



The Effectiveness of Dialectical Behavioural Therapy Skills Training in the Treatment of Adolescents Suffering From Drug Abuse: The Case of Mental Health Clinics in Bamenda III Sub Division

Dr. Sigala Maxwell ¹, Dr. Angu Roland Nji ², Yenkung Etienne Kamah ³

^{1,2} Senior Lecturer of The University of Bamenda

³ Post Graduate Student of The University of Bamenda

Abstract: This study aimed at investigating the effectiveness of Dialectical Behavioural Therapy Skills Training in the treatment of adolescents suffering from drug abuse. In this regard the researcher sought to provide answers to one important research question, which is: How does skills training affects adolescents suffering from drug abuse in Mental Health Clinics in Bamenda III Sub Division? The theoretical underpinnings of the study were provided by Bandura's Social Learning Theory, Rational Emotive Behaviour Therapy of Albert Ellis and the Dialectical Behavior Therapy (DBT) of Marsha Linehan (1993). The research design used in this study was the concurrent mixed method design, whereby 20 adolescent drug addicts responded to a four-point Likert Scale questionnaire, and seven clinicians responded to interviews in some selected mental health clinics in Bamenda III Sub Division. In terms of analyzing quantitative data, the data were presented on tables in the form of frequencies, percentages and pie charts. With respect to inferential statistics, the Linear Regression analysis was used to check the effect of the Dialectical Behaviour Therapy and adolescents suffering from drug abuse. The interview was analyzed using the thematic analyses. Findings of the study revealed that 60% of the respondents strongly agreed that skills training has a positive influence on adolescents suffering from drug abuse with a mean of 3.265. Qualitatively, the respondents responded that the adolescent patients have learned skills that are positive to them such as interaction in and out of the clinic. Also, the adolescent patients learned skills like bathing themselves, how to keep their dresses neat, morals and listening to music. A number of recommendations were made to adolescent patients, clinicians and the government.

Keywords: Dialectical Behavioural Therapy Skills Training, Treatment, Adolescents, Drug

INTRODUCTION

Drug abuse has become a disturbing issue in Cameroon today. The phenomenon of unemployment, coupled with the multiple crisis, especially the sociopolitical crisis in the North West and South West Regions of Cameroon has pushed many youths to experiment with illegal drugs. The unbridled consumption of such illegal drugs eventually takes a heavy toll on the mental health of most of our Youths in Bamenda. Barajas et al. (2015) posit that Schizophrenia and Psychosis, Depressive Disorders, Bipolar Disorders, Anxiety Disorders, Suicidal behaviours and Social effect etc. are some of the grave mental health consequences of substance abuse. WHO (2011) on its part sees substance abuse as the damaging or risky use of psychoactive substances, including illicit drugs and alcohol. Nora (2020) establishes that in recent times focus on treating addiction and abuse leaned more

towards abstinence, if not cessation of drug consumption. However, advances in medical research and technology as a whole has equipped us with a wide range of options for treating individuals suffering from drug abuse. One such approach which is the focus of this article is the Dialectical Behavioural Therapy developed by Marsha Linehan considered a comprehensive cognitive behavioural therapy for treating complex and complicated mental health issues. This study, therefore, seeks to investigate how effective Dialectical Behavioural Therapy (DBT) is in treating patients suffering from drug abuse in selected mental health clinics in Bamenda III

Review of Related Literature

The failure of standard cognitive behavioural therapy in the 1970s in treating mental health patients who were considered suicidal paved the way for a more comprehensive approach to treating mental disorders by making use of the Cognitive Behavioural Therapy. Cognitive Behavioural Therapy was introduced by Marsha Linehan to be initially used for mental health patients who were considered suicidal (Linehan, 1993). However, Dialectical Behavioural Therapy (DBT) has over the years evolved such that it has been considered effective in treating individuals suffering from substance abuse. In essence, DBT is based on a collective skill discrepancy and motivational model of Borderline Personality Disorder which maintain that people with borderline personality disorders have problems controlling/regulating their emotions and engaging in interpersonal relationships with others. This model also highlights the fact that these persons, lack the necessary tolerance and other behavioural skills necessary to cope in certain environments. DBT is thus about helping clients change from a dysfunctional way of doing things to a more competent and acceptable way. In essence, the four overriding goals of DBT are: to decrease suicidal behavior, decrease behaviours that intrudes or interferes with therapy, enhance quality of life, and finally to make sure that symptoms of post traumatic stress are reduced to the barest minimum.

