

**MODERATING ROLE OF SOCIABILITY AND SOCIAL SKILLS IN
STATE RESILIENCE, AND RATE OF RECOVERY AMONG ADDICTS**



By:

Muhammad Saghir

Registration No: 210-FSS/MSCP/F15

A dissertation submitted to
Department of Psychology
Faculty of Social Sciences
International Islamic University, Islamabad

In partial fulfillment of the requirements of the
DEGREE OF MASTER OF SCIENCE IN PSYCHOLOGY

2017





Accession No. TH:19060 *MS*

*MS
158.1
MUN*

*Drug addicts - Psychological aspects
Drug addicts - Psychology*

**“MODERATING ROLE OF SOCIABILITY AND SOCIAL SKILLS IN STATE
RESILIENCE AND RATE OF RECOVERY AMONG ADDICTS”**

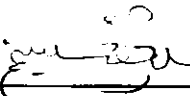
By

MUHAMMAD SAGHIR


Registration No. 210-FSS/MSCP/F15

Dissertation Approved


By



Supervisor



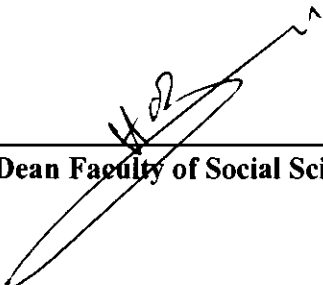
Internal Examiner



External Examiner



Chairman Department of Psychology



Dean Faculty of Social Sciences

**INTERNATIONAL ISLAMIC UNIVERSITY, ISLAMABAD
(PAKISTAN)**

Deceleration

I solemnly declare that the current research entitled "*Moderating Role of Sociability and Social Skills in State Resilience, And Rate of Recovery among Addicts*", is my personal work. It is not plagiarized nor copied from any other source, and that I have followed all the research and ethical protocols. I am submitting this research to Department of Psychology, Faculty of Social Sciences, International Islamic University as a partial fulfillment for the award of the degree of MS in Psychology. I also declare that I will not use this research for any other degree award program in future.



Muhammad Saghir

Jan 31, 2018

SUPERVISOR CERTIFICATE

It is certified that MS research thesis entitled *“Maderating Role Of Sociability and Social Skills In State Resillence, And Rate Of Recovery among Addicts”*, prepared by **Mr. Muhammad Saghir**, MS Scholar registered with 210-FSS/MSCP/F15 in the department of Psychology, Faculty of Social Sciences, Islamic International University Islamabad, has completed all requirements of research under my supervision. It is certified that his work is according to rule and regulation which are suggested by American Psychological Association (APA).

Dr. Najam ul Hasan
Supervisor

Dedication

I dedicate my work to my parents especially my mom.

CONTENTS

List of Figures	I
List of Appendices	II
List of Tables	III
Acknowledgement	IV
Abstract	V
I: INTRODUCTION	
Introduction	1
Literature Review	3
Rationale	13
Conceptual Framework	15
II: METHOD	
Objectives	17
Hypotheses	17
Sample	17
Operational Definition	18
Instruments	19
Procedure	21
III: RESULTS	
Data Analysis	22
Ethical Consideration	22
Results	23
IV: DISCUSSION	37
Discussion	34
Conclusion	40
Limitations	42
Implication and Recommendation	42
REFERENCES	43
APPENDICES	47

List of Figure

1. Conceptual representation of the moderating role of sociability in state resilience and recovery. 15
2. Conceptual representation of the moderating role of social skills in state resilience, and their impact on recovery. 16
3. Simple Slope equations of regression of State Resilience on Recovery at three levels of Sociability. 29
4. Simple Slope equations of regression of State Resilience on Recovery at three levels of Social Skills. 33

List of Appendices

I	Informed Consent	47
II	Demographic Sheet	18
III	The Big Five Inventory (BFI) Extraversion Subscale for Sociability	49
IV	Connor-Davidson Resilience Scale (CD-RISC)	50
V	Social Skills Inventory (SSKI)	51
VI	Substance Use Recovery Evaluator (SURE)	

List of Tables

1.	Psychometric Properties of the Major Study Variables	23
2.	Relationship between demographic characteristics of study sample.	24
3.	Relationship between demographic characteristics of study sample.	25
4.	Correlation between Resilience, Social Skills, Sociability and Recovery	26
5.	Linear Regression using state resilience, Sociability and their interaction as predictors	27
6.	Conditional effect of State resilience on Recovery at different values of Sociability	30
7.	Linear Regression using State resilience, Social skills and their interaction as predictors of recovery.	31

ACKNOWLEDGEMENT

All praise belongs to **ALLAH** who has bestowed me with the courage and abilities to achieve whatever I want to in my life. Allah has been blessing me with his help in all difficult tasks, which have been accomplished in my life. I offer my humble thanks to **Holy Prophet (P.B.U.H)** who is forever model of guidance for humanity. The completion of this project was possible only because of the mercy and graciousness of **ALLAH** almighty who bestow me with courage and patience. Without this, it would have been impossible to achieve.

I would like to express my deepest gratitude to my supervisor and mentor **Dr. Najam ul Hasan Abbasi** for his skillful guidance and valuable suggestions, which helped me to complete this research work. I express my cordial thanks to **my parents and family members** for supporting me. I also I owe my deep gratitude to **Mr. Fayyaz, Miss. Saba Pervaiz, Miss. Maryam shah and Mr. Qaiser Arshad** for their valuable help encouragement and support throughout the project.

Muhammad Saghir

Abstract

Present study was conducted to check the moderating role of Sociability and Social skills in State Resilience, and rate of recovery among drug addicts. Sample size was of 100 recovering addicts from different drug rehabs of twin cities (Islamabad and Rawalpindi) of Pakistan. For the measurement of the study variables, extraversion subscale of BFI was used for sociability. Similarly, Social Skills Inventory (SSI) for social skills, Connor-Davidson Resilience Scale (CD-RISC) for state resilience, and Substance Use Recovery Evaluator (SURE) for recovery were used. Results showed positive relationship among social skills and sociability ($r=.57$; $p<.01$). Correlation was also significant among social skills and recovery ($r=.27$; $p<.01$). Similarly, sociability was also positively correlated with recovery ($r=.22$; $p<.05$), state resilience was found to be significantly correlated with social skills ($r=.35$; $p<.01$), and sociability ($r=.24$; $p<.05$) while state resilience was not significantly correlated with recovery. Results related to moderation analysis were also not found to be statistically significant, which suggested that sociability did not play interaction in state resilience ($\beta = -.004$, 95% CI $[-.03, .02]$, $t=-.34$, $p=.737$). Similarly, the moderation analysis for the interaction of social skills on state resilience was also non-significant ($\beta = .002$, 95% CI $[-.002, .00]$, $t=1.01$, $p=.316$). Yet, results indicated that sociability can be further investigated with respect to drug abuse. Results also indicate the significant relationship of social skills in prevention of relapse against drug use.

CHAPTER ONE
INTRODUCTION

Introduction

In present study, the focus was on sociability and social skills as moderators to state resilience. And the rate of recovery among drug addicts was determine according to the impact of moderation. Tahir, Ghayas, and Adil (2012) defined sociability in their research (impact of achievement goals, sociability and gender on academic achievement of university students) as:

“Sociability is a personality trait that indicates the child’s friendliness with strangers and lack of shyness (Buss and Plomin 1984). Sociability is the ability of being outgoing with others and the desire to establish interpersonal relationship with others (Caligiuri 2000) enjoys social interaction (Guastello and Guastello 2002), participates in a leader-less peer-group (Grifford and Gallagher 1985), possess a tendency to approach novel situations and people (Sanson, Hemphill, and Smart 2004). Sociability behaviors may include behaviors such as showing concern, inviting by-standers to join an activity, stopping a quarrel, being cooperative, giving support, engaging in play, and having conversations with other children while playing (Coplan and Rubin 1998).”

A research conducted by Santesso, Schmidt, and Fox (2004) on shyness, sociability and sensation seeking on substance use suggested that combination of shyness and sociability was linked with substance use in the sample of US undergraduate but in Canadian sample this pattern was not found. Hence low shyness and low sociability predicted high use of substance (Santesso et al., 2004).

Similarly, Botvin and Wills (1985) found that acquisition of effective social skills is essentials for psychological adjustability and psychosocial development. So, the primary interpersonal skills are required to have confidence, responsiveness and mutually beneficial relationships as a sign of good psychosocial development but on contrary, inadequate or lack

of social competence can lead to rejection and social isolation which further predicts poor psychological adjustment. The acquisition of basic social skills generally begins in childhood and it increases as individuals grow or mature with time. By the time of adolescence, they have acquired a range of social skills such as effective communication, initiation and maintenance of conversations, expression of feelings, giving and receiving of compliments, refusal of unreasonable requests. And these social skills are learned by vicarious learning and reinforcement.

Botvin (1986) suggested that there are two prevention models: one is known as social influence model and other is known as resistance to pro-substance use. Social influence model focuses on the development of individual's ability to resist social influence of substance use. But the second model focuses on range of cognitive behavioral personal and social skills.

Drug addiction is a growing problem of the world. According to UNODC (2013) and Ministry of interior and narcotics control (2013), the general prevalence of drug abuse is increasing in Pakistan. It reports that substantial portions of population aging 15-64 are suffering from overwhelming consequences of substance abuse. The report proposed that the rate of substance abuse is 5.8 % which comprises of 6.4 million adults using drugs in their last 12 months and 4.1 million adults were concluded to be as dependent on drugs in Pakistan.

According to American Psychiatric Association (2013) drug addiction is a chronic and progressive illness which is linked with compulsive use of drugs and maintained by reinforcing path ways in the brain. Drug addiction is linked with biological, psychological, social and occupational impairments. Substance abuse is linked with developmental period especially with adolescence. Experimentation with drug and initiation from tobacco progress to cannabis, heroin and depressants or other psychoactive drugs and that's way tobacco use is

known as a gateway to other drugs which enhances the likelihood of addictive or problematic use of drugs. A sense of autonomy, peer pressure and idealizing negative models are associated with drug use in adolescence (Botvin & Wills, 1985).

Literature Review

Past literature on drug addiction suggests different factors which can cause drug addiction. Hence studies conducted by Habib, Hotter, Tahir, and Anis (as cited by Alam, Khan, Jadoon, Asghar, & Shah, 2007) showed that there are many identified risk factors which are linked with drug abuse such as peer pressure, conforming to social circles, low positive parental relationship, marital discords, intellectual inferiority, emotional immaturity, poor self (inner) control, depressive mood, violation of existing social norms.

