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THE EFFECTIVENESS OF DIALECTICAL BEHAVIOUR THERAPY (DBT) IN DEALING WITH POSTTRAUMATIC STRESS DISORDER (PTSD) AMONG TEENAGERS: A SINGLE CASE STUDY

Keberkesanan Terapi Tingkahlaku Dialetik dalam Menangani Gangguan Stres Pascatrauma (PTSD) dalam Kalangan Remaja : Satu Kajian Kes

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Abstract

Introduction: Bullying is a traumatic event that has negative consequences on adolescents' mental health. A likely result is posttraumatic stress disorder (PTSD). Objective: The study had two goals: (a) to measure the level of trauma and (b) to see the effectiveness of dialectical behaviour therapy (DBT) as an intervention for teenagers with PTSD. Methodology: The participant was a 15-year-old Malay female teenager from a boarding school who completed a PCL-5 instrument to determine the level of trauma. A descriptive methodology was applied to answer the first objective, while thematic analysis was utilized for the second objective. The adopted methodology of this research was a mixed method, quasi-experimental design using PCL-5 for the instrument and in-depth interviews for qualitative data. The mental health practitioner held six sessions to assess the effectiveness of DBT in dealing with the teenager with PTSD. Results: The results confirm that (a) the percentage of victims of PTSD and bullying was significantly higher and needed an intervention by a mental health practitioner, and (b) the victim had suffered significantly from trauma that led to low self-esteem, self-harm, and suicide attempts. The result further indicated that DBT techniques using mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness showed significantly improved effectiveness in helping the victim cure the symptoms related to PTSD. Discussion: The study emphasized the

importance of intervention from family, school, and society at large to reduce bullying and enhance respect for sexual diversity which is discussed as an effective tool to help the victims of PTSD.

Keywords: PTSD, DBT, bullying, self-esteem, self-harm.

Abstrak

Pengenalan: Buli adalah satu peristiwa traumatik yang mempunyai kesan negatif terhadap kesihatan mental remaja. Kemungkinan yang boleh berlaku akibat dari buli adalah gangguan stres pascatrauma (PTSD). Objektif: Kajian ini mempunyai dua objektif: (a) untuk mengukur tahap trauma dan (b) untuk melihat keberkesanan terapi tingkah laku dialektik (DBT) sebagai intervensi untuk remaja yang mengalami PTSD. Metodologi: Peserta ialah seorang remaja perempuan Melayu berumur 15 tahun dari sebuah sekolah berasrama penuh, yang telah melengkapkan instrumen PCL-5 untuk menentukan tahap trauma. Metodologi deskriptif digunakan untuk menjawab objektif pertama manakala analisis tematik digunakan untuk objektif kedua. Metodologi kajian yang digunakan ialah kaedah gabungan, reka bentuk kuasi eksperimen menggunakan PCL-5 untuk instrumen dan temu bual mendalam untuk data kualitatif. Terdapat enam sesi yang diadakan oleh pengamal kesihatan mental untuk menilai keberkesanan DBT dalam menangani remaja yang mengalami PTSD. Dapatan Kajian: Dapatan kajian mengesahkan bahawa (a) peratusan mangsa PTSD dan buli adalah jauh lebih tinggi dan memerlukan **tindakan dan intervensi** oleh pengamal kesihatan mental, dan (b) mangsa telah mengalami trauma yang teruk yang **membawa rasa rendah diri yang tinggi,** mencederakan diri dan akhirnya cubaan membunuh diri. **Dapatan seterusnya** menunjukkan bahawa teknik DBT menggunakan kesedaran, toleransi kesusahan, pengawalan emosi, dan keberkesanan interpersonal menunjukkan keberkesanan yang bertambah baik dan ketara dalam membantu mangsa menyembuhkan gejala yang berkaitan dengan PTSD. Perbincangan: Kajian ini menekankan kepentingan intervensi daripada keluarga, sekolah, dan masyarakat secara keseluruhannya untuk mengurangkan buli dan meningkatkan rasa hormat terhadap kepelbagaian seksual, yang dibincangkan sebagai alat yang berkesan untuk membantu mangsa PTSD.

Kata kunci:PTSD, DBT, buli, harga diri, membahayakan diri.

