





Original Article

A comparison of parenting schemas-based styles among individuals dependent to substance abuse and those without substance abuse

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Abstract

Introduction: Dependency to substance is considered the scourge of general health, socioeconomic development and security in both developed and developing countries. The aim of this study was to analyze and predict parenting styles schemas-based in individuals with substance abuse dependency and individuals without substance abuse.

Materials and Methods: The statistical population of this study descriptive-correlational study consisted of all individuals with substance abuse who are residents in the rehabilitation centers of 5th and 22th areas of Tehran and non-abuser individuals of the same districts. The sample population consisted of 200 individuals (100: substance abuse dependency and 100: individuals without substance abuse) selected by convenient sampling. In order to collect data, the Young parenting inventory (EMSs) short form and the demographic questionnaire were used. Multivariate analysis of variance (MANOVA) was used to analyze the data.

Results: There is a significant difference between the parenting styles among individuals with substance abuse dependency and individuals without substance abuse (P < 0.05).

Conclusion: Considering the difference between parenting styles among individuals with substance abuse dependency and individuals without substance abuse, the findings of this study can be used in clinical treatment, consultation and prevention.

Keywords: Dependency, Parenting style, Substance abuse

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Introduction

Addiction is one of the most important social problems in society, which is associated with many problems in different areas of life (1). In our country, substance abuse disorders after disasters and accidents, cardiovascular diseases and depression are on the fourth place in the classification of disease burden (2). Addiction not only overshadows a person's life, but also creates many shortcomings and inconveniences for the family and society and imposes a great burden on the society (3). Addicts have defects in life skills and often face problems in problem-solving styles, defective documentation styles, and

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parenting styles (4). Family factors are strongly and consistently associated with substance abuse problems. In addition, substance abuse causes chaos in the cohesion of the family as a unit and in the functioning of its members (5). Communication factors such as parent-adolescent attachment always predict substance abuse in adolescents in all cultures (6). Parenting methods such as low supervision, ineffective discipline and poor communication are also involved in substance abuse problems among young people (7). A lot of scientific research has shown that the relationship between parents and teenagers, which is based on warmth, acceptance, support and mutual respect, at the same time balanced authority and control, has a very effective role in protecting children from the tendency to abuse substances, and on the other hand, relationships based on control. And severe restriction and lack of good relationship or relationships based on laxity and excessive freedom increase the tendency to abuse substances (8-11). These results indicate the importance of the styles and methods that parents adopt in their education and parenting. Brook et al. (6) describe a complex theory in which emotional attachment to parents, social learning, and intrapersonal characteristics of adolescents directly affect substance use. The basis of the theory of family interaction is the strong emotional bond between parents and children, especially the relationship between mother and child. This theory especially emphasizes how the lack of parental support and supervision leads to weak family ties, personality problems, relationships with substance-using peers, and substance abuse, as a result, according to this theory, sometimes substance use in teenagers It can be prevented in the long term by educating parents about supporting and monitoring their children (12). Family interaction theory focuses on the bond between child and parents as the most important protective factor and emphasizes three aspects of parenting (bonding, setting rules and regulations, and psychological autonomy) as the most important conditions for raising healthy children (13). -Bond: characterized by a positive and stable emotional bond, this component is evaluated with indicators such as acceptance, spending time with each other, availability of parents for children and enjoyment of being with children. If this

emotional connection is deep, the child learns to trust adults and value himself and is willing and able to interact socially at home and outside.

-Regulation of rules and regulations: it means determining the appropriate structure for the behavior of children and adolescents, such as regulations for monitoring and controlling the child's behavior, stable and age-appropriate rules and regulations help children to learn which type of behavior is appropriate and As a result, they can adjust themselves with those behaviors and protect themselves from negative effects outside the family.

-Psychological autonomy: Creating suitable opportunities for children to develop their thoughts, feelings and opinions and express them.

A deep emotional bond between a child and parents is the result of creating an atmosphere of trust, which is a direct consequence of physical support, care, acceptance, encouragement and encouragement (13).

