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Effectiveness of short-term solution-focused group training in couple burnout among the spouses of people freed from addiction

Ehsan Khadivi¹ and Ebrahim Namani^{2*}

¹Department of counselling, Neyshabur branch, Islamic Azad University

²Counseling Assistant Professor, Department of Educational Sciences, Faculty of Literature and Humanities, Hakim Sabzevari University, Sabzevar, Iran

Corresponding E-mail: a.namani@hsu.ac.ir

ABSTRACT

This study aims to investigate the effectiveness of short-term solution-focused group training in couple burnout among the spouses of people freed from addiction. This research is a pretest-posttest quasi-experimental study design with a nonequivalent control group. The research statistical population comprises all the women with husbands freed from addiction, who have referred to drug withdrawal camps affiliated to the welfare of Qaen city in 2015. The research sample consists of 30 women from among these individuals, who were selected voluntarily and through available sampling method and were randomly assigned into two experimental (15 people) and control (15 people) groups. For data collection, Pines Couple Burnout Inventory (1996) was used. After taking the pretest from both groups, 8 solution-focused therapy sessions of 90 minutes were held weekly and after the end of the training sessions, both groups took a posttest. To analyze the results, analysis of covariance method was employed. The obtained findings demonstrated that short-term solution-focused group training has had a significant impact on the couple burnout of women with husbands freed from addiction ($P < 0.001$). Application of the short-term solution-focused approach causes to reduce couple burnout among the spouses of people freed from addiction.

Keywords: Short-term solution-focused approach, burnout

INTRODUCTION

In recent years, changes in families, works and marriage areas and their daily effect on personal, social, professional and family life has led to the formation of problems in many aspects and this is one of the most important phenomena in our time that has led to facing burnout [1]. Couple burnout is an experienced state of physical, emotional and psychological fatigue, which results from the mismatch between expectations and realities [2]. Freudenberger [3] considers burnout as a multi-stage state composed of physical and emotional symptoms and believes that it is created mostly in people who spend high levels of commitment and dedication in the workplace [4]. Maslech [5] also considers burnout as a psychological syndrome [6]. Cherniss [6] introduces burnout as a chronic reaction to stress [7]. Burnout includes three signs of feeling tired, depersonalization and reduced personal accomplishment [8]. Ferri, Guerra, Marcheselli, Cunico, and Lorenzo [9] believe that burnout occurs when the use of coping strategies to overcome stress is ineffective, which consequently leads to a chronic physical and mental illness. Burnout includes physical, emotional and psychological exhaustion and has symptoms for each type. Feeling of fatigue, boredom, anorexia, lethargy, chronic headaches, abdominal pain and overeating are among its physical signs. Among the emotional symptoms, we can refer to despair, sadness, feeling of emptiness, meaninglessness and

depression and symptoms such as decreased self-confidence, negative feelings toward one's spouse and feeling of disillusionment and disappointment toward one's spouse are among the psychological symptoms of burnout [8].

There are effective training approaches, among which the "solution-focused" training approach can be a good potential for preventive therapeutic purposes due to its shortness and applicability and the belief in the ability of individuals to achieve desired changes with minimum help [10]. Short-term solution-focused therapy is an intervention method based on the strengths of individuals which helps the clients achieve the discovery of their resources and past successes and hope for the future [11]. In practice, this treatment is more oriented towards finding solution rather than problem [12]. Short-term solution-focused therapy as a postmodern and cooperative approach in the field of marriage and family therapy helps treatment seekers focus on their abilities and talents and instead of emphasis on past events, they are encouraged to search for the solutions to the problems of their lives [13]. However, apart from application in the field of family therapy and marriage, it has been also used in the field of coaching, teaching and management [14,15]. Further, it has been applied in clinics, schools and treatment of adolescents and families [16].

Recently, Short-Term Solution-Focused Therapy Research Association has published four standardized patterns of this treatment in the form of three general principles which include: A) Focus on clients' statements about their problems; B) focus on the new structure of clients' concepts about their problems; C) applying prospective therapeutic techniques and finding solutions with regard to the clients' abilities [17]. This treatment method is a non-pathological approach which helps the clients by applying their resources and valuing their motivation and also using motivational considerations methods [18].

Solution-focused therapy has attracted the attention of many scientific writings. In a study conducted in January 2012, it became clear that 450 publications have addressed the solution-focused therapy [19]. SFT, helps clients achieve their goals faster through unique features of focus on solutions rather than problems [20]. The aim of the short-term solution-focused approach is the two-sided cooperation of the client and therapist to create solutions [18]. Focus on the client's goals, clarifying the exceptions, miracle questions, coping questions, scale questions and detection of the client's capabilities and resources are regarded among the main elements of this approach [21]. Indeed, solution-focused therapy is a direct and short therapeutic method which lays stress on the client's power and creation of coping skills and their application for the present and future objectives about the current problem or issue [22]. On the other hand, the effectiveness of the short-term solution-focused approach in helping people in a wide range of issues and problems has been approved [23]. Researchers have carried out numerous studies regarding the effectiveness of this approach in different fields and have reported its impact on the improvement of patients with dementia disorder [24], decreased anxiety and increased life quality [25], enhanced self-efficiency and reduced stress [26], improved family functioning and addiction treatment [27], decreased depression rate (Kramer, Conijn, Oijevaar & Riper, 2014), reduced anxiety and depression disorder [28], recovery from trauma [29] and improvement of fatigue scores [30]. By considering the features of the solution-focused therapy, this study seeks to find out whether short-term solution-focused group psychotherapy can be effective in couple burnout among the spouses of people freed from addiction.

