

THE EFFECTIVENESS OF DIALECTICAL BEHAVIOR THERAPY AND RATIONAL EMOTIONAL BEHAVIOR THERAPY IN IRRATIONAL BELIEVES TREATMENT, DEPRESSION PRISONERS WHO HAVE ANTISOCIAL PERSONALITY DISORDER

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ABSTRACT

Objective: The aim of the present study Effectiveness of Dialectical Behavior Therapy and Rational Emotional Behavior Therapy in Irrational Treatment, Depression Prisoners who have Antisocial Personality in Ilam prison.

Method: The present Semi experimental project has been done by pretest and posttest selected purposely 64 subjects that have been selected purposely between 18-40 years among male prisoners in Ilam prison. Three questionnaires have been used which are as follow: Millon Clinical Questionnaire, Johns Irrational Beliefs and Beck Depression questionnaire.

Results: in the study of the effectiveness of the therapies, The results showed that Dialectical behavior therapy Has affected on all irrational beliefs ($p < 0.05$) and Rational Emotional Behavior Therapy only has affected on changing some beliefs. There isn't also a significant difference between pre-test and post-test scores for treating the Depression and, Dialectical Behavior Therapy and Rational Emotional Behavior Therapy is not affected in the Depression.

Conclusion: According to the findings obtained appears to be a Dialectical therapy, therapeutic efficacy Is more efficient than Rational emotional Behavior Therapy in Irrational Believes Treatment, Depression people with Antisocial personality disorder.

Keyword: Dialectical Behavior Therapy, Rational Emotional Behavior Therapy, Antisocial Personality Disorder.

INTRODUCTION

Personality is an organized and unit structure including some relative permanent characteristics which distinct individuals from each other. (Laurent, 2008) If personal characteristics are inflexible and have outside social norms (Armand, 1997) personality disorder diagnosis is proponed. (Jazayeri, 2003)(Azad, 2008). Personality disorder is a permanent pattern of internal experiment and behavior which contradicts with cultural expectation excessively which is started during adolescence period. This manner is a constant one which leads to a disorder or mental disturbance. (DSM[#]-IV-TR). Personality disorder is one of the chronic and common disorders (Johan, 2010) which is speeded among 5-10 percent of general population (svrakik, 2002). According to DSM-IV-TR, mental disorders are classified into three groups. The first one is personality disorder cluster B which antisocial personality disorder is one of its subgroups (Farid Hossieni, 2009) which is more concentrated on, due to the criminal behaviors (Maj, 2007).

This is a complex disorder which has the following features: sever lack of interest (Naroud,2005), Reckless disregard to safety of self or others (Frederick, 2005) flippancy and flattery and the ability of playing with other people, feeling lack of exciter and causeless manner and impulsive behavior,(Gholamlou,2011), disability of learning or experiment function, disturbed inter personal relationships, lack of conscience (Ghodousi, 2001),

repentance of irresponsible behaviors(Yousefi, 2010), perverted reactions and conditioning toward punishment, robbery, telling lies, argument, going away from home and school (Yousefi, 2010), insubordination and mutiny(Jazayeri,2003) and drug abuse(NICE, 2009). In this group, sexual behaviors are began earlier than other people. Alcohol, drug abuse (Akbari, 2009) and quarreling (Donald, 2013) are also other characteristics of this group. These behaviors are long lasting in the young too. In this period, instability of occupation and irresponsibility of family management, in compatibility toward the society regulations are added to the aforementioned behaviors too (Khademi, 2012) which are related to family factors and relationships (NICE®, 2009), life condition(Donald, 2013), parenting method, etc(Akbari, 2008) This disorder which is common among 3% of men 1% of women (Frederick, 2005)(NICE, 2009)is of two categories: with anxiety and without anxiety Deception, aggression and impulsive behaviors are common in the group with anxiety.