INTRODUCTION

There is a significant prevalence of PTSD and other mental disorders in environments where conflicts exist. PTSD may develop following exposure to a frightening event or sequence of events. All the following attributes define PTSD. The three main symptoms of trauma are: (1) reliving the traumatic event, where individuals experience intrusive memories, flashbacks, or nightmares that make them feel as though the event is happening again; (2) avoiding reminders of the trauma, which

leads to efforts to suppress thoughts, feelings, or situations associated with the event; and (3) feeling an increased sense of threat, where individuals remain hypervigilant and perceive danger even in safe environments, often leading to heightened anxiety and stress. Significant functioning impairment is caused by these symptoms, which last for at least a few weeks. Fortunately, there is effective psychological care available (WHO, 2022).

The National Comorbidity Survey Adolescent Supplement (NCS-A) diagnostic interview data (Merikangas et al., 2010) indicate the lifetime prevalence of PTSD in American teenagers aged 13 to 18. The data reported that 5% of teenagers were considered to have PTSD, and 1.5% had severe impairment. Impairment was assessed using the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria. Adolescents with PTSD were more likely to be females (8%) than males (2.3%) (Merikangas et al., 2010). According to reports, a significant number of adolescents will suffer from symptoms of Post-Traumatic Stress disease (PTSD) in the early aftermath of such occurrences, with 20–30% going on to develop the entire disease within the first six months (Schnurr et al. 2002). Alarmingly, among all mental disorders, PTSD has the largest risk for teenagers and young adults to attempt suicide for the first time. PTSD and childhood trauma also have a significant financial and health care cost to society; they are projected to cost the United States $2 trillion a year. Even in cases where adolescents with PTSD can see qualified therapists, many remain irreparable due to the modest to moderate effect sizes of the current treatments, which mostly involve trauma-focused cognitive therapy (Gutermann, Schwartzkopff, & Steil, 2017). Unfortunately, evidence-based pharmaceutical treatments for PTSD in adolescents are currently unavailable. Although the above-mentioned therapies focus on areas thought to be dysfunctional in adolescent PTSD, improving our knowledge of the illness's neurobiology will be essential to customise existing therapies and create new ones for teenagers who are impacted (Cisler & Herringa, 2021). Alisic et al. (2014) study showed that about one in six children and teenagers (16%) experienced PTSD following exposure to a DSM-IV criterion A1 or DSM-5 event. The rate varied significantly depending on the kind of trauma: after non-interpersonal trauma, about one in 10 people acquired PTSD, while after interpersonal trauma, one in four people had PTSD. Variation was also correlated with gender where girls were more vulnerable to variation than boys (Alisic et al., 2014).

LITERATURE REVIEW

Bullying In School

Bullying is defined as repeated unpleasant activities between peers when there is a disparity in authority (Owles, 2013). Arseneault et al. (2010), did a review of the mental health implications of bullying for children and adolescents and concluded that

bullying is connected with severe symptoms of mental health disorders, including self-harm and suicidality.

From an Islamic perspective, there are several types of bullying mentioned in the Quran and Hadith, including mocking (suhriyah), insulting (lams), name-calling (tanabuz), criticizing (shatam), slandering (qodaf), persecuting (dhorob), and even killing (shafak) (Zainul Huda, & Salman, 2023). Islam places great emphasis on kindness, respect, and the protection of dignity, and any form of bullying. To protect of dignity and honour, Islam teaches that every individual's dignity and honour should be respected. The Quran says, "O believers! Do not let some men ridicule others, they may be better than them, nor let some women ridicule other women, they may be better than them. Do not defame one another, nor call each other by offensive nicknames. How evil it is to act rebelliously after having faith! And whoever does not repent, it is they who are the true wrongdoers (Quran 49:11). The interactions that occur inside such relationships get entrenched with repeated and persistent incidents of bullying: bullies accumulate compounding power, while victims are stripped of their own and become gradually less able to defend themselves and increasingly sensitive to psychological suffering (Olweus, 2013).

Bullying and victimization are interrelated with symptoms of psychological trauma as well as emotional or behavioural reactions, which can destabilise psychosocial and scholastic pathways for children and adolescents. Matthiesen and Einarsen (2004) described similarities between symptomatology associated with being bullied and PTSD, raising the question of whether bullying may lead to PTSD. Plexousakis, Kourkoutas, Giovazolias, Chatira, and Nikolopoulos (2019) reported that 40.5% of girls and 27.6% of boys showed PTSD symptoms at the time of being bullied, and approximately 20% of people who have been bullied experienced some kind of mental health problems later in life, as well as an increased risk of suicide and substance abuse. Idsoe, Dyregrov, and Idsoe (2012) confirmed their findings by supporting the idea that exposure to bullying is a potential risk factor for PTSD symptoms among students.