MATERIALS AND METHODS

This research is a pretest-posttest quasi-experimental study design with a nonequivalent control group. The target population includes all the women with husbands freed from addiction, who have referred to drug withdrawal camps affiliated to the welfare of Qaen city in 2015. The research sample consists of 30 women from among these individuals, who were selected voluntarily and through available sampling method and were randomly assigned into two experimental (15 people) and control (15 people) groups.

Research tool

Couple Burnout Scale is a self-assessment tool which was developed by Pines in 1996 with the aim of measuring the degree of marital boredom among couples. This questionnaire comprises 21 items and evaluates three components of physical exhaustion (fatigue, lethargy and sleep disorders), emotional exhaustion (depression, hopelessness and entrapment) and psychological exhaustion (worthlessness, frustration and anger toward one's spouse). The reliability coefficient of the scale has been calculated to be 0.76 through test-retest method over a period of one month. The reliability of this scale has been estimated to be between 0.91 and 0.93 using Cronbach's alpha method [2]. Translated versions of this questionnaire have been successfully used in intercultural studies in Norway, Hungary, Mexico, Spain, Portugal and Finland [31]. In the research by Adibrad [32], test-retest reliability

coefficients of 0.89, 0.76 and 0.66 were obtained respectively for a one-month period, two-month period and four-month period.

Research implementation stages

After choosing 30 women from among the spouses of people freed from addiction and their random assignment into two experimental and control groups, a complete description of the research purpose, administrative process of the study and method of completing the questionnaire was provided. Then, questionnaires were distributed among the subjects of both groups and they were asked to accurately answer the questions. After taking the pretest from all the participants, timing of sessions was determined. 8 sessions of 90 minutes were held weekly from about early June to the end of September 2015. Protocol of the treatment steps is briefly as follows:

First session: Introduction, making connections, determining the framework and rules of the sessions, emphasis on people's strengths, motivating and encouraging individuals to focus on solutions rather than problems.

Second session: Discussing the problem, identifying and assessing the problem and its impact on the relations between spouses, help to identify one's own abilities, providing the technique of miracle question and giving assignments.

Third session: Reviewing the previous session's assignments, providing the burnout construct and discussing it, presenting the master key technique, helping the members for objectively setting the goal, giving assignments.

Fourth session: Raising the students' awareness of the benefits of reducing burnout and disadvantages of its increase, finding possible solutions in life and finding a positive story in life, giving assignments.

Fifth session: Reviewing the previous session's assignment, providing the exceptional cases technique and its application, reinforcing and highlighting the problem, talking about the future and imagining the favorite future, giving assignments.

Sixth session: Reviewing the previous session's assignment, reinforcing the efforts of members and performing the exceptional cases and their application in life, applying the exceptional cases technique in connection with the burnout construct, giving assignments.

Seventh session: Using a scale of 0 to 10 to achieve the purpose of helping the members to find ways for different thinking and feeling people, answering the question as to "what changes you feel so far within yourself during previous sessions", giving assignments.

Eighth session: Reviewing the previous session's assignment, summing up and reviewing group counseling sessions, conducting the posttest, acknowledging the members.

RESULTS

In this section, the findings obtained from the study are presented in two descriptive and inferential sections. Initially, the research descriptive findings are provided and next, the research inferential data will be presented.

Table 1: Mean and standard deviation of pretest-posttest scores of burnout components in the studied groups

Couple burnout component		Groups			
		Experimental		Control	
		Mean	Standard deviation	Mean	Standard deviation
Physical dimension	Pretest	4.37	0.42	4.09	0.44
	Posttest	3.06	0.41	4.02	0.53
Psychological dimension	Pretest	4.28	0.25	4.22	0.31
	Posttest	3.06	0.25	4.24	0.34
Emotional dimension	Pretest	3.84	0.29	3.86	0.22
	Posttest	2.63	0.35	3.88	0.21

As shown in Table 1, the burnout scores in the experimental group compared to the control group in the posttest have a significant difference. But the scores of the control group show no significant difference.

Testing the homogeneity of variances assumption

Before providing the results of variance analysis test with repeated measures, assumptions of this test were evaluated. One of the assumptions is the normal distribution of dependent variables. Levene's test results revealed that for the whole scale in the experimental and control groups, it is insignificant ($P > 0.05$). The results of Levene's test have been provided in the table below.

