71,%77,%78,%70,%77,%78,obtained that is statically meaningful (Bayani and colleagues,2008). Also the content for these 6 scales 0/37 to 0/85, have been assessed and confirmed by Bayani and colleagues (2008).

3. Research Method

In this study post and pre test and control group has been used. The plan of this study is a quasi – experiment type. The sample group capacity consists of 30 persons who are suffering from spinal cord injury paraplegia members of welfare institute of Rasht in 1392, first the demographic questionnaire implied entrance criteria to study: 1- age 20-30 2- absence of using narcotics 3- absence of tendency to narcotics 4- background infection between 2-10 years ,and 60 persons have been chosen, then among qualified individuals in the present research plan Rif welfare psychological questionnaire represent and complete by survey unit. Then
30 persons that in Rif scale obtained at least 1 point lower than average randomly substitute in two groups (15 persons in experiment and 15 persons witness). In experiment group during 10 sessions and each session takes 90 minutes, received interference group cognitive–behavioral treatment with psychological-pedagogical approach and witness group received no interference. Then both group at the same time and in a same circumstances with Rif questionnaire examined in post test. The summary of teaching session group cognitive–behavioral treatment with psychological-pedagogical approach

Session one
Salutation, review on session's content, set group rules and discipline
Introduction and knowing each other
Teaching in definition, reason and types of spinal cord and physical side effects on bladder, intestine, and skin
Homework: study teaching guide based on represented materials in session

Session two
Review the last session homework
Teaching physical side effects of spinal cord injury on nutrition and sexual performance represented in two separated groups by the nurse of spinal cord injury rehabilitation.
Homework: study teaching guide based on represented materials in session

Session three
Review the last session homework
The member of group by help of curer rehabilitation team of spinal cord injury acquire necessary teaching to transfer and special sports of paraplegia.
The members of group familiar with psychological effects of spinal cord injury disability by psychologist.
The members of group through stating their personal experience about psychological effects of spinal cord injury disability, in addition to knowing their feeling and thoughts, set the necessity of cognitive–behavior interference.
Homework: writing its own experience in psychological differences communications after happening spinal cord injury and study training book with respect to represented material by curer

Session four
Review the last session homework
Teaching detection thoughts from feeling and ways of getting meaning in events
Teaching A-B-C chain
Teaching spontaneous thoughts and recognition of it through daily self-assessment skill and set behavioral outcomes
Homework: by implying an active event asked members to complete mentioned activities

Session five
Review the last session homework
Teaching SUD techniques
Teaching 17 cognitive errors
Teaching way of down arrow
Teaching injection of thoughts
Homework: the members of group have been asked to record the related outcomes of events, beliefs and cognitive errors in a related paper. And through arrow down method in spontaneous thought column deal with knowing dormant hypnosis and nuclear thoughts.

Session six
Review the last session homework
Teaching thought assortment
Teaching protective skill
Teaching reading map skill
Homework: the members of group have been asked to complete, main belief, spontaneous thought and cognitive errors and behavioral and emotional reaction in a related paper of situation.

Session seven
Review the last session homework
Teaching way of visual analysis and analyze adapt of belief change direction
Teaching change understanding
Teaching attorney
Teaching profit and loss analysis
Home work: the members of group have been asked to complete during session7 to 8 with an adventurous event session 7 in a sheet and by visual, logic analysis and adaptive changeable analysis of belief makes it real and then by help of attorney skills challenge the unreasonable belief at the end through filling related benefit and loss write the incompetence belief and compose new belief.
Teaching stomach breath during 3 stages
In addition to define stress, by using a yucca graph, the relation between inflaming and performance will be explained.
Teaching war and escape response system and relation with stress
Teaching common source of stress
Teaching the ways of decreasing stress
Home work: the members of group have been asked to do stomach breath 5 times a week, and each time takes 15 minutes, also they have been asked in addition to recognition internal and external stressful factors of their life, chose some changes to decrease stress and record them in form of life.

