

IMPACT OF COMPASSION-FOCUSED AND DIALECTICAL BEHAVIOUR THERAPIES ON THE PSYCHO-SOCIAL ADJUSTMENTS OF ADOLESCENTS WHO PERCEIVE THEIR PARENTS AS SUBSTANCE-ABUSERS IN LAGOS, NIGERIA

BY

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Abstract

Substance abuse by parents can significantly impair their capacity to provide for and meet their children's fundamental needs including, physical, mental, social and emotional support. This can leave children vulnerable to adverse experiences, potentially leading to psycho-social challenges such as anxiety, aggression, low self-esteem and shame. There is a need to address and resolve these challenges for the overall well being and development of the child. This study investigated the impact of Compassion-Focused and Dialectical Behaviour therapies on the psycho-social adjustment of children who perceive their parents as substance abusers. The quasi-experimental pretest, post-test control research design was used for the study. A multi-stage sampling technique was used to select 101 adolescents (39 male and 62 females) who perceive their parents as drug abusers) in three Education Districts of Lagos State. Data collection instruments were Children Who Perceive their Parents as Substance Abusers Questionnaire, Severity Measure for Generalized Anxiety Disorder and Rosenberg Self-esteem Scale. Two research objectives and two corresponding research questions were raised. The data collected were analysed using descriptive statistics (mean, standard deviation) and Analysis of Covariance (ANCOVA). The study revealed a significant difference in the psycho-social adjustment of adolescents as a result of the interventions. The result of the analysis revealed that compassion-focused and Dialectical behaviour therapies significantly reduced anxiety and increased self-esteem among the male and female participants. Recommendations based on the findings of the study include identifying and managing adolescents with poor psycho-social adjustment using both Compassion-focused and Dialectical Behaviour therapies

Keywords: anxiety, compassion-focused therapy, parental substance abuse, psycho-social adjustment, self-esteem.

Introduction

The family is considered as the primary source of attachment, nurturing, and socialization for human beings. It is where children are expected to have their first experience and influence of love, compassion, protection, guidance and a sense of direction during childhood and beyond. The family can also provide an atmosphere for children to feel important, valued, respected and esteemed. In a family where parents abuse substances, these expectations may not be fulfilled in their homes. Parental substance abuse refers to the abuse of psychoactive substances, including licit and illicit substances, of which alcohol and tobacco are the most frequently used (Rossow, Keating, Felix & McCambridge, 2016). Parents who abuse substances provide a potentially risky rearing environment for their children (Berg, Kuja-Halkola, D'Onofrio, Lichtenstein & Latvala, 2021). This is because substance abuse can impair a parent's abilities to attend to the child's physical, mental, social and emotional needs thereby potentially exposing their children to negative situations that can affect their psycho-social well-being. Common emotions these children experience are anxiety, fear, depression, guilt, shame, loneliness, confusion, and anger. Parental substance abuse is the long-term abuse of drugs and alcohol by a parent or guardian. It can have disastrous and enduring impacts on their children's health and well-being (Kuppens et al., 2020). The negative impacts of parental substance use disorders on the family include disruption of attachment, rituals, roles, routines, communication, social life, and finances. Parents need to be in the right frame of mind, including being free from substance abuse, to be able to parent effectively and minimize the risk of poor developmental, psychological and social outcomes. Parental well-

being has implications for child well-being and society more broadly. Parenting strains, defined as felt difficulties with the demands and conflicts within the parenting role, and poor parental well-being can have significant implications for children's developmental outcomes (Mackler, Kelleher, Shanahan, Calkins, Keane, O'Brien, 2015).

