

EFFECT OF REALITY THERAPY AND DIALECTIC THERAPY ON POST-TRAUMATIC STRESS DISORDER OF INTERNALLY DISPLACED ADOLESCENTS IN NORTH-EAST NIGERIA

BY

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Abstract

The study investigated the effect of reality therapy and dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria. Two objectives and hypotheses guided the study. This study employed a quasi-experimental design involving factorial pre-test and post-test experimental design (2 x 2). The population of the study consisted of 180 adolescents who are between the ages of 9-17 years in IDP camps in Maiduguri, Borno state. A stratified random sampling technique was used to select four (4) out of nine (9) IDP camps. A sample of 60 respondents were used after administering a pre-test questionnaire and were analysed as traumatised and were later divided into two (2) groups of experiment. The pre-test questionnaire was the adapted version of Hopkins Symptom checklist questionnaire with a reliability index of 0.85 was used for data collection. Counselling with reality therapy was implemented for six (6) weeks to the experimental group 1 while dialectic cognitive behavioural therapy DCBT was implemented for the same period of six (6) weeks as experimental group 2. The two experimental groups took a post-test at the end of the sessions and the data obtained were analysed using t-test statistics through Statistical Package for Social Sciences (SPSS version 27). The study concluded that reality and dialectic therapy were effective in managing post-traumatic stress disorder of internally displaced adolescents. Thus, the study recommended that professional counsellors and other social workers should be encouraged to use reality and dialectic therapy package in managing post-traumatic stress disorder of internally displaced adolescents.

Keywords: Dialectic therapy, Internally displaced adolescents, Post-traumatic stress disorder, Reality therapy.

Introduction

The continuous attacks by Boko Haram on different group of people sparing no geographical area in the north eastern Nigeria has escalated. This makes people to flee their homes and move to secure places such as state capitals and cities. Understanding the internally displaced people (IDPs) and their psychological problems are of paramount importance to psychologist all over the world (Mohammed, 2020). Post-traumatic stress disorder (PTSD) is a global psychological problem that is associated with traumatic experience. Although human mind works differently, some individuals have the capacity to control their emotions, the uncontrollable traumatic experience like terror attack, accidents, natural disaster, or rape, these are ways that expose one to trauma, after getting expose, the thoughts and feelings of distressful symptoms will dominate the life of an individual like nightmares, flash backs, anxiety and lots more will manifest in the attitude and emotions of the individual then the person will show symptoms of post-traumatic stress disorder (Corey, 2017).

Post-Traumatic Stress Disorder (PTSD) is a severe psychological condition that develops in individuals who have experienced or witnessed traumatic events. It can have debilitating effects on a person's mental health, leading to intrusive thoughts, nightmares, flashbacks, emotional numbness, and hyper arousal. Treating PTSD requires a comprehensive approach that addresses the underlying causes and provides effective therapeutic interventions. One such approach is Reality Therapy, which focuses on the present and empowers

individuals to take responsibility for their thoughts, feelings, and actions (Duncan, 2019). In Nigeria today young people are faced with problems like trauma caused by displacement, psychological adjustment, therefore there is need for therapeutic intervention to change their behaviour and thinking process to deal with the internal crisis. From the beginning of armed conflict in 2009, in northern Nigeria more than 20,000 people have been killed, 4,000 people were abducted and 1.7 million remain displaced and an estimated 2.7 million children/adolescents, 1.5 million girls and 1.2 million boys need a psychological protection/support to ensure children/adolescent are equipped to cope with and manage distress from the conflict of development. Moreover, attention needs to be given to gender, age, and ethnic group differences (Okon, 2018).

One of the treatment package considered in this study was Reality Therapy (RT) as a viable treatment modality for adolescents suffering from PTSD. Reality therapy was developed by psychiatrist William Glasser, emphasizes personal responsibility and the individual's ability to make choices that shape their present reality (Wubbolding, 2010). It operates on the principle that individuals have the power to control their thoughts and actions, even when faced with traumatic experiences. By focusing on the present and empowering individuals to take ownership of their lives, Reality Therapy aims to improve their mental well-being and overall quality of life. Reality Therapy encourages individuals with PTSD to engage in self-reflection and take responsibility for their thoughts, emotions, and behaviours. By acknowledging and accepting their responses to the traumatic event, individuals can begin to reclaim a sense of control over their lives. This process can help them develop a greater understanding of their triggers and responses, leading to increased self-awareness and emotional regulation (Morina et al., 2018).

