

# Effect of Dialectical Behaviour Therapy among School Students to Cope with Stress

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## ABSTRACT

**Dialectical behavior therapy is an evidence-based psychotherapy that began with efforts to treat borderline personality disorder. There is evidence that DBT can be useful in treating mood disorders, suicidal ideation, and for change in behavioral patterns such as self-harm, and substance abuse. DBT skills helped to reduce achievement anxiety in high school students which was found in 2015. Lothes and Mochrie (2017) found that DBT mindfulness skills can be effective in reducing symptoms of both general anxiety and test anxiety among the students. The aim of the study was to gain a broad understanding of stress and determine the effect of dialectical behaviour therapy among school students to cope up with stress. The school students were taken from Adharsh Matriculation Higher Secondary School, Ponneri. Duration of 3months, 20 sessions, each session of 1 hour Multi cluster sampling method was used. Total 80 samples were selected and divided into experimental and control group.. The pre and the post test was done using symptoms of stress , perceived stress scale. Dialectical behavior therapy was given to experimental group and stress education was given to control group. The result showed that there was a significant improvement in the experimental group than the control group after Dialectical behaviour therapy.**

**Keywords: Symptoms of stress , perceived stress scale, Dialectical behaviour therapy, stress symptoms.**

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## INTRODUCTION

Occupational therapy helps individuals to live independently, increasing their quality of life. Occupational therapy services enable people of all ages to develop and maintain skills that are needed to carry out the everyday task on their own. Occupational Therapist assesses and assists patients to identify and address any barriers to their independence in performing their valued activities and partner with the client assisting them in overcoming the obstacles in attaining the level of independence. Occupational therapy (OT) is a branch of health care that helps people of all ages who have physical, sensory, or cognitive problems. Occupational therapists help with barriers that affect a person's emotional, social, and physical needs. William Rush Dunton Jr. was considered the "Father of Occupational Therapy." He implemented an arts and crafts regimen for his patients and later started National Society for Promotion of Occupational Therapy (NSPOT).

Occupational therapists working in the mental health settings focus on enabling individuals to re-engage in meaningful occupations through a variety of skill sets such as skills development, establishing positive habits and routines, setting therapy goals, using cognitive- behavioral techniques (CBT), and understanding occupational therapy interventions help people with psychiatric disorders and mental health illnesses to engage in everyday living. Activities, leisure, social participation, and healthy daily routines. The inclusion of occupational therapy practitioners as mental health.

Stress can be defined as the degree to which you feel overwhelmed (or) unable to cope as a result of pressure that can be unmanageable. Definition. H. Selye (1936) defined stress as "non-specific responses that resulted from a variety of different kinds of stimuli." However, Selye's stress theory has only focused on physiological stress, and psychological factors havenot been considered

**Aim:** To determine the effect of dialectical -behaviour therapy among school students to cope upwith stress.

**Objectives:**

1. To assess the stress among school students using symptoms of stress scalescreening tool.
2. Dialectical Behaviour Therapy is determined by using perceived stress scale (PSS).
3. Difference the pre -test statistical score of the control group and experimental group by using perceived stress scale (PSS).
4. To compare the post –test statistical score of both the control group an experimental group by using perceived stress scale (PSS).

**Hypothesis**

The null hypothesis states that there will be no statistically significant difference between preand post-test scores of the control group and experimental group.

**METHODOLOGY**

The purpose of this study is to determine the effect of Dialectical behaviour therapy amongschool students with stress.

**RESEARCH DESIGN**

Quantitative study and quasi-experimental design.

**Sample Technique:**

A simple random sampling technique was adopted.

**Sample Size:**

Totally 80 subjects were taken in this study, the subjects were divided into two groups as theexperimental and control group.

- The Control group consists of 40 subjects
- The experimental group consists of 40 subjects

**Sample Settings:**

Adharsh Matriculation Higher Secondary School ,Ponneri .

**Variables:**

- A. Independent variable – Dialectical behaviour therapy
- B. Dependent variable – Cope up with stress

**Selection Criteria:**

**Inclusion Criteria:**

Students from age 17 Individuals with factor of stress  
Students who volunteered were interested to participate in this study.

**Exclusion Criteria:**

Physical problems including headache, emotion ,angry ,sleeplessness, fear , Irritability, Guilt, Moodiness, Loneliness ,Untreated psychiatric problems, Lack of confidence, Nervousness , Restless, High BP , Muscle tension ,Fatigue, Lack of energy.

