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Developing a Dialectical Behavior Therapy-Based Addiction Prevention Package for Adolescents: A Qualitative Study

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A B S T R A C T

Objective: This study aimed to design and validate an addiction prevention training package for adolescents based on the theoretical and practical framework of Dialectical Behavior Therapy (DBT).

Methods and Materials: This qualitative research was conducted using conventional content analysis following the Hsieh and Shannon (2005) approach. Relevant literature on DBT and adolescent addiction was systematically reviewed according to inclusion and exclusion criteria until theoretical saturation was reached. Data analysis identified two core dimensions in DBT (pathology and interventions) and two major dimensions in adolescent addiction (predisposing and protective factors). The DBT dimensions included emotional vulnerability, invalidating environment, and emotion dysregulation, while the intervention dimension encompassed individual and group skill training (mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness). Adolescent addiction dimensions included family, individual, social, educational, and policy factors. Using Yusefi and Golparvar's (2023) seven-step model, these dimensions were integrated to develop the prevention package. The content and structure of the program were reviewed and validated by university faculty and clinical psychologists specializing in adolescent psychotherapy.

Findings: A ten-session DBT-based educational package was developed and validated. The content analysis yielded 106 primary codes for adolescent addiction and 75 for DBT. Expert evaluation confirmed the conceptual alignment and cultural adaptability of the package, with high inter-rater agreement indicating strong content validity. The sessions emphasized dialectical thinking, mindfulness, distress tolerance, emotion regulation, and interpersonal communication, each tailored to adolescent developmental needs and contextualized within Iranian cultural norms.

Conclusion: The developed DBT-based prevention package provides a structured, evidence-informed educational framework to enhance adolescents' emotional regulation, resilience, and interpersonal skills, thereby reducing susceptibility to substance use. Its theoretical rigor and cultural fit suggest strong potential for school- and community-level implementation in adolescent addiction prevention programs.

Keywords: *Dialectical Behavior Therapy (DBT); Addiction Prevention; Adolescents; Emotion Regulation; Mindfulness; Qualitative Study.*

1. Introduction

Adolescence represents a developmental window in which neurobiological plasticity, social reorientation, and identity formation converge to heighten both vulnerability to substance use and receptivity to preventive intervention. Epidemiological and developmental syntheses show that initiation and escalation of alcohol and drug use track with normative changes in reward sensitivity, emotion regulation, and peer influence during mid-to-late adolescence, with downstream consequences for mental health, academic attainment, and injury burden (Maggs et al., 2023). Public health surveillance further underscores the societal toll, with mortality registries documenting substantial substance-related morbidity and mortality among youth and young adults, emphasizing the urgency of scalable, developmentally appropriate prevention approaches (Centers for Disease & Prevention, 2022). Cross-national data indicate that risk is not evenly distributed: prevalence estimates among university students in the Eastern Mediterranean region suggest meaningful exposure to substances and associated correlates, including peer norms, stress, and limited prevention infrastructures (Kabbash et al., 2022). Complementing these observations, community and qualitative studies in Iran have identified gendered patterns of risk and protection, barriers to care, and context-specific determinants of relapse and treatment adherence—findings that point to the need for culturally responsive, multilevel prevention models that are feasible in schools and youth-serving settings (Aghaeipour et al., 2024; Hashemi Moghaddam et al., 2020; Khaghani & Yusofi, 2020).

Contemporary youth mental health frameworks advocate for early, transdiagnostic, skill-focused interventions that can be deployed across service settings and adapted to developmental stage and cultural context (Uhlhaas et al., 2023). Within school ecologies, psychosocial climate, safety, and adult–student relationships shape behavioral trajectories and emotional well-being; thus, prevention programs that leverage school connectedness and embed social-emotional skill building may yield synergistic benefits for substance-use prevention and broader health outcomes (Hawkins et al., 2023; Wilkins, 2023). Program design should also attend to the mesosystem of family functioning, given robust links between parenting practices, attachment, and adolescents' risk for substance involvement in both clinical and population samples (Ghorbani & Asadi, 2023; Hosseini et al., 2021). At the individual level, deficits in emotion regulation, experiential avoidance, impulsivity, and sensation seeking have been implicated as modifiable mechanisms connecting adverse peer experiences, stress, and substance use; accordingly, skill-based approaches that directly target these processes are well-suited to adolescent prevention (Amini & Heidary, 2020; Herd & Kim-Spoon, 2021; Trucco, 2020).

Dialectical Behavior Therapy (DBT) offers a theoretically coherent and empirically supported toolkit to address exactly these mechanisms. Rooted in a biosocial model, DBT conceptualizes emotion dysregulation as the product of heightened biological vulnerability and invalidating environments; its skills modules—mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness—equip youth to notice internal cues, tolerate arousal without impulsive action, modulate affect, and navigate interpersonal pressures (Dimeff et al., 2021; Van Dijk & Deans, 2021). A growing evidence base supports DBT for adolescents (DBT-A), with meta-analyses demonstrating significant reductions in self-harm and suicidal ideation alongside gains in emotion regulation—outcomes that are mechanistically adjacent to substance-use risk reduction (Kothgassner et al., 2021). Additional syntheses indicate that DBT reduces anger and aggressive behavior, domains that often co-occur with or presage substance misuse in youth (Ciesinski et al., 2022). In routine clinical practice, pre–post evaluations of DBT-A report clinically meaningful improvements across symptoms and skills, supporting external validity and feasibility when transported outside trial conditions (Syversen et al., 2024). The broader DBT implementation literature similarly attests to effectiveness across settings and populations—ranging from forensic psychiatry to outpatient clinics—while raising practical questions about format, dosage, and workforce development (Dimeff et al., 2021; Marshall et al., 2024; Rizvi et al., 2024).

These questions have particular salience for prevention. Rapid reviews suggest that the duration of DBT-A skills groups may modulate outcomes, offering a leverage point for balancing fidelity with scalability in school and community programs (Dallenbach et al., 2025). At the same time, cultural and contextual tailoring is crucial: systematic reviews of DBT adaptations emphasize the importance of aligning examples, metaphors, and delivery strategies with local norms to optimize engagement and effectiveness, especially for minoritized groups (Haft et al., 2022). The emergence of radically open DBT (RO-DBT) extends the DBT family into transdiagnostic problems of overcontrol,

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highlighting additional skill targets—social signaling, openness, and flexibility—that may be relevant for certain adolescent subgroups; however, the evidence base for RO-DBT remains more nascent than for standard DBT and requires careful selection if considered for prevention (Hatoum & Burton, 2024). A complementary conceptual synthesis specifically maps DBT skills to addiction-relevant clinical fields, arguing for a principled integration in substance-use prevention and early intervention for youth (Luke et al., 2024).

Notably, multiple DBT studies in Iranian and regional samples reinforce the relevance of DBT processes to culturally diverse adolescents and families. Quasi-experimental and clinical investigations have shown DBT to reduce depressive symptoms, anxiety, aggression, experiential avoidance, and negative affect across adolescents and women in different risk contexts, while improving emotion regulation and self-awareness (Amighi et al., 2025; Bowers et al., 2024; Ghaffari Charati et al., 2022; Ghasemi et al., 2024; Homayounpour et al., 2021; Molaei Jolandan et al., 2024; Rahmani Moghaddam et al., 2023; Shamshir saz, 2024). Adjacent adult and caregiver work has reported improvements in self-conscious affect and perceived family quality of life following DBT, suggesting potential spillover benefits for parenting climates that influence adolescent risk (Aali Sari Nasirloo et al., 2023). Comparative work also indicates that DBT performs favorably relative to alternatives (e.g., positive psychotherapy, acceptance and commitment therapy) on select outcomes, although head-to-head prevention trials in adolescent samples are scarce (Molaei Jolandan et al., 2024; Vakili et al., 2024). At the mechanistic level, DBT aligns with preventive priorities by teaching behavioral skills for resisting peer pressure, clarifying values, and acting opposite to urges—capacities likely to disrupt the chain from negative affect and invalidation to risk behavior (Dimeff et al., 2021; Van Dijk & Deans, 2021).

A prevention package must also be situated within a broader ecology of risk and protection. Evidence from school-based and community studies indicates that life-skills education enhances refusal skills, problem solving, and coping repertoires while lowering intentions to use substances—an effect pattern consistent with DBT skills training (Bazrafshan et al., 2020; Fadaei et al., 2020; Simsek et al., 2022). In Iranian adolescent samples, responsibility and social skills have been linked to lower addiction preparedness, while boredom and cognitive factors (e.g., weak analytical thinking) operate as risks—findings that underscore the need to target both emotional and cognitive domains in prevention curricula (Amini & Heidary, 2020; Pour Nemmat et al., 2023; Sabzian & Lajevardi, 2024). Family-focused prevention adds another layer: structured behavioral management and parenting support programs have demonstrated benefits for youth at risk of drug use, and prevention models for women and families affected by addiction highlight opportunities for systemic leverage that could amplify youth benefits (Asadi Fard, 2024; Peguoh & Yusofi, 2024; Rahbar Karbasdehi et al., 2024). When embedded in supportive school climates—with clear norms, adult monitoring, and opportunities for meaningful participation—such skill-based packages may achieve stronger and more equitable effects (Hawkins et al., 2023; Wilkins, 2023).