Reality Therapy focuses on goal-setting as a means to redirect the individual's attention towards positive change. By collaboratively setting achievable short-term and long-term goals, individuals can regain a sense of purpose and direction. These goals can be tailored to the specific needs and aspirations of each person, such as rebuilding relationships, pursuing meaningful activities, or developing healthy coping strategies (Wubbolding, 2010). Reality Therapy encourages individuals to actively engage in problem-solving rather than dwelling on past events. By focusing on the present, individuals can identify and address the challenges they face, fostering a sense of empowerment. This active approach can help individuals develop resilience, strengthen their problem-solving skills, and enhance their ability to cope with PTSD symptoms (Corey, 2017). A study by Duncan et al. (2019) evaluated the effectiveness of Reality Therapy in a group of combat veterans with PTSD. The findings revealed significant reductions in PTSD symptoms, including intrusive thoughts and hyperarousal, as well as improvements in overall psychological well-being. Also, in a randomized controlled trial conducted by Li et al. (2020), individuals with PTSD who received Reality Therapy showed significant reductions in PTSD symptom severity compared to a control group. The therapy also resulted in improved coping strategies and increased quality of life. Another treatment package that was considered in this study was dialectical therapy as a viable treatment modality for adolescents suffering from PTSD. Understanding dialectical therapy, Dialectical therapy was initially developed by Marsha Linehan to treat borderline personality disorder. It integrates cognitive-behavioural techniques with principles of dialectics, mindfulness, and acceptance. The dialectical approach acknowledges the inherent tension between accepting oneself as they are while simultaneously striving for change and growth. This balanced perspective is particularly valuable in the treatment of PTSD, where individuals often experience conflicting emotions and struggle with self-acceptance.

Dialectical therapy places a strong emphasis on emotion regulation skills. Individuals with PTSD often struggle with intense emotions that can lead to impulsive and self-destructive behaviours. By learning effective emotion regulation techniques, such as mindfulness and distress tolerance, individuals can develop healthier coping mechanisms for managing distressing emotions triggered by traumatic memories. Trauma-focused therapy is a crucial component of PTSD treatment. Dialectical therapy incorporates elements of exposure and cognitive restructuring to help individuals process traumatic memories in a safe and supportive environment. By gradually exposing themselves to trauma-related stimuli and challenging distorted beliefs about the event, individuals can gradually reduce the emotional intensity associated with the trauma (Mazloom, 2016). Also, mindfulness is a central component of dialectical therapy. It involves cultivating

present-moment awareness, non-judgment, and acceptance of one's experiences. For individuals with PTSD, mindfulness can help them develop a different relationship with their traumatic memories and reduce their tendency to avoid or suppress them. By accepting their experiences without judgment, individuals can foster self-compassion and begin to heal from the trauma. Several studies have provided evidence for the effectiveness of dialectical therapy in treating PTSD. A randomized controlled trial by Harned et al. (2018) demonstrated that dialectical therapy significantly reduced PTSD symptoms, emotion dysregulation, and self-harm behaviours in a sample of women with complex trauma histories. Similarly, a study by Lynch et al. (2020) showed that dialectical therapy improved emotion regulation skills and reduced PTSD symptoms in military veterans.

Statement of the Problem

In any conflict environment losses, pains, trauma, anxiety and depression are common with the victims and the loved ones who are also part of them. Insurgency has become a threat to global peace and security in the 21st century. It constitutes the highest contributor to humanitarian crises in the form of rise in human casualties, internally displaced persons and the spread of various diseases. These have left many persons traumatized, each time families are displaced, and adolescents are mostly in severe psychological condition that develops as a result of their experiences or what they witnessed in traumatic events. Thus, reality Therapy offers a unique and effective approach to treating PTSD by emphasizing personal responsibility, meeting basic needs, setting realistic goals, and enhancing coping skills. Through its focus on the present and future, this modality empowers individuals to take control of their lives and work towards healing from traumatic experiences. Consequently, dialectical therapy offers a promising approach for treating PTSD by integrating cognitive-behavioural techniques, mindfulness, and acceptance-based strategies. Its emphasis on emotion regulation, trauma processing, and mindfulness makes it particularly suited to address the unique challenges faced by adolescents with PTSD. Thus, the main thrust of the present study is to investigate effect of reality therapy and dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.