**Tools Used:**

**Symptoms Of Stress Scale:**

Symptoms of stress scale is used to find how frequently do you find yourself experiencing suchproblems as headaches, problems going to sleep or staying asleep, unexplained muscle pain , jaw pain , uncontrolled anger, and frustration by using set off 12 questions to assess the frequency that you experience these common symptoms of stress.

The more often you experience these symptoms of stress ,the more likely stress is having a negative impact on your life. You may be so used to feeling a certain way that you assume thisis normal .

**Perceived Stress Scale (PSS):**

A more precise measure of personal stress can be determined by using a variety of instruments that have been designed to help measure individual stress level. The first of these is called the perceived stress scale (PSS). The perceived stress scale (PSS) is a classic stress assessment instrument .this tool, while originally developed in 1983, remains a popular choice for helping us understand how different situations affect our feelings and our perceived

stress. The 10 questions in this scale ask about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are difference between them and you should treat each one as a separate questions. the best approach is to answer fairly quickly. That is, don't try to count up the number of times you felt a particular way; rather indicate the alternative that seems like a reasonable estimate.

**Reliability And Validity:**

Perceived stress scale - 4 is based on psychometric principles and is considered to be sound. However, the limited four - item abridged scale suffers in internal reliability (r=.60). It provides a less adequate approximation of perceived stress levels than the larger scales.

Test-Retest reliability and predictive validity is strongest for shorter time periods.

The 10 and 14 item self -report instruments have established reliability and validity (r=0.85)

**Duration:** 3 months, 20 sessions, each session of 1 hour

**Materials used:** perceived stress scale (PSS) and Symptoms of stress screening is used. Craft work materials, mindful games.

**PROCEDURE:**

The samples for the study were selected from Adharsh Matriculation Higher Secondary School, Ponneri sampling method. Total samples were 80 which was divided into two groups as 40 in the control group and 40 in the experimental group. The pre-test data were collected from both groups Before the intervention, the symptoms of stress screening was given to the whole class and for those that had moderate to severe stress symptoms, 80 samples were selected and were assessed with perceived stress scale (PSS). the Then they were divided into two groups with 80 samples in each group, 40 in experimental and 40 in the control group.

The samples in the experimental group underwent Dialectical behaviour therapy and the control group does not undergo therapy but was given health education. And before starting the intervention, received consent from all the samples.

The anxiety reducing effects of extended mindfulness interventions; however, few have examined mindfulness interventions on test anxiety in a college. This suggests that the intervention provided for the experimental group was effective when compared to the Health education provided for the control group. The research finding has shown that the therapy was more effective on the compliant group. According to the results, Dialectical Behaviour therapy was suggested as an effective therapeutic approach in reducing the Stress. Therefore Dialectical Behaviour therapy was found to be effective among school students to cope with stress In this research, training was carried out with Dialectical Behaviour therapy based on the four strategies, Mindfulness training, Interpersonal effectiveness, Emotional regulation, Distress tolerance. Therapy was based on presenting information on such topics as relaxation, massage, Role play, mindful sense, lifestyle change, regular physical exercise, and stress management. The study findings shown that training with the Dialectical Behaviour therapy approach was effective among school students to cope up with stress in the experimental group. After 20 sessions were completed, the experimental group and control went through post-test. The perceived stress scale (PSS) was used for the post-test. Then the data collected from the samples of the control group and the experimental group were analyse to determine the efficacy of the Dialectical behaviour therapy and they were compared to pre-test results of both the experimental and the control group.

**Table No .1 Statistical analysis for pre and post-test of the control group**

**Difference between Pre test and post test scores**

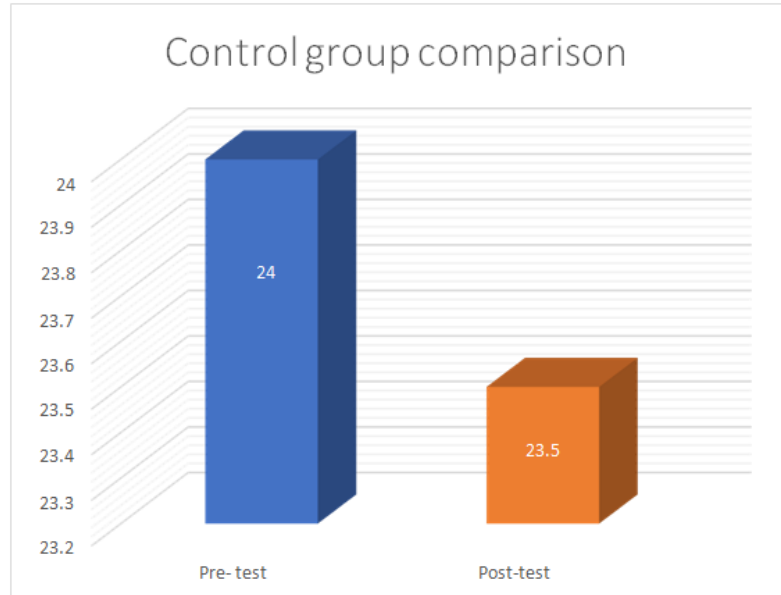
Wilcoxon signed rank test was performed to find the significant difference between Pre test and post test scores. 5% level of significance was observed.

