

Adjustment, Self-efficacy and Psychosocial Competency of Drug Addicted Adolescents

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ABSTRACT The present study focuses on the impact of addictive behaviour of adolescents on their adjustment, self-efficacy and psychosocial competency. To explore this objective a sample of 40 drug addicted adolescents and 40 adolescents who were not addicted to drugs were selected from Mapusa and surrounding area of Goa state. The subjects were administered the Adjustment Inventory and the Psychosocial Competence Scale. The results revealed that drug addicted adolescents differed significantly from those who were not addicted to drugs in their adjustment, self-efficacy and psychosocial competence. More specifically drug addicted adolescents have shown significantly lower adjustment in terms of home, social, emotional and educational when compared to those adolescents who were not addicted to drugs. Similarly, drug addicted adolescents have shown significantly lower self-efficacy than their counterparts. Finally, drug addicted adolescents are also found to have lower psychosocial competency in terms of problem solving, decision-making, critical thinking, creative thinking, empathy, self-awareness, coping with emotions, coping with stress, interpersonal relationships, effective communication as well as overall compared to those adolescents who are not addicted to drugs.

INTRODUCTION

Adolescents, being in the transition period, face many difficulties to cope with the new changes in life. A lot of adolescents become easy prey to the various addictions, thereby becoming losers in lives to the point of even finishing their precious lives. Due to the involvement in addictions, their whole life is affected. Adolescence is often characterized as a time of challenge and turbulence (Roth and Brooks-Gunn 2000). Along with bodily changes that can be quite dramatic, teens are faced with increased independence and growing self-discovery. Scholars of adolescent development refer to these changes as developmental transitions or passages between childhood and adulthood (Arnett 1922a); the sometimes stormy periods are necessary and normal part of growing-up (Gondoll 1999).

Adolescents face a lot of psychophysical and social problems and challenges. One of the main challenges is the identity formation. During this stage of the growth, they begin asking questions about who they are and how they differ from their parents (Brown 2000). This emerging sense of the self is fragile and malleable as they 'try on' different appearances and behaviours. It is at this time where in the struggle to find answers to their questions gains momentum.

Another challenge that adolescents face is increased independence. Parents naturally feel

less need to supervise their adolescents as compared to their children. Some adolescents may take up a job outside their home. In one study, the percentage of waking hours that teens spent with their families fell from 33 percent to 14 percent between the 5th grade and 12th grade (Larson et al. 1996). It is during this time when the adolescents spend a lot of time outside their home, fall prey to many social vices such as drug addiction, alcoholism, smoking etc. Some adolescents may even take up a job, however, the job instead of becoming a boon may become a bane to the adolescents.

Time spent away from their parents can provide the adolescents with opportunities to make independent decisions. It also allows for experimentation with a variety of behaviours, some of which are not healthy. A large national study involving adolescents in grades 7 to 12 found strong differences between those adolescents who regularly ate dinner with their parents and those who did not (US Council of Economic Advisors 2000). In particular, adolescents who spent less dinner time with parents showed significantly higher rates of smoking, drinking, marijuana use, and getting into serious fights. Other studies have also documented the importance of parents' involvement as a buffer against unhealthy behaviours during the adolescent years (Resnick et al. 1997).

Today's adolescents face tough decisions regarding a number of dangerous behaviours such

as smoking, drug use, and sexual activity. And there is no doubt that adolescence is a time of experimentation with reckless activities (Arnett 1922b). Some of the risk taking may be a function of what scholars have labeled 'adolescent egocentrism' (Elkind 1967, 1985). In particular, adolescents often seem pre-occupied with their own thoughts and appearances and assume others are equally interested in their adolescent experiences. Sometimes they do not succeed in achieving what they want, which lead to frustration.

The inability to motivate themselves to control their impulses in relation to gratification control has been associated with behaviour that is progressively destructive and deadly such as substance abuse (Kirby et al. 1999; Richards et al. 1999; Storey 1999; Wills et al. 1995). Enhancing adolescents' ability to delay gratification is vital in preventing such a succession of miscreant acts. Tangney et al. (2004) concluded that adolescents with heightened levels of self control gain innumerable benefits over their more impulsive peers; one of which considerably decreasing the likelihood of developing a substance abuse problem. They may have the necessary skills to develop and challenge their life. They may lack the confidence in their ability.