Physical support, acceptance and encouragement are expressed verbally and in other ways. The more these elements are exchanged between the child and the parents, the more the process of creating an environment of trust is strengthened.

It is very important to establish a relationship of co-existence with trust to apply structure, discipline, control and guidance by parents. Also, communication and trust does not affect the mutual enjoyment of parents and children from spending time with each other, which in turn provides an opportunity for communication, fun and serious interaction and building more trust, and the result is a stable and durable bond between parents and children, which plays a role It provides important protection against high-risk behaviors such as substance abuse (13).

Problem behavior theory (PBT) was proposed by Jesour et al. to explain the causes of risky behavior among adolescents. This theory is a psycho-social model that tries to explain the consequences of behaviors such as substance abuse, delinquency, high-risk sexual behavior and early inhibition (14). This theory is a systematic, multi-variable, psychological-social mental framework that It examines how individual and social factors interact in the formation of normal and abnormal behaviors. Jesour argues that the adolescent's tendency towards various problematic behaviors is the result of the individual's internal tendency towards abnormal behaviors and a strong tendency towards the role of cultural and social norms accepted by the majority of society (15). According to him, substance abuse, alcohol, and deviant and sexual behaviors can be explained through differences in people's personality, environmental structures, socialization patterns, and demographic characteristics (16).

According to Josor's theory, PBT consists of three main independent but interrelated psychosocial systems. Each of these systems is a combination of variables that play a role as a risk factor or a protective role in performing problem behavior. The personality system includes social cognition, individual values, expectations and orientations of the family and peer group regarding substance abuse. The third component of PBT is the set of behavior that includes problems and behavioral structures related to the society's norm, which act in opposition to each other, such as the use of illegal substances, smoking, alcohol abuse, delinquency, and early sexual relations in front of the structure. The traditional behaviors of the society include behaviors that are directed and agree with the norms of the society, such as participation in religious activities and academic progress (14).

Jesour and his colleagues put forward the hypothesis that the root of problematic behaviors is a result of a person's emphasis on independence from parents and social influences, and problematic behaviors are correlated and overlapping with each other (17). When a teenager commits delinquency or delinquency, one should look for other delinquent behaviors in him. Preparedness for risky behaviors requires engaging in other problematic behaviors and less participation and adherence to the conventional norms of society (14).Researchers such as Barrera, Bigla, Ari and Lee, Donovan and Jesour have shown the effectiveness of this theory among teenagers (14). Teenagers who use cannabis are more likely to drink alcohol and at the same time are sexually promiscuous, they may do wrong things, run away or fight, or disagree with their parents, and finally, they are less concerned about their health and be its promotion (16). Taylor and Kliver showed that high-risk behaviors such as alcohol consumption,

smoking, violent behaviors, traumatic sexual relationships, high-risk driving and criminal activities occur with each other (18).Jesour et al. were among the first to find out that experimental or experimental use of substances is one of the signs of a teenager's general tendency towards behavioral problems and problematic behaviors. As a result of the theory of problem behavior, it is noted that in order to know the causes of experimental or substance use, the causes of problematic behaviors and behavioral problems must first be clarified. Also, the theorists of this group were among the first to say that the possibility of experimental and experimental use of substances in teenagers depends on the relative balance between intrapersonal and environmental factors that encourage or inhibit experimental or experimental use of substances (14). The strength of this theory is to pay attention to the perception of parents' values and behavior with peers as a precursor change for problem behavior (16).

Different research shows that poor school performance, relationship with delinquent peers, substance use and lack of adherence to traditions, sexual activity and delinquency are factors that are often associated with risky behaviors, especially substance use (16). In a study titled "Investigation of the effect of family parenting genealogy (combination of parental parenting) on teenagers' tendency to substances, Seifi Gandamani and colleagues (19) showed that having authoritative parents leads to the best results for children and the least It has followed the tendency to substances, and on the other hand, the most tendency to substances has been seen in children where both parents or one of them are negligent. In a research entitled Comparison of family parenting styles, self-esteem and general health in delinquent and normal male teenagers, Shekarbeigi (20) showed that there is a significant difference between delinquent and normal youths in terms of coercive and authoritarian parenting styles. This means that delinquent teenagers mostly belonged to bully families. Also, a significant difference was found between delinquent and normal teenagers' selfesteem, and delinquents had significantly lower self-esteem. Monirpour (21) in a research titled predicting the tendency to addiction based on parenting styles and personality traits of parents in high school students of Oom province showed

