



## The Efficacy of Cognitive Behavior Therapy and workbook of Anger Management for Individuals with Substance Use Disorders

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### Abstract

The present research comprised of two phases. The major aim of the study was translated and adapted CBT workbook of Anger Management in patients with substance used disorder as well as to find the efficacy of Urdu translated version. In the first phase of study Anger management workbook for substance abuse disorders was translated into Urdu following the forward-backward standardized translation procedures (MAPI, 2011). During second phase the efficacy of Urdu translated version was explored. It is hypothesized that Urdu version of CBT Anger Management Workbook was helpful to reduce anger in patient with substance related disorder. Gender difference was also speculated regarding study variables. Repeated measures design was used for pre- testing and post - testing. With the help of convenient sampling, 30 patients including 15 men and 15 women were drawn from private addiction clinics of Lahore. Assessment measures including Clinical Anger Scale and Drug Abuse Screen Test was used for data collection. Urdu translated version of Clinical Anger Scale was used. Descriptive analysis was carried out for all study variables. Independent sample t- test was used to examine the gender difference and results showed that men achieved all targeted treatment goals as compared to women. Paired sample t- test was used for Pre- test Clinical Anger Scale and Post- test Clinical Anger Scale and There is significance difference in pre-testing and post testing as results showed, on all items of Clinical Anger Scale that described anger management effectively work on substance used clients.

**Keywords:** Anger, CBT, Anger Management Workbook, Substance Used Disorder

### 1. Introduction

In the present research focus is on efficacy of Cognitive Behavior Therapy (CBT) Anger Management workbook for person with substance use disorders in Urdu language in Pakistani culture. Some empirical researches have been done with substance use disorders (SUD), but here researcher wants to study these phenomena in Pakistani culture. The focus of the present chapter is on the conceptualization of anger, substance use disorders and cognitive behavior therapy through its empirical finding in accordance with the patients with SUD. This research will discuss the basic concepts, physiological and emotional changes, and the theories of each variable of the study.

**Anger** Anger is a strong emotional response to stimulus deprivation and arousal which is determined with increased arousal and autonomic nervous system activity (Shakibayi F, 2014). It is a serious, actually existing ability of a person because of detesting activity or conduct of environment. Anger is the issue that irritates our feelings in a clinical set up (Lachmund and DiGiuseppe, 2012). APA (2017) characterizes Anger as a passionate circumstance of a person that causes pessimistic mental and organic changes. As indicated by Snell (2002) Clinical outrage is a disorder having number of side effects with power and qualities of different levels. At the point when self-assurance and individual honesty are assaulted, outrage happens as a characteristic reaction. For this situation, the scope of feelings from gentle aggravation until 3 extreme outrage is encountering. Anger is portrayed as a passionate state which constitutes of the premise of disdain and hostility. Contempt is a disposition that prompts forceful conduct, while forceful conduct is a perceptible conduct that is performed with motivation behind harm to others. From the viewpoint of developmental brain science, anger originates from the transformative history of creatures and joined with human instinct and makes due of the humankind and encourages versatile reactions, specifically the battle or-flight reaction when confronted with peril, outrage is helpful. While as far as present-day progress, wild anger does not add to human make due as well as could debilitate his life (Del Vecchio T, O'Leary KD 2014).

#### 1.1. Cognitive Behavior Therapy

Cognitive-Behavioral Therapy (CBT) indicates to a class of mediations that offer the fundamental start that mental issue and mental pain are kept up by subjective components. The center introduces of this treatment approach, as spearheaded by Beck (1970) and Ellis (1962), holds that maladaptive insights add to the support of passionate trouble and behavioral issues. Mental treatment relies upon the likelihood that suppositions and practices are caused by a man's examinations, not on outside lifts like people, conditions and events. People will be not able change their conditions, in any case they can change how they think of them as and in this way change how they feel and continue, according to scholarly direct pros. In the treatment for alcohol and medicine dependence, the goal of mental behavioral treatment is to teach the person to see conditions in which they are well while in transit to drink or use drugs, keep up a key separation from these conditions if possible, and adjust to various issues and practices which may provoke their substance abuse (Shahzadi & Mahmood, 2024).