		Mean	N	Std. Dev.	Z value	p value
ControlGroup	Pre-test	24	40	4.70679	-4.066	0.000*
	Post-test	23.5	40	4.69588		

\*Significant at 5% alpha level

Since the p value of 0.0 is less than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference in control group between pre-test and post test scores of the PSS scale. The control group received health education. The results suggest that health education had no impact on the PSS among the participants of the control group.

**Graph. 1 Comparison of pre and post-test scores of the control group**



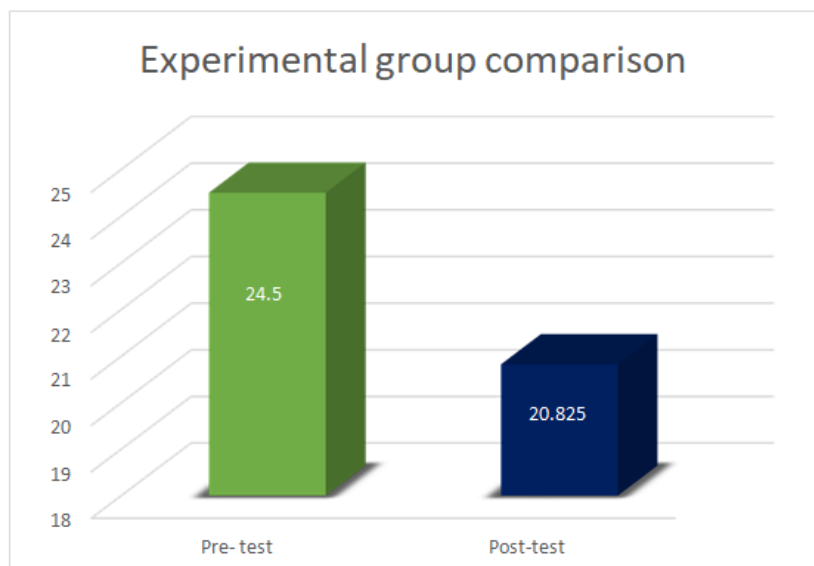
**Table No. 2 Statistical analysis for pre and post-test of the experimentalgroup**

		Mean	N	Std. Dev.	Z value	p value
ExperimentalGroup	Pre- test	24.5	40	5.03322	-5.559	0.000*
	Post-test	20.825	40	4.46575		

Significant at 5% alpha level

In the Experimental group, since the p value of 0.000 is less than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference in Experimental Group between pre-test and post test scores of the PSS scale. This suggests that the intervention provided for the experimental group participants was effective.

**Graph. 2 Comparison of pre and post-test scores of the experimentalgroup.**



**Table No. 3 Statistical analysis for post-test of the control group and experimental group**

**Difference between Experimental and Control Group**

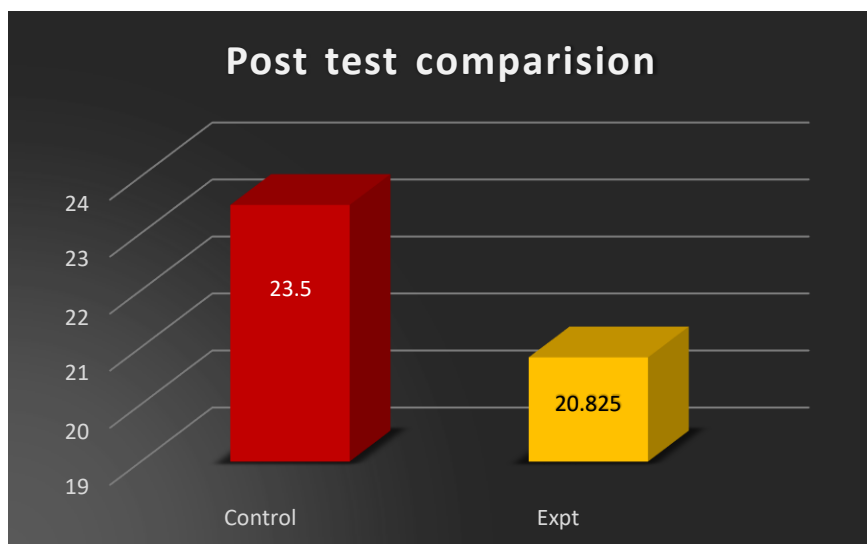
Mann Whitney U test was performed to find the significant difference between Experimental and Control Group. 5% level of significance was observed.