Hair, Jager, and Garrett (2002) reviewed about 360 researches of social competence among adolescents. The study stated that quality of relationships with parents is essential for the development of social competence. Moreover social skills are also linked with psychological wellness, academic performance and interpersonal relationships (Hair, Jager, & Garrett, 2002). Von Hohendorff, Couto, and Prati (2013) stated two factors individual (temperament and environment) for the development of social skills.

Caballo (as cited by Von Hohendorff, Couto, & Prati, 2013) suggested that temperament that determines the degree of sociability. For example, the predisposition of introvert or extrovert at birth, with introvert temperament tends to behave in a socially inhibited way as compared to extrovert which may easily lead them to engage in social interaction. They also suggested the counterbalance effect of environment on temperaments in the development of social skills. Hence the environment reinforces social behavior and also inhibits it as well which influence the vicarious learning.

In another study, Thanoi, Phanchaoenworakul, Thompson, Panitrat, and Nityasuddhi (2010) investigated role of protective factors such as resilience and social support on suicide

among Thai adolescent. Results of the study showed that negative life events and rumination had significantly indirect enhancing effect on suicide risk behaviors, by impacting emotional distress. Similarly study also mentioned that resilience and social support might reduce the effect of all variables by decreasing the risk of suicide risk behavior.

Resilience is a process that encompasses adaptability from crises. It is a process that helps us to cope significant adversity (Luthar, Cicchetti, & Becker, 2000). Similarly according to Masten, Best, and Garmezy (1990) resilience has three occurrences such as generation of positive outcomes in vulnerable children, persistent competency during stress and recovery from trauma. They found that children who experience chronic adversity have better rate to recover completely due to the presence of positive relationship with competent person, they also have the ability to solve problems, to learn, to get along with others, and finally they have competency along with perceived self-efficacy with respect to society (Masten et al., 1990). Moreover Hiew, Mori, Shimizu, and Tominaga (2000) stated that resilience can be differentiated in adults on the basis of its characteristics whether these characteristics are present due to current dominant states or it has been present in adults since childhood as personality trait (as cited by Bokharey, 2013).

According to Fergus and Zimmerman (2005) resilience involves risk and promotive factors that either help in promoting positive outcome or prevent negative outcome. Hence resilience theory suggests that it focuses on strengths instead of deficit, it also emphasizes on developmental abilities regardless of risk exposure (Fergus & Zimmerman, 2005). These promotive factors can also be called either assets or resources. Moreover; Fergus and Zimmerman (2005) defined assets as positive factors which lie within a person such as competence, coping skills and self-efficacy however the resources are also positive factors but they are extrinsic to a person for instance parental support and adult mentoring. Resources are helpful in overcoming risks and promoting development of youth through

effective social support system. Hence according to these factors we can speculate that social skills and sociability can serve a purpose of assets and resources in overcoming risks.

Theoretical Perspectives of Drug Addiction

There are many reasons for as to why people start using psychoactive substances. Some of them suggest that, adolescents start using drugs because of peer pressure or in the hope to feel more sophisticated. They often feel that using drugs is cool and a sense of being grown up. Some individuals use drugs to rebel against the authority such as parents or society. Besides this, the reason could be anything but still using drugs cause pleasurable effects and that make them to hook on these substances. At last cessation or quitting becomes difficult for them. For instance, some people smoke for relaxation and to get rid of stress, boredom and tiredness. Teenagers drink alcohol to get high not merely to feel as they are adult now. Some use drugs to get instant pleasure. Still some of them would try to quit drug addiction but they become helpless in doing so (Nevid, Rathus, & Greene, 1991).

Similarly, many people use alcohol, marijuana, sedatives and tranquilizers for calming their selves from anxiety related to occupational and social life. Individuals who experience low self-confidence and self-esteem may use amphetamines and cocaine to boost their lacking. Young adults with poverty use heroine and other similar drugs as an attempt to escape from poverty, suffering and boredom of inner city life. More over adolescents mostly tend to rely on drugs to manage their jobs, academics and lifestyle related challenges. They also most likely use drugs to cope up with life transitions such dependency to independence, getting into relationships and to managing breakups (Nevid et al., 1991).

According to Kring, Johnson, Davison, and Neale (2013) people develop physiological dependency on drugs through developmental process. Initially some people develop a positive attitude of drugs then they try to begin experiments on substances by using

them. Later they use drugs regularly, then they start using heavy quantity and at the end they become dependent over drugs. Researchers explained this developmental process as follow:



Chambers, Taylor, and Potenza (as cited in Kring et al., 2013) suggests that during adolescence, when the development of brain areas such as frontal cortex which is linked to judgment and decision making, novelty seeking, and impulse control is still going on, is the time when adolescents begin to experiment with drugs and alcohol. It is considered that the neural systems is important for reward, including dopaminergic, serotonergic and glutamatergic pathways, all these pathways are linked with developing frontal cortex (Kring et al., 2013).

Kring et al. (2013) reported that the developmental approach does not incorporate all cases of substance abuse or dependence. They stated that there are some cases in which heavy use of tobacco or heroin did not cause dependence. Similarly, there is not an inevitable progression which occurs in stages. There are some people who have periods of heavy use of a substance but easily return to moderate use. So, there is no necessity for some people to have a period of heavy use to become dependent on the substance, as in the case of methamphetamine.

Biological perspectives:- Recent researches are focusing on biological underpinnings of addiction and the focus is on neurotransmitters especially dopamine and on role of genetic factors in drug addiction.

Neurotransmitters:- Kring et al. (2013) reported that pleasure and reward is linked with dopamine pathways in the brain. Hence these rewarding or pleasurable feelings are resulted in use of drug through dopamine system. So, people use drugs to feel good. Research conducted with humans and animals reveals that drugs initiate dopamine system, especially

the mesolimbic pathway of the brain. Noble's (as cited in Kring et al., 2013) work shows that people who become dependent on drugs have some problems with dopamine pathway. So, the evidence shows that these people have a deficiency in the dopamine receptor DRD2. Drug use is not only that someone wants to feel good but people take drugs to just to feel better from unpleasant feelings. Specifically, once the people become dependent or addicted to a substance; such as heroine, alcohol or methamphetamine, it can cause withdrawal symptoms which are painfully unpleasant, so they just continue to use drugs to avoid the bad feelings caused by withdrawal (Kring et al., 2013).

In human brain, there is a common neural pathway of dopamine neurotransmitter which is mostly likely linked with pleasurable effects of many drugs. Several researches conducted in late 20th century by O'Brien and McLellan (1997); Maldonado and colleagues (1997); Marzuk and Barchas (1997) as cited by Nevid et al. (1991) suggest that drugs such as heroine, nicotine, cocaine, alcohol and cannabis yield pleasurable effects as they increase the levels of dopamine which is an agent of human brain that is linked with reward and reinforcement.

Incentive sensitization:- Robinson and Berridge (2008) explained about the pathological motivation or craving for taking drugs even after a significant discontinuation of drugs. They described incentive sensitization as a theory that suggests that susceptible individuals and the availability of specific environment along with repeated exposure to potentially addictive drugs can persistently change brain cells and circuits. These brain cells and circuits are generally regulating the pleasure and this is also linked with a psychological process involved in motivated behavior. This process can cause neuroadaptation which renders these brain circuits hypersensitive in a way that results in pathological levels of incentive or pleasure. This pleasure is being attributed to drugs and drug-related cues. Persistent incentive sensitization makes pathological incentive a motivating agent which

induces craving for drugs and it last for years after the discontinuation of drug use. Sensitized incentive can be expressed in behavior through either implicit (as unconscious wanting) or explicit (as conscious craving) processes which depends on circumstances. However, in addicts the *focus* on drugs is generally produced by the interaction of sensitized incentive mechanisms and structural mechanisms related to the environment which serve as conditioned mechanism that cause craving for drug use and contribute relapse (Robinson & Berridge, 2008).

Genetic factors:- Most researches have talked about the possibility that genetic contribution play an important role in drug and alcohol use disorders. Several studies have conducted by Chassin, Pitts, Delucia, et al., (as cited in Kring et al., 2013) showed that relatives and children of problem drinkers have greater rates of alcohol abuse or dependence than what is expected. Similarly, different twin studies conducted by McGue, Pickens, and Svikis; True, Xiam, Scherrer, et al.; Kendler and Prescott; and Tsuang, Lyons, Meyer, et al. (as cited in Kring et al., 2013) also reported strong evidence for genetic factors, which have discovered greater consistency in identical twins than in fraternal twins for drug use disorders, heavy use of marijuana, smoking and in general alcohol use disorder.

Psychological factors:- Psychological factors such as effects of drugs on mood, tension reduction effect and cognitive evaluation, expectancies of drugs and alcohol effects, and personality traits are considered as etiological explanations of drug use disorders (Kring et al., 2013).

Mood alteration:- Generally, the basic purpose for using drugs is mood alteration that is, it enhances positive moods or lessens negative moods or effectivity, that's why drug use is reinforced. For instance, as tension increases because of the bad day or work load leads to increased alcohol consumption. Similarly, it has been reasoned that stress is most likely to increase smoking, and it causes the beginning of smoking and people fall into relapse after

quitting smoking (Kring et al., 2013). Cooper, Frone, Russell, et al. (as cited in Kring et al., 2013) stated that tension reduction is one of the possible effects that drugs have on our mood. Some people may use drugs to enhance positive effects of mood when they are feeling boredom; however others may use drugs to lessen negative affect. In this case, increased drug use results from a high need for stimulation combined with expectancies that drugs will promote increased positive affect. It has been confirmed among those people who abuse alcohol and cocaine.

Expectancies regarding positive outcomes or effects of Alcohol and Drugs:- There is a popular idea which believes to be true by so many alcoholics that it makes them relax. However, it's true that alcohol does not reduce stress. But Kring et al. (2013) stated that expectations may play a role. So, people who are stressful, they may drink not because it reduces tension but because of their expectations about alcohol to do so. In order to test this idea, several studies conducted by Rather, Goldman, Roehrich, et al.; Sher, Walitzer, Wood, et al.; Tran, Haaga, and Chambless (as cited in Kring et al., 2013) have found that people who have expectations that alcohol reduces stress and anxiety are those most likely to be frequent users. Additionally, drinking amount and positive expectancies about alcohol are positively linked and seemed to influence each other too. However, further investigations by Smith, Goldman, Greenbaum et al. (as cited in Kring et al., 2013) suggested that expectation of drinking will reduce anxiety which resulted in increased drinking, as a result this will make the positive expectancies more strong.

Furthermore, Stacy, Newcomb, & Bentler's work (as cited in Kring et al., 2013) revealed that positive expectancies related to a drug's effects such as beliefs that sexual responsiveness and aggression will be enhanced through a drug, which in turns predict increased drug use. Likewise, people who have false belief that alcohol will help them to be

skillful in social interactions are prone to drink more heavily as compare to those who have accurate perception that alcohol can interfere with social interactions.