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## 1.2. Substance abuse

As indicated by the Centers for Disease Control and Prevention (CDC, 2014), in 2012 medication overdose was the main source of damage passing in the United States. That is more than auto crash related passing that same year. In 2011 substance mishandle caused 2.5 million healing facility visits. In surveying these insights, the results of substance mishandle in America can have a staggering toll? In understanding recuperation and enslavement, it is critical to comprehend the five phases of enslavement recuperation. "Inspiration of addictive practices includes movement through five stages: pre-consideration, thought, arrangement, activity, and upkeep. People regularly reuse through these stages few time before end of the enslavement" (DiClimente, Norcross, and Prochaska, 2013). In the pre-scrutinizing organize someone who is addicted does not see an issue with the dependence but rather typically feels weight from companions, family, and society to change and look for treatment. This is the initial step of recuperation. Thought is the phase in which the individual perceives there is an issue in any case, is as yet not prepared to change. This could be envisioned as the "going back and forth" organize in which the member is neither in a perspective to change nor dismissing the issue of the fixation. Readiness, the third stage to compulsion recuperation, is the point at which the individual is most certainly not effectively stopping however is completely prepared to stop change their addictive conduct and verbally forms the choice. Activity is the fourth stage in which the individual effectively changes their 16 addictive conducts for a short measure of time. Activity at that point transforms into the fifth organize, keeping up, which is maintaining moderation and going without the substance or addictive conduct for three to six months. Continuation of this for more than six months is considered end or full recuperation. Finding compelling treatment for and counteractive action of substance mishandle and substance reliance, now both included under the analysis of substance utilize issue, has been troublesome. Through research, we now have a superior comprehension of this conduct. Thinks about have made it clear that medication instruction and avoidance gone for youngsters and teenagers offers the most obvious opportunity to check tranquilize mishandle broadly (Prochaska, 2012).

## 2. Literature Review

Management of anger can challenge; however, this printable anger management workbook administration can help recognize its triggers and discover more powerful and less demanding approaches to manage anger. Distinguishing what causes outrage and having the capacity to perceive early cautioning signs that you are getting to be noticeably furious can help you to plan sound approaches to deal with anger. On exploring the literature, it was found that no valid and reliable workbook in Urdu language is available to treatment of anger management in clients of substance use disorder in Pakistan. Pakistan is the 6th most populated nation and as indicated by Pakistan Demographic Survey (2007), 48% of populace low 15 years which demonstrates that populace rate is high. There was proof that, in nations, for example, Pakistan, the difficulties of accommodating individuals' prosperity open doors for training and work, and access to quality human services can be exacerbated by a quickly developing populace so there is a critical need to control populace. Display study can encourage in understanding the basic cause as state of mind and strategies towards anger management (Powers, Vedel, and Emmelkamp, 2015).

Management for smoking suspension found that adjusting capacities, which were generally in light of CBT techniques, were exceedingly feasible in diminishing lose the faith in a gathering trial of nicotine weaklings (Shahzadi, et al 2023), and another meta-examination noted transcendence of CBT over nicotine substitution treatment alone (Garcia-Vera and Sanz, 2016)

This meta-investigative audit dissected the impacts of outrage treatment on different parts of anger by 65% of revisions not beforehand studied. To improve past surveys, audit involved just no planned grown-ups with obvious anger as controlled by institutionalized measures. The reviews were gathered from a PC hunt of distributed and unpublished outrage treatment examines directed between January 2012 and August 2012. The pursuit brought about 23 studies containing at least one treatment gatherings and a control gathering, with impact levels determined every anger issue inside every treatment class. The meta-examination brought about medium to extensive impact sizes crosswise over treatments. Additionally, investigations of impact sizes inside treatment bunches by the sort of outrage detailed bolster the execution of psychological treatments for driving indignation, anger concealment, and quality outrage. Interestingly, unwinding is suggested in instances of state anger. Different outcomes for treatment and future studies headings are reviewed about, as well as rare necessity for studies with treatment of chasing people and other populaces. (Tamara Del Vecchio, 2014).

### 2.1. Rationale of study

There is no standardized CBT Urdu translated or developed workbook within Pakistani culture related to anger management for substance related disorders. Present study will fulfill this important gap in indigenous research. Visual memory is more durable as compare to just listening. It will be easier to give a psychological tool box to the patient for anger management which will be in their national language.

### 2.2. Objective

To translate the CBT anger management workbook into Urdu language for patients with substance use related disorder • To determine the efficacy of Urdu translated version of CBT anger management workbook

### 3. Method

The present section explains methodology, including details about research design, sampling strategy, sample size, inclusion and exclusion criteria used to select the participants. Further, this section describes the tools used for data collection. Procedure of the study has also been outlined in this section.

#### 3.1. Research Design

For this current research select the best method available in order to find out variables. This study followed repeated measures design (before and after interventions)

Sample Present research is based on purposive sampling, from private Addiction centers such as Umeed e Nisa and Umeed in Lahore city of Pakistan. Data collected from both gender Men/Women, of 30 patients including 15 men and 15 women through G-Power statistics, from addiction treatment units as mentioned above.