A transdisciplinary view further recommends integrating social learning principles and contemporary public health education practices to optimize dissemination, behavioral rehearsal, and peer modeling—especially in classrooms and youth groups where vicarious learning can accelerate skill uptake (Liu et al., 2024). Within this pedagogical frame, DBT's structured curricula, worksheets, and experiential exercises are readily modularized and sequenced for incremental competence, and they dovetail with the use of brief multimedia prompts and culturally relevant stories that facilitate encoding and recall (Dimeff et al., 2021; Van Dijk & Deans, 2021). Conceptual and measurement infrastructure can be strengthened by validated tools that index risk behaviors (e.g., post-injury risk-taking), emotion regulation, and readiness to change, enabling iterative refinement and outcome monitoring in real-world prevention cycles (Bedayat et al., 2024). Meanwhile, implementation guidance from clinical science—such as evidence that six-month DBT can be non-inferior to twelve-month formats in some adult conditions—invites pragmatic experimentation with shorter, school-compatible prevention dosages, particularly when paired with booster sessions and digital supports (McMain et al., 2021).

The substance-use literature also cautions that risk is multifactorial and cumulative, emerging from intersections of individual differences (e.g., sensation seeking), neurocognitive development, family dynamics, and neighborhood exposures (Nath et al., 2022; Trucco, 2020). For some adolescents, co-occurring academic strain and reduced psychological capital can erode coping resources; promisingly, DBT-informed training has shown benefits for academic buoyancy and core psychological assets, suggesting spillover pathways to prevention via improved

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self-efficacy and persistence (Kivan et al., 2022). Emotional intelligence—a scaffold for recognizing and labeling emotion—has also been linked to lower addiction risk in youth, emphasizing the value of curricula that explicitly cultivate meta-emotional awareness and regulation strategies (Mendelo et al., 2024). Because many adolescents encounter invalidation in familial or peer microsystems—particularly those facing stigma or marginalization—prevention curricula must include potent validation skills and interpersonal effectiveness training to recalibrate social signaling and boundary setting (Hatoum & Burton, 2024; Herd & Kim-Spoon, 2021). For youth already showing behavioral dysregulation or co-occurring health risks (e.g., obesity, trauma symptoms), DBT-based skills have demonstrated cross-domain utility in reducing negative affect and health-risk behaviors, implying potential secondary prevention gains when delivered at the universal or selective tier (Bowers et al., 2024; Homayounpour et al., 2021). In forensic and high-adversity contexts, DBT's structure has facilitated implementation under constraints, offering further confidence in its transportability to diverse service environments, including resource-limited schools (Marshall et al., 2024).

Syntheses of the DBT literature for adolescents, including systematic reviews and the state-of-the-science overview, converge on a clear message: DBT skills are robustly associated with improvements in emotion regulation and decreases in high-risk behaviors across a variety of delivery formats, populations, and comorbidities (Ciesinski et al., 2022; Kothgassner et al., 2021; Rizvi et al., 2024). Pre–post clinical evaluations confirm feasibility in routine care, and rapid reviews guide decisions about session number and pacing that matter for prevention settings with limited instructional time (Dallenbach et al., 2025; Syversen et al., 2024). Conceptual work aligning DBT to addiction contexts reinforces the plausibility of DBT-based prevention, while regional studies point to feasible cultural adaptations and promising outcomes in Iranian youth (Ghasemi et al., 2024; Luke et al., 2024; Molaei Jolandan et al., 2024; Shamshir saz, 2024). Family-focused adjuncts and school-climate supports can be interwoven to address multilevel determinants identified in Iranian and international data (Ghorbani & Asadi, 2023; Hawkins et al., 2023; Hosseini et al., 2021). Moreover, addiction science in Iran highlights context-specific patterns of risk and protection—including boredom proneness, cognitive style, and responsibility—providing concrete targets for DBT-informed skills practice (e.g., behavioral activation for boredom, problem-solving and values clarification for cognitive/goal deficits, opposite-action and urge surfing for impulsive responding) (Amini & Heidary, 2020; Pour Nemmat et al., 2023; Sabzian & Lajevardi, 2024).

Guided by these converging strands, the present study develops and validates an adolescent addiction-prevention training package grounded in DBT theory and skills.

2. Methods and Materials

Given that the purpose of this study was to analyze texts related to adolescent addiction and the content of Dialectical Behavior Therapy (DBT) in order to identify the main concepts of both constructs and to develop an addiction prevention training package based on DBT theory, the present research was methodologically categorized as a theoretical mixed study (Battey, Howitt, & Hoffman, 2014). The three stages of the research process are described below:

1. To analyze the texts related to adolescent addiction and DBT, conventional content analysis was employed following the approach of Hsieh and Shannon (2005). This design is applied when theories and research texts relevant to the study topic are available (Selvey, 2019). In this research, the theoretical foundations of adolescent addiction and DBT were available, and all codes and categories were extracted directly from the texts.
2. To align the theoretical and conceptual axes of both constructs, the research team (including the researcher, academic supervisors, and adolescent and addiction consultants) identified which concepts and sub-concepts of addiction were suitable for inclusion in the educational package.
3. The dimensions of DBT (such as emotion regulation, distress tolerance, mindfulness, and interpersonal effectiveness) that could address the selected dimensions of adolescent addiction prevention were identified and chosen by the research team.
4. The DBT-based addiction prevention package was developed according to the guidelines of the American Psychological Association (APA).
5. The validation of the developed package was conducted using the evaluators' agreement coefficient and pilot validation; due to space limitations, the results of this phase were reported in a separate article.

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In this study, the research environment included texts related to the two constructs—adolescent addiction and DBT. The selection of texts for each variable continued until data saturation was achieved. Data saturation occurred after reviewing approximately five to six sources for each theoretical construct; however, to ensure comprehensiveness, the number of reviewed texts was increased to ten for each construct. The selected texts covered the period from 2014 to 2024.

The inclusion criteria were: (a) primary and original sources directly addressing the target concept, and (b) texts published within the last ten years. The exclusion criteria were: (a) texts lacking a credible publisher, and (b) undergraduate dissertations. It is noteworthy that, based on the review of available databases, no published article in Persian or English addressing the intended topic was found up to the time of writing this paper.

Table 1

Selected Texts Related to Dialectical Behavior Therapy

No.	Method	Sample Size	Participants	Publication Year	Results	Research Title	Authors
1	Systematic Review and Meta-analysis	29 studies	Adolescents	2021	DBT significantly reduces self-harming behaviors and suicidal ideation in adolescents.	The Effectiveness of Dialectical Behavior Therapy for Adolescents with Self-Harm Behaviors and Suicidal Ideation: A Systematic Review and Meta-analysis	(Kothgassner et al., 2021)
2	Manual	—	—	2015	Practical training of the four core DBT skills for therapists and clients to manage emotion and interpersonal relations.	DBT Skills Training Manual (2nd ed.)	(Dimeff et al., 2021)
3	Manual	—	Individuals with substance abuse	2020	Presentation of DBT strategies and techniques for effective treatment of dependency and substance abuse patterns.	Dialectical Behavior Therapy for Substance Users: A Comprehensive Treatment Manual	(Zorita-Oña et al., 2020)
4	Manual	—	Adolescents	2014	Specialized training in DBT skills to manage emotional distress and improve adolescents' social relationships.	Dialectical Behavior Therapy Skills Training for Adolescents	(Van Dijk & Deans, 2021)
5	Manual	—	Adolescents	2021	Practical DBT exercises and strategies for mood regulation and emotion management in adolescents.	Don't Let Your Emotions Run Your Life for Teens: DBT Skills for Teens	(Van Dijk & Deans, 2021)
6	Manual	—	Clinical clients	2021	Demonstrates wide-ranging applications of DBT in treating various behavioral and psychological disorders.	Dialectical Behavior Therapy in Clinical Practice: Applications Across Disorders and Settings	(Dimeff et al., 2021)
7	Conceptual Analysis	—	—	2024	Assessment of DBT's potential in precision addiction medicine and suggestion of individualized therapeutic strategies.	Mapping DBT Skills in Clinical Fields Related to Addiction: A Conceptual Integration and Foresight Analysis	(Luke et al., 2024)
8	Randomized Clinical Trial	240	Individuals with borderline personality disorder	2021	Six-month and twelve-month DBT treatments were similarly effective.	The Effectiveness of DBT for Borderline Personality Disorder: Six- and Twelve-Month Noninferiority Trial	(McMain et al., 2021)
9	Manual	—	Clinical clients	2018	Step-by-step DBT implementation guide with practical exercises for therapists and clients.	Dialectical Behavior Therapy: A Step-by-Step Guide	(Van Dijk & Deans, 2021)
10	Manual	—	Children and adolescents	2019	Introduction to DBT principles and techniques for younger populations with examples and scenarios.	Dialectical Behavior Therapy for Children and Adolescents	(Van Dijk & Deans, 2021)