Children who perceive their parents as substance-abusers are children who are aware that their parents or guardians are people who abuse alcohol or other drugs. When children perceive their parents as substance abusers, they may be negatively affected and this could make psycho-social adjustment difficult. Psycho-social adjustment or adaptation refers to a person's capacity to adapt to the environment, which implies that the person has sufficient mechanisms to feel good, integrate, respond adequately to the demands of the environment, and achieve his or her goals (Madariaga, Arribillaga & Zulaika, 2014). Parents who abuse substances may not be able to provide a conducive atmosphere for positive growth and development of their adolescent as they navigate life. They may lack quality child-rearing capabilities which would require them being accessible and available to children, monitoring their free time and friendship patterns, being involved in their academic or vocational pursuits, giving age appropriate discipline and role modelling. Children raised in substance-abusing homes may have a high risk of experiencing psycho-social and emotional distress such as aggression, shame, anxiety and low self-esteem due to stress. (Lander, Howsare and Bryne 2013). The American Psychological Association defines anxiety as an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. Other researchers also allude that a higher rate of anxiety is found among children of substance-abusing parents and that they are more likely to manifest attention and conduct problem (Lun, Chan, Ma, Tsai, Wong, & Yan, 2018). Anxiety in adolescents can come as a result of fear of being physically injured by a parent who is abusing substances and may lead to lack of concentration, panic attack, or drug use to alleviate symptoms (Karande, Gogtay, Bala, Sant, Thakkar, & Sholapurwala, 2018). Arrest and incarceration of substance abusing parents could lead to intermittent or regular parental absence resulting in anxiety and deep insecurities (Mwai, 2018). Children in these homes may experience incessant fights, abuse (which could be verbal, physical or psychological) or witness other family members being abused. These incidences can cause anxiety among children living in these homes.

Substances in this context refer to psychoactive substances which have been generally known to affect mood, feeling, perception and judgement. The American Psychiatric Association (APA, 2000) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) defines "abuse" as the continued use of a substance despite experiencing social, occupational, psychological, or physical problems; recurrent use of alcohol and/or drugs causes clinically and functionally significant impairments such as health problems, disabilities and failure to meet major responsibilities at work, school or home. Substances of abuse include alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics, stimulants (including amphetamine-type substances, cocaine, and other stimulants) and tobacco. Substance abuse can lead to wide range of problems including substance use disorders. McLellan (2017) enumerates the 11 different criteria for substance use disorders such as: (i) Taking the substance in larger amounts or for longer than one is meant to. (ii) Wanting to cut down or stop using the substance but not managing to (iii) Spending a lot of time getting, using, or recovering from use of the substance (iv) Cravings and urges to use the substance (v) Not managing to do what you should at work, home, or school because of substance use among many other side effects.

Children of substance-abusing parents may suffer from low self-esteem. Self-esteem is described as an individual's perception of his or her self-worth. Self-esteem can be described as our feelings about ourselves or the value we have for ourselves. Children of alcoholic parents have an elevated level of low self-esteem (Nancy & Asir, 2014). Recent studies have shown that the median score of self-esteem among the children of the drug abusers is significantly lower than that of the children of the non-drug abusers' group (Ahmadkhaniha, Shariati, Naserbakht, Seddigh & Saei, 2019). Children whose parents did not abuse substances recorded more success at school and work, better social relationships, improved mental and physical health, and less anti-social behaviour (Solis, Shadur, Burns & Hussong, 2022). Children of substance-abusers may experience hard, physical and sometimes unstable punishments as a result of their parent's temperamental attitude which may be as a result of their drug abuse.

Anxiety disorders are frequently observed in children with parents who abuse substances, and these conditions tend to be persistent. Research has indicated that children and teenagers who have parents with substance use disorders are more vulnerable to developing their own drug and alcohol abuse issues, as well as experiencing challenges with anxiety and depression, low self-esteem, difficulties in relationships, and poor overall functioning (Glass, Flory, Martin, & Hankin, 2011). Most children in their adolescent stage of development irrespective of their parent's substance use status (whether they are abusing substances or not) experience significant changes which affect their self-esteem. Children of substance-abusers in the adolescent stage of development experience changes in the physical, cognitive, psychological domains as well as other areas. These changes together with other social demands are factors which tend to lower the individual's self-esteem during this time. Children of substance-abusing parents can develop a sense of personal worthlessness, inadequacy, and low self-esteem-esteem may be lower than at any other time in the lives (Omkarappa, & Rentalla, 2019). Children of alcoholics are said to have a lower self-esteem and poor adjustment compared with children of non-alcoholics. In this study, the adolescents are the students in senior secondary school. Adolescence is the stage of life between childhood and adulthood. The World Health Organization (2017) defines adolescence as "the period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19." It is a unique stage of human development where they experience rapid physical, cognitive and psycho-social growth. Adolescence represents one of the greatest periods of crisis. It is the stage of stress, strain and storm. It brings many ambiguities in life. When parents of adolescence abuse substances, it makes this period of their lives more difficult to navigate. During this phase one really does not know where he or she stands. It is believed that this uncertainty about one's role causes many conflicts.