#### 3.2. Measures

In Pakistan Urdu is official language. Hence the translated versions of the instruments were used for this research. The following instruments were used to collect data in the present research.

- Demographics Sheet
- The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)
- Clinical Anger Scale (CAS) • DSM-5 Level 1 Cross-Cutting Symptom Measure
- Anger Management workbook

#### 3.3. Demographics

Demographics Sheet consisted of name, age, family system, marital status, siblings, social economic status, disorder, medical disorder and drug type identified as per current study requirements.

The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) was developed by Humeniuk, et al 2008, with World Health Organization (WHO) by a worldwide gathering of substance mishandle analysts to identify and oversee 26 substances utilize and related issues in essential and general medicinal care settings. It comprises of eight inquiries covering tobacco, liquor, cannabis, cocaine, amphetamine sort stimulants (counting euphoria) inhalants, tranquilizers, psychedelic drugs, opioids and 'different medications'. A hazard score is accommodated every substance, and scores are gathered into 'generally safe', 'direct hazard' or 'high hazard'. The hazard score decides the level of intercession prescribed ('treatment not surprisingly', 'brief mediation' or 'brief mediation in addition to referral to authority treatment'). The Primary human services experts are very much prepared to give intercessions focused to all substances regardless of their lawful status (Humeniuk, et al. 2008).

**Clinical Anger Scale (CAS)** The Clinical Anger Scale (CAS) created by William Snell is a target, legitimate self-report measures the mental side effects to have importance in the comprehension and treatment of clinical outrage. Twenty-one arrangements of articulations were set up for this reason. In composing these gatherings of things, the configuration from one of Beck's initial instruments was utilized to plan the Clinical Anger Scale (Beck, 1961; Beck, 1963, 1967). It is set of 21 items, which consist of statements. The consistency reliability of test is .97. The accompanying indications of outrage were measured by the CAS things: outrage now, outrage about the future, outrage about disappointment, outrage about things, furious unfriendly emotions, irritating others, irate about self, irate hopelessness, needing to hurt others, yelling at individuals, chafed now, social impedance, choice obstruction, distancing others, work impedance, rest obstruction, exhaustion, craving impedance, wellbeing obstruction, thinking impedance, and sexual impedance (Snell, 1995).

**DSM-5 Level 1 Cross-Cutting Symptom Measure** 27 **DSM-5 Level 1 Cross-Cutting Symptom Measure** is a self- or informant-rated measure that measures mental health areas that are main across psychiatric diagnoses. It is planned to help clinicians classify further areas of examination that may have important impression on the individual's treatment and prognosis.

**Anger Management Workbook** The SMASHSA workbook developed by Reill PM, Shophir MS, defines a 12-week CBT anger management group treatment, and covers the anger cycle, conflict resolution, assertiveness skills, and anger control plans. The treatment model is a combined CBT approach that employs relaxation, cognitive, and communication skills interventions.

Pilot Study 28 After the completion of backward translation, the next step was to carry out pilot testing of the Urdu and English version of Anger Management workbook. The suggestion that was given with respect to the wording and concept of the measure and its meaning has been taken into account. After coordination made by the expert's workbook was finalized. 2.9 Procedure Permission has been taken from all departmental authorities. Participants excluded from main study which participated in pilot study because they know very well about treatment protocol and strategies. Weekly session, 45- 60 minutes is explored in detail with precise guidelines for group and figures that explain the main abstract components of the management, and homework assignments for the group participants. An additional Participant Workbook is available ("Anger Management for Substance Abuse and Mental Health Clients: Participant Workbook," Reilly, Shopshire, Durazzo, & Campbell, 2002) and should be used in conjunction with the Therapist manual to enable the participants to better learn, practice, and integrate the treatment strategies presented in the group sessions (Reilly PM, Shopshire MS, 2000). Participants are given the affirmation that data taken from them was kept private. Analyst likewise clarified the strategy for endeavoring all

sessions to the participants. Statistic shape is filled by the participants in 20 minutes and The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) filled by the participants that got 20 minutes around for screen out. A break of 20 minutes is taken in the wake of finishing the screening. After this clinical Anger scale poll is managed within 20 minutes. Break of 10 minutes are given in the wake of filling the form. DSM-5 Level 1 Cross-Cutting Symptom Measure regulate to definite choice and after that session began according to time chose. Sample was assigned 19 men and 18 women and during 29 study 03 male and 01 women drop out due to different reasons such as family problems and job issues. After completing above procedure from the clients and explaining the purpose of the research the process of anger management using translate CBT workbook was started with the help of the facilitator (Shahzadi et al, 2023). A psychologist thirty-two years old worked as facilitator, completed Masters in psychology. Assessment was carried out in two phases.