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11	Cross-sectional Study	496	Adolescents	2020	Responsibility plays a major role in preventing adolescent addiction.	Which Components of Adolescent Responsibility Are Effective in Addiction Prevention?	(Amini & Heidary, 2020)
12	Cross-sectional Study	—	Parents and adolescents	2021	Developed an educational package to improve parenting skills for preventing adolescent addiction.	Developing a Parenting Skills Educational Package for Parents Under Substance Abuse Treatment to Prevent Adolescent Addiction: A Social Marketing-Based Study Protocol	(Hosseini et al., 2021)
13	Descriptive-Analytical Study	87	Students	2024	Emotional intelligence development plays a key role in preventing addiction symptoms.	The Importance of Developing Emotional Intelligence in Preventing Addiction Syndrome	(Mendelo et al., 2024)
14	Experimental Study	—	Children and adolescents	2022	Life skills training effectively reduced risky behaviors and drug use tendency.	Developing Individual and Social Skills to Protect Children and Adolescents from Substance Addiction	(Simsek et al., 2022)
15	Review Article	—	Individuals in addiction recovery	2020	Life skills training reduces relapse probability.	The Importance of Life Skills Education in Preventing Addiction Relapse (January–February 2020): A Narrative Review	(Bazrafshan et al., 2020)
16	Educational Intervention	80	High school students	2020	Health belief model-based intervention improved awareness, attitudes, and preventive behaviors toward addiction.	Promoting Preventive Behaviors Against Substance Abuse Among Students Based on the Health Belief Model	(Fadaei et al., 2020)
17	Data Modeling and Analysis	16	Women	2024	The proposed model effectively supports social prevention of addiction among women.	A Social Prevention Management Model for Women's Addiction to Narcotics	(Asadi Fard, 2024)
18	Cross-sectional Study	367	High school students	2023	Psychological and social factors play an important role in both addiction tendency and prevention.	Tendency Toward Drug Use Among High School Students and Strategies for Prevention	(Pour Nemmat et al., 2023)
19	Review and Field Study	—	General population	2024	Various causes, prevention methods, treatments, and demand-reduction strategies were analyzed and categorized.	Analyzing Causes of Drug and Alcohol Addiction, Prevention Methods, Treatment, and Demand Reduction Strategies	(Aghaeipour et al., 2024)

The research instrument in the qualitative section consisted of a detailed review of texts, and key and essential phrases were noted. After identifying the sources to be analyzed, they were reviewed line by line under the supervision of the academic advisor. Content examination and thematic analysis were conducted, followed by coding. At this stage, the coherence and consistency of data in terms of meaning and concept were evaluated.

Subsequently, with the collaboration of academic supervisors and specialists in adolescent and addiction studies, the selected sources were thoroughly reviewed and reanalyzed, and the derived concepts were revised. Consequently, the components of the educational package were extracted from the reviewed texts in the two domains—adolescent addiction and DBT—using content analysis.

It should be noted that the simultaneous process of data collection and analysis—representing the dynamic interaction between what is known and what needs to be known, and the continuous back-and-forth movement between data and interpretation—constituted the core of achieving validity and reliability. In this study, data were collected and analyzed concurrently with repeated back-and-forth examination between data and codes.

Furthermore, to ensure the credibility and dependability of results, the following criteria, based on Nabel and Smith (2015), were observed:

Usefulness: This criterion indicates that the findings of the qualitative research are practical and enlightening regarding the research topic. Considering that the goal of this study was to design a DBT-based addiction prevention educational package, the package can be beneficial for raising awareness among educators, counselors, psychologists, and social workers in the field of adolescent addiction prevention.

Contextual Integrity: This criterion emphasizes that the phenomenon under study should be examined within its specific context. In the present study, all relevant variables

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were considered to provide a comprehensive description of the research context.

Researcher Positioning: This criterion refers to the researcher's awareness of their positionality to prevent unconscious influences on text interpretation. In this study, the researcher strived to remain conscious of their own position and avoid any bias in the selection of sources, data analysis, and interpretation. Additionally, through consultation with another expert during the analytical process, unintended interpretative biases were minimized.

3. Findings and Results

Reporting Method: This criterion refers to the style in which the research results are presented so that other specialists and end-users can easily understand them. In this study, efforts were made to present the qualitative reports in the form of tables and diagrams to facilitate comprehension.

Investigator Triangulation: This criterion refers to the coding and data analysis being conducted by multiple individuals. In this study, the coding and data analysis were carried out by the researcher, the academic supervisor, and a specialist in qualitative research coding.

For data analysis in the first part, the conventional content analysis method of Hsieh and Shannon (2005) was used, which consists of five stages: all conceptual units of the selected texts were extracted; all sub-concepts of the main concepts were identified; the concepts were categorized and coded; to ensure consistency between coding, categorization, and the theoretical framework, the extracted concepts were preliminarily reviewed by the academic supervisor and the consultant; the validity and reliability of the coding were confirmed by all research team members except the student (experts); finally, conclusions were drawn based on the coding and categorization results.

For the second part—the step-by-step development of the educational package—the method of Yousefi and Golparvar (2023) was applied. The stages included: selecting appropriate concepts for adolescent training based on the content analysis of adolescent addiction; in the second step, choosing DBT concepts that encompass preventive aspects related to addiction; in the third step, embedding and aligning adolescent addiction concepts within the framework of DBT principles; in the fourth step, matching DBT concepts with preventive educational content for addiction; in the fifth step, determining the number and duration of sessions; in the sixth step, compiling and preparing the educational package content; and finally, validating the process and content of the educational package through expert review by adolescent psychotherapy specialists.

It should be noted that the results of the first part, titled "Summary of Content Analysis," are presented in Table (1), derived from 106 initial codes for the concept of adolescent addiction and 75 initial codes for the concept of DBT. To answer the research question, the conventional content analysis method of Hsieh and Shannon (2005) was used, and for package development, the Yousefi and Golparvar (2023) approach was employed. The summary of the content analysis is presented below.

In the first part, data analysis followed the conventional content analysis procedure of Hsieh and Shannon (2005), as described below:

1. All conceptual units were extracted from the selected texts.
2. The texts were studied line by line, and conceptual units were extracted as initial codes.
3. To verify the consistency between coding and categorization with the texts, the extracted concepts were preliminarily reviewed by the academic supervisor and a subject-matter expert.
4. The reliability and validity of the coding were confirmed by all research team members except the student (experts). The paragraphs extracted from the texts, along with their corresponding codes, were reviewed by the academic supervisors, consultant, and a qualitative analysis specialist.
5. Conclusions based on the coding and categorization were validated by the academic supervisors, consultant, and qualitative expert, and the main and sub-concepts were presented.

A summary of the content analysis of the concepts related to adolescent addiction and Dialectical Behavior Therapy is presented in Tables (2) and (3).

