

The relationship between hope-hopelessness levels and ways of coping with stress of addicted patients on probation

Denetimli serbestliği olan bağımlı hastaların umut-umutsuzluk ve stresle baş etme tarzları arasındaki ilişki

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SUMMARY

Objective: The aim of this study is to examine the relationship between the levels of hope- hopelessness and stress coping among dependent patients on probation and these two variables. **Method:** Descriptive research was conducted between August and December 2019. One hundred seventy-six (176) individuals who were in a University Hospital probation unit for treatment and control purposes participated in the study. In this research, the introductory information form of the Beck Hope-Hopelessness Scale and Stress Coping Scale were used. The relationships among percentage mean, standard deviation, and variables were evaluated using correlation analysis. **Results:** The mean age of 176 individuals participating in the study was 31.18 ± 0.64 . Respondents of most were male (92%) and their marital status mostly was single (56.3%). The majority of individuals were found to have graduated from primary education (63.1%) and to have worked in a job (48.3%). A moderately strong positive correlation was found with the sensory sub-dimension in individuals using the effective coping style between the Stress Coping Styles Scale and the Beck Hope-Despair Scale subscales, whereas there was a negative correlation in the lower dimension of motivation loss and expectations for the future in individuals who used ineffective coping styles. **Discussion:** Individuals treated on probation have moderate levels of hopelessness and have been found to use the desperate approach style as a way of coping with stress.

Key Words: Hopelessness, probation, addiction, coping with stress

ÖZET

Amaç: Denetimli serbestliği olan bağımlı hastaların umut-umutsuzluk ve stresle baş etme düzeyleri ile bu iki değişken arasındaki ilişkiyi incelemektir. **Yöntem:** Tanımlayıcı tipteki araştırma, Ağustos-Aralık 2019 tarihleri arasında yapılmıştır. Bir üniversite hastanesi denetimli serbestlik birimine tedavi ve kontrol amaçlı başvuran 176 birey araştırmaya katılmıştır. Araştırmada, Tanıtıcı Bilgi Formu, Beck Umut-Umutsuzluk Ölçeği ve Stresle Baş Etme Tarzları Ölçeği kullanılmıştır. Verilerin değerlendirilmesinde, yüzdelik, ortalama, standart sapma ve değişkenler arasındaki ilişkiyi incelemek için korelasyon analizi yapılmıştır. **Bulgular:** Denetimli Serbestliği olan bağımlı bireylerin yaş ortalaması $31,18 \pm 0,64$ 'dür. %92'si, erkek ve %56.3'ü bekar olan katılımcıların çoğunluğu ilköğretim mezunu (%63.1) ve düzenli bir işte (%48.3) çalışmaktadır. Stresle Başa Çıkma Tarzları Ölçeği ve Beck Umut-Umutsuzluk Ölçeği alt boyutları arasında istatistiksel olarak anlamlı bir ilişki bulunmuştur ($p < 0.05$). Etkili baş etme tarzını kullanan bireylerde duyuşal alt boyut ile pozitif, motivasyonel ve bilişsel alt boyutlarla negatif yönlü orta düzeyde güçlü bir ilişki; etkisiz baş etme tarzlarını kullanan bireylerde ise motivasyon kaybı ve geleceğe yönelik beklenti alt boyutlarıyla negatif yönlü, duyuşal alt boyut ile pozitif yönlü orta düzeyde güçlü bir ilişki çıkmıştır. **Sonuç:** Denetimli serbestlikte tedavi olan bireylerin, umutsuzluk düzeyleri orta düzeyde olup, stresle baş etme tarzı olarak çaresiz yaklaşım tarzını kullandıkları bulunmuştur.