**Phase 1:** Urdu translation and adaptation of Anger Management workbook for Substance Abuse would be followed according to the MAPI (2011) guidelines. MAPI Research Institute's Methodology MAPI guidelines used for CBT workbook of Anger Management for substance used disorder Forward Translation Forward translation was done by two translations of the Anger Management Workbook by produced from original English language to the Urdu language. A bilingual translation whose primary language is objective resource was created the two translations. Translator 1, was to be educated of the ideas being secured by workbook, and was to have a clinical foundation. Translator 2, was to be "simple," academic objective. Translation was simple, clear and understood by common person easily. Translators were responsible of giving such materials. The consequences of this procedure was created completed translated Urdu language version of the workbook. Backward Translation 30 Use the same method as above first step the workbook translated back in to English original language by a translator, whose mother language English and he has no knowledge about workbook to check all material the objective is to check that the translated version reflects the same item contentedness as the original. Two back-versions are considered as a minimum. Each translator should produce a written report. Final version and Documentation Pretesting is necessary on target population, for this study substance used patients with severe anger tested. All respondents (men and women) participated from different socio-economic status and different age groups (Above 18 years). the mode of session delivering was Urdu and recheck the lines which patients do not understand and choose alternated words for final draft. The final translation of the workbook in the Urdu language is the result of all procedure which described above. All Instructions followed for providing the electronic version of the final translated workbook to SAMASHA was provided. This is a method which followed all steps and complete documentation.

**Phase 2:** Pre assessment and post assessment through Clinical Anger Scale and Drug Abuse Screen Test were assessed. Twelve sessions were conducted (Time: 45mnts to 60mnts). Urdu translated version of anger management workbook was used in sessions.

### 3.4. Summary of Anger Management Sessions 31 Session

**1 Topic:** Overview of group Anger Management Treatment In this session participants learn about anger management treatment purpose, group session rules, detailed model, and myths and learn how to stop violence, control thoughts, breaking Anger habits briefly in Urdu language. All group participants gave their introduction like their names and reason to joined group and problem.

**Objectives** Objectives of first session were • Introduction, purpose and group rules • Myths about Anger • Client's introduction and Anger habit • Anger Meter Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist.

**Activity** Through paper chits pasted on board and wrote about group rules which followed by all participants. Weekly Home- Assignment 32 Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score him/her very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week. Consequences All participants easy to understand and they all highly motivated for learn manage Anger through this course.

**Session: 2** Events and Cues, Understanding Anger In this session participants learn identify events and cues of Anger. Start of the session with check in procedure of last week assignment of highest level of Anger. Participants make a list of events which trigger Anger. Its different men and women, discussed levels and categories of triggers and cues.

**Objectives** Objectives of second session were • Identify events which trigger Anger • Anger cues • Check in procedure Rational of Anger Management Treatment 33 Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** All participants make a list on paper about anger triggers and cues, in women mostly triggers related to relationships and in men mostly related to bad company and issues. Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter

scale also gave all participants for noted high number of anger till next week. In addition identify anger provoking events also noted on white paper. Consequences Clients aware about their triggers and cues such as bodily cues, behavior cues, emotive cues and reasoning cues.

**Session: 3** Anger Control Plans Review of first two sessions were done in begin of session. This group started with 34 cognitive behavioral anger control techniques. These techniques immediate effected for Anger control plans. In this session participants learned different strategies to manage anger. **Objectives** Objectives of third session were • Review of Anger management sessions • Check in procedure • Relaxation Technique • Breathing Exercise • Timeout • 12 steps group session Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** Deep breathing exercise and relaxation technique demonstrated by all participants. Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative 35 outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week and All participants advised to practice relaxation exercise at least once in a day Consequences After exercise they felt relaxed and calm and highly interested to know more strategies.

**Session: 4** The Aggression Cycle This session was started with check in procedure then explained phases of aggression cycle. **Objectives** Objectives of fourth session were • Review of Anger Management • Check In procedure • Aggression cycle • Progressive muscle relaxation Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** 36 Phases of aggression cycle on white board and demonstrated progressive muscle relaxation by all participants. Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week and practice progressive muscle relaxation daily. Consequences Participants felt good after practice progressive muscle relaxation.

