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EFFICACY OF COMPASSION-FOCUSED THERAPY IN A SAMPLE OF YOUTH WITH SUBSTANCE USE DISORDER IN OGBOMOSO, NIGERIA

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ABSTRACT

The problem of substance use disorder among the young population in recent times remains a significant threat to the psychosocial and economic fabrics of the entire society, despite several efforts channelled towards its amelioration. The present study investigated the efficacy of compassion-focused therapy on substance use disorder among youth in Ogbomoso, Nigeria. This pre-test post-test control group experimental study compared a compassion-focused therapy (CFT) plus treatment-as-usual (TAU) to TAU-alone in 20 young individuals with substance use disorder. Participants were purposively selected and randomly assigned to treatment (CFT+TAU) and comparison (TAU-alone) groups. Participants' mean age was 21.08±1.86 years. Assessments occurred at intake, 10-weeks, and 1-month follow-up with a standardized questionnaire. Independent-sample t-test, 2x2 analysis of covariance and one-way repeated measure of ANOVA were used for analyses at 0.05 significant level. Individuals in the CFT+TAU group reported significantly lower substance use disorder symptoms compared to those in the TAU-alone group. There was an overall significant difference between the SUD means of participants that received CFT+TAU at pre-test, post-test, and 1-month follow-up. CFT provide effective treatment of substance use disorder among Nigerian population; its utilization is therefore recommended.

Keywords: Compassion-focused therapy, substance use disorder, youth, Nigeria

INTRODUCTION

The use and abuse of psychoactive substances by the young population in recent times has become a serious psychosocial problem in contemporary society. This behaviour has been on the increase among Nigerian youth as reported in the past decade (Adamson, Onifade & Ogunwale, 2010; Adekeye 2012; Ekpenyong & Aakpege, 2014; West Africa Commission on Drugs, 2014).

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According to Gore, Bloem, Patton et al., (2011), global illicit drug use contributes 2% cause-specific disability-adjusted life-years (DALYs) for young people aged 10-24 years. Furthermore, several public health and social problems such as delinquency, criminality, psychological and behavioural problems (Abdu-Raheem, 2013), high risk sexual behaviour and vandalism (Ekpenyong et al., 2014), as well as high mortality (WHO 2011) have been associated with this phenomenon.

Despite efforts and resources dedicated to studying the cause and finding lasting solution to substance use disorder in the contemporary society, the problem remains a major concern globally. Furthermore, it has been shown that substance use disorder treatment outcome has been unimpressive over the years (Winfred & Amy, 2005; Wong, 2013; Abikoye, Eze & Solarin, 2014).

Complementing standard treatment as usual (TAU) with other forms of interventions has been demonstrated to improve treatment outcome especially for difficult-to-treat mental illnesses such as emotional dysfunction (Ross et al, 2011), and trauma induced mental illness (Heide & Smid, 2015).

In the recent time, CFT has received credibility for producing better treatment outcome when combined with other forms of therapy such as cognitive behavioural therapy. Gale, Gilbert, Read, and Goss, (2014), introduced compassion focused therapy to a standard treatment programme for people receiving treatment for eating disorders, and demonstrated that CFT is applicable and safe among the target population and effective in improving eating disorder symptomatology. In a similar way, Beaumont, Galpin and Jenkins (2012) concluded that introducing CFT to existing treatment as usual in order to increase the self-compassion of patients is a precursor to better treatment outcome.

Compassion focused therapy (CFT) was developed for people with traumatic and difficult background especially such that are specific to childhood experience and leading to them being highly shame focused, self-critical and find it difficult to be kind and forgiving, supportive or reassuring to themselves (Gilbert & Iron 2005; Irons, Gilbert, Baldwin & Palmer 2006; Gilbert 2005a, 2005b).

CFT aims to help such individuals respond to self-criticism with self-kindness and compassion, with the goal of treatment being improved psychological well-being. In compassion-focused therapy compassion is understood in terms of specific attributes and skills (Gilbert 2005a, 2009). CFT encourages individuals to develop compassion motivation and practise compassionate behaviours to access the soothing systems.

Central to compassion-focused therapy is compassionate mind training designed to help people develop and work with experiences of inner warmth, safeness and soothing, via compassion and self-compassion (Gilbert 2009). In working with clients to overcome their difficulties, therapists in CFT engages several skills which include compassionate attention, compassionate reasoning, compassionate behaviour, compassionate imagery, compassionate feeling, and compassionate sensation.