Arseneault, Bowes, and Shakoor (2010) concluded that independent of genetic background, family factors, or pre-existing symptoms of mental health problems, bullying exposure affects children's mental health. This review of empirical evidence determines whether being a victim of bullying is a significant risk factor for pathology. Serious negative psychological and physical effects have been reported, including decreased school attendance and performance, reduced self-esteem, depression, loneliness, anxiety, and suicidal ideation, attempts, and completions. Qualitative research indicates that bullying in schools may occasionally result in extensive long-term consequences that are comparable to those endured by victims of child abuse (Carlisle & Rofes, 2007).

Bullying may have an impact on the development of executive functioning during adolescence, including planning, attention, reaction inhibition, and

organization (Giedd, 2008). It is unknown how bullying affected the formation of these biopsychosocial systems, but to (PTSD)comprehend how the diagnosis of PTSD may be applied to the patient/client and how potential traumatic effects can be mitigated, a developmental perspective on trauma is required**.** Pynoos et al. (2009) offered a clarification of a few of these important topics. Clarification underscores the need for a developmental perspective when understanding the impact of trauma on children and adolescents. They stress that trauma can disrupt normal developmental processes and that long-term effects can be mitigated through timely and context-sensitive interventions.

Posttraumatic Stress Disorder (PTSD) In Adolescents

PTSD is an anxiety disorder brought on by exposure to a traumatic incident. It is characterized by a constellation of three separate regions of symptoms: persistent re-experiencing of the event, avoidance of stimuli linked with the trauma, and persistent arousal (American Psychiatric Association, 2000). A PTSD diagnosis is required when three avoidance symptoms, two hyperarousal symptoms, and at least one reliving of the event symptoms, which may start within one month after or until years after the traumatic events, are present for at least one month and significantly impair daily functioning or produce clinically significant distress.The symptoms of PTSD in children and adolescents are almost isomorphic to the adult core criteria. However, encompassing features specific to children, such as repetitive play and trauma-specific play reflecting reliving of the trauma, may be conveyed. Children may have difficulties reporting diminished interest in significant activities and constriction of affect (avoidance), and this may only be discovered through careful evaluations with reports from parents, teachers, and other observers. Children may also exhibit physical symptoms such as stomach aches and headaches (Nielsen, Tangen, Idsoe, Matthiesen, & Magerøy, 2015).

A few studies have examined the prevalence of PTSD symptoms brought on by bullying at school. Mynard, Joseph, and Alexander (2000) studied the relationship between bullying and PTSD in students. In their study, 37% of the victims of bullying in high school reported having symptoms of PTSD. Rivers (2004) noted that bullying-related PTSD symptoms were present in his study's participants, and about 25% of them said that bullying memories continued to bother them long after they had left school. Mckenney, Pepler, Craig, and Connolly's (2005) Canadian study found a strong correlation between schoolchildren's experiences of bullying and PTSD symptoms.

Interpersonal trauma in adolescents has been linked to severe PTSD and deficits in a few functional domains (Derosa, Amaya-Jackson, & Layne, 2013). High-risk behaviours such as active suicidality and non-suicidal self-injurious behaviour (NSSI) (Hu, Taylor, Li, & Glauert, 2017) might be part of these challenges

(Middlebrooks & Audage, 2008). Despite significant advancements in the treatment of trauma, adolescents receiving trauma-informed treatment are at risk of treatment dropout due to diagnostic comorbidity and complexity, as well as some endorsed traumatic events (Sprang & Silman, 2013; Wamser-Nanney & Steinzor, 2017). DBT is recommended for a large number of traumatized teenagers who exhibit high-risk behaviours, especially suicidal attempts (McCauley et al:, 2018).

The Use of DBT For PTSD Patients

DBT-PTSD is a phase-based psychological intervention programme based on standard DBT treatment supplemented by treatment elements from trauma-focused cognitive behavioural therapy, compassion-focused therapy, and acceptance and commitment therapy (Bohus & Priebe, 2019). Several studies support the effectiveness of DBT for PTSD clients.