**Session: 5** A-B-C-D Model Cognitive restructuring best technique, A-B-C-D Model and thought stopping technique used for anger management to change their irrational beliefs. Objectives **Objectives** of fifth session were • Review of Anger Management • Check in procedure • A\_B\_C\_D Model 37 • Thought stopping Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** A-B-C-D Model and thought stopping technique demonstrated by all participants. Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week and use thought stopping technique twice in a day and identify irrational beliefs and disputing patterns with beliefs. Consequences All participants practiced and felt calm and control.

**Session: 6** Reinforcing all concepts 38 In this session participants summarized all concepts which learned and briefly explained about all basic concepts and facilitate about strategies to control anger and healthy life style. Objectives • **Objectives** of sixth session were • Check in procedure • Review of all learned concepts Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** All basic concepts demonstrated by participants and encourage about develop anger control strategies Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week and practiced all learned concepts. Consequences 39 All participants encouraged and motivated for more practice.

**Session: 7** Assertiveness Training Assertiveness training is very important and powerful to deal with anger in respectful manners. **Objectives** • Objectives of seventh session were • Check in procedure • Assertiveness Training Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** All clients learned through practice and provide Urdu language print material for further effectiveness. Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, 40 which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week and review anger and assertiveness concepts to understand through print material.

**Consequences** It's really supportive and helpful to all life situations and effective way to control anger through express own feelings.

**Session: 8** Conflict resolution model Identifying feelings and problems which lead towards the conflict and try to resolve through different methods. **Objectives** • Objectives of eight session were • Check in procedure • Conflict resolution model • Home Assignment Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to 41 apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** All clients learned through practice and role play to identify cause of conflict. Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week and practiced conflict resolution model. **Consequences** They felt relax and comfortable to resolve conflict respectfully.

**Session: 9&10** Anger and Family Family connection is very important and strong. Its influence our feelings, thoughts, actions, attitudes and behaviors. **Objectives** • Objectives of session were • Check in procedure 42 • Anger and Family • Past Influence on Present Behavior • Home Assignment Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** Through family tree worksheet understand concept of anger and family (parents, siblings, partner, and children) Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of anger till next week and identify roles of family and emotions connections. **Consequences** All participants enjoy a lot and understand about their roles.

**Session: 11** 43 Reinforcing Learned Concepts Review of all learned concepts and detailed question answers. All participants encouraged to understand anger management strategies and basic concepts

**Objectives** • Objectives eleventh of session were • Check in procedure • Reinforcing Learned Concepts • Review of Anger Management • Home Assignment Rational of Anger Management Treatment Through this way the participant is understand basic concepts of CBT protocol and able to apply the basic strategies and skills learned in this treatment to the real life, without the assistance of the therapist. **Activity** Through discussion and question answers understand and review of all concepts. Weekly Home- Assignment Anger meter is very useful technique about monitoring of Anger. 1 to 10 number scale, which shows on 1 he/ she in relax and calm and on 10 score he / she very angry and negative outcomes. After session gave them print material in Urdu language which easy to understand and 44 learn how to manage Anger. Anger Meter scale also gave all participants for noted high number of angers till next week and update their anger control plans. **Consequences** Participants review anger management concepts in detailed.

**Session: 12** Closing Exercise and Award Certification In last session all group participants review their anger control plans and learned concepts. Award them completion certificate of anger management course. **Objectives** Objective of final session were • Check in procedure • Review of Anger Management • **Certification Activity** In the end of all sessions appreciate all participants and give completion certificate of anger management course as reinforcement. **Feedback.** Participants who completed Anger Management group show improvements in anger control and have improved their lives. All group members learned different techniques to manage their anger and update anger control plans and all participants felt physically, 45 emotionally comfortable and relaxed.

## 4. Results

### 4.1. Statistical Analysis

Statistical package for social sciences, 21.0 version was used for analyze in recent study. All analysis run according hypothesis, first of all descriptive analysis used for mean, frequency, minimum and maximum scores and percentage of all study demographics variables, Paired sample t-test used for difference of Pre- test and post-test results significantly about Anger management and independent sample t-test used for gender difference in patients with substance use disorder

**Table:1** Frequencies of demographic variables of research participants (N=30)

#### Descriptive Analysis

Variable		f	%
Gender	Men	15	50%
	Women	15	50%
Age	20-25	17	54.8
	26-30	8	25.8
	31-35	5	16.1
Education	Matriculation	19	61.3

	Intermediate	3	9.7
	B.A	6	19.4
	Other	2	6.5
Profession	Labor	20	64.5
	Business	4	12.9
	Other	6	19.4
Family system	Nuclear	17	54.8
	Joint	13	41.9
Marital status	Unmarried	16	51.6
	Married	10	32.3
	Divorced	4	12.9
Types of Suds	Sedative	11	35.5
	Cannabis	16	51.6
	Alcohol	3	9.7
Addiction Mode	Oral	19	38.7
	Injection	6	41.9
	Sniffing	5	16.1
Duration	1 year	12	77.4
	2 year	13	41.9
	More than 3 years	5	16.1

Note. F=Frequency, %=Percentage, N= Number of participants.