On contrary, the prevalence of use and believing drug as harmful are also believed to impact the use of a drug. In other words, it is believed that the probability of a drug use will be less if a drug is perceived as harmful. This is further confirmed by the work of SAMHSA (as cited in Kring et al., 2013) that the use of marijuana was 1.8 percent among those adolescents who perceived it as great risk but the use of marijuana was 11.2 percent among those adolescents who believed that there was no, little or moderate risk. In the same way, Ayanian and Cleary (as cited in Kring et al., 2013) showed that many smokers do not believe, they are at increased risk for cancer or cardiovascular disease. Moreover, Jackson's work (as cited in Kring et al., 2013) stated that people who believed to overestimate that other people use alcohol and tobacco more often are most likely to increase the usage of these substances.

Personality factors:- Personality factors are important to help us to understand etiological factors which are contributing in substance use disorder. It also categories individuals based on temperaments and they may help to explain why some people are more prone to abuse or become addicted on drugs and alcohol. The crucial traits or personality factors which are the predictors of later onset of substance use disorders are, high levels of negative affect or negative emotionality, harm avoidance, a persistent desire for getting pleasure or increased positive affect and conservative moral standards and constraint which refers to be cautious (Kring et al., 2013). In a study conducted by Killen, Robinson, Haydel, et al. (as cited in Kring et al., 2013) showed that children from kindergarten were rated by their teachers on several personality traits and they were followed up by researchers after some years. They found that anxiety such as worries about things or apprehension. Similarly, fear of new situations and novelty seeking like being restless, fidgety or lacking impulse control predicted the onset of using drugs, getting drunk and smoking.

Sociocultural factors:- There is a vast and varying role of sociocultural factors in substance use disorders. Interest of people in drugs and their access to drugs are largely determined by peers, the media, parents and cultural norms about acceptable behaviour. At larger perspective, there are several variations cross culturally in substance use. But some findings suggest that there are some commonalities in drugs use across cultures, for example, a cross-national study was conducted by Smart and Ogburne (as cited in Kring et al., 2013) on alcohol and drug use among high school students from 36 different countries found that alcohol was the most common substance used across the countries, despite great variation in the proportions of students who consumed alcohol and the percentages were ranging from 32 percent in Zimbabwe to 99 percent in Wales. They also studied the rate of marijuana and the results showed that marijuana was the next most commonly used drug. Similarly, in those countries where marijuana was used most often, higher rates of use of amphetamines, Ecstasy, and cocaine had seen in such countries.

There are some other researches which show differences in alcohol consumption across nations. DeLint's work (as cited in Kring et al., 2013) shows that Spain, France and Italy are those countries where drinking alcohol regularly is widely accepted so in wine-drinking societies the highest consumption rates have been found. Heavy drinking and alcohol abuse is greatly influenced by the patterns of drinking and cultural attitudes. A study suggests that men drink more alcohol than women. International Research Group on Gender and Alcohol conducted an analysis, they found that in Czech Republic, Australia, Estonia, Finland, Netherlands, Israel, Russia, Sweden, United States and Canada men consumed more alcohol than women (Kring et al., 2013). Hence it is most important to consider cultural prescriptions about drinking with respect to gender: men and women.

Substance use can also be affected by the social setting in which individuals function. Different studies conducted by Shiffman, Gwaltney, Balabanis, et al. and Shiffman, Paty,

Gwaltney, et al. (as cited in Kring et al., 2013) on daily life of smokers illustrate that the rate of smoking is more likely to increase in the presence of smokers than nonsmokers. Moreover, smoking was more likely to occur in or outside bars and restaurants, or at home, but the smoking was less likely to occur in workplace or in others' homes. According to Kring et al. (2013) the social networks are linked with the use of drug and alcohol. Still, those who have vulnerability to substance use disorders are more likely to select social networks that are linked to their own drinking or drug use patterns. Social network in which a person lives are associated with individual drinking, but individual drinking also linked with more drinking of the same social network. Indeed, studies showed that effects of social selection were stronger. Social selection indicates that people are most likely to involve or choose social networks with drinking patterns like their own.

Models of Resilience

Theory of resilience gives a useful framework for understanding child and adolescent according to strength based mechanism of promotive factors that are linked to resilience. It isn't a trait of a person that we can measure through a self-report questionnaire. But these models speculate relationships and processes, and associated analytic approaches for studying (Zimmerman, 2013).

Compensatory model:- In relation to compensatory factors, promotive factors are those factors which neutralize the risk exposure in a remedial fashion. However, compensatory factors are related to developmental outcome such as healthy eating or violence. These factors impact developmental outcomes rather than risks. This is a direct and independent effect from risks. For instance, parental support is a compensatory factor for risk related to fighting and being around violent adults (Zimmerman, 2013).

Protective factor model:- The protective factor model proposes that promotive resources change the relationship between a risk, another promotive factor and outcomes.

This relationship causes two possible protective models, risk-protective and protective-protective. Hence, according to risk-protective models, promotive factors work to moderate or reduce the relationship between risks and negative outcomes. Similarly, protective-protective models suggest that they enhance the effects of either promotive factor alone for predicting an outcome (Zimmerman, 2013).

Challenge model:- According to Zimmerman (2013) challenge model functions as inoculating someone with inducing modest levels of risks. The exposure to risk is helping youth to overcome subsequent exposures that make them vulnerable to negative outcomes. Most importantly, it is essential that the intensity of initial risk exposure must be enough challenging so that it may help youth to develop the coping mechanisms to overcome its effects. It shouldn't be enough to overwhelm one to cope. For example, interpersonal conflict that is resolved effectively can be helpful to learn how to overcome social conflicts without being aggressive or expressing violence. That will help them to deal intense interpersonal conflicts more effectively and properly through dialogue, without engaging in gang fights (Zimmerman, 2013).

Rationale

Social skills are important for interpersonal effectiveness like effectively communicating with other, reaching out, understanding other feelings and even get along with other. Similarly, sociability enhances social skills; it provides foundation for social skills. However, as per observation while working with drug addicts, it is obvious that most of the drug addicts lack in interpersonal effectiveness and are more likely to compensate their psychological deficits through drugs. So, it's a substantial reason that the enhanced social skills can be used as an intervening variable to minimize the chances of relapse among drug addicts. Moreover, it can help them to effectively approach their communication issues instead of drug abuse.

As to researcher's knowledge, there is no previously conducted research on social skills and resilience with respect to sociability of recovering addicts, so it's a unique research that will aim to investigate more important social aspects which might predict relapse. This research will help in understanding the importance of social adaptability and it will open new ways to explore intervening factors in addicts' life to prevent relapse. It will be a great contribution in research to articulate about social skills' significance and prevention of drug abuse.

According to the current situation of drug abuse, Pakistan is at a greater risk of increasing drug abuse. In Pakistan, more than 6.4 million persons are drug dependent and the number is increasing day by day. So, it is very important to understand the mechanism and maintaining factors of drug abuse through intensive research work along with psycho-education of drug addiction countrywide. This research will help in this regard.

Conceptual Framework

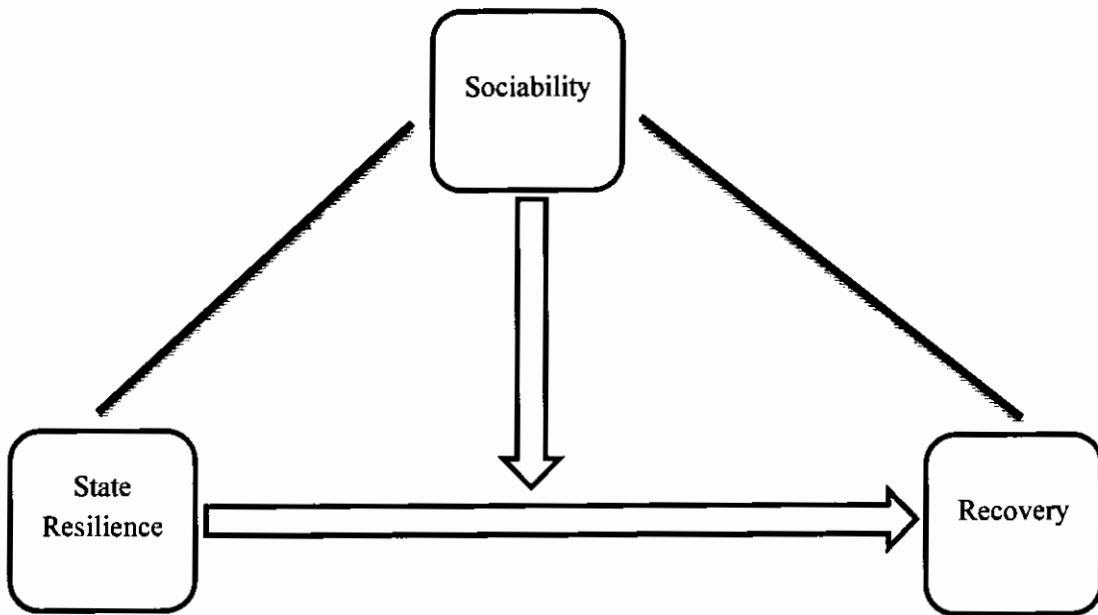


Figure 1

Conceptual representation of the moderating role of sociability in state resilience and its impact on recovery, it further shows the inter variables correlation among sociability, state resilience and recovery.

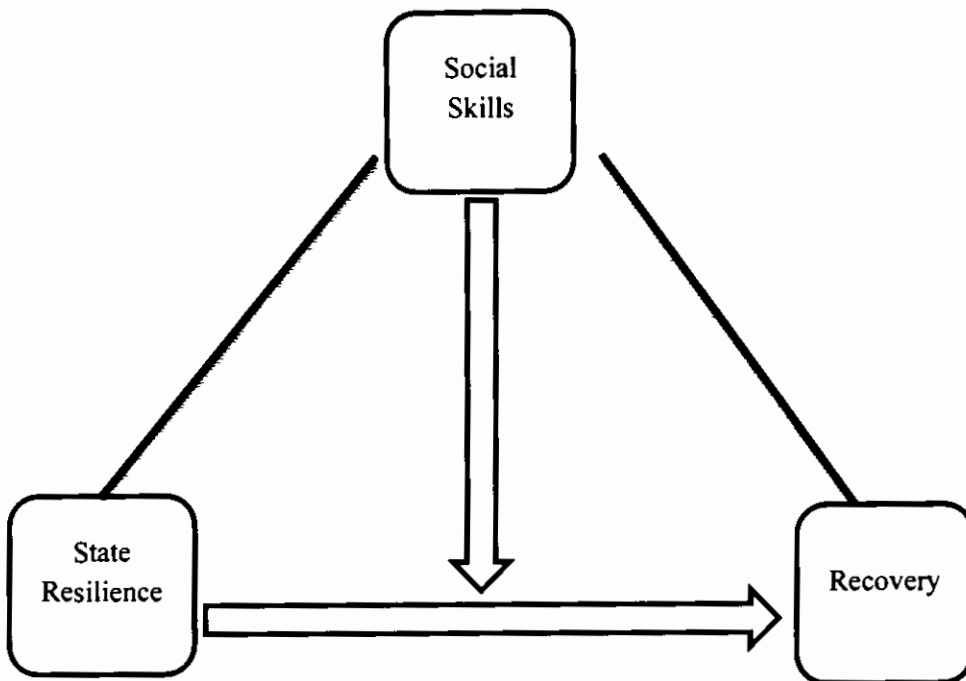


Figure 2

Conceptual representation of the moderating role of social skills in state resilience and its impact on recovery, it also shows the relation among social skills, state resilience and recovery.