CFT has been found effective in reducing depression, anxiety, self-criticism, shame, inferiority and submissive behaviour (Gilbert & Procter, 2006). Leary, Tate, Adams, Allen, and Hancock (2007) asserted that compassionate letter writing to oneself tend to greatly improve coping with life-

events and reduces depression. Furthermore, self-compassion has been found to be associated with symptom severity and quality of life (Van Dam, Sheppard, Forsyth, & Earleywine, 2011), well-being (Neely, Schallert, Mohammed, Roberts, & Chen, 2009), and decrease in psychiatric symptoms, interpersonal problems and personality pathology (Schanche, Stiles, Mccullough, Svartberg, & Nielsen, 2011).

There is now emerging evidence for the effectiveness of CFT in the treatment of SUD. For instance, in a study by Kelly et al. (2010) among a population of 119 smokers, two experimental groups and a control were studied. Imagery-based self-talk exercises designed to stimulate the self-soothing system was administered to the group receiving CFT. The treatment received was found to be effective in reducing the smoking behaviour of the experimental groups when compared to the control group at post-test. They however reported no significant difference between the two experimental groups. In addition, Kelly et al. (2010) found the self-compassion intervention reduced smoking at a quicker rate for: those low in readiness-to-change; those high in self-criticism; and those with more vivid imagery.

However, this promising line of treatment is unpopular and underutilized in Nigeria. The present study therefore investigated the efficacy of CFT in youth with substance use disorder in Ogbomoso, Nigeria. We hypothesized that individuals in the CFT+TAU group will report significantly less substance use disorder symptoms at post-test compared to those in the TAU-alone group. We also hypothesized that participants in the CFT + TAU group will report significantly lower SUD at post-test and 1-month-follow up than they did at pre-test.

METHOD

Design

A pre-test post-test control group design was used comparing CFT + TAU with TAU alone. Both groups were pre-tested on the measure of substance use disorder and then post-tested after the treatment conditions have been administered. In order to assess the stability of the effect of CFT, both groups were tested at 1-month follow-up.

Setting

The study was conducted at the Drug Rehabilitation Unit of Bowen University Teaching Hospital (BUTH), Ogbomoso, Nigeria. The unit operates on an Intensive Outpatient basis. Treatment modality of the unit is based on the disease model of psychoactive substance use, the disorder being regarded as a chronic one requiring long term and holistic treatment approach. Major treatment components are drug education, Twelve-Steps, relapse prevention and social skills training, spiritual therapy, and counselling. Treatment is delivered via Group therapy, individual therapy, and family therapy. The therapeutic team of the unit consists of doctors (psychiatrists), nurses, psychologists, social workers, and spiritual therapists.

Participants

Participants were drawn from young individuals receiving treatment for substance use disorder on an intensive-outpatient basis at BUTH, Ogbomoso, Nigeria. To be included in the study, participants must be aged between 18 and 24 years, be a user of at least one psychoactive substance, and understand and able to communicate in English language. Those who met the inclusion criteria and consented to participate

in the study were recruited. Twenty (20) individuals comprising of 17 males and 3 females, with age range between 18 and 24 years (M= 21.08, S.D. = 1.86) purposively selected participated in the study.

Instrument

A structured questionnaire containing instruments with sound psychometric properties was used to collect data in this study.

Section one comprised of information on demographic attributes of respondents which include the gender, age, marital status, employment status, and living situation.

Section two contains the DSM-5 Diagnostic Checklist for Substance Use Disorder. This is an 11-item scale that combined both items on substance abuse and dependence in making substance use disorder according to the revised Diagnostic and Statistical Manual of Mental Disorders 5th revision (APA, 2013). This is a widely accepted and used measure of substance use disorder with strong psychometric properties. Cronbach's alpha .809 was established in the present study.

CFT Module

A CFT module adapted and delivered according to the guidelines provided by Gilbert (2005a, 2009) and Saulsman, Campbell, & Sng, (2017) was used in this study. This module was developed to address key themes derived from qualitative study earlier conducted by the researchers among youth with substance use disorder in Nigeria. Treatment was administered for 10 weekly sessions of 1.5hr. Each session had a theme and learning objectives, and compassionate mind training (CMT) exercise for the participants. Participants were instructed to practice CMT exercise 6 days per week for approximately 30 minutes per day. Compliance was assessed by attendance and homework diaries.