The results depicted in demographic variables and their frequencies in tables (3.1) that there are 15 males and 15 females are included in the study. The lowest age is 19 years and highest age is 35 years. The 19 patients have education till matriculation, 03 intermediate, 06 graduate and 02 MBBS doctors. The 06 patients have full time job, 04 do their own business. 20 patients earn from 10,000- 40,000. The 13 patients live in a joint family system and 17 live in a nuclear family system. The 10 are married, 16 unmarried, and 4 divorced.

**Table: 2: Paired Sample T-Test**

**Anger will likely to reduce in treatment group at post treatment assessment.**

Clinical Anger Scale	M	SD	T	P	LL	UL
Pre CAS-Post CAS	2.98	5.87	27.7	.000	27.6	32.02

Note= Mean, SD, Standard Deviation, LL, Lower Limit, UP, Upper Limit. P<0.00 level

There is significance difference in pre-testing and post testing as results showed, P=.000 on all items of Clinical Anger Scale that described anger management effectively work on substance used clients.

**Table:3: Independent sample t-test**

**Men and women will likely to be different on all study variables.**

**Note. M= Mean, SD, Standard Deviation. P<0.00 level**

	Gender	N	M	SD	t	P
<b>Pre- Clinical Anger Scale</b>	Male	15	60.8	1.45	3.763	.000
	Female	15	55.2	5.64		
	Male	15	5.77	5.77	3.745	.034
<b>Post-Clinical Anger Scale</b>	Female	15	25.3	1.34		

There is significance difference in both genders men and women on Clinical Anger Scale described anger management differently effective on substance used clients. According findings men were managed anger and showed willingness regarding treatment then women. This change due to self-acceptance, recovery, home environment and relationships.

#### 4.2. Summary of the Findings

The results of present research displayed in table 3.2 showed that hypothesis 1 is accepted regarding in pre-testing and post testing of clinical anger scale on persons with substance use disorders. The second hypothesis is also accepted, table 3.3 showed the results of t-test regarding role of gender upon anger. The study showed that there is little bit difference in men and women regarding anger. Urdu translated scales Cronbach Alpha showed acceptable internal consistencies. Present findings of this study showed that CBT workbook of Anger management for substance use disorders translated version of Urdu language in context of Pakistani culture is supportive and beneficial for healthy and anger free life.

## 5. Discussion

The present study investigated the CBT Urdu translated workbook within Pakistani culture related to anger management for substance related disorders. Present study will fulfill this important gap in further working and indigenous research. This study Urdu version of anger management workbook was helpful to reduce anger in patient with substance related disorder, another aimed that anger was reduce in treatment group at post treatment assessment and also study that Men and women were different regarding all study variables with anger management. The present research showed that the age ranges from 19 to 35 for anger was found relevant to these studies. DeRoosj (1997) found that the lowest prevalence of anger occurred in the 15- to 34-year age group. Sheikh et al. (2000) inspected that anger occurred in persons with age of 31- 40. Parker (2008) examine the mean age of anger was 48 to 70years and chronic condition is 10 years prolonged. The little differences in the present study and above researches were due to change in sample and other variables of the study such as substance use patients. Anger expression is taken on many more styles than passive or aggressive. Ephrem Fernandez has analyzed six bipolar aspects of anger expression. They reveal to the guidance of anger, its locus, reaction, modality, impulsivity, and objective. Organize on each of these aspects can be linked to create a level of a person's anger expression form. Among several levels that are theoretically feasible in this system, are the usual profile of the person with explosive anger, level of the person with repressive anger, range of the passive aggressive person, and the range of constructive anger expression (Fernandez,2008).People experience anger when they feel that they or someone they care about has been insulted, when they are certain about the nature and 54 reasons of the angering accidents, when they are certain someone else is responsible, and when they feel they can still effect the condition or cope with it (Parker, 2008).The overall results of anger are very vast (Abel, 1995). Study showed that there was significance difference in pre-testing and post testing as results showed,  $P=.000$  on Clinical Anger Scale that described anger management effectively work on substance used clients. Different researches supported above hypothesis that interventions of anger management highly beneficial for SUDs. There gender difference found in the present study and some researchers showed there was a difference and some found no difference. These differences may be due to cultural differences or homogeneity of sample and other confounding variables of the study. Study showed that mostly men showed willingness towards anger management treatment as compared to women. As researches showed that range of economic development in countries also plays an important role. The burden from psychoactive substance use is higher in the developed countries than especially in the high mortality developing countries (Shahzadi & Bhati, 2023). The gender ratio of attribute able expiries of substance use varies from 80% male for tobacco and illicit drug use and 90% for alcohol. With concern to interventions regarding anger management is highly beneficial in women 77% and in men 85%. The largest proportions of males in the developed countries have complications and suffered anger mostly drug addicted tried to engage anger management (Prendergast M, 2006). One of the contrasts between these three classes of psychoactive substances is the way that they perpetrate their illness trouble on various age gatherings. Illegal medication utilizes 55 exacts its mortality load soonest in life, liquor additionally for the most part (65%) preceding the age of 60, while 70% of the tobacco passing happen after the age of 60. For more information on the worldwide weight of psychoactive substance utilize and other hazard factors please observe the landing page of the World Health Report (WHO, 2012). At the point when individuals are in an emotional state, they add to take consideration, or remind things that are accused of similar emotions; so it is with outrage. Other terrible sentiments, which take consideration on every unfavorable circumstance, outrage just concentrates consideration on outrage causing circumstances. Anger may make a man all the more wishing of a protest which his anger is tied. In a 2010 Dutch examination, test subjects were prepared to feel irate or debilitate by being demonstrated a visual of a furious or undermining face, and after that were pictured a picture of an irregular articles. At the point when subjects were made to feel irate, they declared more want to have that protest than subjects who had been prepared to feel fear.