Robbery, lack of regret and weapon use are common in group without anxiety (Beigdeli, 2011). Improper cognitive and ultra-cognitive beliefs about themselves and their personality includes no balance between their positive and negative dimensions (Khademi, 2012). Therefore, those people who have antisocial personality are one dimensional regarding different fields, which is the dimension that satisfies their personal profits. Naturally, such a personality characteristics produce many problems for other

people who have relationship with these characters, so their surrounding is motivated to find a therapy.

So, according to these characteristics, the therapist should engage the patient with suitable thought and behaviors and reduce the egotism and being absolute of their behaviors the first step. So, it is necessary to direct and organize the therapy process to carry out the mentioned factors. Cognitive therapy can be considered as a proper scientific therapy is a thorough one in spite of carried out studies (Akbari, 2009) one of the cognitive therapy is DBT^(S) which was introduced in 1993 by Marsha Linhan (Mohammadi, 2012) which acts as cognitive therapy (Alavi, 2011). At first, this therapy was used for borderline personality disorder which its effectiveness is confirmed by APA^(%) (Lynch, 2006). Since the therapy program is a structural and has a simple function for the therapist, it is considered as a useful therapy for other personality disorder therapy according to carried out studies. (Solar, 2009) (hammad, 2012) which has a successful function in the therapy of disorder especially nervous eating (Telch, 2001), drug abuse (Linhan, 2002), ADHD^(&) (Hesslinger, 2002), people with suicide thought (Katz, 2004) (Linhan, 2006), Depression (Hesslinger, 2002) (Lynch, 2003) disturbance of mind and stress reduction (Kroger, 2006) Another therapy which is introduced by Albert Alice (Vernon, 2010) is REBT^(*) based on cognitive behavior therapy (groth, 2010). Internal factors of individuals are referred as a cognitive therapy (Proucheska, 2007), he believes that the activating events are not important, but the beliefs and deduction of events by people are important. It means that this is our deduction which has some consequences.

So, this therapy can be useful as a determining and informative factor (Asaei, 2012) (Proucheska, 2007) (Naja, 2008). Then with regarding to the importance of the issue (properties of the persons having antisocial personality disorder and involvement of the person, family and finally the society), and with regarding to this fact that there haven't been any exact investigations about affirmed efficiency disorder of the mentioned therapy in treating the same disorders as antisocial personality and his history, based on done studies in information station of journals^(l) The aim of the present study is the study of the Effectiveness of Dialectical Behavior Therapy and Emotional Rational Behavior Therapy in Irrational Treatment, Depression among young male Prisoners who have Antisocial Personality in Ilam prison, according to the importance and effectiveness of the mentioned method therapies in the same disorder therapy.

#	:	Diagnostic and statistical Manual Of Mental Disorder IV- Tree Revise.
@	:	National Institute for Health and Clinical Excellence.
\$:	Dialectical Behavior Therapy
%	:	American Psychiatrist Association
&	:	Attention Deficit Hyperactivity Disorder
*	:	Emotional – Rational Behavior Therapy
!	:	Pupmed.gov, Psynet.apa.org

METHOD

This is an Semi experimental study which has pre-test and post-test including control and two experimental group, The item but different from cells Dialectical Behavior Therapy and Rational Emotional Behavior Therapy and Irrational Believes Treatment, Depression is dependent variable. The study selected purposely was 64 people selected purposely among the prisoners of Ilam prison ageing between 18-40 ages. in year 2013 They were recognized as an antisocial person by psychologist after Millon test and the interpretation of test and the structured clinical interview for DSM-IV-II whose conviction period lasts at least next one year. And exclusion criteria and absence of noncompliance It is mentioned more than twice.