Anahtar Sözcükler: Umutsuzluk, denetimli serbestlik, bağımlılık, stresle baş etme

(*Turkish J Clinical Psychiatry* 2022;25:93-100)

DOI:10.5505/kpd.2022.70370

INTRODUCTION

Addiction is a condition characterized by a profound desire for a drug used by the addicted individual, gradually increasing the amount of the drug to obtain an obvious effect, showing withdrawal symptoms when it is not taken, maintaining the alcohol consumption despite physical, social, and mental problems, and being unable to resist the desire for drug use (1–4). Addiction is also a social problem that influences all phases of life, affects individuals physically, emotionally, socially, and morally, and affects the family as well. Drug addiction-related problems worldwide, including in Turkey, have become a major health problem that threatens the lives of both individuals and society. Addiction causes numerous diseases and physical injuries such as disabilities, road accidents, intoxication, and worsening of the psychiatric diagnoses; it may even cause death. Therefore, fighting addiction is crucial. The first item of the action plan on the fight against drugs is to prevent drug availability. Turkey is at risk for drug trafficking due to its geopolitical position; thus, drug availability is increasing day by day. For that reason, the effort to diminish drug production, use, and trade has been enhanced increasingly in recent years through laws with criminal sanctions, and among them, probation.

Probation refers to “a community-based practice in which all needed services, programs, and resources are provided for the accused or sentenced people to integrate socially in line with the audit plan of the court decisions toward the probation”(5). Within the scope of probation, addicted individuals are expected to apply to the Alcohol and Drug Addiction Research, Treatment and Training Centers and receive treatment in these centers rather than being subjected to criminal sanctions (6). In this context, hospitals perform the individual’s first examination to determine whether they are addicted and then direct addicted individuals to treatment centers (7). Probation services for addicted individuals aim to rehabilitate the addicted offenders, to help them regain a place in society as productive persons, and to contribute to public welfare (8). These aims also include individuals who are subjected to probation injunction following the court process to increase their self-esteem and to improve themselves during the injunction

process (9). One of the important factors affecting the addicted person’s self-esteem improvement is to have expectations for the future in other words, to have hope. Hope is closely related to both expectations toward the future and effective coping skills. Hopelessness of individuals may lead them to have no expectations toward the future and may cause maladaptive behaviors. Individuals do not assume good things will happen and do not set goals but believe that everything will be bad for them when they feel hopeless. Addicted individuals on probation may feel hopeless when they cannot effectively cope with these problems and end up going in concentric circles, in other words, experiencing recurrences. Koyuncu (2003) found in his study of 100 individuals that 59% of the heroin addicted individuals were hopeless (Koyuncu, 2003). Hopelessness may cause individuals not to be able to cope with stressful situations and to begin to take drugs again. Kargin (2018) also stated that when individuals encounter stressful situations, they use alcohol or substances as a defense mechanism against stress and to avoid problems. Therefore, hopelessness levels and coping styles of the individuals on probation should be determined to predict their risk levels. Considering these issues, this study aims to examine the levels of hopelessness and coping with stress of addicted patients on probation and the relationship between them.

The hypotheses of the present study were as follows:

H1: Addicted patients on probation have high hopelessness levels.

H2: Addicted patients on probation have low stress-coping levels.

H3: There is a correlation between the hopelessness levels and stress coping levels of addicted patients on probation.

METHODS

Participants and Procedure

This cross-sectional, correlational, and descriptive study was conducted with 190 addicted patients

who visited the Psychiatry Clinic, AMATEM Unit, Probation Polyclinic of a university hospital. Of the 190 addicted patients who volunteered to participate in the study, 14 were not included in the evaluation because their scale was not completely filled out. Therefore, forms submitted by 176 addicted patients were analyzed.

Measures

Sociodemographic Information Form: This form developed by the researchers through literature review consists of 27 open-ended and close-ended questions to determine the patient's sociodemographic characteristics.