**Conclusion** The present study succeeded to conclude efficacy of CBT workbook of Anger Management for persons with substance use disorders in Urdu language in Pakistani culture. There is significant in Pre-testing of Clinical Anger Scale and Post-testing of Clinical Anger Scale which showed that this Urdu language workbook (all therapeutic strategies and activities) highly effective and helpful to control anger. There is little bit difference in men and women as results showed to cope with anger.

**Limitations and Suggestions** Though the general findings of the present research were promising, it is essential to acknowledge its limits. The limitations and suggestions are below:

- The participant used in the present study was not a big sample to characterize the total substance use disorder patients in our country. It is recommended that more researches should be carried out with large samples from all the provinces of Pakistan for Anger management.
- The second limitation of this research is that the researcher took the diagnosed patients Clinical Anger Scale. The researcher filled the forms from educated patients. Before applying the questionnaire forms to the patients an initial basic clinical interview should be taken to rule out the personality traits of the persons and take the educated people to the study. Need more work for uneducated people also
- The difficulty to translate or generalize the outcomes in light of the fact that the considered population is altogether different from the population treated in normal healthy life.



- So, comparison group can be suggested from clinical and normal population to make the differences.
- Research was carried out only on patients with Anger in private Addiction centers. Therefore, it is suggested to be cautious while generalizing the result upon other of population. The board sample which will be taken from different areas and different hospitals of Pakistan, will tell the true picture.

**Clinical implication** Research findings would be helpful in following areas.

- To use techniques of diagnosis and treatment for Anger management.
- To study the personality, its measure and development where these have been a clear problem of clinical dysfunction and treatment.
- To study the gender, ethnicity, or sexual orientation that have a clear bearing on diagnosis, assessment, and treatment.
- To study the psychosocial aspects of health activities and its treatment plans.
- A vital resource for legal practitioners who need to familiarize themselves with the subjects of Anger management.

**Research implication** Present findings would also be helpful in future research field like

- To consider the phenomena with control and trial group.
  - To take new appraisal by applying the phenomena on control, test and restorative gathering for promote improvement in evaluation and treatment design with the typical and clinical population.
- This study about open entryways for additionally anger control designs and procedures which utilized for anger management which helpful particularly substance used patients.

**Educational implication** Results would be beneficial for educational as well as like

- To provide a useful abstract for academics and a reliable text for students of clinical and applied psychology.
- To strategy material brochures to give awareness about Anger management, its influences with anger to the clinical and general population.
- Awareness programs also introduced for anger management also beneficial for people.

**Suggestion and Limitations** → The sample size was small which only 30 due to the shortage of the time; therefore, it is suggested to increase the sample size to make the result significant and reliable. → Research was carried out only in Private Addiction centers, so there is suggested to be caution while generalizing the result upon other segments of population.