Session nine
Review the last session homework
Teaching 5 stages of solving problem
Home work: recognition and set a problem in session 9 to 10 and executing the stage of solving problems

Session ten
Review the last session homework
Teaching the 5 secret stages of effective communication
Motivate members to apply the skills in daily communication

4. Finding of Research
Descriptive and demographic findings
Table one: the average and variance of experiment and witness group in pre and post test in self-acceptance variables, positive relation with others, self-determination, dominance on environment, meaningful life and personal growth

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-test</th>
<th>Group</th>
<th>Post-test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>Variance</td>
<td>Average</td>
<td>Variance</td>
</tr>
<tr>
<td>Self acceptance</td>
<td>6/6</td>
<td>Experiment</td>
<td>9/07</td>
</tr>
<tr>
<td>Positive relation with others</td>
<td>63/67</td>
<td>Witness</td>
<td>52/77</td>
</tr>
<tr>
<td>Self-determination</td>
<td>7/2</td>
<td>Experiment</td>
<td>7/96</td>
</tr>
<tr>
<td>Dominance on environment</td>
<td>56/47</td>
<td>Witness</td>
<td>60/93</td>
</tr>
<tr>
<td>Meaningful life</td>
<td>60/23</td>
<td>Experiment</td>
<td>57/69</td>
</tr>
<tr>
<td>Personal growth</td>
<td>13/2</td>
<td>Witness</td>
<td>49/2</td>
</tr>
<tr>
<td></td>
<td>8/43</td>
<td>Experiment</td>
<td>53/62</td>
</tr>
<tr>
<td></td>
<td>5/38</td>
<td>Witness</td>
<td>59/8</td>
</tr>
<tr>
<td></td>
<td>10/06</td>
<td>Experiment</td>
<td>61/38</td>
</tr>
<tr>
<td></td>
<td>9/63</td>
<td>Witness</td>
<td>54/62</td>
</tr>
<tr>
<td></td>
<td>9/08</td>
<td>Experiment</td>
<td>65/53</td>
</tr>
<tr>
<td></td>
<td>11</td>
<td>Witness</td>
<td>61/08</td>
</tr>
<tr>
<td></td>
<td>12/42</td>
<td>Experiment</td>
<td>58/62</td>
</tr>
</tbody>
</table>

According to descriptive data of table 1; there is small differences in average of all psychological welfare variables in experiment and witness group; however post test averages of all psychological welfare variables group with witness and first averages is different and this difference, is the result of teaching method in experiment group in post test.

5. Perceptive Findings
In this section, by concerning most of data of executing covariance analysis are multi variable; therefore the researcher execute covariance analysis of multi variable based on subtracted scores.
Table 2 - The effect of variance analysis of teaching method on relevant variables which are synthetic (Psychological welfare)

<table>
<thead>
<tr>
<th>test</th>
<th>Value</th>
<th>F</th>
<th>df₁</th>
<th>df₂</th>
<th>Sig</th>
<th>Eta</th>
</tr>
</thead>
<tbody>
<tr>
<td>wilks</td>
<td>0/378</td>
<td>2/671</td>
<td>5</td>
<td>22</td>
<td>0/000</td>
<td>0/622</td>
</tr>
<tr>
<td>lambda</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

As it is obvious in the table the effect of teaching method is meaningful on synthetic psychological welfare variable.

F=2/671 ; P<0/051 ;Lambda 0/622 ,n²=0/378

According to the result of statistic analysis, research hypotheses based on the effect of group cognitive – behavioral treatment with psychological- pedagogical approach on welfare psychological of whom are suffering from spinal cord injury paraplegia has been confirmed . It means that group cognitive – behavioral treatment with psychological- pedagogical approach increase welfare psychological of who are suffering from spinal cord injury paraplegia. The rate of effect equals with 0/378, it means that more than 37 % differences in post test scores relevant to effect of group cognitive – behavioral treatment with psychological- pedagogical approach.

6. Discussion and Conclusion

Based on the result from (table 2) teaching method of group cognitive – behavioral treatment with psychological- pedagogical approach create meaningful accession in psychological welfare of experiment group. hence, the research hypotheses confirmed and specified that the teaching method of group cognitive – behavioral treatment with psychological- pedagogical approach is effective on psychological welfare of whom are suffering from spinal cord injury paraplegia (p <0/0 5).