Harned, Jackson, Comtois, and Linehan (2010) found that DBT significantly decreases exclusionary behaviours for PTSD treatment among suicidal and/or self-injuring clients with borderline personality disorder (BPD) and PTSD. Between pre- and posttreatment, both imminent suicide risk (28% versus 0%) and current substance dependence (19.2% versus 0%) were eliminated in this sample. The percentage of BPD+PTSD clients exhibiting recent self-injury (96.2% versus 29.2%) and severe dissociation (44% versus 22.7%) also decreased significantly from pre- to posttreatment. Taken together, 50 to 68% of these clients would have been appropriate candidates for PTSD treatment after one year of DBT (Harned et al., 2010).

Furthermore, PTSD symptoms can be reduced with the use of DBT. DBT teaches how to anchor oneself so people can remain in the present moment through mindfulness. People can control the upset that they experience in reaction to intrusive thoughts by using DBT skills related to emotion regulation and distress tolerance. A substantial time and group interaction showed that the DBT-PTSD treatment performed better than the treatment-as-usual (TAU) care in improving all primary outcomes. The effect sizes of the available and intent-to-treat (ITT) data analyses differed significantly from the matched and unmatched samples. In the ITT data analyses, the effect sizes were significantly smaller. Secondary outcomes improved similarly in both treatment groups. Thus, it offers preliminary evidence that the DBT-PTSD treatment can be implemented in a naturalistic clinical care context, but with much smaller effect sizes than in previously published laboratory randomized control trials (RCTs). The degree to which patients adhere to treatment may play a major role in the greater efficacy of DBT-PTSD in comparison to TAU (Oppenauer, Sprung, Gradl, & Burghardt, 2023).

DBT for PTSD can be provided as a comprehensive residential programme or as an outpatient programme. The effects of the residential programme were evaluated in a randomized controlled trial. Data revealed a significant reduction of posttraumatic symptoms with large between-group effect sizes when compared to a

TAU waitlist condition (Cohen's $d = 1.5$) (Bohus et al., 2019). The results showed that the model has superiority in evaluating the effectiveness of DBT. Then, experiments confirmed that DBT has a good effect in the treatment of PTSD. Finally, the influencing factors of PTSD were analyzed one by one through the experimental results (Xiao, 2022).

Steil et al. (2018) proved the improvement was significant for PTSD as well as for borderline personality symptomatology, with large pre-treatment to follow-up effect sizes for completers based on the Clinical Administered PTSD Scale (CAPS). The outcome suggests that outpatient DBT-PTSD can safely be used to reduce PTSD symptoms and comorbid psychopathology in adults who have experienced child sexual abuse (CSA) (Steil et al., 2018). Geddes, Dziurawiec, and Lee (2013) noted that adolescents who participated in the DBT programme reported a reduction in trauma-based symptoms, suicidality, and NSSI. This reduction was sustained at the three-month follow-up. Moreover, teenagers reported better emotion control right after therapy, which persisted three months later, but more moderately. Considering the increasing need for mental health services, it is noteworthy that after receiving DBT, five out of the six teenagers were released from the programme. According to the pilot programme's outcomes, DBT may be able to help this at-risk population's symptoms (Geddes et al., 2013).

Keng et al. (2021) investigated brief DBT skills training among BPD patients in Malaysia. From pre- to post-intervention, there were notable improvements in self-compassion and well-being along with significant decreases in depressive symptoms, tension, and trouble regulating emotions. Suicidal ideation, anxiety symptoms, and the frequency and types of non-suicidal self-harm actions were all shown to be declining. According to the qualitative content analyses of participant input, most participants felt that the skills group had a positive influence, with mindfulness and distress tolerance being regarded as useful skills regularly. These initial results point to the feasibility and acceptability of DBT skills training in a low-resource, Muslim-majority clinical setting, and suggest that it may improve clinical outcomes for BPD patients in Malaysia (Keng et al., 2021).

Harned, Korslund, Foa, and Linehan's (2012) study showed that among suicidal and/or self-injurious BPD and PTSD individuals, DBT dramatically reduces exclusionary behaviours for PTSD therapy. In this population, the probability of impending suicide (28% versus 0%) and current substance dependence (19.2% versus 0%) were eradicated between pre- and posttreatment. Between pre- and posttreatment, there was a significant drop in the proportion of BPD+PTSD clients displaying recent self-injury (96.2% versus 29.2%) and severe dissociation (44.0% versus 22.7%). If all these clients had received DBT for a year, 50–68% of them would have been qualified for PTSD treatment (Harned et al., 2010).