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Table 2

Results of Deductive Content Analysis of Dialectical Behavior Therapy Texts Using Hsieh and Shannon's Method (2005)

Base Codes	Sub-Concepts	Main Concepts	Dimensions
Rapid response	Emotional irritability	Emotional vulnerability	Psychopathology
Limited capacity regarding emotional stimuli	—		—
High intensity of emotional responses	Emotional reactivity	—	—
Perceiving emotional stimuli more intensely	—	—	—
Prolonged emotional responding	Gradual, calm return to baseline	—	—
Strong impact of emotional arousal on cognitive and behavioral processing	—	—	—
Conveying to the person that they are wrong in expressing and describing their emotional experience	Features of an invalidating environment	Invalidating environment	—
Attributing the individual's experiences to socially undesirable traits	—	—	—
Inability to recognize and express emotions	Consequences of an invalidating environment	—	—
Ignoring complexity of issues (overshadowing the multifaceted nature of problems)	—	—	—
Reinforcement of intense emotional displays	—	—	—
Doubt about the validity of one's own self-assessments	—	—	—
Chaotic families	Invalidating families	—	—
"Perfect" families	—	—	—
Typical families	—	—	—
Non-acceptance of emotional responses	Domains of emotion dysregulation	Emotion dysregulation	—
Difficulty engaging in goal-directed behavior	—	—	—
Difficulty inhibiting impulses	—	—	—
Lack of understanding and identification of emotions	—	—	—
Limited use of emotion-regulation strategies	—	—	—
Lack of emotional clarity	—	—	—
Cognitive dysregulation	Outcomes of emotion dysregulation	—	—
Behavioral dysregulation	—	—	—
Interpersonal dysregulation	—	—	—
Identity dysregulation	—	—	—
Entering the paradox	Dialectical strategies	Individual	Interventions
Metaphor	—	—	—
Devil's advocate	—	—	—
Expansion (extending perspectives)	—	—	—
Wise Mind	—	—	—
Making lemonade from lemons	—	—	—
Allowing natural change	—	—	—
Dialectical evaluation	—	—	—
Emotional, behavioral, and cognitive validation	Foundational strategies	—	—
Problem-solving strategies	—	—	—
Communication styles	Communication strategies	—	—
Interpersonal styles	—	—	—
Recognizing general principles and behavioral continuity	Case-management strategies	—	—
Setting realistic goals	—	—	—
Environmental/behavioral analysis skills	—	—	—
Contingency-management skills	—	—	—
Environmental control techniques	—	—	—
Relapse-prevention plans	—	—	—
Ability to tolerate limited progress	—	—	—
Foundational strategies (training the skills of observing, describing, and participating)	Mindfulness	Group (skills training)	—
Advanced strategies (strengthening Wise Mind, core acceptance, and overcoming obstacles)	—	—	—
Acceptance strategies (training radical acceptance, observing, breathing, awareness practice, and half-smile)	Distress tolerance	—	—

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Change strategies (training focusing, self-soothing, and positive imagery)	—	—	—
Modulation strategies (training relaxation, being present, pros-and-cons analysis, and learning coping strategies)	—	—	—
Foundational strategies (training in identifying emotions in the moment, reducing physical and cognitive vulnerability, and increasing positive emotions)	Emotion regulation	—	—
Advanced strategies (training nonjudgmental emotional awareness, emotional exposure, acting opposite to emotion urges, and problem-solving)	—	—	—
Foundational strategies (training behavioral styles, unhealthy emotional habits, difficulty identifying needs, harmful relationships, and maladaptive beliefs)	Interpersonal effectiveness	—	—
Advanced strategies (training situational awareness, making requests, assertiveness, listening, saying "no," negotiation, and conflict resolution)	—	—	—

As shown in Table (2), two dimensions were extracted from the content analysis: (1) psychopathology with three main concepts (emotional vulnerability, invalidating environment, and emotion dysregulation); and (2) interventions implemented in this treatment approach, comprising two dimensions (individual interventions and group skills training).

In what follows, the results obtained from analyzing texts related to adolescent addiction are presented.

Table 3

Results of Deductive Content Analysis of Adolescent Addiction

Dimensions	Main Concepts Related to Addiction	Sub-Concepts	Base Codes
Risk and predisposing factors for adolescent addiction	Family factors	Family emotional climate	Insecure attachment to parents
—	—	—	Severe parental conflicts and disputes
—	—	—	Lack of acceptance of the adolescent by the family
—	—	—	Parental separation or divorce
—	—	—	Disrupted family cohesion
—	—	—	Inability to meet the adolescent's developmental needs
—	—	—	Failed problem-solving within the family
—	—	—	Inability to regulate adaptive emotion in the family
—	—	Family structural climate	Disorganized or authoritarian parenting
—	—	—	Ambiguous and hidden family rules
—	—	—	Inability to establish adequate supervisory structure over the adolescent
—	—	—	Lack of a clear power hierarchy
—	Individual factors	Personality factors	Genetically based emotional hypersensitivity
—	—	—	Sensation seeking
—	—	—	Conduct problems and oppositionality toward authority
—	—	—	Pessimism and hopelessness
—	—	—	Inability to comply with rules
—	—	Cognitive factors	Lack of critical thinking
—	—	—	Lack of analytical thinking
—	—	—	Holding addiction-predisposing beliefs
—	—	—	Lack of goal orientation
—	—	—	Limited aspirations
—	—	Emotional factors	Presence of alexithymia
—	—	—	Inability to express emotions appropriately
—	—	—	Maladaptive emotion regulation
—	—	—	Inability to accept negative emotions in daily life
—	—	—	Feelings of loneliness and rejection
—	—	Brain factors	Deficits in the reward system (insufficient dopamine production)

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—	—	—	Specific genetic mutations (affecting reward system functioning and response to drugs)
—	—	—	Imbalances in neurotransmitters such as dopamine, serotonin, and glutamate
—	—	—	Prefrontal cortex dysfunction (reduced self-control and increased impulsivity)
—	—	Developmental history	Experiences of one or multiple forms of child maltreatment by the family
—	—	—	Repeated experiences of failure within the family
—	—	—	History of rejection by family or peers
—	—	—	Having parents or relatives with addiction
—	—	—	History of being unaccepted at school by teachers
—	—	—	Experiencing child maltreatment by others
—	—	—	Growing up in violent, crime-ridden environments
—	—	—	Diffuse and unstable identity
—	—	—	Positive attitudes toward drugs
—	—	—	Uncritical imitation of peers
—	—	—	Inability to resist peer pressure
—	—	—	Inclination toward risky behavior
—	—	—	Indecision during decision-making
—	—	—	Inability to reflect before acting
—	—	—	Rejection by successful peers
—	—	Mental-health issues	Presence of ADHD symptoms
—	—	—	Presence of learning-disorder symptoms
—	—	—	Presence of depression and mood-disorder symptoms
Risk and predisposing factors for adolescent addiction	Social factors	Destructive peers	Association with aggressive peers
—	—	—	Participation in gangs
—	—	Criminogenic ecology	Living in crime-prone environments
—	—	—	Exposure to and association with drug dealers
—	Educational factors	Neglect of prevention	Lack of sequential, addiction-preventive content in textbooks
—	—	—	Absence of structured prevention programs in adolescents' educational curricula
—	—	School indifference to addressing addiction-related issues	Teachers and administrators' inattention to students' social development
—	—	—	School's neglect of individualized, ongoing support for students at risk of addiction
—	Policy factors	Viewing addiction as illness	Societally tolerant attitudes toward addiction
—	—	—	Lenient attitudes toward addiction
—	—	Weak legal structure	Weak, uniform penalties for those distributing drugs among adolescents
—	—	—	Inadequate laws to deter production-and-distribution cycles among adolescents
Protective factors against addiction in adolescence	Family factors	Family emotional climate	Emotionally supportive family climate
—	—	—	Developmentally appropriate expectations of the adolescent
—	—	—	A climate ensuring psychological safety
—	—	Structural factors	Effective paternal presence within the family power hierarchy
—	—	—	Authoritative parenting
—	—	—	Clear and explicit family rules
—	Individual factors	Emotional factors	Adaptive emotion regulation
—	—	—	Emotional awareness
—	—	—	More positive than negative emotional experiences
—	—	—	Stable mood
—	—	Skill factors	High self-efficacy
—	—	—	Resilience

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—	—	—	Problem-solving ability
—	—	—	Assertiveness skills
—	—	Developmental history	Success experiences in the first five years of life
—	—	—	Growing up in a safe environment with optimal challenge
—	—	—	Successful experiences at school
—	—	—	Secure attachment to school
—	—	—	Secure attachment to teachers
—	—	—	Desire to learn
—	—	—	Experience of academic success
—	—	Movement toward an achieved identity status	Capacity for creative thinking
—	—	—	Capacity for analytical thinking
—	—	—	Skeptical stance toward unfamiliar matters
—	—	—	Ability to balance friendships and family
—	—	—	Having relatively clear decision-making criteria
—	—	Mental health	Absence or low levels of anxiety
—	—	—	Absence of depressive symptoms or only transient depression
—	—	—	Ability to adapt to life changes
—	Social factors	Effective connections	Having successful, law-abiding peers
—	—	—	Being embedded among successful peers
—	—	—	Appropriate relationships with school administrators and teachers
—	—	—	Associating with optimistic and hopeful individuals
—	—	—	Associating with goal-oriented, organized individuals
—	—	—	Having family-oriented friends
—	—	Growth-promoting ecology	Living in calm neighborhoods
—	—	—	Living in neighborhoods with educational and cultural facilities
—	—	—	Presence of cultural and charitable institutions supporting adolescents in the community
—	Educational factors	High academic expectations	Schools' high expectations for academic progress
—	—	—	Schools' cultivation of children's cognitive capacities
—	—	High developmental/educational expectations	Providing opportunities for students' success
—	—	—	Clear structures to foster children's rule-governed behavior
—	Policy factors	Efforts toward adolescent socialization (enculturation)	Providing equitable opportunities to develop skills
—	—	—	Creating and promoting role models among effective adolescents
—	—	Strong legal structure	Clear structures to reinforce growth and advancement
—	—	—	Well-defined processes for development and progress

As shown in Table (3), two primary dimensions were extracted from the content analysis of adolescent addiction. It should be noted that Table (3) contains 106 base codes. Each dimension comprises five concepts, and each concept includes two sub-concepts: (1) factors influencing and predisposing adolescents to addiction (with sub-concepts of family, individual, social, policy, and educational factors), and (2) protective factors against adolescent addiction (with sub-concepts of family, individual, social, policy, and educational factors).