Beck Hopelessness Scale (BHS): Beck et al. (1974) developed this scale to determine the individual's hopelessness levels (10); Seber et al. (1993) did the validity and reliability study of its Turkish version (11). This self-report scale consists of 20 true or false items: 11 for true and 9 for false. The items are categorized in three dimensions as affective, motivational, and cognitive. Items 1, 6, 13, 15, and 19 refer to feelings about the future; items 2, 3, 9, 11, 12, 16, 17, and 20 refer to loss of motivation; and items 4, 7, 8, 14, and 18 refer to expectations. Each optimistic response is scored as 0, and each pessimistic response is scored as 1. The total score ranges between 0 and 20 and has no cutoff value; it is considered the "hopelessness score". The Cronbach's alpha reliability coefficient is 0.69 for this sample group.

Ways of Coping Scale (WOCS): Folkman and Lazarus (1985) developed this scale to assess an individual's coping styles (12). Şahin and Durak did the validity and reliability study of its Turkish version (13). It is a four-point Likert-type scale that consists of 30 items and five subscales: Self-confident Approach (8, 10, 14, 16, 20, 23, 26), Optimistic Approach (2, 4, 6, 12, 18), Helpless Approach (3, 7, 11, 19, 22, 25, 27, 28), Submissive Approach (5, 13, 15, 17, 21, 24), and Seeking Social Support (1, 9, 29, 30)

The Ways of Coping Scale can be calculated in two different ways. One of them is to calculate the coping styles separately as effective or ineffective. Effective styles are calculated by the total subscale

scores of Optimistic Approach, Self-confident Approach, and Seeking Social Support (items 1 and 9 are reverse scored); ineffective styles are calculated by the total subscale scores of the Helpless Approach and Submissive Approach. Self-confident Approach, Optimistic Approach, and Seeking Social Support subscales are related to problem-focused coping styles; the Submissive Approach and Helpless Approach subscales are related to emotion-focused coping styles. Another method of calculation is to determine the total scale score. The lowest possible score is 30, and the maximum is 120; this scale also has no cutoff value. The Cronbach's alpha reliability coefficient is 0.81 for this sample group.

Statistical Analysis

The data were analyzed using SPSS 22 software package. Percentage, mean, and standard deviation were used in the data analysis, and the relationship between variables was examined using correlation analysis. Normal distribution of data was evaluated using the Shapiro-Wilk test. Because the data were not normally distributed, Spearman correlation analysis was used to examine the relationship between variables. Statistical significance was assessed as $p < 0.05$ for all analyses.

Ethical Considerations

Ethics committee approval was obtained from the Non-invasive Ethics Committee of a university (Approval number: 301). Written permission and written consent were obtained from the hospital administration and the participants. Researchers clearly explained that the personal data of the participants would remain confidential and being a volunteer to participate in the study would not have an impact on or contribute to (such as remission) the criminal/court process of the participants.

RESULTS

Of the participants, 92% were male ($n=96$), 56.3% were single, and their mean age was 31.18 ± 0.64 years. Of the participants, 63.1% had completed primary school ($n=64$), 43.8% had been living in a metropolis ($n=77$), 48.3% were workers ($n=85$), 64.2% were subject to SSK ($n=113$), and 45.5%

Table 1. Distribution of Addicted Individuals on Probation by Sociodemographic Characteristics.

Sociodemographic Characteristics	n	%
<u>Age</u>		
	X=31.18-0.64	
<u>Gender</u>		
Female	14	8.0
Male	162	92.0
<u>Marital status</u>		
Single	99	56.3
Married	60	34.1
Divorced	15	8.5
Deceased spouse	2	1.1
<u>Income level</u>		
Less income than expenses	72	40.9
Equal income and expenses	80	45.5
Higher income than expenses	24	13.6
<u>Social security</u>		
SSK (Social Insurance Institute)	113	64.2
Pension Fund for the self-employed (Bag-Kur)	22	12.5
Retirement fund	6	3.4
Green card	34	19.3
None	1	0.6
<u>Place of residence (the longest period of time)</u>		
Village	4	2.3
Town	2	1.1
District	38	21.6
City	55	31.3
Metropolis	77	43.8
<u>Educational status</u>		
Illiterate	6	3.4
Literate	7	4.0
Primary school	47	26.7
Middle school	64	36.4
High school	34	19.3
College	8	4.5
University	9	5.1
Postgraduate/Doctorate	1	0.6
TOTAL	176	100.0

had equal income and expenses (n=80) (Table 1). This study found that addicted individuals' mean age when drug use started was 19.94 ± 6.87 years, 92.6% of them had smoked cigarettes, 45.5% had started using drugs due to environmental influences, 25.5% had started using drugs due to curiosity, 57.4% had previously received treatment for drug addiction, 73.9% had decreased using drugs in time, and 14.8% had had a drug user/users in their family (Table 2).