		Mean	N	Std. Dev	Z value	p value
Post test	Control group	23.5	40	4.6958	-2.3671	0.0178*
	Experimental group	20.825	40	4.4657		

\*Significant at 5% alpha level

Since the p value of 0.0178 is lesser than 0.05, alternate hypothesis is accepted. Hence, there is statistically significant difference in post test scores between Experimental and Control Group of the PSS scale. This suggests that the intervention provided for the experimental group was effective when compared to the Health education provided for the control group.

**Graph. 3 Comparisons of post-test scores between control and experimental group**



**DISCUSSION**

The purpose of this study was to examine the effect of Dialectical behaviour therapy Among School Student To Cope Up With Stress . The study was conducted for 3 months, with 20 sessions. A total of 80 samples were selected for the study were randomly allocated to the Experimental and Control Group, these samples were picked up after the pre-test. The pre- test results of the two groups were statistically calculated to find out the difference among the samples in the group. There were no statistically significant difference between the pre- test scores of two groups. The experimental group was under Dialectical behaviour therapy whereas the control group had not undergone any specific interventions except health education. After 3 months of intervention, the post-test evaluation was done for both groups and the scores were calculated and results analysed. The results are shown in table 1 and graph 1 (i.e.) Comparison of pre and post-test mean scores of the control group showed no statistically significant difference between pre-test and post-test scores of PSS scale. Only orientation and health education will not help the students to come out from the stress ,this is also proved in the study which is done by Geeta Jain and Manisha Singhai (April, 2018) ACADEMIC STRESS AMONGST STUDENTS. Table 2 and graph 2 shown the comparison of pre and post-test mean scores of the experimental group that was highly statistically significant, As compared to the control group.

Table 3 and graph 3 shown the comparison of post-test mean scores of control and experimental group that were statistically significant at the level of  $p=0.0178$  ,as it is less than 0.05, there is a statistically significant improvement

in post-test scores of Experimental group when compared to Control Group of the PSS scale. Similar results are supported by a review done by Kelly R USING DIALECTICAL BEHAVIOUR THERAPY TO IMPROVE SCHOOL PERFORMANCE OF HIGH SCHOOL STUDENTS. Dialectical Behaviour therapy and relaxation techniques on curing stress . Its results suggested that DBT can be used for STRESS. Conducted a study to compare the Suzette Bray(R.6)Effective of Dialectical Behaviour Therapy is used on Reducing stress among school Students . This study was designed to reduce stress with the comparison of the effectiveness of Dialectical Behaviour therapy and group students with stress . The result was effective in reducing stress among school students. Also, Dialectical Behaviour therapy (DBT) is compared with cognitive- behavioural therapy was not different in reducing stress among school students significantly. So, this study concluded that research show Dialectical Behaviour therapy helps to reduce stress among students and as regards to less complaint, recommit to use this therapy. The present study, it was tried to provide individuals with techniques for identifying, challenging, and changing negative thoughts .Dialectical Behaviour therapy and relaxation techniques among school students helped to cope with stress . This result suggested that DBT can be used for STRESS reduction.

### **CONCLUSION**

The result showed that there was a significant improvement in the experimental group than the control group after Dialectical Behaviour therapy. Thus this study proved the effect of Dialectical Behaviour therapy among school students to cope up with stress .The results of present study indicated that Dialectical Behaviour therapy training can be useful for stress management . It helps the students to over - come the stress with their academic skills.

### **LIMITATIONS AND RECOMMENDATIONS**

#### **Limitation:**

1. The study was done on small sample size.
2. The study was done only for the age group of 17.

#### **Recommendations:**

1. The study can be done with a larger sample size.
2. The study can be done for the other persons with psychological conditions or disorders

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