The specimens were randomly assigned to treatment groups of 16 persons consisted of Dialectical Behavior Therapy and Rational Emotional Behavioral therapy group and one control group. And at the beginning of each test Depression, irrational beliefs and to compare Depression and irrational beliefs in individual sessions were taken. And test each class individually with each of the 16 sessions of one hour of work, Of these 48 individuals, because of the lack of cooperation of some samples and absent prison and more than two sessions Finally, research collaborations involving 48 patients in the experimental group and cooperate fully in the meetings ended Notably, the application of treatments based on the original protocol Dialectical Behavior Therapy for borderline personality disorder, were little changed And approved by the relevant faculty researcher with the main focus Control Accreditation and Rational Emotive Behavior Therapy thought process orientation with a focus on cognitive distortions has been performed. It also should be noted that 20 days after the first therapy session, control and test groups were tested as post-test of the related questionnaires, their results have been mentioned in finding section. For ensuring the correct answers, controlling the conditions and also preventing from inserting similar answer based on the previous mentality, it was tried to provide a calm environment for the testers to answer the questions Results are analyzed by the software spss 21.

MEASURES

Millon Clinical Multiaxial Inventory III(MCMI-II): This questionnaire contains 175 true-false questions which includes three credit scales (Sharifi, 2007), 10 clinical personality pathology, six clinical symptoms scales and three severe symptoms (akbari,2008) reliability, retesting, internal uniformity and the validity of foreign studies and in Iran are reported as follow: final coefficient 85%,retesting coefficient 86% (Garrousi,2007). Beck Depression Questionnaire: this questionnaire was introduced by Beck et al at 1996 which includes 21 question in which depression signs are graded as Lickert four scale questionnaire between 0-63(salavati,2007). Beck et al reported depression grades of beck depression questionnaire as follow: Grades below to have no depression, grades between 10-18 have slight depression, grades 19-29 have middle depression and grades 30-63 have severe depression. (Amirpour, 2007).

Jones Illogical beliefs questionnaire: Illogical beliefs measurement and assessment of Jones Illogical beliefs questionnaire is used based on Albert Alice idea (1969). This questionnaire includes 100 questions which have ten subscales. Each subscale has got 10 questions. The ranking of the questions is done based on Lickert five scales method. In this type of questionnaire, the subjects identify his/her agreement or disagreement as follow: (quite disagree, relative disagree, no idea, relative agree, quite agree). There is a key to score each scale.

The above score determines the severity of illogical beliefs. Total score of illogical beliefs is obtained by the addition of all subscales. The above scores show that the numbers of illogical beliefs are more than logical one. The total validity of the questionnaire and each of the subscales is 92% and 66%-80% respectively by Jones in 1962 employing testing method. The validity of this questionnaire is reported as 68% by Taghipoure(2008), 68% by Dandi(1998), 79% by Vaziri(1996)and 82% by Lotfi(1997) using Chronbakh Investigating the reliability of convergent correlation between this questionnaire and depression, Dotapoush obtained 82% as correlation coefficient (Aminpour,2009)

Results

According to results descriptive statistical which describes some of the characteristics of the statistical society of this study, the age average of them is 20-25 whose frequency is 37.5% in Dialectic group and 50% in rational emotive group. According to this table most of the prisoners take parts in this study, are single whose frequency is 100% and 75% in DBT and REBT respectively. More than 80% of them experienced prison for the second time whose education level is diploma which is 37.5% in both groups 31.2% of two groups are drug addicted. Regarding job and occupation, most of them are businessman and seller which are 56.2% and 50% in DBT and REBT groups respectively.

Table 1: One-way ANOVA between treatment groups for the study of irrational beliefs REBT and DBT