Tanvir, Bokhari, Kareem, and Butt (2023) compared the clients who received DBT intervention with other therapies; the results demonstrated a significant

improvement in PTSD and BPD symptoms. Harned, Korslund, and Linehan (2014) found that the DBT prolonged exposure procedure produced superior outcomes than the standard DBT regimen. A 12-month study by Tanvir et al. (2023) discovered that narrative exposure therapy (NET) was marginally more successful than DBT. Kleindienst et al. (2021) offered evidence that DBT can help those with BPD who are experiencing symptoms of PTSD. It implies that longer exposure protocols could produce greater results than the conventional DBT methodology. Practitioners should take these findings into account when choosing a course of treatment for patients who have been diagnosed with both BPD and PTSD. More investigation is required to find out if longer-term therapies other than DBT are beneficial in this population (Tanvir et al., 2023).

After completing the DBT prolonged exposure (PE) protocol effectively, the client's PTSD symptoms and outcomes about self-harm and dissociation showed notable improvements. These results highlight how complicated BPD individuals who arrive with significant dissociation and self-harm behaviour can safely and effectively receive therapy for PTSD. They also show the effectiveness of combining DBT with PE for clients with comorbid BPD and PTSD (Granato, Wilks, Miga, Korslund, & Linehan, 2015). There was a significant mean difference between the participants in the experimental and wait-list control groups on the Child PTSD Symptom Scale for DSM V Self-Report (CPSS-V-SR) (Foa, Asnaani, Zang, Capaldi, & Yeh, 2018). It demonstrated that traumatised children had PTSD symptoms at the pre-test level and that these symptoms improved in the intervention group following the use of DBT (Nazir, Kazmi, & Dil, 2023).

METHODOLOGY

According to Bryman (2008), Cohen, Manion, and Morrison (2011), and Mutch (2005), the qualitative case design revolves around methods such as ethnographic, grounded theory, mixed methods, and case study. It also examines data gathering strategies, instruments, and analysis, as well as ethical protocols and ways to guarantee the study's research credibility. This study employed a case study method in qualitative study design. A case study is a comprehensive study of a single unit, such as an individual, a group, an organisation, or a programme (Ary, Jacobs, & Razavieh, 2002). A "case study entails the detailed and intensive analysis of a single case" (Bryman, 2008). These definitions make it abundantly evident that a case study offers comprehensive information and a whole or complete picture of actual human behaviour in a social activity inside a specific natural setting (Punch, 2009).

Yin (1994) asserted that the case study design operates most effectively in circumstances when it is hard to isolate the phenomenon under investigation from its surrounding circumstances (e.g., the child's conduct concerning other children in the playground). Case studies are used in both qualitative and quantitative research. Particularistic, descriptive, and heuristic are the attributes of the case study technique

utilised in qualitative research (Merriam, 1998). There are two types of case studies: single-case and multiple-case designs. Yin (1994) stated that a single-case approach works well when examining unusual or extreme examples, supporting or refuting a hypothesis, or investigating cases that the researcher has no prior access to. The researcher must take care, nevertheless, to not distort what was seen. Multiple-case designs are more appropriate when the researcher wants to use multiple cases to compile information from different sources and make inferences based on the facts. They function to validate or support evidence, hence augmenting the study's validity.