Adolescence, being the age of experimentation, further encourages them to get involved into reckless behaviour that is detrimental to them. With the development of technology, the communication is so quick that the adolescents become aware of the various antisocial activities taking place around them. There are number of reasons which compel the adolescents to get addicted to drugs, such as family conflicts, loneliness, relationships, tension, peer pressure, easy availability, partying, stress etc.

Self-efficacy is people's confidence in their ability to achieve a specific goal in a specific situation. It refers to the capability people believe they possess to effect a specific behavior or to accomplish a certain level of performance. Self-efficacy is not the skills one has but rather one's judgment of what one can do with those skills.

Most addicts do not know that they have a problem and must be forced to recognize that they are addicts. Addicts cannot control themselves when they drink or take drugs; the only solution to drug addiction and/or alcoholism is

treatment. Addiction is an all-or-nothing disease. A person cannot be a temporary drug addict with a mild drinking or drug problem. The most important step in overcoming an addiction is to acknowledge that you are powerless and cannot control it.

It is a well known fact that adolescents like to experiment a lot of new things. They are often the first ones to embrace the new stuff available in the market. Today media plays a vital role in the lives of these youngsters. Media captures their attention and they become easy slaves of the media. For instance, adolescents learn to smoke especially when they see their favourite celebrity smoke and they want to imitate him.

On account of their addictions they are often in conflict with their families. They spend little time with their families. They may not be present for the family activities. They do suffer from emotional adjustment as they may not receive enough love and affection as well as moral support from their families. Adjustment of a person is based on the harmony between his personal characteristics and the demands of the environment of which he is a part. Personal and environment factors work side by side in bringing about his harmony.

Gunthey and Manisha (1998) examined the family environment and adjustment problems of drug users. A sample of 40 college students was divided equally into two groups of drug users (intake of drugs daily or two to three days per week) and non- drug users (do not take any drugs). It was found that drug users showed unsatisfactory home and social adjustment. Adjustment problems in the areas of health, social and emotional were more severe among drug users than among non- drug users.

Sutherland and Wilher (1998) explored the influence of household substance use on children's later cigarette, alcohol and drug use (CAD). Results showed that the influence of CAD use appears to be widespread. Not only is adult single substance use influential but various combinations of adult use also seemed to exert pressure on adolescents to use a wide variety of substance.

Bhardwaj and Sharma (1998) compared emotional competencies among 50 addicts and 50 non-addicts. It was observed that non-addicts as compared to addicts had greater depth of feeling, could express and control emotion better and were able to function with emotions more effectively.

Joseph et al. (2012) examined the relationship between drinking motives and alcohol-related outcomes were mediated by college adjustment. They found that negative college adjustment mediated the relationship between coping drinking motives and drinking consequences, while positive college adjustment was not related to alcohol consumption or consequences.

Walker et al. (2011) examined the social norms and self-efficacy among heavy using adolescent marijuana smokers. Adolescence is a time in which individuals are particularly likely to engage in health-risk behaviors, with marijuana being the most prevalent illicit drug use. Perceptions of others' use (that is, norms) have previously been found to be related to increased marijuana use. Besides, low refusal self-efficacy has been associated with increased marijuana consumption.

Aziz and Shah (1998) examined the difference between addicts and non-addicts with respect to their sense of responsibility and academic self-concept on a sample of 45 addict and non-addict all males. Analysis revealed that addicts scored significantly lower on the academic self-concept and responsibility scale as compared to non-addicts.

Tibor and Timothy (2011) assessed how life goals are associated with hazardous alcohol use among adolescents. They found that higher goal meaning ratings were associated with less alcohol use and fewer heavy drinking episodes. Findings are consistent with the view that engagement in university life goals may serve as a protective factor against hazardous drinking among first-year students due to greater concern with the impact of drinking on their ability to attain goal standards.