that the personality factors of father's neuroticism and agreeableness were 2.8% and the personality factors of mother's conscientiousness They predicted 7.2% of the variance of adolescents' addiction readiness. Also, father's authoritarian parenting style predicted 1.9% and mother's authoritative and permissive parenting style predicted 5.5% of the variance of adolescents' addiction readiness. Soheili et al. (22) in a research entitled tendency to substance abuse: investigation of the predictors of parenting styles, stress and personality type D showed that rejection parenting style has a positive relationship with the tendency to use substances and emotional warmth. It showed negative. Mahdvar (23) in a research titled determining the contribution of each of the parenting styles in the tendency of students showed that the tendency to addiction among students can be predicted based on each of the parenting styles of their parents, which means that The more fathers use the rational authority style in raising their children, the less likely their children will be addicted, and the more authoritarian the fathers are, the more likely their children will be addicted. In mothers, logical authority style showed reducing results in children's tendency to addiction. Pezohesh Dehghani and colleagues showed that assertive parenting, religiosity and emotional intelligence are effective in reducing students' readiness for addiction (24). Also, Montgomery's research (25) on teenagers showed that parental tenderness and control are important factors in substance use. The results showed that compared to non-users, a large number of ecstasy/multi-substance users described their parenting style as permissive. The model style reported by non-users was authoritative style. They had significantly less lifetime use and moderate amounts of ecstasy compared to those who described their parents as indulgent. Therefore, according to the presented materials, without a doubt, substance use disorders are considered one of the most important problems and major problems of human society today. Especially in the last two decades, the world has witnessed the spread of the use of narcotic and psychoactive substances among all classes and social groups, and addiction has been raised as an international problem, a universal and all-inclusive problem, and a human social problem (26). According to

the report of the World Health Organization, 64% of addicts started their first use between the ages of 16 and 25, and more than 90% of smokers started using these substances before the age of 19 (27). Addiction is a chronic and recurring brain disease. This disease is characterized by the temptation, seeking and compulsive and often uncontrollable use of substances despite the person's exposure to its serious negative consequences. In many people, substance abuse becomes chronic and relapse is possible even after long periods of abstinence. Substance abuse begins as an experiment or addiction. Over time, a person's ability to freely abstain from substances decreases. Due to the effects of longterm substance use on brain function, the search and use of substances becomes compulsive. Substance addiction can affect a person's life. Addiction often includes the compulsion to use substances and a range of dysfunctional behaviors that interfere with a person's performance in the family, workplace, and society (1). Ignorance of parents and poor communication between parents and children, lack of discipline in the family, chaotic and broken family are the possibility of committing all kinds of crimes such as substance abuse, and it causes children to consider substance use as a normal behavior by modeling their behavior (28). Parent-child emotional relationships can be the basis of how a person deals with future issues in life such as academic and job problems, therefore, interpersonal relationships can also be the basis of a person's attitude towards issues and problems as well as preparations. It determines the person towards solving problems and the person's actions and reactions against social dilemmas and failures (29). The child's early experiences in relation to parents and how to satisfy the child's psychological and emotional needs by the parents and their interactions with each other not only plan the individual's personality structure, but also his behavioral patterns in later periods. The trend towards wrong behavior patterns, deviance and addiction can be investigated and studied according to the category of childhood experiences. The current study aims to compare parenting styles based on substance abuse by considering parental behaviors in the form of parenting styles as their evolutionary roots.

Materials and Methods

In this descriptive-correlation study, people with substance abuse disorder and people without this disorder were examined. The statistical population was people with substance use disorder based in camps, and non-users, in districts 5 and 22 of Tehran. A statistical sample of 200 people was selected as available, including 100 substance users and 100 non-users.