For the development of the package, the seven-step method of Yousefi and Golparvar (2023) was used, as described below.

Step 1: In this stage, the research team reviewed the concepts and sub-concepts extracted from the content analysis of adolescent addiction multiple times. Among the extracted concepts, they selected *"individual predisposing factors"* (such as lack of coping skills and peer pressure) and *"individual protective factors"* (such as resilience and social skills). Since the educational program was designed

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exclusively for adolescents and did not include any other group or system, only those concepts suitable for direct training to adolescents were chosen.

Step 2: In this stage, the research team repeatedly reviewed the concepts and sub-concepts extracted from the content analysis of Dialectical Behavior Therapy (DBT). From the extracted concepts, they selected *"psychopathology"* (specifically emotional dysregulation) and *"group skills training interventions"* (including mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness).

Step 3: In this stage, the research team integrated and aligned the selected concepts and sub-concepts from adolescent addiction with those from DBT. Accordingly, from the addiction domain, *"peer pressure"* and *"lack of coping skills"* were selected and matched with *problem-solving* and *emotion regulation* skills within the DBT framework.

Step 4: In this stage, the research team determined the number of sessions, the duration of each topic, and the prioritization of subjects. It was decided that education on the *nature of addiction and dialectical thinking* would be delivered in one session; *mindfulness skills* (basic and advanced) in two sessions; *distress tolerance exercises* (basic and advanced) in two sessions; *emotion regulation skills* (basic and advanced) in two sessions; and *effective communication skills* (basic and advanced) in two sessions. Additionally, a final session was dedicated to reviewing and applying the learned skills in daily life. Each session was set to last 90 minutes, including a 10-minute break.

Step 5: In this stage, the development and preparation of the educational package content were conducted under the supervision of the academic advisor, following the APA framework—comprising behavioral definitions, goal setting, strategies, and techniques for each session.

Step 6: In this stage, process and content validation of the educational package were performed by experts in adolescent psychology and clinical psychotherapy. Table (4) presents the content and process of the DBT-based addiction prevention educational package for adolescents.

Table 4

Content and Process of the DBT-Based Addiction Prevention Educational Package for Adolescents

Session	Session Objectives	Session Content	Assignments
1	Understanding the nature of addiction and dialectical thinking	1. Introducing adolescents to the nature, stages, and progression of addiction, and correcting misconceptions using the short animation *"The Chickens"* (directed by Andreas Hidak) and selected scenes from the series *"I'm Just Kidding"* (directed by Mehran Modiri), followed by analysis by the instructor. 2. Introducing the concept of dialectical thinking.	1. Completing the *Dialectical Thinking Worksheet*. 2. Reading the brochure *Nicotine and Its Derivatives: Effects and Side Effects.*
2	Understanding the concept of mindfulness and practicing basic mindfulness exercises	1. Defining mindfulness. 2. Discussing its importance and benefits. 3. Practicing basic exercises: deep breathing and body scan. 4. Group discussion and Q&A about initial experiences. 5. Summary and reflection on the benefits of mindfulness.	1. Practice deep breathing and body scan exercises. 2. Write and share personal experiences in the next session. 3. Read the brochure *Cannabis: Effects and Consequences.*
3	Developing mindfulness through advanced exercises to increase awareness of thoughts, emotions, and behaviors and improve quality of life	1. Understanding the rational, emotional, and wise selves. 2. Connecting with the *Wise Mind*. 3. Practicing advanced mindfulness: observing thoughts without engagement and synchronizing with emotions. 4. Group discussion and Q&A. 5. Providing examples and stories to reinforce learning.	1. Read the brochure *Connecting with the Wise Mind*, record personal experiences in a journal, and share them in later sessions. 2. Read the brochure *Alcohol: Effects and Harms.*
4	Strengthening and consolidating distress tolerance practices (Part 1)	1. Understanding the concept of distress. 2. Identifying coping strategies. 3. Examining maladaptive coping methods used by addicts. 4. Practicing distress endurance techniques: distraction, safe emotional management (e.g., shouting into a pillow), engaging in pleasurable activities, helping others, leaving distressing situations, and completing routine tasks. 5. Group discussion and sharing examples.	1. Perform exercises and record experiences in the provided table. 2. Read the brochure *Opioids: Effects and Consequences.*
5	Strengthening and consolidating distress tolerance practices (Part 2)	1. Reviewing previous session's key points and exercises. 2. Practicing advanced distress tolerance: self-soothing and radical acceptance. 3. Group discussion and sharing examples.	1. Perform exercises and record experiences in the table. 2. Read the brochure *Addictive Drugs (1).*
6	Emotion Regulation – Part 1	1. Reviewing previous session. 2. Understanding the relationship between emotions, thoughts, and behaviors. 3. Recognizing emotions and identifying misconceptions about emotions. 4. Group discussion and sharing experiences. 5. Providing illustrative examples.	1. Perform exercises and record experiences. 2. Read the brochure *Addictive Drugs (2).*

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7	Emotion Regulation – Part 2	1. Reviewing previous session. 2. Practicing observation without engagement and acting opposite to emotional impulses. 3. Group discussion and sharing experiences. 4. Providing examples for better understanding.	1. Perform exercises and record experiences. 2. Read the brochure *Emerging Substances (1).*
8	Improving Relationships – Part 1	1. Reviewing previous session. 2. Mastering the art of dialogue: defining relationships and communication, being mindful in conversations, interaction styles, recognizing needs, and setting priorities. 3. Group discussion and sharing experiences.	1. Complete worksheets on interaction styles and needs awareness. 2. Read the brochure *Emerging Substances (2).*
9	Improving Relationships – Part 2	1. Reviewing previous session. 2. Mastering dialogue skills: understanding relational rights, saying "no," and negotiation strategies. 3. Group discussion and sharing experiences.	1. Complete the *Conflict Situations and Agreement Solutions* table. 2. Read the brochure *Behavioral Addictions (1).*
10	Summary and Application of Skills in Life	1. Instructor-led summary of all prior sessions. 2. Identifying skills learned by participants (adolescents) using selected addiction-related video clips. 3. Discussing effective strategies for applying learned skills in everyday life.	1. Read materials on daily planning and applying learned skills in life. 2. Read the brochure *Behavioral Addictions (2).*

As shown in Table (4), the summarized educational session content is presented in three components: objectives, content, and assignments.

4. Discussion and Conclusion

The present study aimed to design and validate an addiction prevention training package for adolescents grounded in the principles and techniques of Dialectical Behavior Therapy (DBT). The findings supported the theoretical expectation that DBT-based interventions—focusing on mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness—can serve as protective mechanisms against risk factors for substance use in adolescence. The package integrated both individual predisposing and protective factors, providing a structured framework through which adolescents can learn to recognize emotional triggers, manage distress without resorting to maladaptive coping behaviors, and develop the interpersonal and self-regulatory competencies necessary for resilience against peer pressure and emotional dysregulation. The synthesis of qualitative analyses and expert validation confirmed the internal coherence and cultural adaptability of the intervention, aligning it with contemporary youth prevention frameworks and DBT's transdiagnostic emphasis on skill generalization (Dimeff et al., 2021; Rizvi et al., 2024).

The findings align with a substantial body of research demonstrating that emotional dysregulation and poor coping skills are key mediators in adolescent vulnerability to addictive behaviors (Maggs et al., 2023; Trucco, 2020). Previous studies have shown that adolescents with heightened impulsivity, sensation seeking, and exposure to invalidating environments are more likely to engage in risky behaviors, including substance use (Ghorbani & Asadi, 2023; Herd & Kim-Spoon, 2021). By integrating DBT's structured emotion regulation and distress tolerance components, the present package addresses these pathways directly. Consistent with (Van Dijk & Deans, 2021) and (Luke et al., 2024), the program emphasized mindfulness-based exercises and dialectical strategies that enhance self-awareness and nonjudgmental acceptance, enabling adolescents to respond adaptively to emotional arousal instead of seeking immediate relief through substances.