Linehan (1993) posits that DBT makes use of change strategies that gives the clients the latitude to work on their maladaptive behaviours, incorporate some behavioural techniques in their repertoires of behavior, engaging in problems solving techniques, skills training and contingency management. Dimeff and Linehan (2001) draws our attention to the fact that there are basically five functions of a comprehensive treatment using DBT. These functions include strategies to enhance behaviour capabilities, seeking to enhance motivation to change, ensuring that new capabilities/skills can be used in new environments, treatment environment must support if not enhance clients skills and capabilities. Finally, the last function of DBT is to empower, if not enhance therapist's own motivation and capabilities to effectively handle or treat the clients. These five functions can be summarized into three modes of service delivery which are: individual therapy, skills training, phone consultation and therapist consultation team (Dimeff and Linehan, 2001). Adding their voice to the aforementioned views on DBT, Boggs et al. (2018) posit that there are five main components. This study, however, focuses more on the component of skills training. Individual treatment and coaching are two other complementary components used in DBT. Looking at the component of treatment, it is a one-on-one intervention designed to manage health. In most cases, medications are prescribed if treatment has to be effective. Casadio et al. (2011) maintain that medications like Haloperidol often used in treating certain mental/mood disorder can be effective in preventing suicide in people who have the capabilities of harming themselves, as it helps the patients to be more focused, think clearly and feel less nervous. Skills training on its part is often delivered in a group format aimed at teaching patients some core behavioural skills necessary for daily living. Skills training gives the clients the latitude to engage in mindfulness, emotion regulation, tolerating distress, and interpersonal skills. Clients' motivation ought to be enhanced such that they are capable of making use of previously acquired/learned skills. The third component is about making use of telephone coaching in helping the clients stick to a treatment plan. Coaching thus gives the therapist the latitude to be regularly available to give the clients necessary guidance on how to make use of the core skills learned in therapy. Coaching can be done one-on-one or over the phone. Coaching enables the therapist to engage in frequent communication with the client which goes a long way in motivating the client stick to a treatment plan.

Ksir and Oakley (2002) maintain that substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods which are harmful to the individual or others. APA (2013) adds that for an individual to meet the criteria for substance use disorder, the individual must have experienced significant impairment or distress for 12 months which must be linked to substance use. Such an impairment or distress can be described as impairment in social or interpersonal relationship, difficulties to actively participate in work or school tasks, craving of illegal substance or recovering from substance abuse. APA (2013) goes further to say that although a colossal of symptoms exist and may vary from one individual to the other, any two symptoms are enough for an individual to be diagnosed with substance use disorder.

Buckner et al. (2014) on their part opine that drugs are elements that have the potential to alter the physical state of an individual. These authors go further to say that such substances make the consumers difficult to predict and dangerous. In essence, drugs affect how the body and mind works, how we feel and how we make decisions and process information. Chapman (2006) on his part, opines that the concept substance abuse is a medical terminology often used in describing the pattern of drug use that brings about significant problems especially ones associated with distress. Such abusive behavior may cause the individual miss school or work and engage in reckless behavior. Craig & Baucum (2001) cited a few examples of drugs that are commonly abused such as opium, cannabis, cocaine powder, morphine, heroin, ecstasy, crack cocaine etc. Barajas et al. (2015) maintain that the health, social and economic causes of drug abuse are enormous and some of its glaring health effects are anxiety disorders, suicidal behaviours, bipolar disorders, depressive disorders, Schizophrenia and Psychosis. It is very common to see adolescents in the conflict hit North West Region consuming some of these illegal drugs on a regular basis. Most of them have become addicted and are in medical facilities for help.