This study applied a single case study to examine the effectiveness of DBT treatment for the PTSD client. The participant in this study is a 15-year-old Malay girl from a boarding school who completed the PCL-5 instrument to assess her trauma level. In this study, the technique of purposeful sampling was utilized in conjunction with descriptive analysis, and the participants were selected according to the requirements for the sample. For the first objective, a descriptive methodology was employed, and for the second, a thematic analysis approach. The researchers concentrated on inductive and idiographic methods rather than deductive and nomothetic ones by employing thematic analysis to analyse the data (Braun & Clarke, 2006). The PCL-5 was the instrument utilised in this mixed-method quasi-experiment; the 20 DSM-5 symptoms of PTSD were evaluated using the 20-item PCL-5 self-report questionnaire. The PCL-5 serves several functions, such as keeping an eye on how symptoms change during and after therapy, conducting PTSD screenings on people, and providing a tentative diagnosis of PTSD. A systematic clinical interview, such as the Clinician-Administered PTSD Scale (CAPS-5), is the gold standard for diagnosing PTSD, while a preliminary diagnosis can be obtained by scoring the PCL-5 when needed. That means for initial, or preliminary, diagnosis of PTSD can be made by using a tool called the PCL-5 (Posttraumatic Stress Disorder Checklist for DSM-5). The PCL-5 is a questionnaire that helps assess symptoms of PTSD and scoring it can provide an early indication of PTSD, especially when a more detailed clinical interview (like CAPS-5) is not immediately available. In-depth interviews were used in this study to collect qualitative data. As interviews allowed the participants to express themselves more freely and offer insights into occurrences, open-ended questions were used. There are pre- and post-interview sessions. The mental health professional conducted six sessions to evaluate the DBT's efficacy in treating the teenager with PTSD.

DATA COLLECTION AND ANALYSIS

Case study research often gathers its data from a range of sources and techniques. Participant and direct observations, questionnaires, and relevant documents are among the methods used to collect data (Yin, 2014). Data analysis is examining, categorizing, tabulating, or recombining the evidence to address the fundamental hypotheses of a study. The case study analysis is one of the less explored aspects of the case study

approach. The researcher must use expertise and existing literature to convey the facts in numerous ways using multiple interpretations (Tellis, 1997). The current study uses thematic analysis in analysing the data. Thematic analysis is the process of identifying and examining patterns or themes within a data set; it frequently produces new insights and understandings (Boyatzis, 1998; Elliott, 2018; Thomas, 2006). Researchers should never let their own prejudices to get in the way of identifying important themes (Morse & Mitcham, 2002; Patton, 2015). Thematic analysis is a preferred method by researchers since it is flexible in comprehending the data and can handle large data sets more easily by grouping them into general subjects. Although there are other approaches to doing a thematic analysis, the most widely used one entails the following six steps: (a) familiarization, (b) generating codes, (c) constructing themes, (d) reviewing themes, (e) defining themes and (f) reporting of findings (Clarke & Braun, 2013).

Thematic analysis is a type of qualitative data analysis that emphasizes ideas, viewpoints, and personal experiences over numerical data. This calls for a sophisticated, exploratory data-gathering strategy that can be grounded in a variety of conceptual and philosophical frameworks. By utilizing several data collection procedures and sources, data analysis can combine diverse interpretations and meanings, hence augmenting the trustworthiness of the outcomes. Researchers refer to this process as triangulation (Flick, 2014). In general, triangulation is a verification process that involves the convergence of sources, interpretations, or even perceptions; this helps to verify the validity of the study (Hammersley, 2008), ensure a version of the truth (Guenzi & Storbacka, 2015; Järvensivu & Törnroos, 2010), or verify the repeatability of an observation or interpretation (Stake, 2004).

FINDINGS

PTSD Checklist for DSM-V (PCL-5) was employed to measure the trauma's level of the client. The result for PCL-5 pre-test is 23 and for the post-test is 15. This shows the decline in the post-result after the session. The findings support the following claims: (a) a greater number of people suffer from PTSD and bullying, necessitating the intervention of a mental health professional; (b) victims had severe trauma that resulted in low self-esteem, self-harm, and suicide attempts. The results also demonstrated that DBT methods incorporating emotion control, mindfulness, distress tolerance, and interpersonal effectiveness were more successful in helping the victims overcome their PTSD symptoms. The technique initially assists in identifying, followed by the modification of negative behaviours that result in pain, discomfort, or an incapacity to carry out everyday tasks and relationships for the client. Four themes have been found based on the data gathered. The results showed that DBT approaches considerably reduced the severity of PTSD symptoms. The themes were (a) self-appreciation, (b) enhance motivation, (c) passionate to live, and (d) understanding the meaning of life. The client's statements from the sessions and interview were cited to

support the themes' conclusions. The client's statements were included in the data to address the research question. Thus, the study's excerpts were interpreted to show how well the DBT approaches worked in sessions and how the client's symptoms of PTSD decreased. A prominent statement that addressed the research question and themes served as an exemplar, giving a thorough and detailed overview of the client who participated in the DBT sessions.