Objectives of the Study

The objectives of this study were to:

1. Determine effectiveness of reality therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.
2. Determine effectiveness of dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.

Research Hypotheses

H₀₁: There is no significant difference in the effectiveness of reality therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.

H₀₂: There is no significant difference in the effectiveness of dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.

Methodology

This study employed a quasi-experimental design involving factorial pre-test and post-test experimental design (2 x 2). The design is represented in table 1 below

Table 1: Factorial Design of the Study

Pre-Test	Intervention	Post-Test	Therapies
O ₁	X ₁	O ₃	E ₁
O ₂	X ₂	O ₄	E ₂

Where O₁ & O₂ represented the pre-test observations for Experimental groups 1 and 2. O₃ and O₄ represented the post-test observations for Experimental groups 1 and 2 respectively. X₁ represents treatment of Reality Therapy (RT group) and X₂ represent treatment of Dialectic Therapy (DT group). The population of the study

consisted of one hundred and eighty (180) adolescents who are between the ages of 9-17 years living in IDP camps in Maiduguri, Borno state, North east Nigeria. There existed a high concentration of IDP camps in Maiduguri, Borno state. Thus, a stratified random sampling technique was used to select four (4) out of nine (9) IDP camps which constituted the sample IDP camps for the study of which one camp was used as pilot study. After administering a pre-test questionnaire sixty (60) adolescents were analysed as traumatised and were later divided into two (2) groups of experimental thirty (30) and controls (30). Adapted version of Hopkins Symptom checklist questionnaire was used for data collection in this study. The content validity of the instruments was adjudged by 3 experts and its reliability was determined through test re-test method and a reliability index of 0.85 was obtained. Counselling with reality therapy was implemented for six (6) weeks to the experimental group 1 while dialectic cognitive behavioural therapy DCBT was implemented for the same period of six (6) weeks as experimental group 2. The two experimental groups took a post-test at the end of the sessions and the data obtained were analysed using t-test statistics through Statistical Package for Social Sciences (SPSS version 27).

Results

H₀₁: There is no significant difference in the effectiveness of reality therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.

This hypothesis was tested by subjecting the pre-test and post-test scores to a t-test analysis and result was presented in table 2.

Table 2: t-test difference in Pre-test and Post-test scores of Reality Therapy on Post-traumatic Stress Disorder

Variables	N	Mean	Std	Df	t-Cal	p-Value	Decision
Pre-test	30	41.22	1.621	28	32.125	.033	H ₀ Rejected
Post-test	30	17.50	.651				

From the result of table 2, effectiveness of reality therapy on post-traumatic stress disorder of internally displaced adolescents was positively significant, $df(28) t = 32.125, p = .033$. This indicated a significant effect of using reality therapy on post-traumatic stress disorder because the p -value is less than the .05 level of significance. Therefore, H₀₁ which states that there is no significant difference in the effectiveness of reality therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria was rejected. This implies that reality therapy was effective in managing post-traumatic stress disorder of internally displaced adolescents.

H₀₂: There is no significant difference in the effectiveness of dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.

This hypothesis was tested by subjecting the pre-test and post-test scores of the students to a t-test analysis and result was presented in table 3.

Table 3: t-test difference in Pre-test and Post-test scores of Dialectic Therapy on Post-traumatic Stress Disorder

Variables	N	Mean	Std	Df	t-Cal	p-Value	Decision
Pre-test	30	38.50	1.241	28	19.952	.022	H ₀ Rejected
Post-test	30	17.20	.821				

From the result of table 3, effectiveness of dialectic therapy on post-traumatic stress disorder of internally displaced adolescents was positively significant, $df(28) t = 19.952, p = .022$. This indicated a significant effect of using dialectic therapy on post-traumatic stress disorder because the p -value is less than the .05 level of

significance. Therefore, H_{02} which stated that there is no significant difference in the effectiveness of dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria was rejected. This implies that dialectic therapy was effective in managing post-traumatic stress disorder of internally displaced adolescents.

Summary of Findings

The following were the findings of the study:

1. There is significant effect of reality therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.
2. There was significant effect of dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in North-east Nigeria.