Participants' mean scores on the subscales of BHS were 11.24 ± 1.97 on loss of motivation, 9.15 ± 1.44 on affective (feelings about future), and 7.22 ± 1.29 on cognitive (expectations) (Table 3).

Participants' mean scores on the subscales of WOCS were: 18.24 ± 4.20 on the Self-confident Approach; 14.35 ± 3.41 on the Optimistic Approach; 19.27 ± 5.09 on the Helpless Approach; 12.60 ± 4.05 on the Submissive Approach; and 11.39 ± 2.17 on Seeking Social Support (Table 3).

Table 4 shows the relationship between the participants' mean subscale scores on the Beck Hopelessness Scale (BHS) and Ways of Coping Scale (WOCS). The Self-confident Approach subscale of WOCS had a positive low level quite significant relationship with the affective subscale of BHS ($r = .324, p < 0.0001$); a negative low level quite significant relationship with the motivational subscale of BHS ($r = -.327, p < 0.0001$); and a negative low level quite significant relationship with the cognitive subscale of BHS ($r = -.397, p < 0.0001$). The Optimistic Approach subscale of WOCS had a positive low level quite significant relationship with the Affective subscale of BHS ($r = .294, p < 0.0001$); a negative low level quite significant relationship with the motivational subscale of BHS ($r = -.220, p < 0.003$); and a negative low level quite significant relationship with the cognitive subscale of BHS ($r = -.284, p < 0.0001$). The Helpless Approach subscale of WOCS had no statistically significant relationship with the affective subscale of BHS ($r = -.094, p < 0.215$); had a positive low level quite significant relationship with the motivational subscale of BHS ($r = .361, p < 0.0001$); and a positive low level

Table 2. Distribution of Addicted Individuals on Probation by Their Addiction Characteristics.

Addiction Characteristics	n	%
<u>Cigarette smoking</u>		
No	13	7.4
Yes	163	92.6
<u>Drug use frequency</u>		
Once or twice a week	93	52.8
Three or four times a week	45	25.6
Every day	38	21.6
<u>Drug use frequency by time</u>		
Did not change	27	15.3
Decreased	130	73.9
Increased	19	10.8
<u>Reason to start using drugs</u>		
Curiosity	51	29.0
Stress	28	15.9
Environmental influences	80	45.5
Military service	4	2.3
Other	13	7.4
<u>Previous attempts to stop using drugs</u>		
No	75	42.6
Yes	101	57.4
<u>Number of attempts to stop using drugs</u>		
Once	36	35.6
Twice	28	27.7
Three times	11	10.9
Four times and more	17	16.8
Unanswered	9	8.9
X=2.36-1.758		
<u>Drug use status of the family</u>		
User	26	14.8
Nonuser	150	85.2
<u>Average age to start using drugs</u> X=19.94-6.87		
TOTAL	176	100.0

quite significant relationship with the cognitive subscale of BHS ($r=.212$, $p<0.005$). The Submissive Approach subscale of WOCS did not have a statistically significant relationship with the affective and cognitive subscales of BHS ($r=-.027$, $p=0.176$; $r=.134$, $p=0.075$), and had a positive low level quite significant relationship with the motivational subscale of BHS ($r=.384$, $p<0.0001$). The Seeking Social Support subscale of WOCS had no statistically significant relationship with the Affective, Motivational, and Cognitive subscales of BHS ($r=.084$, $p=0.265$; $r=.134$, $p=0.351$; $r=-.094$, $p=0.213$) (Table 4).