## References

- American Psychological Association. (2017). *Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Washington, DC: Author.
- Averill, J. R. (2002). Studies on anger and aggression. In W. E. Snell (Ed.), *Progress in the Study of Physical and Psychological Health* (pp. 119–147). Cape Girardeau, MO: Snell Publications.
- Babor, T. F., & Higgins-Biddle, J. C. (2000). Alcohol screening and brief intervention: Dissemination strategies for medical practice and public health. *Addiction, 95*(6), 677–686. <https://doi.org/10.1046/j.1360-0443.2000.9566772.x>
- Beck, A. (2002). Depression: Integration of psychodynamic and cognitive behavioral therapies. In A. R. Roberts & G. J. Greene (Eds.), *Social Workers' Desk Reference* (pp. 353). New York, NY: Oxford University Press.
- Beck, A. T. (1999). *Prisoners of hate: The cognitive basis of anger, hostility, and violence*. New York, NY: Harper Collins Publishers.
- Beck, A. T., Brown, G., & Steer, R. A. (1996). *Beck Depression Inventory-II manual*. San Antonio, TX: The Psychological Corporation.
- Beck, A. T. (1970). Cognitive therapy: Nature and relation to behavior therapy. *Behavior Therapy, 1*, 184–200. [https://doi.org/10.1016/S0005-7894\(70\)80030-2](https://doi.org/10.1016/S0005-7894(70)80030-2)
- Del Vecchio, T., & O'Leary, K. D. (2004). Effectiveness of anger treatments for specific anger problems: A meta-analytic review. *Clinical Psychology Review, 24*(1), 15–34. <https://doi.org/10.1016/j.cpr.2003.09.006>
- Fox, E., Lester, V., Russo, R., Bowles, R. J., Pichler, A., & Dutton, K. (2000). Facial expression of emotion: Are angry faces detected more efficiently? *Cognition and Emotion, 14*(1), 61–92. <https://doi.org/10.1080/026999300378996>
- Lachmund, S., & Diguseppe, R. (2012). The impact of anger on emotional regulation in clinical settings. *Journal of Clinical Psychology, 68*(4), 355–368.
- Reilly, P. M., Shopshire, M. S., Durazzo, T. C., & Campbell, T. A. (2002). *Anger management for substance abuse and mental health clients: Participant workbook* (HHS Publication No. SMA 12-4210). Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2002.
- Shakibayi, F., Dust, M. T., Shahrivar, Z., & Asari, S. H. (2014). Anger management group therapy with cognitive behavioral approach in adolescents institution. *New Cognitive Science, 6*(1), 59–66.

- Shahzadi, M., Jabeen, M., Unbrin, A., Ul-Ain, . Q., & Amin, Z. (2023). Cognitive Behavior Therapy as Relapse Prevention for Opioid Use Disorders : Cognitive Behavior Therapy for Opioid Use Disorders. *THE THERAPIST (Journal of Therapies & Rehabilitation Sciences)*, 4(04). <https://doi.org/10.54393/tt.v4i04.184>
- Shahzadi, M., & Bhati, K. M. (2023). Relationship Between Coping Strategies and Quality of Life with Mediating Role of Depression and Stigmatization among Patients with Opioid Use Disorder (OUD) With Relapse Condition. *Pakistan Journal of Humanities and Social Sciences*, 11(3), 3499–3506. <https://doi.org/10.52131/pjhss.2023.1103.0631>
- Shahzadi, M., & Mahmood, K. (2024). Cognitive behaviour therapy as an evidence-based intervention for opioid use disorder: A systematic review. *JPMA. The Journal of the Pakistan Medical Association*, 74(5), 946-952.
- Snell, W. E., Jr., Gum, S., Shuck, R. L., Mosley, J. A., & Hite, T. L. (1995). The Clinical Anger Scale: Preliminary reliability and validity. *Journal of Clinical Psychology*, 51(2), 215–226. [https://doi.org/10.1002/1097-4679\(199503\)51:2<215::AID-JCLP2270510214>3.0.CO;2-5](https://doi.org/10.1002/1097-4679(199503)51:2<215::AID-JCLP2270510214>3.0.CO;2-5)
- Snell, W. E. (1995). Clinical Anger Scale, Vol. 2, 234–345.
- WHO ASSIST Working Group. (2002). The Alcohol, Smoking and Substance Involvement Screening Test (ASSIST): Development, reliability, and feasibility. *Addiction*, 97(9), 1183–1194. <https://doi.org/10.1046/j.1360-0443.2002.00185.x>
- World Health Organization. (2014). Mental health: Depression. Retrieved from <http://www.who.int/mentalhealth/management/depression/definition/en>