variable	Subscale	Group		Std. Deviation	Mean	Sig	F
Illogical beliefs	Need to high degree of confirmation	Pretest	DBT	3.99	27.68	0.102	2.851
			REBT	6.92	24.31		
		Posttest	DBT	6.67	23.06	0.328	1.386
			REBT	8.79	19.81		
		control	Pretest	5.39	25.06	0.236	0.81
			Posttest	7.28	24.28		
	High expectations of self	Pretest	DBT	4.03	25.37	0.049	4.229
			REBT	4.86	22.12		
		Posttest	DBT	5.96	21.25	0.111	2.693
			REBT	7.71	17.25		
		control	Pretest	4.48	22.50	-0.07	0.94
			Posttest	5.12	22.56		
	Tend to blame	Pretest	DBT	4.04	28.50	0.004	9.687
			REBT	5.59	23.12		
		Posttest	DBT	6.62	22.93	0.375	0.081
			REBT	8.21	20.56		
		control	Pretest	7.01	22.93	0.121	0.905
			Posttest	6.23	22.68		
	Reaction to failure	Pretest	DBT	4.21	27.43	0.007	8.288
			REBT	5.41	22.50		
Posttest		DBT	5.57	22.50	0.081	3.255	
		REBT	8.41	17.93			
control		Pretest	3.54	23/06	0.871	0.392	
		Posttest	4.41	22.06			
Emotional irresponsibility	Pretest	DBT	6.98	28.37	0.003	10.191	
		REBT	7.08	20.43			

		Posttest	DBT	6.12	21.56	0.323	1.393
			REBT	7.30	18.75		
		control	Pretest	4.25	24.56	0.939	0.362
			Posttest	4.08	25.00		
	Anxiety and stress	Pretest	DBT	3.26	26.12	0.000	25.09
			REBT	4.16	19.50		
		Posttest	DBT	3.22	18.81	0.463	0.553
			REBT	5.89	17.56		
		control	Pretest	3.84	21.00	0.873	0.396
			Posttest	3.45	20.25		
	Avoidance of exposition to the Pitfalls	Pretest	DBT	4.29	25.93	0.013	6.97
			REBT	4.53	21.81		
		Posttest	DBT	6.18	19.87	0.694	0.158
			REBT	7.93	18.87		
		control	Pretest	3.18	22.81	-	0.77
			Posttest	4.81	23.18		
	Dependence	Pretest	DBT	6.65	28.93	0.027	5.41
			REBT	5.92	23.75		
		Posttest	DBT	4.47	22.87	0.279	1.21
			REBT	6.83	20.62		
		control	Pretest	4.02	23.25	1.00	0.33
			Posttest	4.47	22.56		
	Helplessness to changes	Pretest	DBT	4.36	26.00	0.465	0.0547
			REBT	6.84	32.05		
		Posttest	DBT	4.77	22.00	0.85	3.16
			REBT	6.94	18.25		
		control	Pretest	5.52	25.12	1.87	0.08
			Posttest	4.88	23.87		
	Perfectionism	Pretest	DBT	7.98	27.75	0.008	8.15
			REBT	5.05	21.00		
		Posttest	DBT	5.80	22.00	0.049	4.22
			REBT	7.35	17.18		
		control	Pretest	4.26	22.31	0.044	0.96
			Posttest	5.29	22.25		

The results of table 1 which studies the illogical beliefs between DBT and REBT in antisocial personality disorder youngsters', which according to one direction variance and the normal distribution of grades according to Kolmogorov-smirnov test for making comparison between two groups, it shows there is no uniformity in two subscales of illogical beliefs among subjects of DBT and REBT groups as there is no significant difference between "need to high degree of confirmation" and "helplessness to changes" which shows the uniformity of these two subscales. The results of comparison between two groups of DBT and REBT show that there is no meaningful differences among to subscales (p>=0.05) and it just shows lack of difference among subjects after the therapy cycle. The comparison of the effectiveness levels of therapy cycle is presented.

Table 2: Correlated t-test the effectiveness of DBT and REBT in Irrational Believes Treatment

Variable	Subscale	Group	post therapy	pre therapy	p-value	T
			Mean (Std. Deviation)	Mean (Std. Deviation)		
Illogical beliefs	Need to high degree of confirmation	DBT	23.06	27.68	0.03	2.39
		REBT	19.81	32.31	0.09	1.80
	High expectations of self	DBT	21.25	25.37	0.025	2.48
		REBT	17.25	22.12	0.051	2.11
	Tend to blame	DBT	22.93	28.50	0.016	2.72
		REBT	20.56	23.12	0.323	1.01
	Reaction to failure	DBT	22.50	27.43	0.005	3.32
		REBT	17.93	22.50	0.032	2.36
	Emotional irresponsibility	DBT	21.56	28.3750	0.020	2.59
		REBT	18.75	20.4375	0.504	0.684
	Anxiety and stress	DBT	18.81	26.12	0.00	6.16
		REBT	17.56	19.50	0.321	1.22
	Avoidance of exposition	DBT	19.87	25.93	0.002	3.63