The intervention also resonates with empirical studies highlighting the efficacy of DBT for reducing self-destructive behaviors and emotional instability in adolescents (Kothgassner et al., 2021; Syversen et al., 2024). Similar to findings reported by (Bowers et al., 2024), the present study suggests that structured DBT skill training can significantly lower emotional impulsivity and anxiety, thereby reducing vulnerability to substance use initiation. Furthermore, the results corroborate the findings of (Amighi et al., 2025), who demonstrated that DBT effectively decreases aggression and anxiety in adolescent girls with obsessive-compulsive disorder, supporting the adaptability of DBT skills to various adolescent psychopathologies linked with emotion regulation deficits.

In line with the biosocial model proposed by (Dimeff et al., 2021), the qualitative content analysis identified emotional vulnerability, invalidating environments, and emotion dysregulation as the central psychopathological foundations of addiction risk. This triad mirrors findings from prior work in both Western and Iranian contexts, where family dysfunction, peer influence, and inadequate emotional scaffolding have been linked to substance use (Hashemi Moghaddam et al., 2020; Hosseini et al., 2021; Rahbar Karbasdehi et al., 2024). In the current package, these factors were counterbalanced through the inclusion of modules on interpersonal effectiveness and distress tolerance, which are empirically supported as moderators of

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stress and peer conformity effects on adolescent decision-making (Haft et al., 2022; Van Dijk & Deans, 2021).

The alignment of the present findings with recent conceptual syntheses underscores the theoretical robustness of integrating DBT into addiction prevention. (Luke et al., 2024) emphasized that DBT skills map seamlessly onto addiction-related clinical fields, providing both preventive and therapeutic leverage. The package's structure—sequencing mindfulness, distress tolerance, emotion regulation, and interpersonal skills—mirrors the architecture of empirically validated DBT skills manuals, ensuring fidelity to core principles while permitting cultural and developmental adaptation (Zorita-Oña et al., 2020). The step-by-step development process also parallels the structured integration framework described by (Yousefi & Golparvar, 2023), ensuring conceptual coherence between theoretical constructs and applied educational content.

From a preventive standpoint, the results demonstrate compatibility with the life-skills-based approaches previously shown to reduce substance use tendencies. Studies have confirmed that targeted training in social and problem-solving skills significantly lowers the probability of drug experimentation among adolescents (Fadaei et al., 2020; Simsek et al., 2022). The current DBT-based package extends these outcomes by incorporating emotional and cognitive regulation modules that not only build external coping capacity but also internal emotional awareness and self-efficacy—elements shown to mediate long-term resilience (Mendelo et al., 2024). These results further echo findings from (Amini & Heidary, 2020) and (Sabzian & Lajevardi, 2024), indicating that responsibility, boredom proneness, and cognitive ability constitute crucial risk and protective factors, all of which are addressed indirectly through DBT's emphasis on purposeful action and mindfulness.

The results also parallel broader global findings regarding the importance of family and school systems in shaping adolescent outcomes. The inclusion of psychoeducational content on the nature of addiction and dialectical thinking addresses knowledge deficits identified in earlier Iranian studies, where lack of preventive education and inconsistent school engagement contributed to heightened risk (Aghaeipour et al., 2024; Pour Nemmat et al., 2023). Moreover, the development of a structured ten-session framework supports the view that brief, skills-based interventions are not only feasible but also effective in educational settings, consistent with the recommendations of (Dallenbach et al., 2025) on optimizing DBT duration for adolescents.

The integrative design of the present package also resonates with the multilevel prevention models proposed by (Uhlhaas et al., 2023) and (Liu et al., 2024), who advocated for embedding psychosocial education within broader health-promoting systems that engage social learning processes. Through group-based discussions, behavioral rehearsal, and homework assignments, the package operationalized social learning theory, facilitating peer modeling and reinforcement of adaptive behaviors—strategies that (Liu et al., 2024) identified as pivotal in sustainable public health education. The collaborative validation by adolescent psychology experts and clinicians further strengthens its ecological validity, aligning with cultural adaptation principles outlined in cross-cultural DBT research (Haft et al., 2022).

In the Iranian and regional context, the findings affirm the adaptability of DBT to diverse populations. Similar to (Ghasemi et al., 2024), who reported reductions in experiential avoidance and distress among girls exposed to domestic violence, the present study highlights the relevance of emotional and interpersonal modules for adolescents exposed to chronic invalidation or family stress. Furthermore, research by (Molaei Jolandan et al., 2024) demonstrated that DBT enhances self-awareness in vulnerable youth, supporting the inclusion of mindfulness and emotion identification exercises in the prevention curriculum. The current package's multidimensional emphasis on emotion regulation is also consistent with (Ghaffari Charati et al., 2022), who documented significant improvements in regulation and reduced aggression among adolescent girls following DBT. Collectively, these convergent findings reinforce the contention that DBT skills address both the emotional and behavioral antecedents of substance use in adolescence.

Theoretically, the present study extends DBT from a therapeutic to a preventive domain by reframing its skill modules as proactive competencies rather than reactive treatments. The adaptation of DBT for non-clinical adolescent populations bridges an important gap between mental health intervention and universal prevention. This supports the movement toward early, transdiagnostic, and skills-based youth programs advocated by the global mental health community (Uhlhaas et al., 2023). By systematically linking emotion regulation, mindfulness, and interpersonal skills with protective factors such as resilience, problem solving, and responsible decision-making, the study

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reinforces the notion that preventive frameworks should target mechanisms underlying multiple risk behaviors, not only substance use.

Practically, the findings underscore DBT's flexibility across contexts and delivery systems. Evidence from controlled and naturalistic studies suggests that the therapy retains efficacy even when adapted for shorter formats, group delivery, or educational integration (McMain et al., 2021; Syversen et al., 2024). This is particularly relevant for public schools and community programs with time and resource limitations. The DBT-based package's ten-session design provides a pragmatic blueprint for scalable implementation while maintaining fidelity to evidence-based content. Additionally, the use of culturally relevant examples, multimedia materials, and interactive exercises supports engagement and comprehension among adolescents, reflecting the pedagogical principles discussed by (Liu et al., 2024).

The study's results further contribute to the literature by illustrating the alignment between DBT mechanisms and established models of addiction prevention. For instance, the inclusion of distress tolerance and emotion regulation modules mirrors coping-oriented prevention strategies, whereas mindfulness and interpersonal effectiveness address cognitive and social risk factors. These components correspond with findings by (Asadi Fard, 2024) and (Rahbar Karbasdehi et al., 2024), who identified social support, family communication, and adaptive emotion expression as key buffers against addiction vulnerability. The integration of dialectical thinking, moreover, fosters cognitive flexibility and acceptance, counteracting black-and-white thought patterns associated with addiction proneness and cognitive rigidity (Sabzian & Lajevardi, 2024).

In comparison to other psychotherapeutic and educational interventions, DBT-based prevention may hold unique advantages. Studies contrasting DBT with acceptance and commitment therapy or positive psychotherapy have shown DBT's superior impact on coherence, emotional insight, and behavioral control (Molaei Jolandan et al., 2024; Vakili et al., 2024). Similarly, research with mothers of children with disabilities and women exposed to high stress contexts revealed that DBT promotes self-compassion, reduces self-conscious affect, and enhances family quality of life (Aali Sari Nasirloo et al., 2023). These cascading effects suggest potential indirect benefits for family systems and parenting environments—domains central to adolescent addiction risk.

Finally, the current study reinforces the public health significance of early prevention. As noted by (Nath et al., 2022) and (Kabbash et al., 2022), adolescent substance use remains a pressing global concern linked to morbidity, school dropout, and later psychopathology. The present package operationalizes evidence-informed strategies within a culturally grounded, developmentally appropriate structure, making it a practical tool for schools, youth centers, and mental health practitioners. The integration of DBT with local prevention insights, such as those from (Aghaeipour et al., 2024) and (Hashemi Moghaddam et al., 2020), offers a replicable model for other low- and middle-income settings seeking to bridge global psychological science with indigenous prevention needs.

5. Limitations & Suggestions

Despite its strengths, this study has several limitations. First, the design was primarily qualitative and developmental; therefore, empirical evaluation of the package's effectiveness through randomized controlled or longitudinal studies is needed to confirm its preventive impact. Second, the sample of experts validating the package, though specialized, was relatively small, potentially limiting the diversity of perspectives incorporated into the validation process. Third, while cultural adaptation was addressed at the conceptual and linguistic levels, the package has not yet been field-tested across different regions or sociocultural groups within Iran, where contextual differences in family norms and school structures may influence implementation fidelity. Finally, the reliance on content analysis and expert consensus restricts the generalizability of findings; quantitative psychometric testing and outcome measurement are necessary to ensure replicability and scalability.