Research instruments

A) Yang et al.'s Parenting Style Questionnaire: This questionnaire was created in 1993 to identify the evolutionary roots of schemas and has 72 questions that the respondents rate the different behaviors of their parents separately. This questionnaire is a primary tool to identify the most common evolutionary roots of schemas. This questionnaire has 172 items in which respondents rate their parents separately based on the type of behavior they have had with them, on a six-point scale. All questions scored 5 or 6 for each parent are identified because it is assumed that a score of 5 or 6 can be considered with high clinical probability as the cutoff point for the developmental roots of a particular schema. . The only exception is questions 1 to 5, which measure the evolutionary roots of the emotional

deprivation schema, and the scoring is the opposite. In this questionnaire, unlike schema questionnaires (EMSs), if only one of the schema-related questions has a high score, that question can be considered valid. Shifeld et al. (30) studied the psychometric properties of this questionnaire. The results of their study after factor analysis showed Cronbach's alpha with a range of 0.70-0.91. Also, the retest results showed high reliability and the construct validity was acceptable. In Iran, its original form has been translated and re-translated and then implemented in 60 Iranian students. Using the two-half method, a reliability coefficient of 0.69 was obtained for the mother form and a reliability coefficient of 0.80 was obtained for the father form (31).Data were analyzed with descriptive and inferential statistics (analysis of variance) using SPSS software.

Results

Out of the total sample of 100 people in each group, 80% were women and 20% were men in the healthy group. The ratio of women to men in the substance dependent group was 40 to 60, and in both groups, people under the age of 30 were the most frequent.

	Healthy Group		Addicted Group		
Variable	Mean	Standard Deviation	n Mean Standard De		
Failure	7.4900	4.40384	11.3525	4.86083	
Insufficient self-discipline	7.7250	3.58809	12.2025	4.47167	
Abandonment	6.4075	3.26785	11.0225	4.95346	
Mistrust	5.4850	3.42319	9.6775	5.26930	
Emotional deprivation	20.5850	6.74623	20.1800	6.00348	
Self-sacrifice	10.0825	3.63503	11.6550	4.30274	
Undeveloped self	11.7825	4.14489	14.2775	3.87818	
Social isolation	10.0950	3.96143	13.7775	4.61318	
Emotional inhibition	14.2750	5.40453	17.9200	4.81303	
Unrelenting standards	22.1225	7.66061	24.6150	6.50412	
Dependence	7.1925	3.51222	9.9725	3.96527	
shame	6.8500	3.34336	12.5825	4.96058	
Entitlement	8.6250	3.40927	12.8450	4.05934	
Subjugation	11.5000	4.66694	15.7925 5.53867		
Vulnerability to harm	13.2850	5.12619	14.9050	4.21424	
Punishment	8.9500	4.34352	12.6525	4.36496	
Approval-seeking	13.4400	4.81817	16.2200 4.61884		

Table 1. Descriptive data of parenting methods scores

Based on the results obtained from the descriptive indices, it can be said that based on the average scores of parenting methods in the nonconsumer group, active parenting methods of the stubborn criteria type and in the substance dependent group, active parenting methods of the criteria. Kolmogorov-Smirnov and Shapiro-Wilk tests are used to check the normality of scores. The results of Shapiro-Wilk tests are reported in Table 2. Based on the results obtained from the Shapiro-Wilk test, since the values obtained for these tests in a group are not significant at the 0.05 level, therefore, the condition of the equality of variances within the group and the normal distribution of the data is assumed.