	to the Pitfalls	REBT	18.87	21.81	0.237	1.23
	Dependence	DBT	22.8750	28.93	0.002	3.67
		REBT	20.62	23.75	0.140	1.55
	Helplessness to changes	DBT	22.00	26.00	0.001	3.93
		REBT	18.25	32.50	0.032	2.51
	Perfectionism	DBT	22.00	27.75	0.035	2.31
		REBT	17.18	21.00	0.094	1.78

In table 2. According to three results and T test and the comparison of the effectiveness of two therapies (DBT and REBT) on illogical beliefs of antisocial personality disorder youngsters, the effectiveness of DBT on illogical beliefs subscales is more, since it has a meaningful effect on all the subscales(p<=0.05). Results of the effectiveness of rational REBT is something different, since it has a meaningful effect just on tendency to reproach (sig=0.16), reaction to failure (sig=0.32) and disability toward changes (sig=.32). The effectiveness of its meaningfulness high expectation of us and irresponsibility after rational REBT is discussable which shows the meaninglessness of the therapy.

Table 3: Independent t-test the comparison Depression in both groups

variable	Group		Std. Deviation	Mean	Sig	F
Depression	Pretest	DBT	18.40	33.25	0.57	8.27
		REBT	9.80	36.75		
	posttest	DBT	14.30	33.43	0.67	0.89
		REBT	8.86	35.25		
	Pretest	control	14.2	35.18	0.65	0.461
	posttest	control	13.66	33.81		

In table 3. It can be said that there is no difference in Depression level. So, the meaningfulness level (0.57) shows the uniformity of studied groups. The results of post therapy are the same and there are no differences between these two groups. The meaningfulness level (0.67) of post cycle shows that the effectiveness of subjects is as that there is no meaningful difference which doesn't represent the in effectiveness of therapies.

Table 4: Correlated t-test the Comparison of efficacy in the treatment of test Depression in both groups

variable	Group	post therapy Mean (Std. Deviation)	pre therapy Mean (Std. Deriation)	p- value	t
Depression	DBT	(14.30) 33.43	(18.40) 33.25	0.955	-0.58
	REBT	(8.86) 35.25	(9.80) 36.75	0.372	0.920

The results of T test are presented in table 4, which study the effectiveness of the therapies shows that DBT has not a meaningful effect on Depression level (0.955). And the effectiveness of REBT is not meaningful which are shown by the results (0.372).

Discussion

The present study aims at an investigation into the effectiveness of dialectical behavior therapy and rational emotive behavior therapy in Illogical beliefs therapy, depression of antisocial personality disorder among male population of Ilam prison. According to results descriptive statistical, It can be concluded that some of the characteristics like addiction (NICE, 2007) (Ghodousi, 2002) and criminal behavior(Maj,2007). The results of this study could be explained that, since Antisocial Personality Disorder is diagnosed after the age of 18 Also under investigation with regard to the level of criminal behavior, Antisocial individuals decreased with increasing age(Bacher,2010) Findings could be due to the greater accuracy of the sample group aged 20-25 years are the most prominent building. And, according to the characteristics of school eaving (yousefi, 2010) People with antisocial personality disorder, low education level and lack of academic

education could be observed in this study skins. lead to imprisonment the results of table 1 which studies the illogical beliefs between DBT and REBT in antisocial personality disorder youngsters, it shows there is no uniformity in two subscales of illogical beliefs among subjects of DBT and REBT groups as there is no significant difference between” need to high degree of confirmation” and “helplessness to changes” which shows the uniformity of these two subscales. The results of comparison between two groups of DBT and REBT show that there is no meaningful differences among to subscales and it just shows lack of difference among subjects after the therapy cycle.