CHAPTER TWO

METHODS

Method

Objectives

- To investigate the impact of sociability, social skills and state resilience on the rate of recovery among drug addicts.
- To investigate the moderating impact of sociability and social skills on state resilience among drug addicts.

Hypothesis

- Sociability, Social skills and state resilience are positively correlated with each other.
- State resilience is negatively correlated with the use of drug among drug addicts.
- There is a positive relationship between social skills and sociability among drug addicts.
- Social skills, sociability and state resilience are positively correlated with recovery among drug addicts.
- Sociability is playing a moderating role in state resilience among recovering drug addicts.
- Social skills is playing a moderating role in state resilience among recovering drug addicts.

Sample

A correlation research method was used in present study to develop relationship among social skills, sociability and state resilience.

The sample consisted on 100 drug addicts by using purposive sampling. The age range of participants involved 3 age cohorts. These age groups were defined as later

adolescence (18-24), early adulthood (24-34), and middle adulthood from (34-60) based on the Newman and Newman (2014).

Inclusion Criteria: Only recovering addicts were approached from addiction centers of Rawalpindi & Islamabad, who were discharged addicts (outdoor patients) and were receiving follow up counselling for the relapse prevention. The education level of the participants was at least under graduation (O levels, A levels and intermediate) and graduation that they could understand English as a second language.

Exclusion Criteria: The drug addicts who are still getting treatment as indoor patients and/or drug addicts who left treatment or have been discharged and do not receive any follow up counselling were not included in the sample.

Operational Definition

Social Skills

Social skills are defined as social intelligence involving adaptive and positive social interactions (Riggio & Carney, 2003). According to Nowicki and Duke (as cited by Riggio & Carney, 2003) social skills which are linked with social intelligence are linked with socially adaptive functioning. Furthermore, he explained that social skills are either verbal (social) or nonverbal (emotional). Hence in present research social skills were operationally defined and measured with six subscales of social and emotional expressivity, sensitivity and control through Social Skills Inventory (SSI) by summing up the total score of an individual.

State Resilience

Zimmerman and Arunkumar (1994) define resilience as factors or mechanisms that inhibit the potential risks to become a full-fledged psychopathology and enhance the adaptability at the stage of adversity or generate adaptive outcomes. It is a capacity to adapt challenging or threatening circumstances and the strength to bounce back in the face of adversity (Garmezy & Masten, 1991; Garmezy, 1993). Hence in present study state resilience

was measured by using Connor-Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003). So, the higher score indicated the higher state resilience in participants

Sociability

Caligiuri (2000) explains in a research that sociability as an ability to being sociable in interacting or outgoing, friendliness attitude with strangers along with lack of shyness and enjoy-ability in interpersonal interactions or relationship with others (Guastello & Guastello 2002; Buss & Plomin, 1984) and a need to develop interpersonal relationship with others (as cited by Keo, 2013). Hence in the present study such interpersonal interactions and socialization was measured through extraversion subscale of The Big Five Inventory (BFI) (John & Srivastava, 1999). Higher score indicated the higher degree of sociability.

Recovery

In the present study recovery is defined as individuals who are getting outdoor treatment as follow up counselling after completing indoor treatment from drug addiction and such individuals are in the state of complete abstinence. Hence in present study recovery will be measured by using Substance Use Recovery Evaluator (SURE) against five major categories such as drinking and drug use, self-care, relationships, material resources, outlook on life (Neale et al., 2016).

Instruments

Social Skills Inventory (SSI)

Social Skills Inventory (SSI) was developed by Riggio (1989). SSI has 90 items and 32 items need reverse scoring. SSI is a self-report measure used for assessing communication skills on two emotional (non-verbal) and social (verbal) dimensions. SSI consist six subscales of dimensions such as emotional expressivity (EE) items no. 1,7, 13..., 85.; emotional sensitivity (ES) items no. 2, 8, 14..., 86.; emotional control (EC) items no. 3, 9, 15..., 87.; Social expressivity (SE) items no. 4, 10, 16..., 88.; social sensitivity (SS) items no. 5, 11,

17..., 89.; and social control items no. 6, 12, 18..., 90. SSI is a 5 points likert type scale continuum of “not at all like me (1), a little like me (2), like me (3), very much like me (4), exactly like me (5). Every subscale consists at 15 items and every sixth item belongs to same subscale and score range is from 15-75. The score on the scale was calculated by adding each response on the items. The high score indicated the overall high social skills. Test retest reliability of SSI is range from 0.81-0.96 and it also has good validity.

Connor-Davidson Resilience Scale (CD-RISC)

In the present study state resilience was measured through Connor-Davidson Resilience Scale (CD-RISC). CD-RISC originally developed by Connor and Davidson (2003). CD-RISC has 25 items and participants rated themselves on 5 point likert scale (0-4). Response continuum is range from not true at all = 0 to true nearly all the time strongly agree = 4.

Score are calculated as summing up all scores of respective items to determine the score of overall state resilience. Reliability of the scale is being reported as internal consistency Cronbach's $\alpha = 0.89$. Similarly, the scale also has effective convergent and discriminant validity.

The Big Five Inventory (BFI) Extraversion subscale for sociability

In present study sociability, was measured using BFI, subscale of “extraversion.” According to John and Srivastava (1999) in BFI, extraversion subscale has 8 items with 5-point rating scale ranging from disagree strongly 1, disagree a little 2, neither agree nor disagree 3, agree a little 4, agree strongly 5. Hence three items 2, 5, 7 were reversed code. Score is calculated by summing up all scores of respective items to determine the score of overall sociability. The maximum score on sociability can be 40 and minimum score can be 0.

Substance Use Recovery Evaluator (SURE)

SURE developed by Neale et al. (2016) as a valid measure for measuring recovery from drug addiction. SURE is a 5 point likert type scale. It comprises on 21 items. The scale also has five major categories such as drinking and drug use, self-care, relationships, material resources, outlook on life. Total Score Ranges from 21-63. The SURE is a valid measure with good face and content validity.

Demographic Performa

Demographic Performa was prepared to collect the demographical information about the participants; this information was related to no. of relapse, choice of drug(s), quantity of drugs, duration of drug use, No. of treatment, gender, age, education, religion, marital status, family system, monthly income, no of siblings and occupational status.

Procedure

For the purpose of data collection from the participants, institutional approval was sought first. Participants were educated properly about the nature and purpose of study. After the willingness in the research and signing of informed consent they were selected for research. Instructions regarding the instruments for data collection were also be given. Quarries of respondents were addressed accordingly. Participants were guided about the response pattern of questionnaires according to given instructions. SSI was used for collecting data about the social skills, CD-RISC for state resilience and Extraversion subscale of BFI for sociability. 45 minutes was required to complete all scales. In the present study, no tangible or intangible incentives were given to participants. They were thanked and appreciated for their contribution in the study.

CHAPTER THREE

RESULTS

Data Analysis

SPSS-22 was used for data analysis. Correlation tests, regression analysis and t-test were employed using SPSS to find relationship and effect size among the variables.

Ethical Considerations

It was ensured that all ethical principles were followed. The ethical issues which were followed are: Informed consent for the confidentiality/privacy, no hazards to participants and deception was signed after making sure that it was read and understood by the participants. All the participants of study were briefed with the aims of the research and no hazard and deception to participants was given. Privacy of the participants kept in mind and information taken from them only used for academic purposes.

It was ensured that all ethical principles would be followed and no one could be violated. The ethical issues which are followed are: Informed consent confidentiality/privacy, no hazards to participants and deception. All the participants of study were briefed with the aims of the research and no hazard and deception to participants was given. Privacy of the participants kept in mind and information taken from them only used for academic purposes.

Results

Table 1

Psychometric Properties of the Major Study Variables (N=100).

Variables	M	SD	A	Range		Skew	Kurtosis
				Potential	Actual		
1. SSKI	284.6	33.24	.81	1-5	200-379	.20	.11
2. SO	27.24	5.55	.57	1-5	12-39	-.06	.07
3. CD_RISC	73.53	18.20	.91	0-4	28-100	-.55	-.66
4. SURE	51.20	8.25	.85	1-3	28-63	-.44	-.46

Note. SSKI=Social Skills, SO=Big five extraversion sub-scale for Sociability, CD_RISC= Connor-Davidson Resilience Scale, SURE=Substance Use Recovery Evaluator

Table 1 is showing descriptive statistics, minimum and maximum scores along with response ranges, and alpha reliability of study measures.

Table 1 indicates the alpha values for the research instruments. The calculated alpha values for Social Skills Inventory, sociability, CD-RISK and SURE (recovery) indicate that these instruments are reliable to measure social skills, sociability, state resilience and recovery.

Table 2*Relationship between demographic characteristics of study sample*

Variable	1	2	3	4	5	6	7	8	9
Age	-	-.16	.23***	-.43***	.06	.13	-.05	.26***	-.07
Gender		-	-.04	.27***	.10	-.09	.01	.02	.24
Qualification			-	.00	.06	.19	.003	.04	.23*
Occupation				-	-.04	.10	.10	-.12	.09
Choice of drug					-	.15	-.30***	-.15	.13
Quantity of drug						-	-.11	-.004	-.08
No. of relapse							-	.37***	-.08
Duration of use								-	-.26**
SES									-

Note. *= $p < .05$, **= $p < .01$, ***= $p = .00$

Table 2 indicates the correlation between demographic characteristics of study sample. Age is highly significant with qualification, and duration of drug use but it has negative correlation with occupation $r = .23$, $r = .26$, $r = -.43$ ($p = .00$). Similarly, no. of relapse has significant positive correlation with duration of drug use, $r = .37$ ($p = .00$).

Table 3

Correlation between Resilience, Social Skills, Sociability and Recovery (N=100).