Objectives

The present investigation was taken up with the main objective of studying the prevalence and difference between drug addicted adolescents and those who are not addicted to drugs in their adjustment, self-efficacy and psychosocial competency.

Hypothesis

Ha 1: Drug addicted adolescents will have significantly lower adjustment compared to non-addicted adolescents to drug.

Ha 2: Drug addicted adolescents will have significantly lower self-efficacy compared to non-addicted adolescents to drug.

Ha 3: Drug addicted adolescents will have significantly lower psychosocial competency compared to non-addicted adolescents to drug.

MATERIAL AND METHODS

Sample

The quota sample for the study consisted of 40 drug addicted adolescents and 40 adolescents who were not addicted. Some de-addiction centers of Goa state such as New Creation, Institute of Psychiatry and Human Behaviour were visited to gather the data. All the adolescents were males, ranging from 16 years to 19 years. Later comparable sample was also selected from the same region.

Measures

Besides using the socio-demographic data sheet, the subjects were also administered the Adjustment Inventory, developed by Srivastava and Tiwari (1984), Generalized Self-Efficacy Scale, developed by Ralf and Born (1997) and the Psychosocial Competence Scale developed by Ajitha and Vijayalaxmi (2007).

The Adjustment Inventory consists of eighty items, and measures four dimensions namely home, social, emotional and educational. The scale has just two alternatives "yes" or "no". The scoring of the adjustment inventory is done manually by following the scoring key. After scoring each dimension separately, all the scores are summed up to obtain the overall adjustment level of the individual.

The Self-Efficacy scale has 10 items. Each item has 4 alternatives and the scoring pattern is 1,2,3,4, that is, "not at all true" (1), "hardly true" (2), "almost true" (3) and "very true" (4). The scoring is done by adding all the scores. The maximum score to be obtained is 40 and minimum is 10.

The Psychosocial Competence Scale comprises of ten life skills namely, problem solving, decision making, critical thinking, creative thinking, empathy, self awareness, coping with emotions, coping with stress, interpersonal relationship and effective communication. Each life skill is measured with 10 items having a

total of 100 items. It is a five point Likert Scale having five alternatives, that is, 'very much applies to me' (1), 'applies to me' (2), 'not sure it applies to me' (3), 'does not apply to me' (4) and 'does not apply to me at all' (5). In this scale, low score indicates high competency and vice versa.

The data was analyzed by calculating Means, Standard Deviations, Mean Difference and t-test.

RESULTS AND DISCUSSION

An observation of Table 1 reveals that, drug addicted adolescents and adolescents not addicted to drugs differ significantly in all dimensions and the overall scores of adjustment as well as self-efficacy also. More specifically, the difference between the two groups is very highly significant ($p < 0.001$) in home adjustment ($t = 3.93$), emotional adjustment ($t = 5.72$), educational adjustment ($t = 4.77$) and overall ($t = 5.94$)

Table 1: Means, SDs and 't' values for adjustment and self-efficacy scores of drug addicted adolescents and adolescents not addicted to drugs (N=40 in each group)

Variables	Groups	Means	SDs	't' values
<i>Adjustment</i>				
<i>Home</i>	Drug addicted	08.62	04.68	3.93***
	Not addicted to drugs	04.85	03.86	
<i>Social</i>	Drug addicted	07.40	04.19	3.42**
	Not addicted to drugs	04.80	02.33	
<i>Emotional</i>	Drug addicted	10.50	03.39	5.72***
	Not addicted to drugs	06.47	02.87	
<i>Educational</i>	Drug addicted	09.67	03.45	4.77***
	Not addicted to drugs	06.00	03.42	
<i>Overall</i>	Drug addicted	35.85	11.36	5.94***
	Not addicted to drugs	22.05	09.28	
<i>GSE</i>	Drug addicted	26.30	04.85	2.60**
	Not addicted to drugs	29.00	05.83	

**p < 0.01 Highly significant

***p < 0.001 Very highly significant

The difference between the two groups is significantly high ($p < 0.01$) in their social adjustment ($t = 3.42$) and self-efficacy ($t = 2.60$).

