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Dona, & Schwarzer, 2005; Scholz, Doña, Sud, & Schwarzer, 2002). Third, research results show inconsistent findings on the association between self-efficacy and relapse (Wong et al., 2004). In other studies, self-efficacy is not a straightforward predictor of outcomes; rather, it is moderated by other factors (e.g., social support, self-efficacy, and quality of the therapeutic relationship (Ilgen, McKellar, & Tiet, 2006). Thus, research efforts are now directed towards explaining whether self-efficacy operates as a consequence of other distal factors or is a mechanism in behavior change.

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and awareness. This may subsequently provide them access to adaptive beliefs about the self (i.e., self-efficacy), allowing them to feel a sense of control or mastery. Hence, they may resort to more effective ways

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G. \$*#%\$ \$' -% -: (= "%": , . - "\$H&0/+ ' *.' I *(+%&"%+ + "' /0? + ' (9: 0' \$%%* influences relapse vulnerability, and the role of self-efficacy in ? \$(+/-+ ' * -. \$* # \$0/-+ "' % . +&* 1\$-I \$ \$' * (+%&"%+ + "' /0? + ' (9: 0' \$%%* and relapse vulnerability. It is hypothesized that (1) dispositional mindfulness is negatively related to relapse vulnerability; (2) dispositional mindfulness is positively related to self-efficacy; (3) self-efficacy is negatively related to relapse vulnerability; and that (4) self-efficacy mediates the relationship between dispositional mindfulness /' (*# \$0/&%\$*A: 0' \$#/1+0--5**

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G. +% % -: (= \$? & 0" = \$ (* / * ? : 0 + A / # + / - \$) " ## \$ 0 / - + "' / 0 # \$ % \$ / #) . * (\$ % + , ' 5 G. \$ % : # A \$ = * ? \$ - . " (* I / % * : % \$ (* - " *) " 00 \$) - * (/ - / 5

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The participants were residential/in-patient clients (<=206) who I # \$ \$ * (+ / , ' " % \$ (* I + . % : 1 % - / ') \$ * : % \$ * (+ % " # (\$ # % * E C D 7 % F * + ' * 1 " - . * & # + A / - \$ * and government drug rehabilitation centers. They were: (1) at least 21 = \$ / # % * " 9 / , \$ K ^ \ F * / 10 \$ * - " * # \$ / (* / ' (* : ' (\$ # % - / ' (* 1 / % +) * B + 0 + & + ' " " 0 / ' , : / , \$ K (3) in treatment for at least three months, (4) not diagnosed with & % =) . + / - # +) * (+ % " # (\$ # % * I + . * & % =) . " - +) * 9 \$ / - : # \$ % K * / ' (* E] F * ' " - * # \$) \$ + A + ' , * medical treatment for other disorders aside from their SUDs. The final % / ? & 0 \$ *) " " % + % - \$ (" " 9 * ? / 0 \$ * E) = 122, 59.22%) and female () = 84, 40.78%) # \$ % + (\$ ' - + / 0 *) 0 + \$ ' - % * I . " % \$ / , \$ % * # / ' , \$ * 9 # " ? * \ N J P N * = \$ / # % * " 0 (* E 1 ^ _] 5 P S K * & ! = 9.0). Most of them are married (either legally or consensually,) = 96, 46.60%) and have completed basic education (i.e., elementary " # * . + , . %) . " " 0 K *) = 134, 65.05%). The majority were employed either on

reported participation in different rehabilitation activities within
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have demonstrated acceptable levels of internal consistency (MAAS:
=.88; URICA: =.87; GSE: ^50PF5**

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Table 1. Correlation Matrix for Dispositional Mindfulness, Relapse Vulnerability, and General Self-Efficacy

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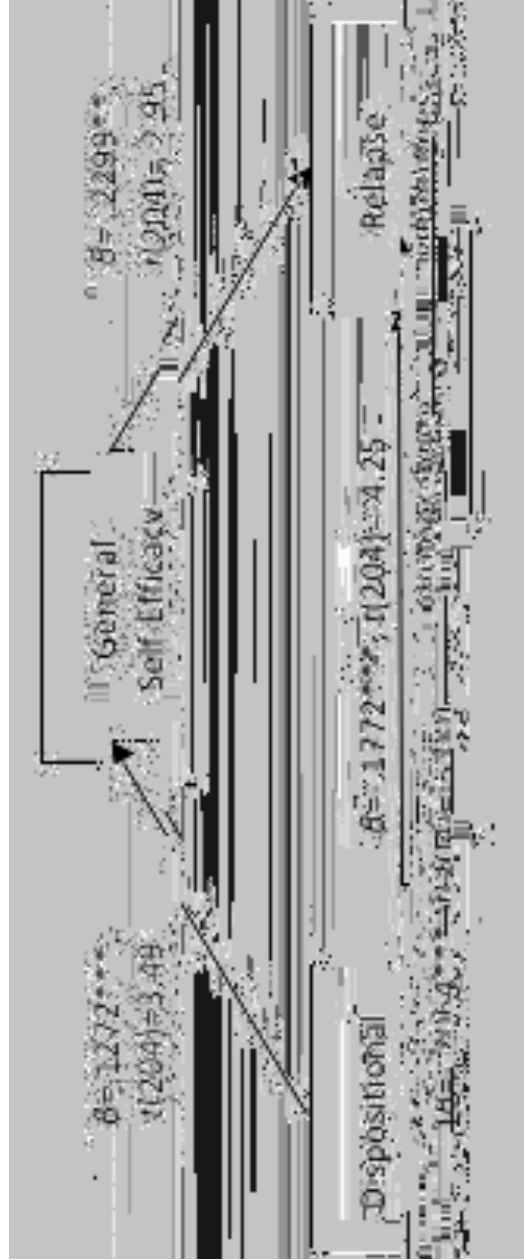
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3. General Self-Efficacy (GSE)