Measures	1	2	3	4
1. Resilience	1	0.35**	0.24*	0.13
2. SSK	-	1	0.57**	0.27**
3. Sociability	-	-	1	0.22*
4. Recovery	-	-	-	1

*Note: SSK=Social Skills, * = $p < .05$, ** = $p < .01$*

Table 3 indicates Pearson Product moment correlation coefficient of the study variables. The results showed that resilience is significantly positively correlated with SSK, $r = .35$ ($p < .01$). Similarly, Resilience is also positively correlated with Sociability, $r = .24$ ($p < .05$). But there is a non-significant relationship between Resilience and recovery. Moreover, SSK is found to be positively correlated with Sociability and Recovery, $r = .57$, $r = .27$ ($p < .01$). There is a positive relationship between Sociability and Recovery, $r = .22$ ($p < .05$).

Table 4

Linear Regression using State resilience, Sociability and their interaction as predictors of recovery

	β	<i>SE</i> β	<i>t</i>	<i>p</i>
Constant	51.30 [49.64, 52.96]	.84	61.29	$p < .001$
Sociability	.31 [-.03, .65]	.17	1.82	.072
State Resilience	.03 [-.07, .14]	.05	.66	.514
Sociability \times State Resilience	-.004 [-.03, .02]	.01	-.34	.737

Note. $R^2 = .0016$

Table 4 represents non-significant moderation present by an interaction effect, $\beta = -.004$, 95% CI [-.03, .02], $t = -.34$, $p = .737$, indicating that relationship between state resilience and recovery is not moderated by sociability.

Table 5*Conditional effect of State Resilience on Recovery at different values of Sociability*

Values of Sociability	Effect of State Resilience on Recovery (β)	S.E	t	p
-5.55 (-1 SD)	.06 [.61, .91]	.09	.62	.536
.00 (M)	.03 [.79, .99]	.05	.66	.514
5.55 (+1 SD)	.01 [.89, 1.15]	.08	.14	.887

In order to interpret the moderation effect, simple slopes are needed to be examined as they are shown in Table 5. Basically, the table represents results of three different regressions: the regression for state resilience as a predictor of recovery (1) when sociability is low (i.e, when the value of sociability is -5.55); (2) at the mean value of sociability (when the mean value is zero); and (3) when the value of sociability is as high as 5.55. Interpretation of these three regressions are based on the value of b (called effect in the Table 5), and its significance. Three models are going to be interpreted as follows:

(1) When sociability is low, there is a non-significant positive relationship between state resilience and recovery, $\beta=.06$, 95% CI [.61, .91], $t= .62$, $p =.536$.

(2) At the mean value of sociability, also there is a non-significant positive relationship between state resilience and recovery, $\beta=.03$, 95% CI [.79, .99], $t= .66$, $p = .514$.

(3) When sociability is high there still remains non-significant positive relationship between state resilience and recovery, $\beta = .01$, 95% CI [.89, 1.15], $t = .14$, $p = .887$.

These results tell us that the relationship between state resilience and recovery are not only determined by different levels of sociability.

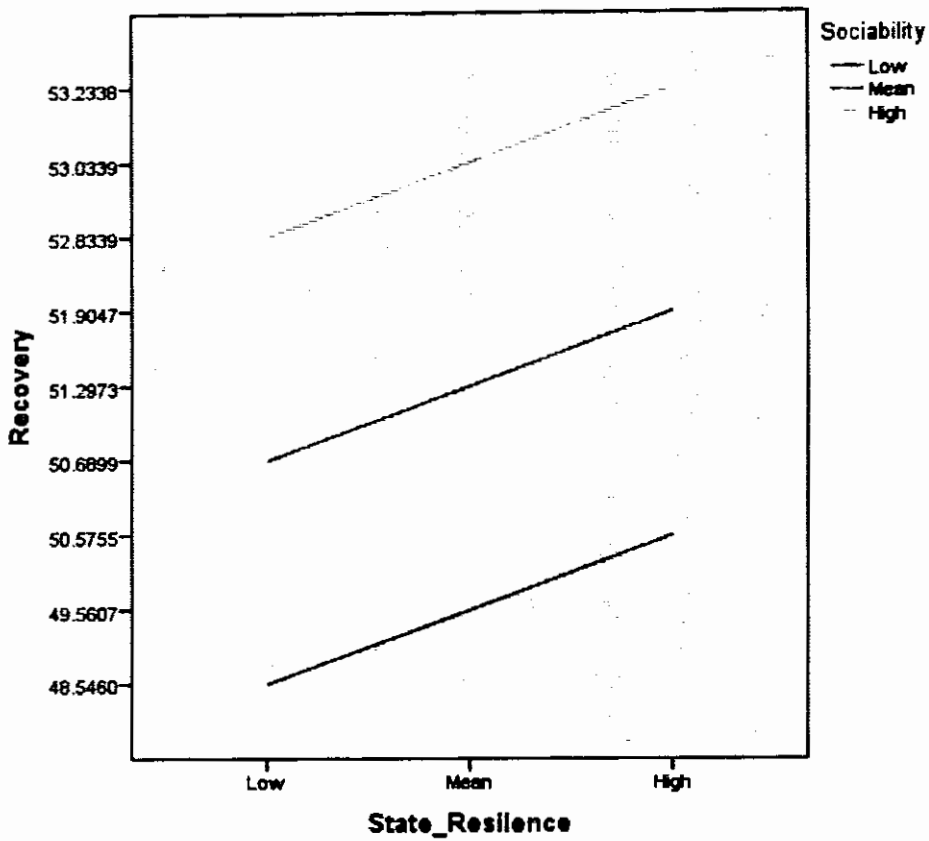


Figure 3

Simple Slope equations of regression of State Resilience on Recovery at three levels of Sociability.

Figure 3 shows the simple slopes analysis, graph indicates that: when the sociability is low (blue line) there is a non-significant positive relationship between state resilience and recovery; similarly, at mean and high values of sociability (green line, grey line) suggest that sociability does not significantly enhance the relationship among state resilience and recovery at both levels.

TH:19060

Table 6

Linear Regression using State resilience, Social skills and their interaction as predictors of recovery

	β	$SE \beta$	t	p
Constant	50.74 [48.70, 52.79]	1.03	49.21	$p < .001$
Social skills	.05 [-.03, .13]	.04	1.26	.213
State Resilience	.03 [-.11, .16]	.07	.42	.677
Social skills \times State Resilience	.002 [-.002, .00]	.002	1.01	.316

Note. $R^2 = .0230$

Table 6 represents non-significant moderation present by an interaction effect, $\beta = .002$, 95% CI [-.002, .00], $t=1.01$, $p= .316$, indicating that relationship between state resilience and recovery is not moderated by social skills.

Table 7*Conditional effect of State Resilience on Recovery at different values of Social skills*

Values of Social Skills	Effect of State Resilience on Recovery (β)	S.E	t	p
-33.24 (-1 SD)	-.04 [-.19, .11]	.07	-.58	.564
.00 (M)	.03 [-.11, .17]	.07	.42	.677
33.24 (+1 SD)	.10 [-.14, .34]	.12	.85	.399

In order to interpret the moderation effect, simple slopes are needed to be examined as they are shown in Table 7. Basically, the table represents results of three different regressions: the regression for state resilience as a predictor of recovery (1) when social skills is low (i.e, when the value of social skills is -33.24); (2) at the mean value of social skills (when the mean value is zero); and (3) when the value of social skills is as high as 33.24. Interpretation of these three regressions are based on the value of b (called effect in the Table 7), and its significance. Three models are going to be interpreted as follows:

(1) When social skills is low, there is a non-significant positive relationship between state resilience and recovery, $\beta=-.04$, 95% CI [-.19, .11], $t= -.58$, $p=.564$.

(2) At the mean value of social skills, also there is a non-significant positive relationship between state resilience and recovery, $\beta=.03$, 95% CI [-.11, .17], $t= .42$, $p= .677$.

(3) When social skills is high there still remains non-significant positive relationship between state resilience and recovery, $\beta = .10$, 95% CI [-.14, .34], $t = .85$, $p = .399$.

These results tell us that the relationship between state resilience and recovery are not only determined by different levels of social skills.

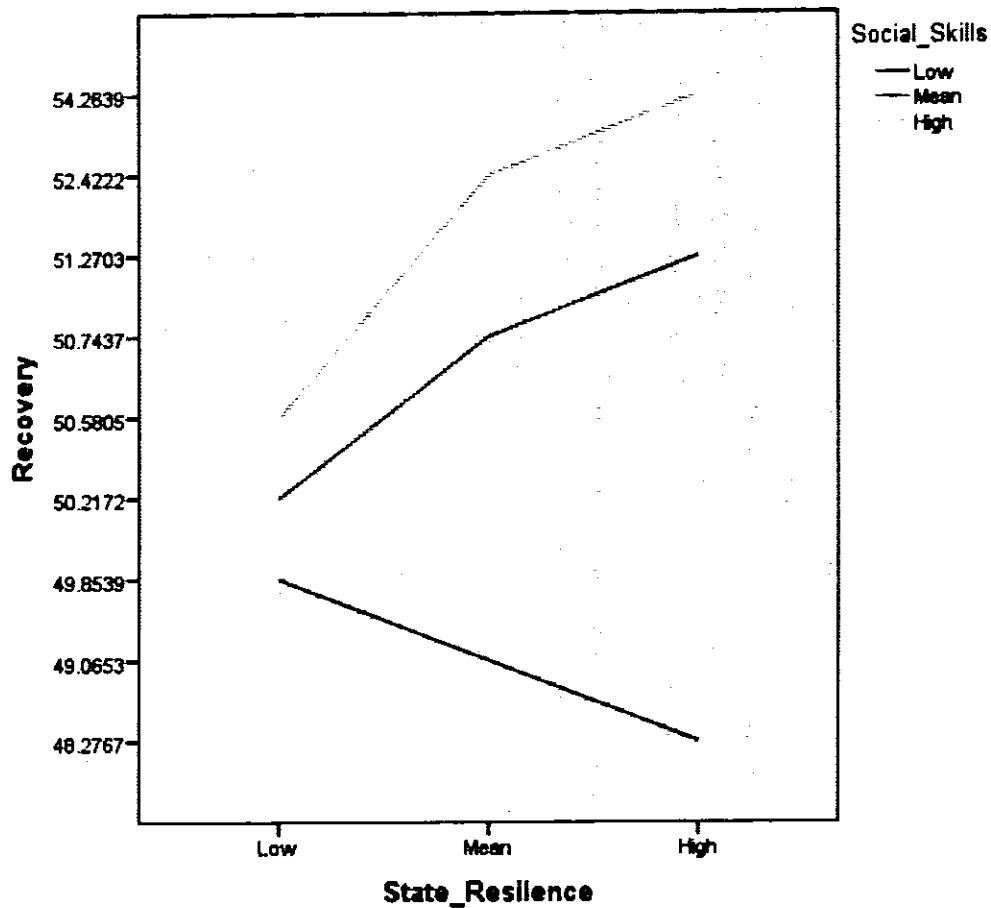


Figure 4

Simple Slope equations of regression of State Resilience on Recovery at three levels of Social Skills.