The comparison of the effectiveness levels of therapy cycle is presented in table 2. The effectiveness of DBT on illogical beliefs subscales is more, since it has a meaningful effect on all the subscales. Results of the effectiveness of rational REBT is something different, since it has a

meaningful effect just on tendency to reproach, reaction to failure and disability toward changes. The effectiveness of its meaningfulness high expectation of us and irresponsibility after rational REBT is discussable which shows the meaninglessness of the therapy. These results are consistent with results (Riahi, 2010) Explaining the results come from Rational Emotional Behavior Therapy, it can be said that It seems that the courses which were taught to subjects about illogical beliefs are more complex than those which change the clients in a short period of time. In other words, clients must interoperate courses, judge them, accept them and finally apply them which need a long process to be efficient.

According to Alice, these beliefs can become permanent and constant when people act according to their illogical beliefs. It acts automatically in hard situations and don't allow people act according to their new and logical acquired beliefs. So, if people want to replace illogical beliefs with the logical one, they will need practice and a period of time, since antisocial personality accompanied by depression (Curwen, 2000). The comparison of Depression before therapy cycle in two groups of DBT and REBT, with the results and normal distribution of scores are presented Explaining the results obtained from Dialectical Behavior Therapy on the irrational beliefs of the sample persons, it can be said that with regarding to the effect of the irrational beliefs on the negative emotions of the person and also with regarding to this fact that the persons having antisocial personality disorder are so adherent in table 3. It can be said that there is no difference in Depression level. So, the meaningfulness level shows the uniformity of studied groups.

The results of post therapy are the same and there are no differences between these two groups. The meaningfulness level of post cycle shows that the effectiveness of subjects is as that there is no meaningful difference which doesn't represent the in effectiveness of therapies. The results of T test are presented in table 4, which study the effectiveness of the therapies shows that DBT has not a meaningful effect on Depression level and the effectiveness of REBT is not meaningful which are shown by the results Although there is a numerical raise between the last average and the present one Results of this investigation are consistent with the results of Salehi in 2011 in a study entitled "effect of emotion adjustment based on Grass process model and dialectical behavior therapy on the emotional problem's symptoms. In the study comparing the results of this study with the results of other studys that the effects of CBT on reducing Depression used as the skins Countercurrent (Ranjbar, 2010) (Solati,2011) (chew,2006) (Linch,2003) (Linch,2007) (Harley,2007) The results have been explained could be said with regard to the Antisocial Personality

Disorder is often associated with depression. (National Institutes of Health, 2007) could be explained in accordance with the opinion so that the socio-cultural lifestyle sociopathic (antisocial) can lead to high levels of depression. (AminPor, 1389).

Although the style is derived from the existing factors in the family environment, and social experiences of the early So in this study could be due to the jail and prison experiment group was due to adopt the and Style make prison experiment group to the extent of treatment effect explained in this component. mentioned and also consider the fact that people with Antisocial Personality Disorder in people who are susceptible repeatedly throughout their lives according to their personality traits felt they rejection With regard to the content Dialectical therapy, therapeutic Is more efficient than Rational emotional Behavior Therapy in the treatment of some of the characteristics of people with Antisocial personality disorder.

LIMITATIONS

Like the other studies, this investigation has some limitations:

No proper and special space for holding the therapy sessions, special issues of the imprisons which sometimes resulted in irregular therapy sessions, special issues of each sample whose continuous presence created some problems, limited access to the therapy protocol which is suitable for the type of disorder and applied therapies, small number of the statistical sample because of limitations and non-predicted problems in the statistical society.

SUGGESTIONS

With regarding to the limitations of the investigation which can be effective on non-efficiency of some therapy results, it is recommended to do the therapy in the conditions with the most desirable assistance.

ACKNOWLEDGEMENT

I would like to express my gratefulness to all managers of the prisons and the social workers who agreed upon to cooperate as the investigation sample and all other persons who helped us in this study.

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