The theoretical underpinnings of this study hinges on Bandura's Social Learning Theory, Rational Emotive Behaviour Therapy of Albert Ellis and the Dialectical Behavior Therapy (DBT) of Marsha Linehan (1993). Albert Bandura's Social Learning Theory is anchored on the premise that we learn or copy, or better still imitate certain behaviours from our idols. Behaviours that are rewarding, likeable etc. will be copied and reproduced. In the context of this study, when adolescents suffering from drug abuse see other adolescents abiding to therapy, taking their medication, listening to directives during coaching and making use of appropriate skills learned during training, they are bound to copy such behaviours as they are considered rewarding and motivating. The Rational Emotive Behavior Therapy on its part, will help these adolescents suffering from drug abuse to understand their thought processes, to be able to replace irrational thinking and beliefs about drugs with more rational ones. Moreover, these adolescent addicts will be able to replace maladaptive and dysfunctional behaviours with more adaptive and functional ones. Finally, the Cognitive Behavioural Therapy adds value to this study in that its emphasis on individual treatment, skills training and coaching, provides a yardstick for measuring the extent to which these aspects are effective in treating adolescents suffering from drug abuse in Bamenda III.

Looking at some empirical literature, Probst et al. (2019) investigated if DBT when applied in a five weeks training course on patients with borderline personality disorder would improve their emotion regulation and reduce symptoms of the disorder. Making use of forty patients in their sample and some self-reported measures especially on emotion regulation skill, the authors established that emotion regulation improved and symptoms of the disorder reduced significantly. A similar study was conducted by Shelton et al. (2011) on Dialectical Behavioural Therapy Corrections Modified interventions upon difficult-to-manage, impulsive, as well as aggressive predominantly male incarcerated adolescents who were 38 in numbers. Making use of a pretest, posttest design, the authors found that significant changes were visible in physical aggression, distancing coping methods, and number of disciplinary tickets for behavior. In another study, Werba et al. (2006) investigated the predictors of treatment response and attrition in Parent-Child Interaction Therapy. Making use of 99 families of 3 to 6-year-old children the authors established that only maternal ratings of parenting stress and maternal inappropriate behavior during parent-child interactions were significant predictors of treatment outcome. Simon et al. (2022) on their part sought to compare 2

low-intensity outreach programs with normal care for prevention of suicidal behavior among outpatients who have had frequent suicidal thoughts. Making use of a routine Patient Health Questionnaire depression screening at 4 US integrated health systems in a longitudinal study of 18 882 patients who were randomized between March 2015 and September 2018, with follow up extending to 2020 the authors found that among adult outpatients with frequent suicidal ideation, offering care management did not significantly reduce risk of self-harm, and offering brief dialectical behavior therapy skills training significantly increased risk of self-harm, compared with standard care.

Statement of the Problem

The sociopolitical crisis in the North West Region, particularly the Bamenda III sub Division, has taken a heavy toll on the adolescent population as many of them have dropped out of school. Such idleness, has pushed them into an unbridled delinquent behavior that has let many adolescents to seek solace in drugs as the panacea to their unemployment and other social challenges. These adolescents suffering from drug abuse in our society, often suffer ignorantly without any idea of where they could go to for help. Others who eventually get help, often get frustrated as the much heralded or better still expected panacea to their substance abuse woes, often leaves them in limbo with little or incomplete solution to their problems. Some therapists who intervene in cases of substance abuse often make use of DBT without ensuring that the core components are in place for effective treatment to take place. More often than not, therapists fail to make use of individual treatment and administer the appropriate medication as the case may be. In other cases, therapist are farfetched as to the kinds of skills they teach that will be necessary for adaptive behavior. Finally, other Therapist do not appropriately employ the techniques of coaching especially telephone coaching to ensure that there is follow up with the patients even when they leave the treatment centers. Such coaching, especially over the phone could encourage patients to stick to the treatment plan, consistently make use of skills learned in training and this will prevent relapse from occurring. It was against this backdrop that a study on the effectiveness of Dialectical behavioural therapy skills training in the treatment of adolescents suffering from drug abuse was proposed and carried out with the intention of seeking answer to one research question which is: How does skills training affects adolescents suffering from drug abuse in Mental Health Clinics in Bamenda III Sub Division?

Methodology

The research design used in this study was the concurrent mixed method design, whereby quantitative data was collected at the same time with qualitative data. In this regard, questionnaires and interviews were collected concurrently. 20 adolescent patients suffering from drug abuse and seven clinicians were purposively selected for this study. The clients were administered a closed ended questionnaire with items to measure their skills training ability. The clinicians on the other hand responded to a semi structured interview on their ability to make use of skills training in therapy. The questionnaire was based on a four point Likert scale with respondents expected to choose one of four options being Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD).