Future research should evaluate the effectiveness of the DBT-based prevention package through mixed-method and longitudinal designs, tracking both proximal (emotion regulation, coping skills, mindfulness) and distal (substance-use initiation, mental health outcomes) indicators. Comparative studies should also explore how DBT-based prevention fares against other evidence-based frameworks, such as cognitive-behavioral or motivational approaches. Cultural validation studies across Iranian provinces and other Middle Eastern contexts are recommended to refine linguistic expressions, metaphors, and session examples for local resonance. Furthermore, integrating digital delivery—through e-learning modules, gamified platforms, or mobile applications—could increase accessibility and sustainability, especially for schools lacking trained

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facilitators. Finally, future investigations should examine mediators and moderators of effectiveness, such as baseline emotion regulation capacity, gender, socioeconomic status, and family dynamics, to enable tailored implementation.

Practitioners seeking to implement the DBT-based addiction prevention package should ensure structured facilitation by educators or counselors trained in DBT principles. Small-group formats within school or community settings are ideal for fostering peer modeling and safe discussion. Adaptation to local culture should be achieved through relatable examples, multimedia use, and integration with existing life-skills curricula. Continuous supervision, reflection journals, and practice assignments will strengthen skill retention. Finally, close collaboration among schools, families, and mental health professionals is essential to reinforce learned skills across contexts and to create an environment that consistently validates adolescents' emotional experiences while guiding them toward adaptive coping and self-regulation.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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All authors equally contributed to this article.

References

Aali Sari Nasirloo, K., Naderi, F., Homayee, R., & Makvandi, B. (2023). The Effectiveness of Dialectical Behavior Therapy on Self-Conscious Affect and Family Quality of Life in Mothers of Children with Intellectual Disabilities. *Bimonthly Scientific-Research Journal of Rehabilitation Science*, *12*(3), 446-459. https://doi.org/10.32598/SJRM.12.3.3

Aghaeipour, Y., Ghahramani, A., & Rostami Kol, A. (2024). Investigating the Causes of Addiction to Drugs and Alcoholism, Methods of Prevention, Treatment, and Demand Reduction. *Bimonthly Journal of Elite in Science and Engineering*, *9*(1), 122-138. https://www.sid.ir/paper/1143721/fa

Amighi, H., Ebrahimi Moghadam, H., & Kashani Vahid, L. (2025). Effectiveness of dialectical behavior therapy (DBT) on aggression, anxiety, and attention in girls with obsessive-compulsive disorder: A quasi-experimental study. *Journal of Rafsanjan University of Medical Sciences*, *23*(11), 973-989. https://doi.org/10.61186/jrums.23.11.973

Amini, Z., & Heidary, B. S. (2020). What components of adolescents' responsibility are effective in preventing addiction? *Advanced Biomedical Research*, *9*(1), 2-2. https://doi.org/10.4103/abr.abr_204_19

Asadi Fard, M. (2024). The Model for Managing Social Prevention of Drug Addiction in Women. *Scientific Quarterly of Addiction Research*, *18*(72), 7-32. https://doi.org/10.61186/etiadpajohi.18.72.1

Bazrafshan, M. R., Delam, H., & Kavi, E. (2020). The Importance of Life Skills Training in Preventing Addiction Recurrence between January and February 2020: A Narrative Review Article. *Journal of Health Sciences & Surveillance System*, *8*(2), 58-62. https://jhsss.sums.ac.ir/article_46634.html

Bedayat, E., Mohammadi, N., Rahimi Taqanaki, C., & Aflak Sir, A. (2024). Investigating the Psychometric Properties of the Persian Version of the Post-Injury Risky Behavior Questionnaire in Individuals with Symptoms of Post-Traumatic Stress Disorder. *Journal of Psychological Sciences*, *23*(141), 71-88. https://psychologicalscience.ir/browse.php?a_id=2316&sid=1&slc_lang=en

Bowers, D., Colon, M., Morgan, C., & Wood, T. (2024). Impact of Dialectical Behavioral Therapy on Anxiety Levels Among African American Adolescents. *Journal of Psychosocial Nursing and Mental Health Services*, *62*(8), 7-10. https://doi.org/10.3928/02793695-20240111-01

Centers for Disease, C., & Prevention, N. C. f. H. S. (2022). Mortality data on CDC WONDER. U.S. Department of Health and Human Services.

Ciesinski, N. K., Sorgi-Wilson, K. M., Cheung, J. C., Chen, E. Y., & McCloskey, M. S. (2022). The effect of dialectical behavior therapy on anger and aggressive behavior: A systematic review with meta-analysis. *Behaviour Research and Therapy*, *154*, 104122-104122. https://doi.org/10.1016/j.brat.2022.104122

Dallenbach, M. L., Moeller, K., & Givens, A. (2025). Does duration of dialectical behavioral therapy for adolescents (DBT-A) skills groups affect outcomes: A rapid review. *Child and Adolescent Social Work Journal*, *42*(3), 285-298. https://doi.org/10.1007/s10560-024-00961-4

Dimeff, L. A., Koerner, K., & Rizvi, S. L. (2021). *Dialectical behavior therapy in clinical practice: Applications across disorders and settings* (2nd ed.). Guilford Press. https://books.google.com/books/about/Dialectical_Behavior_Therapy_in_Clinical.html?id=xlzyDwAAQBAJ

JAYPS Adolescent and Youth Psychological Studies E-ISSN: 2981-2526

Fadaei, M. H., Farokhzadian, J., Miri, S., & Goojani, R. (2020). Promoting drug abuse preventive behaviors in adolescent students based on the health belief model. *International Journal of Adolescent Medicine and Health*, *34*(3). https://doi.org/10.1515/ijamh-2019-0170

Ghaffari Charati, M., Mohammadi Pour, M., & Azizi, A. (2022). The Effectiveness of Dialectical Behavior Therapy on Emotion Dysregulation and Aggression in Adolescent Girls with Symptoms of Depression. *Islamic Lifestyle Centered on Health*, *6*(4), 392-402. https://www.islamiilife.com/article_185851.html

Ghasemi, Z., Khaki, S., & Matin zadeh, M. (2024). Effectiveness of dialectic behavior therapy on the experiential avoidance and psychological distress in the girls with the experience of domestic violence. *medical journal of mashhad university of medical sciences*, *67*(1), 312-324. https://mjms.mums.ac.ir/article_24152.html

Ghorbani, A., & Asadi, J. (2023). A Comparison of Personality Traits, Mental Health, and Sensation Seeking Between Adolescents with Drug-Dependent Parents and Normal Adolescents. *Scientific Quarterly of Addiction Research*, *17*(69), 137-160. https://doi.org/10.61186/etiadpajohi.17.69.137

Haft, S. L., O'Grady, S. M., Shaller, E. A., & Liu, N. H. (2022). Cultural adaptations of dialectical behavior therapy: A systematic review. *Journal of consulting and clinical psychology*, *90*(10), 787-802. https://doi.org/10.1037/ccp0000730

Hashemi Moghaddam, L., Torokan, H., & Yusofi, Z. (2020). A Qualitative Study of Protective and Risk Factors in Addiction Among Men and Women in the City of Isfahan. *Scientific Quarterly of Addiction Research*, *14*(55), 133-150. https://doi.org/10.29252/etiadpajohi.14.55.133

Hatoum, A. H., & Burton, A. L. (2024). Applications and efficacy of radically open dialectical behavior therapy (RO DBT): A systematic review of the literature. *Journal of Clinical Psychology*, *80*(11), 2283-2302. https://doi.org/10.1002/jclp.23735

Hawkins, G. T., Chung, C. S., Hertz, M. F., & Antolin, N. (2023). The school environment and physical and social-emotional well-being: implications for students and school employees. *Journal of School Health*, *93*(9), 799-812. https://doi.org/10.1111/josh.13375

Herd, T., & Kim-Spoon, J. (2021). A systematic review of associations between adverse peer experiences and emotion regulation in adolescence. *Clinical Child and Family Psychology Review*, *24*(1), 141-163. https://doi.org/10.1007/s10567-020-00337-x

Homayounpour, P., Seyrafi, M. R., & Vaghar, S. (2021). The Effectiveness of Dialectical Behavior Therapy in Reducing Negative Emotions and Weight Loss in Obese Women. https://ijohp.journals.pnu.ac.ir/article_8584.html

Hosseini, S. H., Hajebi, A., Motevalian, S. A., Hojjat, S. K., Ashoorkhani, M., & Sadeghi, R. (2021). Developing an Educational Parenting Skills Package to Parents Undergoing Substance Abuse Treatment for Preventing Addiction among Adolescents: A Study Protocol Based on Social Marketing Approach. *Addiction & Health*, *13*(2), 68-76. https://www.magiran.com/paper/2296366/developing-an-educational-parenting-skills-package-to-parents-undergoing-substance-abuse-treatment-for-preventing-addiction-among-adolescents-a-study-protocol-based-on-social-marketing-approach?lang=en