Figure 4 shows the simple slopes analysis, graph indicates that: when the social skills is low (blue line) there is a non-significant positive relationship between state resilience and recovery; similarly, at mean and high values of social skills (green line, grey line) suggest that social skills does not significantly enhance the relationship among state resilience and recovery at both levels.

CHAPTER FOUR

DISCUSSION

Discussion

The present research aimed to focus on the moderating role of sociability and social skills in state resilience, rate of recovery among addicts.

In the present study, it was hypothesized and proved that social skills and sociability are positively correlated with recovery among drug addicts. The results indicated that those individuals who were high on social skills stayed in recovery after the treatment from drug addiction. A correlational research was conducted to explore relationship between social skills and teenagers' drinking behaviors. Research was carried out on 82 males and females which were further distinguished into three groups: drinkers, problem drinkers and non-drinkers. Results showed that 11% drinkers and 50% problem drinkers were having incompetent social skills but there was no one from the non-drinkers (Hover & Gaffney, 1991).

Similarly, a meta-analysis was conducted by Ennett, Tobler, Ringwalt, and Flewelling (1994) evaluated eight studies to study the effect size of drug abuse resistance education (DARE): an educational program which was taught by highly trained law enforcement officers at schools. There were six outcome measure classes such as knowledge about drugs, attitudes about drug use, social skills, self-esteem, attitude towards police, and drug use. Effect size was calculated by each outcome. Results showed that calculated effect size for social skills was significantly larger than attitudes about drug use, self-esteem, attitude towards police, and drug use. Which was $r=.42$ for knowledge about drug use and $r=.19$ for social skills which indicated that knowledge and social skills were helpful in intervening against drug use (Ennett et al., 1994).

Another research conducted to review the 1200 outcome studies to investigate the relationships among protective and risk factors for successful prevention programs. Findings

suggested that personal and social skills, social norms, effective social policies and social support are the protective factors for preventing risks outcomes such as drug abuse, behavioral problems, school failure, AIDS, physical abuse (Durlak, 1998).

Another research which involved 449 children, aged 9-11 to explore the friendships as a moderator between social skills and peer victimization. They reported that individual factor such as internalizing problems and social factors such as friendship influence the interaction of peer victimization. Results showed that the social skills problems are related to more peer victimization and friendship as social factor buffer between social skills and peer victimization positively (Fox & Boulton, 2006). Hence the results of above research also confirmed our hypothesis that sociability and social skills are positively correlated with each other.

According to the review the social skills are protective factors against drug abuse among adolescents. A review conducted by Fergus and Zimmerman (2005), the review of the study in which 1184 junior high school students of new York city indicates that psychological well-being and social competence played a significant role of protective factors against cigarette smoking, alcohol and marijuana use.

A research conducted by Chen, Li, Li, Li, and Liu (2000) on sociable and pro social dimensions of social competence in Chinese children, results confirm the hypothesis that sociability and social skills are positively related. Results showed that sociable and prosocial functions are two dimensions of social competence and each dimension contributes in adjustment of specific area such as sociability contributed in internalizing problems and emotional adjustment.

In present study, it was hypothesized and proved that social skills and state resilience are positively correlated. Literature also suggest that social skills are essential for effective adjustment, to develop constructive interpersonal interactions. This is further associated with

social, community, family and career adjustment and this social skill deficit is present in today's adolescents (Thompson, 2012). So, Thompson (2012) reported that educating adolescents and children about social literacy skills help them to develop cognitive abilities, interpersonal adjustment skills and resilience skills to better cope during stressful events. According to the Gardner (as cited in Thompson, 2012) interpersonal and intrapersonal intelligences are also associated with social skills that help in understanding others behavior, handling relationships with others, empathies with others, managing own emotions and experiences and problem solving skills. Social skills are also associated to refusal to drugs and alcohol, and saying no to premarital sex.

Resilience is a protective factor against stress (Kinman & Grant, 2010), in a research 240 trainees of social work were enrolled, researchers investigated the moderating role of resilience on emotional and social competence. The results showed that emotional and social competence accounted for 47% of variance in resilience. Moreover, they reported that resilience, social competence and emotional competencies are significantly positively related which indicate positive associations of emotional and social competence with resilience (Kinman & Grant, 2010).

Furthermore, it was hypothesized that sociability and social skills play a moderating role in state resilience among recovering drug addicts. The results of the current studies for moderation interaction were non-significant which showed that non-significant interactions of sociability and social skills were found in state resilience among recovering drug addicts. These results were not surprising because there are few reasons. Firstly, the sample was homogeneous, 89% participants were from early and middle adulthood and there were only 3% females. Secondly, the sociability in drug addiction mostly the interaction with peers, friends, cheerfulness, good social interaction and enhanced sociability is usually linked with drug abuse. Similarly researches showed that social triggers such as peers using drugs,

conforming to social circles, to feel more sophisticated at socializing, to feel cool and grown up while doing drugs (Nevid et al., 1991), establishing links with drug related social activities or social interactions are based on sociability. Habib, Hotter, Tahir, and Anis (as cited by Alam, Khan, Jadoon, Asghar, & Shah, 2007) also confirmed such social influence with drug abuse.

Moreover, according to Kring et al. (2013) the social networks are linked with the use of drug and alcohol. Still, those who have vulnerability to substance use disorders are more likely to select social networks that are linked to their own drinking or drug use patterns. Social network in which a person lives is associated with individual drinking, but individual drinking also linked with more drinking of the same social network. Indeed, studies showed that effects of social selection were stronger. Social selection indicates that people are most likely to involve or choose social networks with drinking patterns like their own. Hence this discussion showed that in the present study participants were recovering drug addicts and according to their relapse prevention program which is comprises of disease concept, habit formation, controlled environment with supervised family intervention, they are recommended to limit their interactions with persons who use any kind of drug or to exposure to social events involving drug use. So, in recovering addicts sociability can lead to relapse and they need to develop more careful and clean social interaction that was the reason that sociability is not playing moderation in state resilience among recovering addicts. But as we look to the conditional effect of social skills on recovery at the low level of sociability, it showed that borderline effects were established, and as we move to mean and high levels this conditional effect became non-significant.

Several studies showed that sociability play a role in continuation of cigarette smoking and drug use because the extraversion tendency to seek out such friends and peers who are in drug abuse can be a risk factor instead of a protective factor against drug abuse.

Hence a study was conducted by Stein et al. (1996) on initiation and maintenance of tobacco smoking in adolescence and young adulthood. They studied the sample of 461 in a cross-sectional survey at every 4 years. They assessed that smoking was positively related to extraversion, good social relationships, cigarette use of friends and cheerfulness.

Thirdly, in Pakistani culture, drug addiction is linked with bad personality or character so people are not disclosing the behavior at all. There is a stigma against drug addiction no one even imagine to be known as an addict. They have hidden places where mainly the young adults are used to visit and use drug in order to protect the prestige of their families. Even the families of drug addicts hide the matter from their relatives just because of bad name. Hence it can be justified that sociability of drug addicts is related to drug related social settings. And as per the results of the study, non-significant results related to the moderating role of sociability because during their recovery process they are under the process to develop adequate healthy social interactions as per their treatment protocol. So, there are chances that due to this process the interaction did not appear to be significant.

A research was conducted to determine the cultural differences in social behaviors in eastern (Indonesian) culture and western (Australian) culture. Participants were asked to choose action from the hypothetical situations. Results indicated significant differences in general sociability (Noesjirwan, 1978). Similarly there cultural differences in social skills suggest that cultural values play an important role, all behaviors are culturally determined so it is necessary to view behaviors according to cultural diversity (Cartledge & Loe, 2001). Similarly, cross cultural differences in resilience are also validated by the prior studies. a mixed method study of 14 site conducted with 1500 participants globally.

Researchers identified four features of resilience to understand it effectively according to cultural and contextual perspective. Results showed that there were contextually and culturally specific aspects related to young people's lives which are associated to resilience.

Resilience has different amount of impact on child's life according to their culture and context, and aspects of resilience related to the life of children is linked with their interpersonal patterns according to their culture and context. Furthermore, tensions among individuals and their culture and context is resolved and dealt according to the specific ways of resilience (Ungar, 2008). Another research was conducted by Ungar, Brown, Liebenberg, and Othman (2007) they also confirmed the cultural differences of resilience. They also suggested seven tensions among young adults over 11 countries. They found significant differences along with specific ways to deal problems according to their cultural context of western and non-western countries.

There is a vast and varying role of sociocultural factors in substance use disorders. Interest of people in drugs and their access to drugs are largely determined by peers, the media, parents and cultural norms about acceptable behavior. At larger perspective, there are several variations cross culturally in substance use. But some findings suggest that there are some commonalities in drugs use across culturally, for the purpose, a cross-national study was conducted by Smart and Ogburne (as cited in Kring et al., 2013) on alcohol and drug use among high school students from different 36 countries. They found that alcohol was the most common substance which used across the countries, despite great variation in the proportions of students who consumed alcohol and the percentages were ranging from 32 percent in Zimbabwe to 99 percent in Wales. They also studied the rate of marijuana and the results showed that marijuana was the next most commonly used drug. Similarly, in those countries where marijuana was used most often, higher rates of use of amphetamines, Ecstasy, and cocaine had seen in such countries.

There are some other research shows differences in alcohol consumption across nations. So the deLint's work (as cited in Kring et al., 2013) shows that in Spain, France and Italy are those countries where drinking alcohol regularly is widely accepted so in wine-

drinking societies the highest consumption rates have been found. Heavy drinking and alcohol abuse is greatly influenced by the patterns of drinking and cultural attitudes. A study suggests that men drink more alcohol than women. International Research Group on Gender and Alcohol conducted an analysis, they found that in Czech Republic, Australia, Estonia, Finland, Netherlands, Israel, Russia, Sweden, United States and Canada men consumed more alcohol than women (Kring et al., 2013). Hence it is most important to consider cultural prescriptions about drinking with respect to gender: men and women.