In terms of data analysis, descriptively, the data were presented on tables in the form of frequencies, percentages and pie charts. With respect to inferential statistics, the Linear Regression analysis was used to check the effect of the Dialectical Behaviour Therapy and adolescents suffering from drug abuse. Also, the interview was presented using the thematic analyses. Ethical guidelines were taken into consideration in conducting this research. The participants were given the assurance that their identity would not be disclosed. Participation in the study was optional. The researcher had to obtain the informed consent of the participants before conducting the study.

Results are analyzed in the following section, beginning with descriptive statistics where frequencies and percentages are presented on tables, followed by regression analysis and lastly thematic analysis of the qualitative data.

Table 1: Showing how skill training affects adolescents suffering from drug abuse

Statements	Responses				Mean	Std. Deviation
	SA	A	D	SD		
I learn skills that can help me function normally in the society	5(25%)	13(65%)	2(10%)	0(0%)	2.858	5.715
I learn skills that help me to reduce self-injury	4(20%)	15(75%)	1(5%)	0(0%)	3.440	6.880
Skill training helps me control my emotion	4(20%)	15(75%)	1(5%)	0(0%)	3.440	6.880
I have learnt important skills in counselling that will change my life for ever	12(60%)	8(40%)	0(0%)	0(0%)	3.000	6.000
I have learnt skills on how to cope with difficult situation	14(70%)	6(30%)	0(0%)	0(0%)	3.317	6.633
One of the skills I have learned is how to ask for help when I am not doing what is helpful to me	5(25%)	15(75%)	0(0%)	0(0%)	3.536	7.071
Multiple Response Set (MRS)	44(36.6%)	72(60%)	4(3.4%)	0(0%)	3.265	0.273

Table 1 shows that 90% of the respondents strongly agreed and agreed that they learn skills that can help them function normally in the society while 10% rejected the idea with the mean of 2.858 and the standard deviation of 5.715. Furthermore, an overwhelming majority (95%) of the respondents also agreed and strongly agreed that they learn skills that help them to reduce self-injury while 5% rejected the idea with the mean of 3.440 and the standard deviation of 6.880. In addition, 95% of respondents affirmed that skill training helps them control their emotion while 5% disagreed with this view, with the mean of 3.440 and the standard deviation of 6.880. Moreover, 100% of respondents accepted that they have learnt important skills in counselling that will change their lives forever while 0% rejected the view with the mean of 3.000 and the standard deviation of 6.000. More so, all the respondents (100%) positively responded that they have learnt skills on how to cope with difficult situations while 0% rejected the view with the mean of 3.317 and the standard deviation of 6.633. Above all, the respondents (100%) were in support of the view that one of the skills they have learned is how to ask for help when they are not doing what is helpful to them while 0% disagreed and strongly disagreed with this view with the mean of 3.536 and the standard deviation of 7.071.

Verification of hypothesis

H₀: Skill training does not affect adolescents suffering from drug abuse in Mental Health Clinics in Bamenda III Sub Division.

H_a: Skill training affects adolescents suffering from drug abuse in Mental Health Clinics in Bamenda III Sub Division.

Table 2: ANOVA table for the effects of skill training on the internalisation of treatment of adolescents suffering from drug abuse

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	16.512	19	16.512	.442	.006 ^b
	Residual	373.488	10	37.349		
	Total	390.000	11			

Table 2 shows that the Regression analysis was performed to show the prediction of skill training on adolescents suffering from drug abuse. Since the p-value is 0.006 which is less than the alpha level (0.05), it implies that the null hypothesis was rejected while the alternative hypothesis was retained. Therefore, skill training has a positive effect on adolescents suffering from drug abuse.

Table 3: Content thematic analysis and code-quotation grounding report realized from the interviews based on skill training with a theme of satisfaction.