**7<.01

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#\$%&'()*+,-./0123456789:;<=>?@A. Likewise, general self-efficacy,



F².8, "G#l Indirect Effect of Dispositional Mindfulness on Relapse Vulnerability through General Self-Ef cacy <4."@***7<.01, ***7<.001

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With regard to self-efficacy and relapse vulnerability, results (+) / - \$* . / - / * . \$ + , . - \$ \$ (* , \$ ' \$ # / 0 * 1 \$ 0 + \$ 9 * + ' * * * ' \$ M *) / & / 1 + 0 + - = * + % # \$ 0 / - \$ (* - " * (+ ? + ' + % . \$ (* % - # : , , 0 \$ % + ' * ? / + ' - / + ' + ' , * / 1 % - + ' \$ ') \$ * / ' (* 0 \$ % \$ # 9 \$ / # * " 9 relapse. Since self-efficacy is understood to influence people's choice of activities and the effort they sustain during stressful situations (Bandura, 1977), it is expected to predict effective adjustment and) " ? & \$ - \$ ' - * & # " 1 0 \$? J % " 0 A + ' , 5 * 7 \$ % & + - \$ * - . \$ * # \$ & " # - \$ (* / - - \$? & - % " 9 * - . \$ * majority of the participants to abstain and to undergo rehabilitation, - . \$ = * \$ H & \$ # + \$ ') \$ (* % \$ A \$ # / 0 * # \$ 0 / & % \$ \$ & + % " (\$ % + ' * # \$) " A \$ # = 5 * W - *) / ' * 1 \$ * " - \$ (* as well that the level of general self-efficacy reported by the participants + % * ? " (\$ # / - \$ 0 = * 0 " I * / ' (* - . / - * - . \$ + * % : 1 % - / ') \$ * : % \$ * . / % * + ' (\$ \$ (* # \$ % : 0 - \$ (* + *) " ' % + (\$ # / 1 0 \$ * 0 + 9 \$ * & # " 1 0 \$? % 5 * G . \$ % \$ * " 1 % \$ # A / - + " " * (\$? " ' % - # / - \$ * - . / - * + * spite of the attempt to abstain, the participants may still lack sufficient self-efficacy needed to maintain abstinence and manage relapse - # + , , \$ # % 5 *

In the context of SUDs, the findings are congruent with previous assertions that self-efficacy predicts relapse at various stages of recovery in alcohol (Lozano & Stephen, 2010), marijuana (Litt et al., 2008), cocaine (Dolan et al., 2008), and even with polysubstance users (Litt et al., 2008). The current work recognizes the function of self-efficacy in general, in contrast with previous studies that looked into more context-specific efficacy beliefs related to substance use (Demmel, Nicolai, & Jenko, 2006; Silverman, 2014; Zimmerman & Cleary, 2006). This suggests that persons in recovery may utilize both forms of efficacy beliefs in dealing with stressors that may either 1 \$ * (+ # \$) - 0 = * " # * + ' (+ # \$) - 0 = * # \$ 0 / - \$ (* - " * % : 1 % - / ') \$ * : % \$ 5 * B " # * \$ H / ? & 0 \$ K * - . \$ efficacy belief that "I can successfully refrain from taking drugs" which is more specific to substance use, and the essentially broader "I can . / ' (0 \$ * I . / - \$ A \$ #) " ? \$ % * ? = * I / = K [* ? / = * 1 " - . * 9 : ') - + " " * - " * + ' (+) / - \$ * 1 \$ 0 + \$ 9 % - . / - * 1 " : 0 (*) : - * /) # " % % * ? / ' = * " - . \$ # / # \$ / % * " 9 * / * & \$ # % " ' ' M * 9 : ') - + " ' + ' , 5 * > * in the case with dispositional mindfulness, self-efficacy in this study + % / % ") + / - \$ (* I + . * A : 0 ' \$ # / 1 + 0 + - = * - " * # \$ 0 / & % \$ * # / - . \$ # * - . / ' * /) - : / 0 * # \$ 0 / & % \$ \$ & + % " (\$ % K I . +) . * 1 " - . * A / 0 + (/ - \$ % / ' (* \$ H - \$ ' (% * \$ H + % - + ' , * 0 + - \$ # / - : # \$ 5

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significant attention and further investigation.

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The findings of the study have implications on clinical practice,

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already have an implicit and partial influence to efficacy beliefs. This
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to enhance self-efficacy. Nevertheless, a lot of work still needs to be done to continue addressing relapse as a key challenge in the effective

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