Substance use can also be affected by the social setting in which individuals function. Different studies conducted by Shiffman, Gwaltney, Balabanis, et al. and Shiffman, Paty, Gwaltney, et al. (as cited in Kring et al., 2013) on daily life of smokers illustrate that the rate of smoking is more likely to increase in the presence of smokers than nonsmokers. Moreover, smoking was more likely to occur in or outside bars and restaurants, or at home, but the smoking was less likely to occur in workplace or in others' homes. According to Kring et al. (2013) the social networks are linked with the use of drug and alcohol. Still, those who have vulnerability to substance use disorders are more likely to select social networks that are linked to their own drinking or drug use patterns. social network in which a person lives are associated with individual drinking, but individual drinking also linked with more drinking of the same social network. Indeed, studies showed that effects of social selection were stronger. Social selection indicates that people are most likely to involve or choose social networks with drinking patterns like their own.

Conclusion

Findings of the current study indicate that there is a significantly positive relationship between social skills, sociability and state resilience. Results also show that social skills and sociability are significantly related to recovery from drug addiction. As per the focus of the present study, it was hypothesized that sociability and social skills are playing a moderating

role in state resilience among recovering addicts. But calculated results showed non-significant moderation of sociability and social skills in state resilience. These non-significant results can be justified because of homogeneous sample and cultural differences of sociability and social skills especially sociability and social skills of Pakistani population in relation to drug addiction.

Limitations

In the present study sample was limited in number because of time constraint to conduct this research and sample also lacking the gender equality. So, in the study there were only three female participants which was not the true representative of the population. Furthermore, in the present study, most participants were from early and middle adulthood that limited the effectiveness of generalization of results. Another limitation of the study is cultural adaptation of instruments, in the present study participants were selected as per English language as a second language, and participants who don't have proper education but they were in the recovery process were not enrolled in the study. Sample of the study only comprised of 100 participants which can be increased and may show the different results.

Implication and Recommendation

Findings of the present study can be useful for the intervention strategies for preventing relapse and to enhance the rate of recovery among drug addicts. Results are showing that if we focus on social skills in drug addicts and if we apply effective management of psychosocial stressors which are linked with the state resilience of recovering addicts that will help health professionals who are currently working with drug addiction and finally it will help us to prevent the subsequent relapse from substance use. So, the findings can help in reducing the rate of drug addiction because its being stated by the United Nations Office on Drug and Crime (2013) that drug use among educational institutes is growing day by day. So, it will be very effective to develop some psychoeducational based interventions to

develop awareness about drug addiction. It will also help in developing training programs to enhance students assertive and social skills so that they can handle social stressors related to drug use. Hence it can be proved as an effective preventive measure against drug addiction.

In order to validate the findings of present study it is being recommended that a research should be carried out on larger sample to check the moderating role of sociability. Hence, it is recommended that the data can be collected from the different cities of Pakistan and the size should be larger enough so that results can be generalized all over the Pakistan. It is further recommended that equal number of distribution of male and female participants in every age cohorts can be required in order to address the gender differences. While, in order to address the cultural difference, participants should be selected from all cultures of Pakistan and results should be interpreted according to the light of cultural backgrounds. In order to establish an effective consensus among the treatment effectiveness inter-rehabs comparison is needed for the betterment of relapse prevention.

REFERENCES

- Alam, I., Khan, R., Jadoon, M. A., Asghar, M., & Shah, Z. (2007). Does Drugs Addiction Thwart the Psycho Social Fabrics of Personality and Family. *SARHAD JOURNAL OF AGRICULTURE*, 23(4), 1225.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Bokharey, I. Z. (2013). Resilience and Coping Strategies in the Patients with Conversion Disorder and General Medical Conditions: A Comparative Study. *Malaysian Journal of Psychiatry*, 22(1).
- Botvin, G. J. (1986). Substance abuse prevention research: Recent developments and future directions. *Journal of School Health*, 56(9), 369-374.
- Cartledge, G., & Loe, S. A. (2001). Cultural diversity and social skill instruction. *Exceptionality*, 9(1-2), 33-46.
- Chen, X., Li, D., Li, Z.-y., Li, B.-s., & Liu, M. (2000). Sociable and prosocial dimensions of social competence in Chinese children: Common and unique contributions to social, academic, and psychological adjustment. *Developmental psychology*, 36(3), 302.
- Connor, K. M., & Davidson, J. R. (2003). Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). *Depression and anxiety*, 18(2), 76-82.
- Durlak, J. A. (1998). Common risk and protective factors in successful prevention programs. *American journal of orthopsychiatry*, 68(4), 512.
- Ennett, S. T., Tobler, N. S., Ringwalt, C. L., & Flewelling, R. L. (1994). How effective is drug abuse resistance education? A meta-analysis of Project DARE outcome evaluations. *American Journal of Public Health*, 84(9), 1394-1401. doi: 10.2105/ajph.84.9.1394

- Fergus, S., & Zimmerman, M. A. (2005). Adolescent resilience: A framework for understanding healthy development in the face of risk. *Annu. Rev. Public Health, 26*, 399-419.
- Fox, C. L., & Boulton, M. J. (2006). Friendship as a moderator of the relationship between social skills problems and peer victimisation. *Aggressive behavior, 32*(2), 110-121.
- Hair, E. C., Jager, J., & Garrett, S. B. (2002). *Helping teens develop healthy social skills and relationships: What the research shows about navigating adolescence*: Child Trends Washington.
- Hiew, C. C., Mori, T., Shimizu, M., & Tominaga, M. (2000). Measurement of resilience development: Preliminary results with a State-Trait resilience inventory. *Journal of Learning and Curriculum Development, 1*, 111-117.
- Hover, S., & Gaffney, L. R. (1991). THE RELATIONSHIP BETWEEN SOCIAL SKILLS AND ADOLESCENT DRINKING. *Alcohol and Alcoholism, 26*(2), 207-214. doi: 10.1093/oxfordjournals.alcalc.a045102
- Kinman, G., & Grant, L. (2010). Exploring stress resilience in trainee social workers: The role of emotional and social competencies. *The British Journal of Social Work, 41*(2), 261-275.
- Kring, A. M., Johnson, S. L., Davison, G. C., & Neale, J. M. (2013). *Abnormal psychology*: Wiley Singapore.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child development, 71*(3), 543-562.

- Masten, A. S., Best, K. M., & Garmezy, N. (1990). Resilience and development: Contributions from the study of children who overcome adversity. *Development and psychopathology*, 2(04), 425-444.
- Neale, J., Vitoratou, S., Finch, E., Lennon, P., Mitcheson, L., Panebianco, D., . . . Marsden, J. (2016). DEVELOPMENT AND VALIDATION OF 'SURE': A PATIENT REPORTED OUTCOME MEASURE (PROM) FOR RECOVERY FROM DRUG AND ALCOHOL DEPENDENCE. *Drug and alcohol dependence*, 165, 159-167.
- Nevid, J. S., Rathus, S. A., & Greene, B. (1991). *Abnormal psychology*: Prentice Hall.
- Newman, B. M., & Newman, P. R. (2014). *Development through life: A psychosocial approach*: Cengage Learning.
- Noesjirwan, J. (1978). A rule-based analysis of cultural differences in social behaviour: Indonesia and Australia. *International Journal of Psychology*, 13(4), 305-316.
- Robinson, T. E., & Berridge, K. C. (2008). The incentive sensitization theory of addiction: some current issues. *Philosophical Transactions of the Royal Society of London B: Biological Sciences*, 363(1507), 3137-3146.
- Santesso, D. L., Schmidt, L. A., & Fox, N. A. (2004). Are shyness and sociability still a dangerous combination for substance use? Evidence from a US and Canadian sample. *Personality and Individual Differences*, 37(1), 5-17.
- Stein, J. A., Newcomb, M. D., & Bentler, P. M. (1996). Initiation and maintenance of tobacco smoking: Changing personality correlates in adolescence and young adulthood. *Journal of Applied Social Psychology*, 26(2), 160-187.

- Tahir, I., Ghayas, S., & Adil, A. (2012). Impact of achievement goals, sociability and gender on academic achievement of university students. *Journal of the Indian Academy of Applied Psychology*, 38(2), 386-396.
- Thanoi, W., Phanchaoenworakul, K., Thompson, E. A., Panitrat, R., & Nityasuddhi, D. (2010). Thai Adolescent Suicide Risk Behaviors: Testing a Model of Negative Life Events, Rumination, Emotional Distress, Resilience and Social Support. *Pacific Rim International Journal of Nursing Research*, 14(3).
- Thompson, R. A. (2012). *Nurturing future generations: Promoting resilience in children and adolescents through social, emotional and cognitive skills*: Routledge.
- Ungar, M. (2008). Resilience across Cultures. *The British Journal of Social Work*, 38(2), 218-235. doi: 10.1093/bjsw/bcl343
- Ungar, M., Brown, M., Liebenberg, L., & Othman, R. (2007). Unique pathways to resilience across cultures. *Adolescence*, 42(166), 287.
- Von Hohendorff, J., Couto, M. C. P. d. P., & Prati, L. E. (2013). Social skills in adolescence: psychopathology and sociodemographic variables. *Estudos de Psicologia (Campinas)*, 30(2), 151-160.
- Zimmerman, M. A. (2013). Resiliency Theory: A Strengths-Based Approach to Research and Practice for Adolescent Health(). *Health education & behavior : the official publication of the Society for Public Health Education*, 40(4), 381-383. doi: 10.1177/1090198113493782

Appendix I

Informed Consent

Department of Psychology, International Islamic University Islamabad

I _____, acknowledge that I have been clearly briefed about the research purpose and that my information will be only used for research and will not be used otherwise. After all this, I agree to participate in this research entitled "*Moderating Role of Sociability and Social Skills in State Resilience and Rate of Recovery among Addicts*" conducted by Muhammad Saghir student of MS Clinical Psychology, under supervision of Dr. Najam ul Hasan Abbasi, from department of Psychology, International Islamic university, Islamabad.

I agreed above given information and signed.

Participant Signature

Signature

Researcher

Muhammad Saghir

Appendix II

Demographic Information	
Age	Gender
Birth Order	Qualification
No. of Siblings	Occupation
Marital Status	No. of Children
Choice of Drug(s)	Quantity of Drug(s)
No. of Relapse	No. of Treatment
Duration of Drug(s) use	Monthly income
Family System	Religion

Big five Inventory Extraversion subscale for sociability

Disagree strongly 1	Disagree a little 2	Neither agree nor disagree 3	Agree a little 4	Agree Strongly 5
---------------------------	---------------------------	---------------------------------------	------------------------	------------------------

I see Myself as Someone Who...