Self-appreciation

The client and the counselor have a strong therapeutic alliance to ensure the effectiveness of the DBT treatment. The goal of DBT is to help clients appreciate and accept living in the moment and build improved coping methods. This current client is successful in the DBT treatment sessions and able to regulate her emotions, such as appreciating herself and constructively handling harmful behaviours. She has expressed how she can appreciate herself right now; her eyes look bright, and her voice is clear compared to the earlier sessions. She can say loudly that she does not hate herself anymore.

> I don't hate myself anymore. I used to hate myself a lot before this and wanted to kill myself, but now I can respect myself. (TA2, GI; lines 165-166)

Enhance motivation

Several commitment strategies are employed in DBT to enhance clients' motivation and dedication to the treatment process. One common technique is using behavioural contracts, in which clients agree to work towards specific treatment goals and practise DBT skills consistently. DBT is a transformative approach that empowers the client to regulate emotions, enhance relationships, and develop effective coping strategies. Then, the client can work on changing the behaviour and enhance the motivation to be a better person. It is critical to investigate and establish life-worth-living objectives to provide clients with a feeling of guidance and motivation during their treatment journey. Motivation gets stronger when the client has a vision, a clear mental image of what she wants to achieve, and a strong desire to manifest it. Motivation is a powerful force that can propel a client towards success, but it requires a conscious effort to maintain. Before this, she believed she was incapable of becoming a better person, she had insight and rated herself as not being a decent, worthless, or dreadful person. After the third session, she was able to identify what was most important, and where she might find something to motivate herself, and she realized how significant she is. She enthusiastically stated that she can accept herself exactly how she is and does not hurt herself anymore.

> The most meaningful thing..., I feel that I have always been enthusiastic, I value myself, I can accept myself as I am without hurting myself anymore. (TA6, GI; lines 153-155)

Passionate to live

The goal of DBT is for the client to have and achieve a life worth living, which involves transforming behaviour that makes life bearable. Exploring and defining life-worth-living goals is important to provide a sense of purpose and motivation throughout the therapeutic journey. The client in this study has the desire and is passionate about living happily after what she has experienced. The counselor encourages the client's thought generation and invites her to consider possibilities beyond her present suffering and difficulties. She highlighted how the DBT technique enabled her to see things from new perspectives. She notices the difference when she can communicate effectively compared to the first session. She can think clearly, and rationally, and control her emotions to plan and act on her life. She looks full of energy, and her clothing reflects her self-assurance.

> The activities in this module have helped broaden many perspectives, encouraging a more rational approach to engaging in positive actions. (TA3, GI; lines 17-18)

> The important thing is, that I am now able to rationalize my thoughts and emotions so that I can plan the best path for my life. (TA4, GI; lines 151-152)

Understand the meaning of life

The client is passionate about her life right now, which aids in her awareness of how wonderful it means to live. She compared her life previously, and after the session, she feels calmer and can understand what she is facing in her life. She is not stressed and angry with her situation in life right now. In DBT, the idea of a "life worth living" refers to acquiring the abilities and tactics required to find happiness and contentment in life, even in the face of challenging obstacles. It entails learning to embrace and affirm one's feelings and experiences, pursuing meaningful objectives and pursuits, creating wholesome relationships, and managing suffering. Even in the face of challenging circumstances, people can design a meaningful and rewarding life by honing these skills.

> Compared to previous days, I now feel much calmer and can control my emotions after participating in this module session." (TA3, GI; lines 10-11)

> But now I feel calm. Before this, I used to feel stressed and angry with life like this (TA3, GI; line 78)
>
> In other words, I can think more rationally now (TA3, GI; lines 122-123)

Four themes have emerged from this study. All themes have shown the impact and effectiveness of DBT techniques for PTSD clients. The client's statements reflected a positive response to Dialectical Behavior Therapy (DBT), particularly in terms of improving her life, enhancing her motivation and passion about her life right now, she able to understand the meaning of her life.

DISCUSSION

In terms of self-appreciation, the client is capable of regulating her emotions, such as appreciating herself and constructively handling harmful behaviours. This is like a study by Fitzpatrick, Bailey, and Rizvi's (2020) study in which their findings corroborate that DBT reduces several specific emotions, and comorbid PTSD and anxiety disorders may facilitate this effect for fear, shame or guilt, and sadness. Görg et al. (2017) examined the effectiveness of DBT-PTSD in treating adult survivors of CSA. Steil, Schneider, and Schwartzkopff's (2021) findings appear to support the efficacy of DBT-PTSD in lowering or curing CSA-related PTSD symptoms. Besides, a study indicated between the pre-and post-intervention periods, there were notable decreases in depressive symptoms, stress, and problems regulating emotions, along with increases in self-acceptance and general well-being (Keng et al; 2021).