DISCUSSION

The mean age of the addicted individuals on probation who participated in the study was 31.18 ± 0.64 . Of the participants, 92% were male and most of them were single. Published studies show that drug addiction is more common in the middle-aged males and single individuals (7,14-16). Considering these data, single and young males can be said to be at risk as a group for drug addiction. Nearly half of the participants had equal income and expenses,

and most of them were insured employees. Studies similarly found that addicted individuals on probation have a regular job (17,18). The fact that half of the addicted individuals have a regular working life may be a protective factor against addiction by ensuring that they remain as part of the society and maintain their functionality. When proper guidance and preventive measures are not provided for the individuals, on the other hand, a regular income may pose a risk for starting to use drugs again by making drugs easier to obtain. Therefore, during the probation process, which is taken as a preventive measure to rehabilitate the addicted individuals rather than penalize them, making regular and continuous programs to provide addicted individuals with consciousness and awareness and ensuring that addicted individuals regularly attend these programs can be said to be necessary and important.

Most of the addicted individuals had completed the primary school, were living in metropolitan areas, and were single. Higher levels of education indicated higher levels of knowledge and consciousness, an improvement in the problem-focused coping

Table 3. Participants Total and Subscale Mean Scores on Beck Hopelessness Scale (BHS) and Ways of Coping Scale (WOCS)

	N	Avg	Std Deviation	Min	Max
Beck Hopelessness Scale					
Feelings about future	176	9.15	-1.44	8.93	9.36
Loss of motivation	176	11.24	-1.97	10.95	11.53
Expectations	176	7.22	-1.29	7.02	7.41
Ways of Coping Scale					
Self-confident Approach	176	18.24	-4.20	17.61	18.87
Optimistic Approach	176	14.35	-3.41	13.83	14.85
Helpless Approach	176	19.27	-5.09	18.51	20.02
Submissive Approach	176	12.60	-4.05	11.99	13.19
Seeking Social Support	176	11.39	-2.17	11.07	11.71

skills, and lower tendency to addiction. Similarly, a family or a supportive social environment is indicated to decrease the tendency to addiction (19). It can be said that individuals on probation showed tendency to addiction due to having lower education levels, being lonely, and thus having inadequate social support. Living in a metropolis is also thought to be a risk factor both for stress and drug availability due to difficult living conditions.

Individuals on probation stated that they started using drugs at the age of 19.94 ± 6.87 on average by environmental influences or curiosity. The fact that addiction is a health condition that affects the young population shows similarity with other studies (18,20,21). Peer relationships and environment have a critical role in starting or preventing drug addiction. It should be noted that drug user family members may cause a relapse (starting to use drugs again) in the addicted individuals in remission as a learned behavior. Most of the addicted individuals indicated that their use of drugs decreased in time despite the contradiction that the number of their repeated hospital admissions were high. This may be because they did not use drugs during the treatment process within the scope of probation, or may

relate to the fact that the information they gave due to the legal obligation did not fully reflect the truth. The Turkish Criminal Law (TCK) states that if an addicted individual who has to receive treatment as a criminal sanction due to drug use uses drugs again during the probation, the criminal sanction increases. Therefore, the addicted individuals might not give the exact information about it. The fact that they questioned whether there would be a remission if they participate in the study supports this opinion.