1. Is talkative
2. Is reserved
3. Is full of energy
4. Generates a lot of enthusiasm
5. Tends to be quiet
6. Has an assertive personality
7. Is sometimes shy, inhibited
8. Is outgoing, sociable

Connor-Davidson Resilience Scale 25 (CD-RISC-25) ©

For each item, please mark an "x" in the box below that best indicates how much you agree with the following statements as they apply to you over the last month. If a particular situation has not occurred recently, answer according to how you think you would have felt.

	not true at all (0)	rarely true (1)	sometimes true (2)	often true (3)	true nearly all the time (4)
1. I am able to adapt when changes occur.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have at least one close and secure relationship that helps me when I am stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When there are no clear solutions to my problems, sometimes fate or God can help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can deal with whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Past successes give me confidence in dealing with new challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I try to see the humorous side of things when I am faced with problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Having to cope with stress can make me stronger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I tend to bounce back after illness, injury, or other hardships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Good or bad, I believe that most things happen for a reason.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I give my best effort no matter what the outcome may be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I believe I can achieve my goals, even if there are obstacles.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Even when things look hopeless, I don't give up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. During times of stress/crisis, I know where to turn for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Under pressure, I stay focused and think clearly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I prefer to take the lead in solving problems rather than letting others make all the decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am not easily discouraged by failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I think of myself as a strong person when dealing with life's challenges and difficulties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I can make unpopular or difficult decisions that affect other people, if it is necessary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am able to handle unpleasant or painful feelings like sadness, fear, and anger.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. In dealing with life's problems, sometimes you have to act on a hunch without knowing why.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I have a strong sense of purpose in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I feel in control of my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I like challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I work to attain my goals no matter what roadblocks I encounter along the way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I take pride in my achievements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add up your score for each column 0 + _____ + _____ + _____ + _____

Add each of the column totals to obtain CD-RISC score = _____

All rights reserved. No part of this document may be reproduced or transmitted in any form without permission in writing from Dr. Davidson at mail@cd-risc.com. Copyright © 2001, 2017 by Kathryn M. Connor, M.D., and Jonathan R.T. Davidson, M.D.

- 1 = **Not at all like me**
- 2 = **A little like me**
- 3 = **Like me**
- 4 = **Very much like me**
- 5 = **Exactly like me**

Please ensure that you work from left to right on the answer sheet.

- | | |
|---|---|
| 1. It is difficult for others to know when I am sad or depressed. | 16. I love to socialize. |
| 2. When people are speaking, I spend as much time watching their movements as I do listening to them. | 17. I would much rather take part in a political discussion than to observe and analyze what the participants are saying. |
| 3. People can always tell when I dislike them, no matter how hard I try to hide my feelings. | 18. Sometimes I find it difficult to look at others when I am talking about something personal. |
| 4. I enjoy giving parties. | 19. I have been told that I have expressive eyes. |
| 5. Criticism or scolding rarely makes me feel uncomfortable. | 20. I am interested in knowing what makes people tick. |
| 6. I can be comfortable with all types of people – young and old, rich and poor. | 21. I am not very skilled in controlling my emotions. |
| 7. I talk faster than most people. | 22. I prefer jobs that require working with a large number of people. |
| 8. Few people are as sensitive and understanding as I am. | 23. I am greatly influenced by the moods of those around me. |
| 9. It is often hard for me to keep a "straight face" when telling a joke or humorous story. | 24. I am not good at making prepared speeches. |
| 10. It takes people quite a while to get to know me well. | 25. I usually feel uncomfortable touching other people. |
| 11. My greatest source of pleasure and pain is other people. | 26. I can easily tell what a person's character is by watching his or her interactions with others. |
| 12. When I'm with a group of friends, I am often the spokesperson for the group. | 27. I am able to conceal my true feelings from just about anyone. |
| 13. When depressed, I tend to make those around me depressed also. | 28. I always mingle at parties. |
| 14. At parties, I can immediately tell when someone is interested in me. | 29. There are certain situations in which I find myself worrying about whether I am doing or saying the right things. |
| 15. People can always tell when I am embarrassed by the expression on my face. | 30. I find it very difficult to speak in front of a large group of people. |

- 1 = **Not at all like me**
- 2 = **A little like me**
- 3 = **Like me**
- 4 = **Very much like me**
- 5 = **Exactly like me**

Please ensure that you are working from left to right on the answer sheet.

- | | |
|---|---|
| 31. I often laugh out loud. | 46. When telling a story, I usually use a lot of gestures to help get the point across. |
| 32. I always seem to know what peoples' true feelings are no matter how hard they try to conceal them. | 47. I often worry that people will misinterpret something I have said to them. |
| 33. I can keep a straight face even when friends try to make me laugh or smile. | 48. I am often uncomfortable around people whose social class is different from mine. |
| 34. I usually take the initiative to introduce myself to strangers. | 49. I rarely show my anger. |
| 35. Sometimes I think that I take things other people say to me too personally. | 50. I can instantly spot a "phony" the minute I meet him or her. |
| 36. When in a group of people, I have trouble thinking of the right things to talk about. | 51. I usually adapt my ideas and behavior to the group I happen to be with at the time. |
| 37. Sometimes I have trouble making my friends and family realize just how angry or upset I am with them. | 52. When in discussions, I find myself doing a large share of the talking. |
| 38. I can accurately tell what a person's character is upon first meeting him or her. | 53. While growing up, my parents were always stressing the importance of good manners. |
| 39. It is very hard for me to control my emotions. | 54. I am not very good at mixing at parties. |
| 40. I am usually the one to initiate conversations. | 55. I often touch my friends when talking to them. |
| 41. What others think about my actions is of little or no consequence to me. | 56. I dislike it when other people tell me their problems. |
| 42. I am usually very good at leading group discussions. | 57. While I may be nervous on the inside, I can disguise it very well from others. |
| 43. My facial expression is generally neutral. | 58. At parties I enjoy talking to a lot of different people. |
| 44. One of my greatest pleasures in life is being with other people. | 59. I can be strongly affected by someone smiling or frowning at me. |
| 45. I am very good at maintaining a calm exterior even if I am upset. | 60. I would feel out of place at a party attended by a lot of very important people. |

- 1 = **Not at all like me**
- 2 = **A little like me**
- 3 = **Like me**
- 4 = **Very much like me**
- 5 = **Exactly like me**

Please ensure that you are working from left to right on the answer sheet.

- | | |
|---|--|
| 61. I am able to liven up a dull party. | 76. I am unlikely to speak to strangers until they speak to me. |
| 62. I sometimes cry at sad movies. | 77. I get nervous if I think someone is watching me. |
| 63. I can make myself look as if I'm having a good time at a social function even if I'm not really enjoying myself at all. | 78. I am often chosen to be the leader of a group. |
| 64. I consider myself a loner. | 79. Friends have sometimes told me that I talk too much. |
| 65. I am very sensitive of criticism | 80. I am often told that I am a sensitive, understanding person. |
| 66. Occasionally I've noticed that people from different backgrounds seem to feel uncomfortable around me. | 81. People can always "read" my feelings even when I'm trying to hide them. |
| 67. I dislike being the center of attention. | 82. I tend to be the "life of the party." |
| 68. I am easily able to give a comforting hug or touch someone who is distressed. | 83. I'm generally concerned about the impression I'm making on others. |
| 69. I am rarely able to hide a strong emotion. | 84. I often find myself in awkward social situations. |
| 70. I enjoy going to large parties and meeting new people. | 85. I never shout or scream when angry. |
| 71. It is very important that other people like me. | 86. When my friends are angry or upset, they seek me out to help calm them down. |
| 72. I sometimes say the wrong thing when starting a conversation with a stranger. | 87. I am easily able to make myself look happy one minute and sad the next. |
| 73. I rarely show my feelings or emotions. | 88. I could talk for hours on just about any subject. |
| 74. I can spend hours just watching other people. | 89. I am often concerned with what others are thinking of me. |
| 75. I can easily pretend to be mad even when I am really feeling happy. | 90. I can easily adjust to being in just about any social situation. |

SECTION A

Thinking about the last week, please rate yourself on each of the following statements

DRINKING AND DRUG USE (Part 1) – *Thinking about the last week*

1. I have drunk too much				
Never	On 1 or 2 days	On 3 or 4 days	On 5 or 6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. I have used street drugs				
Never	On 1 or 2 days	On 3 or 4 days	On 5 or 6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. I have experienced cravings				
Never	On 1 or 2 days	On 3 or 4 days	On 5 or 6 days	Every day
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DRINKING AND DRUG USE (Part 2) – *Still thinking about the last week*

4. I have coped with problems without misusing drugs or alcohol				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. I have managed pains and ill-health without misusing drugs or alcohol				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. I have been spending my free time on hobbies and interests that do not involve drugs or alcohol				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION B

Please continue to read all questions & response options carefully

SELF-CARE – *Still thinking about the last week*

7. I have been taking care of my mental health				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. I have been taking care of my physical health				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. I have been eating a good diet				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. I have slept well				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. I have had a good daily routine				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RELATIONSHIPS – *Still thinking about the last week*

12. I have been getting on well with people				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I have felt supported by people around me				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. I have been treated with respect and consideration by people around me				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. I have treated others with respect and consideration				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MATERIAL RESOURCES – *Still thinking about the last week*

16. I have had stable housing				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. I have had a regular income (from benefits, work, or other legal sources)				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. I have been managing my money well				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OUTLOOK ON LIFE – *Still thinking about the last week*

19. I have felt happy with my overall quality of life				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. I have felt positive				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. I have had realistic hopes and goals for myself				
All of the time	Most of the time	A fair amount of the time	A little of the time	None of the time
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION C

Still thinking about the last week, please record how important each of the following have been to you

1. Reducing or abstaining from drinking or drug taking			
Not important	A little important	Important	Very important
0	0	0	0

2. Looking after yourself (physically taking care of yourself, mentally taking care of yourself, having a good diet, sleeping well, having a good routine)			
Not important	A little important	Important	Very important
0	0	0	0

3. Having good relationships with other people (getting on with people, feeling supported by people, being treated with respect, treating others with respect)			
Not important	A little important	Important	Very important
0	0	0	0

4. Having resources and belongings (stable housing, regular income, managing money)			
Not important	A little important	Important	Very important
0	0	0	0

5. Outlook on life (having a good quality of life, feeling positive, having realistic hopes and goals)			
Not important	A little important	Important	Very important
0	0	0	0

SCORING:

Questions 1-3	Score	Score range
'Never' OR 'On 1 or 2 days'	= 3	Drinking and drug use = 6-18 Self-care = 5-15 Relationships = 4-12 Material resources = 3-9 Outlook on life = 3-9 <u>Total Score = 21-63</u>
'On 3 or 4 days'	= 2	
'On 5 or 6 days' OR 'Every day'	= 1	
Questions 4-21		
'All of the time' OR 'Most of the time'	= 3	
'A fair amount of the time'	= 2	
'A little of the time' OR 'None of the time'	= 1	
Section C = Not scored	--	

MY TOTAL SCORE: _____

DATE: _____