An observation from Table 2 reveals that, drug addicted adolescents differ significantly from those who are not addicted to drugs in all the dimensions of psychosocial competence as well as on the overall psychosocial competence.

More specifically, the difference between the two groups is very highly significant ($p < 0.001$) in problem solving ($t = 3.86$), coping with emotions (3.74), coping with stress (3.78) and in effective communication (3.54) and highly significant ($p < 0.01$) in decision making ($t = 3.44$), critical thinking ($t = 2.38$), creative thinking ($t = 3.24$), empathy ($t = 2.63$), self awareness ($t = 3.27$), and interpersonal relationships ($t = 2.36$).

Table 2: Means, SDs and 't' values for psychosocial competence scores of drug addicted adolescents and adolescents not addicted to drugs (N=40 in each group)

Variables	Groups	Means	SDs	't' values
<i>Psychosocial Competency</i>				
<i>Problem Solving</i>	Drug addicted	26.95	5.44	3.86***
	Non-drug addicted	22.79	4.32	
<i>Decision Making</i>	Drug addicted	30.07	5.11	3.44**
	Non-drug addicted	26.25	4.82	
<i>Critical Thinking</i>	Drug addicted	26.50	6.69	3.24**
	Non-drug addicted	22.00	5.68	
<i>Creative Thinking</i>	Drug addicted	26.25	6.01	2.38**
	Non-drug addicted	23.10	5.79	
<i>Empathy</i>	Drug addicted	25.82	5.97	2.63**
	Non-drug addicted	22.47	5.40	
<i>Self Awareness</i>	Drug addicted	25.10	6.13	3.27**
	Non-drug addicted	20.82	5.51	
<i>Coping with Emotions</i>	Drug addicted	29.80	5.18	3.74***
	Non-drug addicted	25.87	4.13	
<i>Coping with Stress</i>	Drug addicted	27.17	6.01	3.78***
	Non-drug addicted	22.35	5.37	
<i>Interpersonal Relationships</i>	Drug addicted	25.12	6.21	2.36**
	Non-drug addicted	22.02	5.47	
<i>Effective Communication</i>	Drug addicted	26.27	6.73	3.54***
	Non-drug addicted	21.32	5.70	
<i>Overall</i>	Drug addicted	269.07	41.78	4.44***
	Non-drug addicted	229.37	38.08	

**p < 0.01 Highly significant

***p < 0.001 Very highly significant

Again the difference between the two groups is significantly very high ($p < 0.001$) for overall psychosocial competency ($t = 4.44$). In other words, drug addicted adolescents have significantly lower psychosocial competence in all the dimensions and overall score.

These findings support the earlier results of Gunthey and Jain (1998) who found that drug

users showed unsatisfactory and more severe adjustment problems in all the areas of adjustment. Bhardwaj and Sharma (1998) who compared emotional competencies among 50 addicts and 50 non-addicts found that addicts had no greater depth of feeling and could not express their emotions. They also had no control over their emotion and were unable to function with emotions more effectively. Aziz and Shah (1998) revealed that addicts scored significantly lower on the academic self-concept and responsibility scale as compared to non-addicts.

The obtained results of this paper that drug addicted adolescents showed significantly lower adjustment, self-efficacy and psychosocial competence may be mainly due to the psychophysical system breakdown due to the excess toxin getting collected through heavily depending on drugs.

CONCLUSION

The above analyzed and interpretative result led to the following conclusions

1. Drug addicted adolescents have significantly lower home, social, emotional, educational and overall adjustment as compared to their counterparts.
2. Drug addicted adolescents have significantly lower self-efficacy compared to those adolescents who are not addicted to drug.
3. Drug addicted adolescents have significantly lower problem solving, decision making, critical thinking, creative thinking, empathy, self awareness, coping with emotions, coping with stress, interpersonal relationships, effective communication as well as overall psychosocial competence compared to those adolescents who are not addicted to drugs.

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