The aim of this study was to assess and manage the psycho-social challenges such as anxiety and low self-esteem among children who perceive their parents as substance-abusers using two counselling therapies; compassion-focused Therapy (CFT) and Dialectical Behaviour Therapy (DBT). Compassion-focused therapy, is a therapeutic practice that helps individuals with high levels of self-criticism and shame. Compassion-focused therapy may help children who perceive their parents as substance-abusers to manage their psycho-social problems such as depression, anxiety, aggression and low self-esteem. Dialectical Behaviour Therapy is a cognitive behavioural approach that emphasizes the psycho-social aspects of treatment. Its main goal is to teach clients skills that will help them to cope with stress, regulate emotions and improve relations with others. This therapy may help the children who perceive their parents as substance-abusers to regulate their emotions, reduce aggression, anxiety and build their self-esteem. The choice of these two treatments is based on the premise that they can effectively manage both the psychological and social problems of children from substance-abusing homes.

Purpose of the Study

The general purpose of this study is to examine the impact of Compassion-Focused Therapy and Dialectical Behaviour Therapy on the psycho-social adjustment of adolescents who perceive their parents as substance-abusers in Lagos Metropolis, Nigeria.

Specifically, this study was designed to meet the following objectives:

1. examine the difference in the post-test mean scores on the level of anxiety among adolescents who perceive their parents as substance-abusers exposed to compassion-focused therapy, dialectical behaviour therapy and the control group
2. determine the difference in the post-test mean scores on the level of self-esteem among adolescents who perceive their parents as substance-abusers exposed to compassion-focused therapy, dialectical behaviour therapy and the control group

Research Questions

In line with the stated objectives of this study, the following research questions were answered during this study:

1. What is the difference in the post test mean scores on the level of anxiety among adolescents who perceive their parents as substance-abusers in the three experimental conditions (compassion-focused Therapy, Dialectical Behaviour Therapy and the Control Group)
2. What is the extent of the difference in the post test mean scores on the level of self-esteem among adolescents who perceive their parents as substance-abusers in the three experimental conditions (compassion-focused Therapy, Dialectical Behaviour Therapy and the Control Group)

Research Hypotheses

1. There is no significant difference in the post test mean scores on the level of anxiety among adolescents who perceive their parents as substance-abusers in the three experimental conditions (compassion-focused Therapy, Dialectical Behaviour Therapy and the Control Group)
2. There is no significant difference in the post test mean scores on the level of self-esteem among adolescents who perceive their parents as substance-abusers in the three experimental conditions (compassion-focused Therapy, Dialectical Behaviour Therapy and the Control Group)

Methodology

The research design for this study was the quasi-experimental, pre- test, post- test control group design. The quasi-experimental was deemed appropriate for this study because it involves human behaviour where proper randomization of subjects may not be permitted (Ilogu, (2005); and Nwadinigwe; 2005). Three experimental groups were used for this study comprising of two treatment groups and one control group. One group was exposed to compassion-focused Therapy, while the second group was exposed to Dialectical Behaviour Therapy. The third group was the control group. This group was not exposed to any treatment during the study but was exposed to personal hygiene tips for healthy living. Pre and post test were administered to the three groups

The design is presented as follows:

First experimental group R 0₁ X₁ 0₂ = (compassion-focused Therapy)

Second experimental group R 0₃ X₂ 0₄ = (Dialectical Behaviour Therapy)

Third experimental group R 0₅ C 0₆

Where 0

R- Stands for randomization

0₁ 0₃ 0₅ are pre-test scores

0₂ 0₄ 0₆ are post-test scores

X₁ = represents treatment 1- compassion-focused Therapy

X₂ = represents treatment 2- Dialectical Behaviour Therapy

C represents the control group

Independent Variables: compassion-focused Therapy and Dialectical Behaviour Therapy

Dependent Variables: Psycho-social challenges

Multi stage sampling process was used to select Senior Secondary School Two (SS2) students for this study. The first stage involved the selection of three districts from the six districts in Lagos Metropolis using the hat and draw method. In the second stage, a simple random sampling technique was used in the selection of one school from each of the three districts totalling three schools. The third stage involved purposive sampling through the identification of adolescents who perceive their parents as substance-abusers from the selected Senior Secondary School Two (SS2) students using the self-constructed Children Who Perceive Their Parents As Substance-Abusers Identification Questionnaire (CPPASIQ). The last stage involved purposive sampling to identify a total of 215 students who perceive their parents as substance abusers from which 101 students were selected for the study.