Questions	Categories	Themes	Code description	Grounding	Quotation
Now that patients are undergoing treatment, what are some of the advantages of gaining skills?	Helpful	fit back to the society	Advantages of gaining skills	Almost all of them	"...I think that, It will help them fit back to the society as "normal" persons..." "... it will also help the patients carry out activities that are useful to themselves and the society...."
What are some of the skills patients have learned that are positive to them?	Interaction	Social interaction	Skills patients learn that are positive	Majority	"... They learn how to bath themselves since they cannot be interacting while looking dirty ...". They also learn how to keep their dresses neat..." "... and even interact with others..., moral skills , ...do what make them happy.... Even sport and listening to music..."
Which are the most important skills patients learn and why?	Inquisitive	Seeking for help	Importance of skills	Majority	"... since some of them are actually willing to quit drug taking, they will obviously hook up with people who can help them out....as they interact with the society..."
Do you think that the patients came here because they lacked all these skills?	skills	patients spent most of their time on drug	Lack of skills	Almost all of them	"... I think that what led them to their present situation is smoking marijuana , tramadol and others... most of them are already addicted so they just keep taking it and careless about the effect of it..."

Table 3 shows that some of the advantages of gaining skills was categorized as being helpful. The theme was fit back to the society, advantage of gaining skills was the code description. Almost all of them grounded the idea meanwhile the quotation says skills will help the adolescents carry out activities that are useful to themselves and the society.

In addition, the respondents categorized some of the skills adolescent patients have learned that are positive to them as being interaction in and out of the clinic, with a theme of social interaction. Skills patients learned that are positive was the code description. The grounding had a majority meanwhile the quotation says the patients learned skills like to bath themselves, how to keep their dresses neat, morals and listening to music.

To proceed, with the most important skills adolescent patients learn, the respondents categorized it by saying that they are inquisitive with a code description of importance of skills. The theme was on help seeking. Majority grounded the idea meanwhile the quotation says since some of them are actually willing to quit drug taking, they will obviously hook up with people who can help them out.

Above all, based on the idea of adolescent patients coming because they lacked all these skills, it was categorized under skills. It had a theme of patients spending most of their time on drug with a code description of lack of skills. Almost all of them grounded the idea, meanwhile the quotation says most of them are already addicted so they just keep taking it and cared less about the effect of it.

Discussion of Results

In summary, results revealed that 60% of the respondents strongly agreed that Skill training has a positive influence on adolescents suffering from drug abuse with a mean of 3.265. Qualitatively, the respondents responded that the adolescent patients have learned skills that are positive to them such as interaction in and out of the clinic, with a theme of social interaction. Also, the patients learned skills like bathing themselves, how to keep their dresses neat, morals and listening to music. These results are in synergy with Linenhan (1993a) who posits that DBT makes use of change strategies that gives the clients the latitude to work on their maladaptive behaviours, incorporate some behavioural techniques in their repertoires of behavior, engaging in problem solving techniques, skills training and contingency management. DBT is thus about helping clients change from a dysfunctional way of doing things to a more competent and acceptable way. The results obtained here are also in tandem with Boggs et al. (2018) who maintain that skills training gives the clients the latitude to engage in mindfulness, emotion regulation, tolerating distress, and interpersonal skills. Finally, the results obtained here agree with Shelton et al. (2011) who after making use of Dialectical Behavioural Therapy Corrections Modified interventions upon difficult-to-manage, impulsive, as well as aggressive predominantly male incarcerated adolescents found significant changes in physical aggression, distancing coping methods, and number of disciplinary tickets for behavior.

Recommendations

From the results obtained, recommendations were made to adolescent patients, clinicians and the government. As far as adolescents are concerned, they should ensure that the skills learned during therapy are put to use in their daily lives so that they can cope with the challenges of daily living. Clinicians on their part should make sure that, they employ all the necessary motivational strategies in teaching the clients necessary skills. Moreover, they should limit the skills only to those that will be beneficial to the clients. Finally, the government should encourage the incorporation of DBT in the training of clinicians. Moreover, as far as skills training is concerned, all therapies treating drug abused patients should make use of skills training to enable the patients acquire much needed life skills to help them adopt adaptive behaviours.

Conclusion

From every indication, qualitative and quantitative data has been able to support the thesis that skill training helps the patients carry out activities that are useful to themselves and the society as well as basic hygienic skills. Skills training has helped patients discard maladaptive behavior and embrace more coping skills that are necessary for daily living.

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