The finding of this hypotheses shows that there is meaningful differences between psychological welfare scores of experiment group that received necessary teaching and control group that received no teaching. In spite of few researches about psychological welfare of who are suffering from spinal cord injury paraplegia, the result of research is equal with Mosavi & colleagues (2007) descriptive- analysis research and Shaghaighi & Rezaie (2010) in some dimensions. The result of Mosavi research & colleagues that mostly referred to women with spinal cord injury paraplegia shows that all the area except exuberance part , the quality of women devotee with spinal cord injury problem , has meaningful difference with normal society . The finding of this present research also with Mahta & colleagues (2011) research about improvement psychological outcomes of spinal cord injury problem, Riginz & colleagues (2011) research based on the relation of life quality and change in persons with spinal cord injury problem , Batram & Boniule (2007) on the field of positive connection between the rate of psychological welfare of people with different excitement, Martez & colleagues (2005) research in relation with individuals psychological adaptation with spinal cord injury , and also Diener & Fuzhita (1991) research are somehow correspondent .For example , Mahta & colleagues (2011) with the goal of assess the effect of cognitive –behavioral treatment in improvement social psychological dimensions of individuals with spinal cord injury shows that cognitive – behavioral treatment interference is an effective method to improve outcomes like depression , anxiety , confrontation with stress and adaptation with weakness in people who are suffering from spinal cord injury . Also Diener & Fuzhita (1991) find out in their research that social resources like family and friends are the forcasting factor of psychological welfare and life satisfaction in people with spinal cord injuries.

To set the research finding and the effectiveness of teaching method on the rate of patients’ psychological welfare it can say that; basically psychological welfare is an effort to perfection in confirming real potential abilities (Rif, 1995; by Mikaili Mani’, 2010, p. 3). In this matter, the psychological effects of spinal cord injury, is not something predictable and every body’s answer to disability is unique. (Moghadam & colleague, 2007), however applying skills and cognitive path to solve the issue, help to calculate probabilities and making decision (Favler, 2005; by Shaghaighi & Rezaie Karghar narration 2010). Studious literature also mentioned that neural and immediate and permanent changes in connection with spinal cord injury; put a prominent effect on person’s life skills (Durstin, 2012) and also these people more than disability they have problems in their opinions and views. On one hand, psychological welfare that is a part of psychological quality of life (Khrosroshahi & Nosratabad, 2011), and refer to positive mental health (Edvardz, 2005); depends on the situation people are and were in and also their view about it, it can lead to positive side and success and satisfaction of life (Hamchak 1987). Therefore, during teaching method by an effort through
reinforcing positive aspect like self-esteem, self-confident and characteristic like realism, acceptance of personal restriction and feeling satisfactory of personal performances, patients’ psychological welfare affect in positive way. The finding of present research shows that cognitive – behavioral interference with psychological-pedagogical approach is effective on welfare psychological of who are suffering from spinal cord injury paraplegia. in this field, different research proved that an accidental injury or happening like spinal cord injury can affect on the person and his/her family and relative till a part of person’s life change and the injured individual experienced different feeling like anger, anxiety, loneliness, and even disappointing in special times or regularly (Roadster & Makferson 2008). Moreover the people with spinal cord injury suffer from physical effects, psychological and social changes like absence of independence, life style, absence of assurance toward future, feeling uselessness, separation from family and so on... (Moghadam & colleague). Especially when the person is under psychological pressure (by Habibi & colleague narration, 2012). The finding of this research shows that group cognitive – behavioral treatment with psychological-pedagogical approach can somewhat decrease these stresses and psychological problems and through constructive adaptation and conversion, make a positive effect on the rate of psychological welfare of who suffer from spinal cord injury paraplegia. in this way, during teaching group sessions patient gradually believed that after getting such a damage, they should learn new ways to do his/her deeds and try to increase what he/she knows about that and use others experience with the same problem. Also, the member of group learned how to diagnose differences between thoughts, feeling, and behavior and communication and in this condition try to get enough information about body, the way of working after damages. So, the patient familiar with healings, sign of warnings, drug effects and etc. and they received information from medicinal centers, supportive groups. as a whole, the patient understand that if anyone manage his/her thoughts and be his/her specialist, then situation will be easy and controllable, even if there is something which is hard or unable to do, it is good to know his/her needs. Because by implying this issue the person can control the situation and promote psychological welfare that consist of content and life skills (Rayan and Dessi, 2008).

Research limitation
The present research faced some limitations like other studies.
Lose two persons of testier in group because of physical illnesses relevant to spinal cord injury in post test

7. Suggestions
1 – Concerning the effect of group cognitive – behavioral treatment with psychological-pedagogical approach on welfare psychological of who are suffering from spinal cord injury is meaningful it is recommended the interference of teaching pattern on other psychological variables of who suffer from spinal cord injuries like tolerance, self-esteem, and mental health and life quality …being surveyed.
2 – It is recommended the effect of cognitive – behavioral treatment with execute on welfare psychological of whom are suffering from spinal cord injury
3 – It is recommended social worker or psychology units of Trauma hospital and centers of rehabilitation and keeping of who are suffering from spinal cord injury paraplegia use group cognitive – behavioral treatment with psychological-pedagogical approach to increase psychological welfare.

References