The following research instruments were used to obtain data for this study:

1. Baseline Questionnaire: Children Who Perceive Their Parents Are Substance-Abusers Identification Questionnaire (CPPASIQ).
 2. Severity Measure for Generalized Anxiety Disorder (SMAD)- Child Age 11–17 by Craske, Wittchen, Bogels, Stein, Andrews & Lebeu (2013)
 3. Rosenberg Self Esteem Scale (RSES) by Rosenberg, 1965
1. Baseline Questionnaire: Children Who Perceive Their Parents as Substance-Abusers Identification Questionnaire (CPPASIQ)

This is a 25 item questionnaire designed and developed by the researcher to obtain information on participants' demographics such as age, gender, class and perception of parental substance abuse. The content validity was determined by the researcher's supervisors and experts from Measurement and Evaluation. A test- retest reliability was carried out on the instrument to determine the psychometric property. The items were adopted for use with a 4 point Lickert scale of 4. Strongly Agree, 3. Agree, 2. Disagree and 1. Strongly Disagree. The maximum scores were 80 while the minimum scores were 50. Those who scored above 50 were deemed as those who perceived their parents as substance abusers and were used for the study.

2. The Severity Measure for Generalized Anxiety Disorder (SMAD)-Child Age 11–17 by Craske, Wittchen, Bogels, Stein, Andrews & Lebeu (2013).

This 10-item anxiety scale that measures anxiety among children aged between 11 to 17 years was adapted for this study. Each item on the measure is rated on a 5-point scale (0=Never; 1= Occasionally; 2=Half of the time; 3=Most of the time, and 4=All of the time). The total score can range from 0 to 40, with higher scores indicating greater severity of generalized anxiety disorder.

3. Rosenberg Self Esteem Scale (RSES)

The Rosenberg Self Esteem Scale by Rosenberg (1965) is a 10 - item questionnaire which measures self-esteem with items answered on a four -point scale, from Strongly Agree to Strongly Disagree. Five of the items have positively worded statement and five have negatively worded ones. The scale ranges from 0-30, with 30 indicating the highest score possible. Scoring involves a method of combined ratings. For items 1,2,4,6,7: strongly Agree=3, Agree=2, Disagree=1, and Strongly Disagree=0. For items 3,5,8,8,9,10 (which are reversed in valence): Strongly Agree=0, Agree=1, Disagree=2 and Strongly Disagree=3. The scale ranges from 0-30, with 30 indicating the highest score possible.

Result

Hypothesis 1: There is no significant difference in the post-test mean scores on the level of anxiety among adolescents who perceive their parents as substance-abusers in the three experimental conditions (compassion-focused therapy, dialectical behaviour and control group)

Table 1

Descriptive Analysis of Anxiety based on the Experimental Groups

Experimental Group	N	Pre-Test		Post-Test		Mean Difference
		Mean	Std. Deviation	Mean	Std. Deviation	
Compassionate Focused Therapy	34	19.00	3.44	11.41	2.90	7.59
Dialectic Behaviour Therapy	36	21.61	5.10	11.22	2.57	10.39
Control Group	31	19.55	6.30	19.61	5.89	0.06
Total	101	20.05	4.94	14.08	3.78	5.97

Descriptive analysis from Table 1 shows that at pretest, the mean scores on level of anxiety for CFT, DBT and CG were 19.00, 21.61 and 19.55 for the CG. At post-test, the mean scores reduced to 11.41, 11.22 and rose to 19.61 for CG respectively. The DBT had the highest increase as displayed in the mean difference with 10.39, followed by CFT (7.59) and (0.06). To determine if these differences were statistically significant, the Analysis of covariance (ANCOVA) was done and the result is presented in Table 2.