Discussion

In hypothesis one, the study revealed that there is a positive significant effect of reality therapy on post-traumatic stress disorder of internally displaced adolescents in pre-test and post-test. This finding confirmed earlier study of Bastien et al. (2020) who carried out a study on comparison between Reality therapy and Visual Dissociation (VD) in the Treatment of Panic Disorder. The study was a two-way between-groups pre-test/post-test experimental design with baseline and follow-up measures. An innovative four session treatment protocol was developed for each treatment method. Eighteen participants in North-East Surrey, England, who responded to media advertisements for rational emotive behaviour treatment for panic disorder and who met Diagnostic and Statistical Manual of Mental Disorders criteria for panic disorder with or without agoraphobia, were randomly assigned to either Reality therapy or VD. Pre-test/Post-test changes in panic were measured using the ACQ, PASQ and HADS scales and a global panic rating measure. The statistical tool used in the study was ANOVA. The univariate tests found highly significant results for each dependent variable across both treatment conditions: these results were; depression, $F(3.48) = 22.38$, anxiety, $F(3.48) = 36.52$, ACQ, $F(3.48) = 45.19$, PASQ, $F(3.48) = 162.02$.

Also, the finding corroborated the study of Tulu 2014 cited in Pur (2017) who carried out a study on effectiveness of Reality Therapy Counselling for Post-traumatic Stress Disorder in Orphan children at Kechene Children Home (KCH) that is found in Gullale sub-city of Addis Ababa City Administration in Ethiopia. The population for the study was all 290 orphan children who were assumed to have PTSD. The screening test was scored and participants who met the inclusion criteria were selected. A non-equivalent control group pre and post-tests of quasi-experimental research design was employed. Using the inclusion criteria, 60 participants aged 12 and 17 years old were purposefully selected and randomly assigned to the control and the treatment groups with 30 participants in each group. The Child Post-traumatic Stress Symptoms Scale (CPSSS) was employed to measure the dependent variable before and after intervention. Participation in the treatment group received 12 sessions of reality therapy counselling for 4 successive weeks, 3 sessions per week; each session lasted for 1 hour. The study employed descriptive statistics and t-test. This result implies that, reality therapy counselling is effective for the treatment of post-traumatic stress disorder in orphan children.

Hypothesis two also showed a positive significant effect of dialectic therapy on post-traumatic stress disorder of internally displaced adolescents in pre-test and post-test. This finding is in agreement with the study of Julom and Guzman 2013 cited in Sabo and Abdulkadir (2022) who confirmed the effectiveness of dialectic therapy in alleviating the Sense of Meaninglessness of Paralyzed inpatients: the researchers developed a dialectic therapy for the 16 randomly selected paralyzed inpatients of the Philippine Orthopedic Centre, Quezon City Philippine. The Purpose of Life (PIL) and the life Regard Index (LRI) tests were the two instruments utilized to determine the level of existential vacuum or meaning in life of the 32 randomly selected participants before and after the intervention. The participants in the study were grouped according to the following stages: adolescence (16-20), early adulthood (21-40) and middle adulthood (41-65). This was done to facilitate experience of meaning of existential vacuum throughout life span.

The study reveals that in experimental group the oldest group of participants (41-65) constituted the greatest percentage (43.75). Whereas in the control group, it was the youngest (16-20), that constituted the highest percentage (37.50). The study employed descriptive and t-test statistical tools. At the end of all the counseling session experimental group mean score (53.25) and the control group's mean score (58.69), although have significant difference statistically are both within the level of existential vacuum. Hence they cited significant difference cannot be considered as an indication of the dissimilarity of the groups' sense of meaningfulness levels in dialectic therapy pre-tests. Contrary to the pre-test results, the post-tests outcomes of dialectic therapy, $t_{(30)} = 23.42$, $p < .05$ and LRI, $t(30) = 21.56$, $p < .05$, mark a significant difference between the experimental and control groups' mean scores of the sense of meaningfulness.

Conclusion

The study concluded that reality therapy was effective in managing post-traumatic stress disorder of internally displaced adolescents. Also, dialectic therapy was effective in managing post-traumatic stress disorder of internally displaced adolescents. Thus, the need for proper utilization as treatment packages in managing PTSD.

Recommendations

The following recommendations were made:

1. Professional counsellors and other social workers are encouraged to use reality therapy package in managing post-traumatic stress disorder of internally displaced adolescents since it has been found to be effective.
2. Professional counsellors and other social workers are encouraged to use dialectic therapy package in managing post-traumatic stress disorder of internally displaced adolescents since it has been found to be effective.

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