Participants' mean BHS scores showed that they had a moderate level of loss of motivation, had negative feelings about future, had low expectations towards future; in other words, they were slightly hopeless. Similarly, Koyuncu (2003) found that most of the heroin-addicted individuals were hopeless (22). A high level of loss of motivation and lower expectations toward the future may be related to the failing attempts to quit using drugs among more than half of the individuals who had a history of repeated use of drugs (57.4% had a previous initiative to quit). The treatment of drug addiction is a long and difficult process. The hope level needed for the success of the treatment, the

Table 4. The Relationship Between the Participants' Mean Scores on Beck Hopelessness Scale (BHS) and Ways of Coping Scale (WOCS)

Spearman's rho	Beck Hopelessness Scale		
	Affective (Feelings About the Future)	Motivational (Loss of Motivation)	Cognitive (Expectations)
Self-confident Approach	r	.324**	-.397**
	p	.0001	.0001
	N	176	176
Optimistic Approach	r	.294**	-.284**
	p	.0001	.0001
	N	176	176
Helpless Approach	r	-.094	.212**
	p	.215	.005
	N	176	176
Submissive Approach	r	-.027	.384**
	p	.717	.0001
	N	176	176
Seeking Social Support	r	.084	-.094
	p	.265	.213
	N	176	176

p<0.05

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treatment that often falls into repetitions, and the extension of the time for the treatment may cause individuals to have negative feelings toward the future and to cope with stress ineffectively. It is seen that individuals more often use the helpless approach to cope with stress. The helplessness approach that individuals more often prefer when they encounter a stress factor is an ineffective coping style and may cause individuals to tend to drugs as a coping style (23). This may cause a vicious circle in which individuals may regret and feel embarrassed after using drugs and may use them again to cope with these feelings. The second approach that individuals more often use to cope with stressful events is the self-confident approach. This approach may become risky for addicted individuals even though it is an effective coping style and thus seems safe. In other words, individuals who receive treatment on probation may feel overconfident about not using drugs again. This feeling may increase the likelihood of using drugs again by causing the individuals to go high-risk places for them and be exposed to stress.

WOCS showed that the addicted individuals on probation who used self-confident and optimistic approaches to cope with stressful events had hope towards future and had high levels of expectations and motivations; individuals who used the helpless approach experienced loss of motivation and had low levels of expectations; and individuals who used the submissive approach also experienced loss of motivation ($p < 0.05$). Seeking social support to cope with stressful events had no influence on the hopelessness levels of the individuals on probation ($p > 0.05$). In addition, using the helpless approach to cope with stressful events had no influence on their feelings about the future and using the submissive approach had no influence on their feelings about the future and levels of expectations ($p > 0.05$). Results show that individuals' loss of motivation and low expectation levels when they use helpless and submissive approaches which are ineffective coping styles may cause drug use again. The experience of failure may cause the individuals to personally feel incompetent and embarrassed, to have a low expectation level to stop using drugs, and to have a decrease in their motivation to stop using again. A decrease in the motivation that accepts and is open to change causes the addicted individual to be trapped in a vicious circle by resisting the change. Results show that individuals on probation should gain effective coping skills such as

self-confident approach and optimistic approach during the addiction treatment which is a stressful process to break the vicious circle. Health professionals, nurses in particular, who work in the AMATEM and probation units have important roles and responsibilities to assist individuals on probation to gain these skills. Further research might examine the addicted individuals' ways of coping with stress in increasing their motivation (24,25), which may change with time or occasion and be affected by the external factors, and thus alter their hopes toward the future. The motivation to fight against addiction of the addicted individuals on probation may be increased by helping them gain coping skills (self-confident approach and optimistic approach) and thus they can look to the future with hope.

Study Limitations and Recommendations

This study was conducted in a single center and had a small sample size; accordingly, the results of this study may not generalize to more heterogeneous cultural and socioeconomic population.

CONCLUSION

This study examined the coping styles and hopelessness levels of the addicted individuals on probation and found that individuals more often used helpless approach and self-confident approach to cope with stress and felt hopeless due to loss of motivation in particular. This conclusion shows that it is necessary and important to make and implement improvement programs toward developing hopelessness levels and coping styles by periodically evaluating those behaviors among the addicted individuals on probation. The fear of criminal sanction that is the only motivation for the individuals on probation is not effective enough to prevent relapses. Different initiatives and programs that support the individuals' participation should be developed towards decreasing/eliminating the loss of motivation to ensure the permanency and continuity of the treatment.

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