	Shapiro-Wilk Test				
Variable		Value	Degrees of Freedom	Р	
Failure	Healthy	0.787	100	0.264	
Tanuc	Addicted	0.953	100	0.109	
Insufficient self-discipline	Healthy	0.891	100	0.150	
insufficient sen-discipline	Addicted	0.973	100	0.086	
Abandonment	Healthy	0.763	100	0.231	
Adandonment	Addicted	0.947	100	0.092	
Mistrust	Healthy	0.504	100	0.346	
Mistrust	Addicted	0.890	100	0.157	
Emotional domination	Healthy	0.964	100	0.090	
Emotional deprivation	Addicted	0.983	100	0.068	
Self-sacrifice	Healthy	0.968	100	0.072	
Sell-sacrifice	Addicted	0.974	100	0.083	
	Healthy	0.979	100	0.79	
Undeveloped self	Addicted	0.978	100	0.101	
Social isolation	Healthy	0.967	100	0.070	
Social isolation	Addicted	0.983	100	0.071	
	Healthy	0.966	100	0.110	
Emotional inhibition	Addicted	0.979	100	0.095	
Unrelanting standards	Healthy	0.951	100	0.076	
Unrelenting standards	Addicted	0.977	100	0.086	
Denendener	Healthy	0.928	100	0.124	
Dependence	Addicted	0.951	100	0.104	
-h	Healthy	0.823	100	0.210	
shame	Addicted	0.971	100	0.092	
Entitlement	Healthy	0.950	100	0.116	
Entitiement	Addicted	0.987	100	0.068	
Carle in anti-	Healthy	0.950	100	0.082	
Subjugation	Addicted	0.971	100	0.106	
Mala and ility to be my	Healthy	0.902	100	0.145	
Vulnerability to harm	Addicted	0.985	100	0.076	
	Healthy	0.919	100	0.127	
Punishment	Addicted	0.969	100	0.096	
A 1 1.	Healthy	0.979	100	0.092	
Approval-seeking	Addicted	0.970	100	0.078	

Table 2. Examining the normality of data distribution using the Shapiro-Wilk test in parenting styles

Levene's test was used to check the homogeneity of variance within the group. Based

on the results obtained from Levin's test, because the values obtained for these tests in a group are not significant at the 0.05 level, therefore, the condition of equality of variances within the

group and the normal distribution of the data is established.

Variable		F	df1	df2	Р
	Failure	1.861	1	198	0.222
	Insufficient self-discipline	1.507	1	198	0.230
	Abandonment	1.589	1	198	0.218
	Mistrust	0.014	1	198	0.907
	Emotional deprivation	0.195	1	198	0.662
	Self-sacrifice	1.477	1	198	0.234
	Undeveloped self	1.121	1	198	0.299
	Social isolation	3.239	1	198	0.083
Parenting Styles	Emotional inhibition	1.248	1	198	0.271
	Unrelenting standards	1.260	1	198	0.269
	Dependence	2.146	1	198	0.151
	shame	3.056	1	198	0.089
	Entitlement	0.354	1	198	0.555
	Subjugation	2.027	1	198	0.163
	Vulnerability to harm	2.531	1	198	0.113
	Punishment	1.672	1	198	0.197
	Approval-seeking	0.115	1	198	0.735

Table 3. The results of Levene's test to check the homogeneity of the covariance of the scores

The results of Table 4 show that the significance levels of all tests allow the use of multivariate analysis of variance (MANOVA) test. These results show that there is a difference in the studied groups in terms of at least one of the dependent variables. The eta square shows that the difference between the two groups with regard to the dependent variables is significant in total and the amount of this difference is 43%, that is, 43% of the variance related to the difference between the two groups is caused by the mutual influence of the dependent variables.

Test	Value	F	df hypothesis	df error	P	Eta-squared
Pillais Trace	0.430	8.064a	17.000	182.000	0.000	0.430
Wilks Lambda	0.570	8.064a	17.000	182.000	0.000	0.430
Hotelling's Trace	0.753	8.064a	17.000	182.000	0.000	0.430
Roy's Largest Root	0.753	8.064a	17.000	182.000	0.000	0.430

Table 4. Results of significance test of multivariate analysis of variance in two groups