To enhance motivation, the client should have the ability to communicate with the people in her life in a healthy way that sets boundaries and allows her to establish self-respect. This, in turn, can help her feel effective and connected in her relationships. Interpersonal effectiveness, which is focused on during DBT sessions, can be useful here. A study stated that DBT strengthened participants' relationships and interactions with others while providing them with a sense of control over their lives and the ability to deal with challenges (Gillespie, et al. 2022). Tanvir et al. (2023) compared DBT intervention with other interventions. They found a significant improvement in PTSD and BPD symptoms in those who received DBT intervention compared to those who received other interventions. However, the DBT was originally designed for individuals with borderline personality disorder (BPD) and not specifically for trauma-related disorders like PTSD. So, it has highlighted that DBT was created to treat issues like emotion dysregulation and self-destructive behaviors, rather than the core symptoms of PTSD such as intrusive memories, hyperarousal, and flashbacks. This foundational limitation means that DBT doesn't directly address the trauma at its core in the same way trauma-specific therapies do (Linehan, 1993).

After receiving DBT treatment, the client who had experienced childhood trauma and thought her life had no purpose was able to rediscover her passion for life. These results corroborate the effectiveness of cognitive processing therapy (CPT) and DBT-PTSD in treating women with complex PTSD linked to childhood abuse. The primary outcome results indicated a preference for DBT-PTSD. According to the study's findings, DBT improved the participants' lives and aided in their continued recovery in the years following the program (Gillespie, et al. 2022).

Bohus et al. (2020) demonstrated that effective treatment is possible even for severe PTSD linked to childhood maltreatment and emotion dysregulation. Folk et al. (2023) stated that DBT is a viable approach to rehabilitation for teenagers who have experienced trauma and have been exposed to violence. These skills can be effectively applied by teaching them acceptance and validating techniques (Fasulo, Ball, Jurkovic, & Miller, 2015).

The client managed to understand the meaning of her life after going through several sessions of DBT treatment. The client learned coping mechanisms to accept and endure her feelings, environment, and identity. She also gained abilities that would enable her to alter her behaviour and how she interacts with other people for the better. Her life's purpose is visible and clear to her. This is comparable to Xiao's (2022) study which showed how well the constructed model performed in evaluating the effectiveness of DBT. Subsequently, studies demonstrated the effectiveness of DBT therapy in treating PTSD clients (Xiao, 2022). According to a different study by Flynn et al. (2018) on teenagers, a 22-week DBT-ST program that focused on emotional problem-solving can significantly lower social stress, anxiety, and depression in this demographic.

However, it is important to note that, this is a case study, where typically involves a very small sample size, which limits its generalizability to the wider population of teenagers with PTSD. The results may not apply to other individuals, especially those with different types or levels of trauma, or those who do not have the same support systems.

CONCLUSION

The present study has shown that DBT strategies utilising emotion control, mindfulness, distress tolerance, and interpersonal effectiveness considerably increased the victim's ability to recover from PTSD symptoms. Treating PTSD using DBT is a thorough, research-based method. Its emphasis on the development of interpersonal effectiveness, distress tolerance, emotion control, and mindfulness enable people to better manage their symptoms, build resilience, and enhance their general quality of life. DBT is structured and collaborative, and it can be helpful for people with PTSD when used under the guidance of a qualified therapist. A significant limitation of this case study is its small sample size, as it focuses on a single adolescent patient. This limits the generalizability of the findings, as the results may not reflect

the experiences or outcomes of a broader population of teenagers with PTSD. A larger sample size would allow for a more robust analysis of DBT's effectiveness across different cases, providing a better understanding of how it might benefit or challenge various subgroups of adolescents with PTSD. The current study emphasized the future study to delve into the importance of intervention from family because given that many adolescents with PTSD have complex family dynamics or histories of interpersonal trauma, the research could explore how family therapy or parental involvement can be integrated into DBT for PTSD. Adolescents with PTSD often experience relationship difficulties at home and in school, and addressing these relational aspects in therapy may further enhance DBT's effectiveness in treating PTSD.

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