Table 2

ANCOVA Result for Anxiety based on the Experimental Conditions

Source of Variation	Sum of Squares	df	Mean Squares	F-Cal	Sig.
Corrected Model	825.685 ^a	3	275.288	20.104	.000*
Covariate	221.854	1	221.854	16.205	.000*
Experimental group	814.543	2	407.272	29.749	.000*
Error	1327.958	97	13.690		
Corrected Total	2153.644	100			

*Significant, $P < 0.05$; F-critical at 0.05 (2, 97) = 3.07 < 29.749; F-critical at 0.05 (1, 97) = 3.92 < 16.205; F-critical at 0.05(3, 97) = 2.68 < 20.104

The result of ANCOVA presented in Table 2 shows that an F-calculated value of 29.749 was derived as the difference in the mean scores of the participants in the respective groups. The value was observed to be greater than the critical value 3.07 given 2 and 97 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis was rejected. It was concluded there exists a significant difference in the post-test mean scores of anxiety among adolescents who perceive their parents as substance-abusers exposed to CFT, DBT and the CG. In order to identify the pair that is significant, a multiple comparison was done and presented in Table 3.

Table 3:

Fisher’s protected t-test on difference in participants’ level of anxiety

Groups	compassion-focused (34)	Dialectical Behaviour (36)	Control (31)
Compassion-focused	11.41	0.17	-4.44*
Dialectical Behaviour	0.19	11.22	-4.61*
Control	-5.2	-5.39	16.61

*Significant at 0.05; a = group means are in diagonal; difference in interventions group means are below the diagonal while the protected t-values are above the diagonal.

Table 3 shows that participants exposed to CFT group significantly manifested a decrease in anxiety level than those in the CG ($t = -4.44$; $df = 63$; critical $t = 2.00$; $P < 0.05$). Participants exposed to DBT significantly manifested a reduction in anxiety level than the CG. ($t = 4.61$; $df = 65$; critical $t = 2.00$; $P < 0.05$). Participants exposed to CFT do not differ significantly on anxiety level from those exposed to the DBT ($t = 0.17$; $df = 68$; critical $t = 2.00$; $P > 0.05$). It was observed that the CFT and DBT were both effective in reducing anxiety levels among participants but the dialectical behaviour therapy (DBT) was more effective.

Hypothesis 2: There is no significant difference in the post-test mean scores on the level of self-esteem among adolescents who perceive their parents as substance-abusers in the three experimental conditions (compassion-focused therapy, dialectical behaviour and the control group).

Table 4:
Descriptive Analysis on Self-esteem Based on Experimental Groups

Experimental Group	N	Pre-Test		Post-Test		Mean Difference
		Mean	Std. Deviation	Mean	Std. Deviation	
Compassionate Focused Therapy	34	11.65	2.06	20.50	3.54	8.85
Dialectic Behaviour Therapy	36	11.00	3.00	20.94	5.14	9.94
Control Group	31	12.97	2.65	12.32	3.21	-0.65
Total	101	11.87	4.03	17.92	3.96	6.05

Descriptive analysis from Table 4 shows that the pretest mean scores on Self-esteem for CFT, DBT and CG were 11.65, 11.00 and 12.97 respectively. At post-test, the mean scores increased to 20.50, 20.94 and 12.32 respectively for CFT, DBT and CG. The DBT had the highest improvement in self-esteem level as displayed in the mean differences with (9.94), followed by CFT (8.84) and the CG (0.65). To determine if these differences were statistically significant, the Analysis of covariance (ANCOVA) was done and the result is presented in Table 5.

Table 5

ANCOVA Result for Self-esteem based on the Experimental Conditions

Source	Sum of Squares	df	Mean Square	F-Cal	Sig.
Corrected Model	675.789 ^a	3	225.263	17.851	.000*
Intercept	270.360	1	270.360	21.424	.000*

Covariate	423.091	1	423.091	33.527	.013*
Group	674.880	2	337.440	26.740	.000*
Error	1224.072	97	12.179		
Corrected Total	1899.861	100			

*Significant, $P < 0.05$; F-critical at 0.05 (2, 97) = 3.07 < 26.740; F-critical at 0.05(1, 97) = 3.92 < 33.527; F-critical at 0.05(3, 97) = 2.68 < 17.851