Kabbash, I., Zidan, O., & Saied, S. (2022). Substance abuse among university students in Egypt: prevalence and correlates. *Eastern Mediterranean Health Journal*, *28*(1), 70-78. https://doi.org/10.26719/emhj.22.001

Khaghani, F., & Yusofi, Z. (2020). A Qualitative Study of Factors Affecting Treatment Adherence in Drug-Dependent Individuals Undergoing Maintenance Treatment with Methadone in the City of Isfahan. *Scientific Quarterly of Addiction Research*, *14*(56), 59-78. https://doi.org/10.29252/etiadpajohi.14.56.59

Kivan, K., Haroon Rashidi, H., & Kazemianmoghadam, K. (2022). The effectiveness of dialectical behavior therapy for academic buoyancy and psychological capital. *Educational Psychology*, *18*(64), 109-127. https://jep.atu.ac.ir/article_15274.html

Kothgassner, O. D., Goreis, A., Robinson, K., Huscsava, M. M., Schmahl, C., & Plener, P. L. (2021). Efficacy of dialectical behavior therapy for adolescent self-harm and suicidal ideation: A systematic review and meta-analysis. *Psychological medicine*, *51*(7), 1057-1067. https://doi.org/10.1017/S0033291721001355

Liu, T., Pang, P. C., & Lam, C. K. (2024). Public health education using social learning theory: a systematic scoping review. *BMC public health*, *24*, 1906-1906. https://doi.org/10.1186/s12889-024-19333-9

Luke, M., Foster, H., & Chen, Y. (2024). Mapping dialectical behavior therapy skills in clinical fields related to addiction: A conceptual synthesis and future perspectives. *Frontiers in psychology*, *15*, 1398421-1398421.

Maggs, J. L., Calhoun, B. H., & Allen, H. K. (2023). Substance use across adolescence and early adulthood: Prevalence, causes, developmental roots, and consequences. In. https://doi.org/10.1037/0000298-033

Marshall, L., Kletzka, N., Kanitz, J., Opperman, K. J., & Rockwell, J. (2024). Effectiveness of Dialectical Behavior Therapy (DBT) in a Forensic Psychiatric Hospital. *The journal of the American Academy of Psychiatry and the Law*, *52*(2), 196-206. https://pubmed.ncbi.nlm.nih.gov/38834364/

McMain, S. F., Guimond, T., Streiner, D. L., Cardish, R. J., Links, P. S., & O'Reilly, K. (2021). Six-month versus twelve-month dialectical behavior therapy for borderline personality disorder: Noninferiority randomized clinical trial. *American Journal of Psychiatry*, *178*(1), 41-49.

Mendelo, V., Zhylin, M., Koliadenko, N., Maksymets, S., & Ihnatovych, O. (2024). Importance of developing emotional intelligence in preventing addiction syndrome. *Archives of Psychiatry Research*, *60*(3), 227-238. https://doi.org/10.20471/may.2024.60.03.05

Molaei Jolandan, M., Khalatbari, J., & Ghorban Shiroudi, S. (2024). Comparing the Effectiveness of Positive Therapy and Dialectical Behavior Therapy on Self-Awareness in Vulnerable Adolescents Covered by the Welfare Organization of Tehran. *Journal of Mashhad University of Medical Sciences, Faculty of Medicine*, *67*(4). https://mjms.mums.ac.ir/article_25073.html

Nath, A., Choudhari, S. G., Dakhode, S. U., Rannaware, A., Gaidhane, A. M., Dakhode, S., & Gaidhane, A. (2022). Substance abuse amongst adolescents: An issue of public health significance. *Cureus*, *14*(11), e31286-e31286. https://doi.org/10.7759/cureus.31193

Peguoh, A., & Yusofi, Z. (2024). The Effectiveness of Mode Deactivation Therapy on Marital Burnout and Desire for Divorce in Wives of Men Recovered from Addiction. *Scientific Quarterly of Addiction Research*, *18*(73), 7-30. https://doi.org/10.61186/etiadpajohi.18.73.7

Pour Nemmat, S., Nosratpour, F., & Sukhteh Zari, S. (2023). Tendency to Use Drugs Among High School Students and Ways to Prevent It. *Specialized Scientific Journal of Psychology and Educational Sciences in the Third*

Millennium, *7*(3), 36-50. https://www.pejournal.ir/fa/downloadpaper.php?pid=351&rid=30&p=A

Rahbar Karbasdehi, E., Afrooz, G., & Rahbar Karbasdehi, F. (2024). The Effect of Teaching a Family-Centered Behavioral Management Program on Dysfunctional Attitudes and Psychological Well-being in Adolescents Inclined to Drug Use. *Scientific Quarterly of Addiction Research*, *18*(71), 85-102. https://doi.org/10.61186/etiadpajohi.18.71.85

Rahmani Moghaddam, F., Bagherzadehgolmakani, Z., Tozandehjani, H., & Nejat, H. (2023). The Effectiveness of Dialectical Behavior Therapy on Emotion Regulation and Rumination in Physically-Motor Disabled Individuals Covered by the Welfare Organization of Mashhad County. *Journal of Clinical Psychology and Counseling Research*, *13*(1), 123-138. https://tpccp.um.ac.ir/article_43984.html?lang=en

Rizvi, S. L., Bitran, A. M., Oshin, L. A., Yin, Q., & Ruork, A. K. (2024). The state of the science: Dialectical behavior therapy. *Behavior therapy*. https://doi.org/10.1016/j.beth.2024.02.006

Sabzian, S., & Lajevardi, H. (2024). The Mediating Role of Boredom in the Relationship Between Cognitive Abilities and Addiction Preparedness in Students. *Scientific Quarterly of Addiction Research*, *18*(71), 7-30. https://doi.org/10.61186/etiadpajohi.18.71.7

Shamshir saz, T. (2024). Effectiveness of dialectical behavior therapy on depression symptoms and emotion regulation of self-injury teenagers. *Child Emotional Development Psychology*, *1*(1). https://www.journalcedp.com/article_206668.html?lang=en

Simsek, M., Tacoy, S., & Karasalih, S. (2022). Developing personal and social Life Skills to protect children and youth from substance addiction. *The European Journal of Social & Behavioural Sciences*. https://doi.org/10.15405/ejsbs.320

Syversen, A. M., Schønning, V., Fjellheim, G. S., Elgen, I., & Wergeland, G. J. (2024). Evaluation of dialectical behavior therapy for adolescents in routine clinical practice: a pre-post study. *BMC psychiatry*, *24*(1), 447-447. https://doi.org/10.1186/s12888-024-05876-z

Trucco, E. M. (2020). A review of psychosocial factors linked to adolescent substance use. *Pharmacology Biochemistry and Behavior*, *196*, 172969-172969. https://doi.org/10.1016/j.pbb.2020.172969

Uhlhaas, P. J., Davey, C. G., Mehta, U. M., Shah, J., Torous, J., Allen, N. B., Avenevoli, S., Bella-Awusah, T., Chanen, A., Chen, E. Y. H., Correll, C. U., Do, K. Q., Fisher, H. L., Frangou, S., Hickie, I. B., Keshavan, M. S., Konrad, K., Lee, F. S., Liu, C. H., . . . Wood, S. J. (2023). Towards a youth mental health paradigm: a perspective and roadmap. *Molecular Psychiatry*, *28*(8), 3171-3181. https://doi.org/10.1038/s41380-023-02202-z

Vakili, M., Bagherzadeh Golmakani, Z., & Bolghan-Abadi, M. (2024). Comparing the effectiveness of dialectical behavior therapy with acceptance and commitment therapy on psychological coherence in binge eating patients. *medical journal of mashhad university of medical sciences*, *67*(2), 556-570. https://mjms.mums.ac.ir/article_24678.html

Van Dijk, S., & Deans, C. (2021). *Don't let your emotions run your life for teens: Dialectical behavior therapy skills for helping you manage mood swings and stress*. New Harbinger Publications.

Wilkins, N. J. (2023). School connectedness and risk behaviors and experiences among high school students-Youth Risk Behavior Survey, United States, 2021. *MMWR supplements*, *72*. https://doi.org/10.15585/mmwr.su7201a2

Yousefi, Z., & Golparvar, M. (2023). Step-by-step integration of two psychotherapy methods to achieve a unified method: An example of autoethnographic research.

Zorita-Oña, J., Rojo, L., & Rodríguez, C. (2020). *Dialectical behavior therapy for substance users: A comprehensive treatment manual*. Pirámide Press.

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