Table 2: Levene's test results to examine the homogeneity of variances

Research variables	Groups under study				Levene's test	
	Experimental		Control		F value	P significance level
	Mean	Standard deviation	Mean	Standard deviation		
Couple burnout	4.15	0.23	4.06	0.28	3.757	0.06
Couple burnout	2.92	0.26	4.04	0.27		

As can be seen in Table 2, the output of this test suggests that the test significance level is higher than 0.05 ($P > 0.05$). The null hypothesis in Levene's test is that the variance of groups is homogeneous. Thus, given that the significance level is higher than 0.05, the null hypothesis stating that variances are homogeneous is confirmed.

Table 3: Results of ANCOVA of the mean difference of couple burnout scores in the experimental and control groups

Variable	Status	Degree of freedom	Mean Square	F value	Significance level	Effect size	Statistical power
Couple burnout	Pretest	1	1.871	100.121	0.001**	0.79	1
	Group membership	1	10.628	677.430	0.001**	0.96	1

Significance at the level of 0.01**

Table 2 displays the results obtained from ANCOVA test in couple burnout. In order to compare the means of subjects, ANCOVA test was used. The above table shows that in couple burnout, the difference between groups is statistically significant ($P < 0.001$). Therefore, the existence of the difference between the experimental and control groups can be accepted. Additionally, the effect rate of this intervention for group membership is 96% for couple burnout. In other words, subjects of the experimental group relative to the control group had 96% reduction in couple burnout. Besides, the statistical power closer to 1 indicates that the intervention has had a greater impact. Hence, the research null hypothesis (H_0) is rejected and the research hypothesis (H_A) stating that short-term solution-focused group psychotherapy is effective in marital boredom of women with husbands freed from addiction was confirmed.

DISCUSSION AND CONCLUSION

In this study, the researcher sought to answer the question as to whether short-term solution-focused group therapy can affect the couple burnout among the spouses of people freed from addiction. Generally, results of this research approved the hypothesis that short-term solution-focused group psychotherapy is effective in the couple burnout of women with husbands freed from addiction. In this section, this hypothesis is investigated and explained. According to Table 2, in response to the hypothesis indicating the effectiveness of short-term solution-focused group training in couple burnout among the spouses of people freed from addiction, it can be mentioned that this treatment method has led to a significant reduction in the couple burnout of women with husbands freed from addiction ($P < 0.001$). Results of studies conducted by different researchers confirm the effectiveness of this therapy in similar and different areas. In this regard, we can refer to the study by Sehhatpour [33], which was performed with the aim of assessing the effectiveness of solution-focused group counseling in reducing the conflict between mother and adolescent. The obtained results demonstrated that short-term solution-focused therapy could significantly reduce parent-adolescent conflict in the posttest step. Moreover, the results were consistent with the study by Azizi [34], which was conducted with the purpose of examining the effectiveness of solution-focused group counseling in reducing the tendency to suicidal thoughts in adolescents. Further, multiple studies have been reported concerning the effectiveness of this therapy in different fields including the improvement of patients with dementia disorder [24], decreased anxiety and increased life quality [25], enhanced self-efficiency and reduced stress [26], improved family functioning and addiction treatment [27], decreased depression rate [35], and improvement of fatigue scores [30].

Empowerment of people in finding solutions and not floundering because of the problems ahead cause to reduce the couple burnout. Looking at the research by Davarniya et al. [36], we observe that solution-focused therapy moderates the couples' problems by lowering their stress levels. Gorkin [37] argues that burnout is in fact a gradual process experienced by an individual which is placed in response to long stress, physical, mental and emotional pain and pressure, separation from work and other meaningful relationships, as a result of which efficiency power is reduced. Also, Poursm'ali [38] revealed that durable vulnerabilities of couples alone or along with stressful events and interaction styles of couples can have a role in marital boredom of couples throughout life. Besides, in the study performed by Mirzavand [39], it was found that solution-focused therapy can decrease couple burnout and improve

resiliency in divorce-seeking couples of the experimental group compared to the control group. Follow up with an interval of one month showed the lasting effect of the solution-focused treatment on couple burnout and resiliency. In this study, the effective component in individuals' mental health and subsequently health of the society, i.e. burnout, was investigated and the postmodern solution-focused approach was used to influence this component. The present research demonstrated that this approach can be applied to work with spouses of people freed from addiction since this method gives individuals complete freedom in selecting for the future and their fate. Solution-focused approach grants them this right and reveals their capabilities and potentials in dealing with life challenges so that each individual himself is able to manage his own affairs with skill and competence. In the present study, participants in the solution-focused training sessions significantly showed a positive change in the variable of burnout. Indeed, this training helped us move towards less application of maladaptive strategies and greater use of adaptive strategies using different techniques and reduce our burnout. A review of the literature on solution-focused therapy indicates that this type of treatment has been applied in various accomplishments and useful results have been produced. It seems that obtaining such helpful findings is the result of non-judgmental, non-confrontational, sympathetic and cooperative stance of the therapist towards the client and also emphasis on here and now, exceptions to the problem, positive aspects, capabilities, respect for the client's objectives and use of the clients' internal resources. This study had some limitations, among which are limited sample, the impossibility of controlling all the confounding variables and familiarity of some members with each other. Considering these limitations, it is recommended that this study be conducted in other samples and communities. Also, application of this treatment can be examined in other fields.

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