Module summary

Module 1	**Introduction and familiarization to the programme**
Module 2	**Psycho-education on evolutionary model and affect regulation systems**
Module 3	**Psycho-education on CFT formulation of SUD**
Module 4	**Overcoming the Curiosity Drive** ***Intervention strategy explored:*** *Self-compassionate quiz*
Module 5	**Dealing with boredom** ***Intervention strategy explored:*** *Acting Opposite Guide, Weekly Activity Schedule*
Module 6	**Building confidence for social interaction and task performance** ***Intervention strategy explored:*** *Compassionate Image*
Module 7	**Developing positive self-esteem** ***Intervention strategy explored:*** *Compassionate image*
Module 8	**Overcoming peer pressure** ***Intervention strategy explored:*** *Compassionate communication*
Module 9	**Coping with negative emotions** ***Intervention strategy explored:*** *Compassionate Thought Diaries, Compassionate Letter Writing*
Module 10	**Relapse prevention - Self-compassionate living and closing of group**

Procedure

Ethical approval was obtained from the BUTH Research Ethics Committee to conduct the study. Participants were recruited from the Drug Unit of the BUTH by consulting the records of the unit. Potential participants were contacted physically and through mobile phone to seek their interest for participation in the study. Meetings were later arranged with individuals who showed interest in the study, during which the purpose and modality of the study were discussed. Detailed statement of informed consent that contained the purpose, procedures, potential risk(s) (if any) and benefits of participating in the study was later given and explained to each of the participants. Individuals who consented voluntarily to participate in the study were involved in the study. To ensure confidentiality, participants' names were not included on questionnaires; identification was made possible by special research codes.

Participants were randomly assigned into two groups – experimental group which was received 10-sessions of CFT in addition to treatment as usual, and comparison group which received treatment as usual alone. Participants were instructed not to share information about their various group activities while the study last. Data was analysed with analysis of covariance and one-way repeated measure analysis of variance.

RESULTS

Hypothesis 1

Hypothesis one stated that there will be significant treatment effect on substance use disorder among youths in Ogbomoso, Nigeria. The hypothesis was tested with a 2x2 analysis of covariance.

The result in Table 1 showed a significant main effect of treatment on substance use disorder after controlling for the pre-test score ($F(1, 13) = 6.98$, $p<.05$). The result implied that the addition of CFT to TAU was effective in producing better treatment outcome. The effect size 0.35 further indicated that about 35% of the treatment effect on SUD was accounted for by the CFT administered.

Follow-up test was conducted to see group differences on substance use disorder symptoms at post-test. The result on Table 2 revealed that there is a significant difference between the CFT + TAU and TAU alone group ($p < .05$). In order to establish the magnitude of the mean difference between the two groups, the result of the adjusted mean score was used. With a total adjusted mean score of 2.76, participants in the CFT + TAU

Table 1. Summary table of analysis of covariance of substance use disorder according to treatment and gender

Source	Sum of Squares	Df	Mean Square	F	p	η_p^2
Pre-test	8.111	1	8.111	7.833	<.05	.376
Treatment	7.222	1	7.222	6.975	<.05	.349
Gender	.247	1	.247	.238	>.05	.018
Treatment * Gender	.003	1	.003	.003	>.05	.000
Error	13.461	13	1.035			
Total	34.278	17				

group reported less SUD at post-test compared to their counterparts in TAU alone group.

Hypothesis 2

Hypothesis two which stated that participants that received CFT + TAU will report significantly lower substance use disorder symptoms after treatment and follow-up than before treatment was tested with one-way repeated measure ANOVA.

The results presented in Table 3 indicated that there was an overall significant difference between the SUD means of participants that received CFT + TAU at the different time points i.e. intake, 10-weeks post-test, and 1-month follow-up ($F(1.104, 8.832) = 51.116$, $p < .01$).

The results of the Bonferroni post hoc test in Table 4 revealed the points and specificity of the differences in SUD that occurred. It was shown that there was a significant difference in SUD between post-test and pre-test ($p < .001$), and between 1-month follow-up and pre-test ($p < .001$), but no significant difference between 1-month follow-up and post-test

Table 2. Pairwise differences between the two groups on substance use disorder

(I) groups	(J) groups	Mean Difference (I-J)	Std. Error	Sig.[b]	95% Confidence Interval for Difference[b]	
					Lower Bound	Upper Bound
CFT	Control	-1.541*	.583	.020	-2.802	-.280
Control	CFT	1.541*	.583	.020	.280	2.802

*. The mean difference is significant at the .05 level.