The result of the ANCOVA presented in Table 5 shows that an F-calculated value of 26.740 was derived as the difference in the mean scores of the participants in the respective groups. The value was observed to be greater than the critical value of 3.07 given 2 and 97 degrees of freedom at 0.05 level of significance. Consequently the null hypothesis was rejected. It was concluded that there exists a significant difference in the post-test mean scores of self-esteem among adolescents who perceive their parents as substance-abusers exposed to CFT, DBT and the Control Group. In order to identify the pair that is significant, a multiple comparison was done and presented in Table 6

Table 6:

Fisher’s protected t-test on Self-esteem among the Experimental Groups

Groups	Compassion Focused (34)	Dialectical Behaviour (36)	Control (31)
compassion-focused	20.50	-0.42	2.89*
Dialectical Behaviour	-0.44	20.94	3.29*
Control	3.18	3.62	17.32

*Significant at 0.05; a = group mean are in diagonal, difference in interventions group means are below the diagonal while the protected t value are above the diagonal.

The results in Table 6 indicate that participants exposed to CFT significantly manifested a difference than those in the CG ($t = 2.89$; $df = 63$; critical $t = 2.00$; $P < 0.05$). Participants exposed to DBT significantly manifested a difference in self-esteem level than the CG. ($t = 3.29$; $df = 65$; critical $t = 2.00$; $P < 0.05$). While participants exposed to CFT do not significantly differ in self-esteem from those exposed to the DBT ($t = 0.42$; $df = 68$; critical $t = 2.00$; $P > 0.05$). It was observed that DBT was more effective in improving self-esteem among participants.

Discussion of Findings

The findings from hypothesis one revealed that the interventions had a significant effect on the level of anxiety among adolescents who perceive their parents as substance-abusers in the treatment and control groups. Thus hypothesis one was rejected. Both CFT and DBT proved to be efficacious in the reduction of anxiety levels as result of students’ participation in the treatment sessions. In this study, the group exposed to DBT had a higher anxiety reduction effect than the CFT group, while CFT group recorded a higher anxiety reduction effect than the control group. This could have been as a result of the DBT’s distress tolerance, emotional regulation, radical acceptance and cognitive behavioural techniques, which were employed during the sessions. DBT’S effectiveness in this study is line with findings by Babaheydari, Reza Homayooni, Zare, Mahdieh, Siamak & Ali (2024) and Afshari & Hasani (2020), as a more effective treatment for generalized anxiety disorder. This is at variance with the claim by Malas & Gómez-Domenech (2024), that no significant improvements were observed in the level of anxiety in their study treatment group. The efficacy of CFT was also observed by Basran, Raven & Plowright (2022), who in their study found that CFT was effective in decreasing anxiety, although another study by researchers Beamont & Galpin (2012), found no difference in anxiety levels within their own study groups.

Findings from hypothesis two revealed that the level of self-esteem significantly differed among adolescents who perceive their parents as substance-abusers exposed to compassion-focused Therapy, Dialectical Behaviour Therapy and the Control group. Consequently, hypothesis two was rejected. Findings from this study also revealed that DBT had a higher effect than CFT in the improvement of self-esteem among participants, while CFT had a higher improvement when compared with the Control Group. This study agrees with the study of by Rahmanzadeh, Ehsanpour, Nasab, Ahangari & Gayour (2024), which showed that DBT was effective in improving self-esteem among male adolescents. As regards CFT, Mazaheri, Mirsifi, Mohammed & Darbani (2020), found that CFT significantly improved self-esteem while Thomason & Moghaddam (2021), found that effect increased just slightly.

Conclusion

Parental substance abuse severely impacts adolescents' resulting in psychosocial challenges such as anxiety and low self-esteem. The findings of this study provide robust evidence of the effectiveness of Compassion-Focused Therapy and Dialectical Behaviour Therapy in enhancing the psycho-social adjustments of children who perceive their parents as substance-abusers. Both therapies significantly improved psycho-social adjustment. Based on the findings of this study, Dialectical behaviour therapy significantly reduced anxiety and enhanced self-esteem. Consequently, this study recommends that counsellors should integrate Compassion-Focused and Dialectical Behaviour therapies into interventions targeting children of substance-abusers due to their potentials to enhance self-esteem and reduce anxiety, aggression and shame. Additionally, counsellors and other stakeholders should create awareness and educate the populace about family drug abuse and the psycho-social consequences on children living in substance affected homes.

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