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Index	of sources of variation	Sum of squares	Degrees of freedom	Mean square	f	Significance level	Eta coefficient
	Failure	745.945	1.198	745.945	34.678	0.000	0.149
	Insufficient self- discipline	1002.400	1.198	1002.400	60.991	0.000	0.235
	Abandonment	1064.911	1.198	1064.911	60.480	0.000	0.234
	Mistrust	878.853	1.198	878.853	44.517	0.000	0.184
	Emotional deprivation	8.201	1.198	8.201	0.201	0.654	0.001
	Self-sacrifice	123.638	1.198	123.638	7.794	0.006	0.038
	Undeveloped self	311.251	1.198	311.251	19.320	0.000	0.089
Group	Social isolation	678.040	1.198	678.040	36.676	0.000	0.156
Effect	Emotional inhibition	664.301	1.198	664.301	25.367	0.000	0.114
	Unrelenting standards	310.628	1.198	310.628	6.152	0.014	0.030
	Dependence	386.420	1.198	386.420	27.543	0.000	0.122
	shame	1643.078	1.198	1643.078	91.829	0.000	0.317
	Entitlement	890.420	1.198	890.420	63.372	0.000	0.242
	Subjugation	921.278	1.198	921.278	35.125	0.000	0.151
	Vulnerability to harm	131.220	1.198	131.220	5.959	0.016	0.029
	Punishment	685.425	1.198	685.425	36.152	0.000	0.154
	Approval-seeking	386.420	1.198	386.420	17.348	0.000	0.081

Table 5. Summary of variance analysis results

According to the data in Table 5, the F value with degrees of freedom (1 and 198) in parenting styles is significant at the level of 0.05. Therefore, it can be concluded that there is a significant difference between the parenting styles of addicts and non-addicts. Comparing the average of the two groups shows that the average of parenting styles (schematic) of substance dependent people is higher than that of non-users.

Discussion

The results of the research showed that there is a difference between the parenting styles of substance addicts and non-users, which is in line with the results of researches (21). Shekharbeigi (20) concluded that there is a significant difference between the parenting styles of normal people and delinquents. The findings of Esmaili's research (29) showed that there is a relationship between primary maladaptive schemas and parenting methods on the one hand and primary maladaptive schemas and psychological

disorders on the other hand. In explaining these results, it can be noted that schemas are created as a result of the use of parenting styles in children, and since substance dependent people use more schemas than non-users, it can be concluded that More inappropriate parenting styles have been used for them during their childhood and these inappropriate styles have caused the formation of early incompatible schemas in them. The results of the research (23)showed that the schema of mistrust/misbehavior, dependence/incompetence, obedience and insufficient self-control/self-discipline predicts the tendency to abuse substances. These schemas are related to the areas of cut and rejection, impaired limitations, impaired self-management or performance, and other orientations. It can be said that people who tend to abuse substances are more vulnerable in these four areas. The mistrust/abuse schema is related to the area of rejection and rejection. This field usually occurs in families that are cold and harassing, isolated,

hot-tempered, unpredictable or misbehaving (33). The results indicate that people who are mistrusted/misbehaved tend to abuse substances. It can be inferred that such people misbehave and humiliate people because they believe that others are harming people. As a result, when such people face a crisis, they cannot trust others and tend to use substances to achieve peace.

On the other hand, dependence/incompetence predicted the tendency to abuse substances. Incompetence dependence is related to the area of self-management or impaired performance. Schemes in this field are created with usual schemes in families that reduce the child's selfconfidence, and protect their child excessively (33). As a result, such people cannot trust others when they face a crisis. An incompatible relationship with parents is the main reason for creation of primary maladaptive the psychological structures, and primary psychological structures are mediators between parenting behaviors and personality disorder symptoms (34). In families where children do not receive the necessary social support, they learn to be indifferent to relationships with others and social norms: therefore, schemas such as entitlement/greatness, self-restraint and

insufficient self-discipline are not far from expected in them.

Based on the obtained results, it is suggested that parenting styles should be taught before birth to parents in cultural centers such as health centers and mass communication tools. Also, in research like this research, social, cultural, and economic variables in different age groups in different cities and provinces should be examined and compared by considering cultural-social values, etc., and that the current research is also associated with limitations. One of them was related to the group of non-users, which was based only on the lack of substance addiction and based on self-report, and no test was taken to measure people's mental health.

Conclusion

The results of the research showed that there is a difference between the parenting styles of substance addicts and non-users. It can be concluded that more inappropriate parenting styles were used in childhood for substance dependent people and these inappropriate styles caused the formation of early incompatible schemas in them.

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