Table 3. One-way ANOVA for repeated measures of SUD at pre-test, post-test, and 1-month follow-up

Source	Sum of Squares	Df	Mean Square	F	p	η_p^2
Time	44.963	1.104	40.726	51.116	<.01	.865
Error time	7.037	8.832	.797			

Table 4. Pairwise Comparisons of SUD at pre-test, post-test, and 1-month follow-up

(I) time	(J) time	Mean Difference (I-J)	Std. Error	Sig.[b]	95% Confidence Interval for Difference[b]	
					Lower Bound	Upper Bound
Pre-test	Post-test	2.889*	.423	.000	1.613	4.165
	1-month Follow-up	2.556*	.294	.000	1.669	3.442
Post-test	Pre-test	-2.889*	.423	.000	-4.165	-1.613
	1-month Follow-up	-.333	.167	.242	-.836	.169
1-month Follow-up	Pre-test	-2.556*	.294	.000	-3.442	-1.669
	Post-test	.333	.167	.242	-.169	.836

Based on estimated marginal means

*. The mean difference is significant at the .05 level.

b. Adjustment for multiple comparisons: Bonferroni.

(p >.05). Participants that received CFT + TAU reported lowest level of SUD at post-test (M = 2.78), followed by at 1-month follow-up (M = 3.11). This implies that periodic exposure to contents of CFT may be necessary to maintain effect of treatment.

Hypothesis 3

Hypothesis three stated that participants that received TAU alone will report significant lower substance use disorder symptoms after treatment and follow-up than before treatment. The hypothesis was tested with one-way repeated measure ANOVA.

The results presented in Table 5 indicated that there was no overall significant difference between the SUD means of participants that received TAU alone at the different time points i.e. intake, 10-weeks post-test, and 1-month follow-up ($F(1.14, 6.83) = 2.90$, $p > .05$). The hypothesis was therefore not confirmed.

DISCUSSION

The present study investigated the efficacy of compassion-focused therapy (CFT) as treatment for substance use disorder among youth in Ogbomoso, Nigeria. It was established from our findings that compassion-focused therapy is effective in the treatment of substance use disorder. At the end of the treatment, patients in the CFT + TAU group reported less SUD symptoms than those in the TAU alone. Our finding is in agreement with previous studies that reported that combining CFT with TAU produced better treatment outcome. Beaumont et al. (2012) investigated the efficacy of CBT plus CFT as compared to CBT alone in clients who had experienced trauma. The authors concluded that introducing CFT to existing treatment as usual to increase the self-compassion of patients is a precursor to better treatment outcome. In a similar vein, Gale et al. (2014), introduced compassion focused therapy to a standard treatment programme for people receiving treatment for eating disorders, and demonstrated that CFT is applicable and safe among the target population and effective in improving eating disorder symptomatology.

Furthermore, we found that individuals that compared to the substance use disorder reported at pre-test, participants who received CFT + TAU were found to present with significant lower substance use disorder at post-test and 1-month follow-up than those who received TAU alone. This indicated stability of the CFT effect in the individuals. In a similar study by Kelly et al. (2010) among a population of 119 smokers, two experimental groups and a control was studied. Imagery-based self-talk exercises designed to stimulate the self-soothing system was administered to the group receiving CFT. The treatment received was found to be effective in reducing the smoking behaviour of the

Table 5. One-way ANOVA for repeated measures of SUD at pre-test, post-test, and 1-month follow-up

Source	Sum of Squares	Df	Mean Square	F	p
Time	6.95	1.14	6.10	2.90	>.05
Error time	14.38	6.83	2.10		

experimental groups when compared to the control group at post-test. They however reported no significant difference between the two experimental groups. In addition, Kelly et al. (2010) found the self-compassion intervention reduced smoking at a quicker rate for: those low in readiness-to-change; those high in self-criticism; and those with more vivid imagery.

Strengths and limitations of the present study

Randomization in sampling and assignment of participants to groups in the experimental phase of the study is considered as one of the strengths of this present study. This procedure allowed for control of extraneous variables that may distort the specificity of the findings of the study. Nevertheless, the researcher could not rule out the possibility of participants sharing information about activities in their various groups to participants in other groups. This could be a source of confounding variable which the researcher could not control for because the researcher could not have confined the study participants in different secluded places just for the purpose of the study.

Conclusion

It was demonstrated from the findings of the present study that CFT is effective in the treatment of substance use disorder among Nigerian population. We therefore recommend the utilization of CFT in the treatment and management of young people with substance use disorder especially as adjunct to treatment as usual. This is a move towards multi-modal treatment approach which has been found effective in providing better treatment outcomes.

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