

EFFECT OF COGNITIVE BEHAVIOUR COUNSELLING ON CONDUCT AND SUBSTANCE RELATED DISORDERS AMONG SECONDARY SCHOOL STUDENTS IN KEFFI, NASARAWA STATE, NIGERIA

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Abstract

This study investigated the effect of cognitive behaviour counselling on conduct and substance disorders among secondary school students in Keffi, Nasarawa State, Nigeria. The study adopted a two group quasi experimental design. A sample size of 88 SS2 students was used from a population of 566 SS2 students in Keffi Local Government Area of Nasarawa State. A self structured questionnaire titled: cognitive behaviour counselling of conduct and substance disorders scale (CBCCSDS). The data obtained were analyzed using descriptive and inferential statistics. Mean scores and standard deviation were used to answer the research questions while ANCOVA was used to test the hypotheses at 0.05 level of significance. The differences in the mean ratings between the experimental and control groups at pre test and post test were used to ascertain the extent of the effect. The result of the study revealed that there was a significant difference in the mean ratings of conduct disorder and substance related disorder among students exposed to cognitive behaviour counselling and those who were not exposed to the treatment. The study recommended that students should be counselled towards changing their conduct and substance related disorders.

Keywords: Cognitive behaviour counselling, Conduct disorder, Substance related disorder

Introduction

The rising rate of conduct and substance related disorders among secondary school students' in Keffi, Nasarawa State, Nigeria is becoming worrisome and unacceptable. The researcher as a resident in the area has witnessed students with episodes of hyperactivity (short

attention span, impulsiveness); aggression or self-injurious behaviour (acting out, fighting); withdrawal (not interacting socially with others, excessive fear or anxiety); immaturity (inappropriate crying, temper tantrums, poor coping skills); and learning difficulties (academically performing below grade level). It seems the problem has affected the management of secondary schools in the municipal area and it also seems that the Ministry of Education in Nasarawa State is interested to evolve pragmatic measures capable of reducing psychological disorders among students to the barest minimum.

The situation keeps on aggravating and it has defied all programmes set in secondary schools to curtail the psychological disorders among students. Measures like deployment of career masters, psychologists, and forming clubs in schools to educate students against anti social behaviours seems not in any way reducing the problem of psychological disorders among students.

Conduct and substance related disorders are capable of preventing students from getting the most out of their school experience. They often stand in the way of students becoming active, engaged, and productive members of their schools and the larger school. It seems that students with psychological problems may lack the same level of curiosity, engagement, and involvement found in their peers without these difficulties. Students with psychological problems are likely to experience diminished quality of life as a result. Students who have psychological health issues may encounter problems in their physical health.

For adolescents, aged 13 to 18, the lifetime prevalence of conduct and substance related disorders severe enough to cause significant impairment in daily functioning is approximately 20% (Merikangas, 2020). According to Adana (2014), the average size of a secondary school class in Nigeria is approximately 30 students, meaning there may be four or five adolescents in every classroom who are struggling with serious mental and psychological illness. Yet, nearly two-thirds of these adolescents may not receive counselling services in Keffi Local Government Area of Nasarawa State. This is particularly troubling because conduct and substance related disorders do not affect emotional health in isolation; it is known to influence and co-occur with problems in many domains of students' lives, including their social interactions and educational achievements. In order to promote the best possible outcomes for students, there is a great need for early identification and treatment of psychological disorders. According to Lambert (2020), secondary school students who suffer from psychological illness are more likely to earn failing grades across all subjects and are retained at class level more often than those without disorders as a whole hence the need for counselling service.

Historically, counselling and behaviour therapies have been classified into three distinct "waves." The first, behaviour therapy, originated in the 1950's with B.F. Skinner's research on operant conditioning. The "second wave" of behaviour therapy came in the 1960's when psychologists become curious of how cognitions affected emotions and behaviours. According to Dehre et al (2020), CBC helps clients learn how their thoughts, emotions, and behaviours are

related to each other as well as the effect that thoughts and behaviours have on emotions and vice versa. The cognitive model of anxiety disorders stipulates that individuals develop beliefs about certain objects or situations that are rooted in danger. These beliefs cause students to narrow their attention to any potential threat and engage in “safety behaviours,” which often revolve around attempting to avoid all contact with the feared stimulus. CBC also helps clients understand how their emotions and irrational beliefs affect their behaviour, and in turn, how their avoidant “safety behaviours” are maintaining negative thoughts and emotions. In counselling, students challenge their dysfunctional beliefs with talk therapy and reduce “safety behaviours” by being slowly exposed to the feared stimulus.

Cognitive behavioural counselling or therapy is a form of counselling which has been defined by Roth and Fonagy (2015) as a “focus on how maladaptive aspects of functioning are maintained by the individual’s environment and through properties inherent to his belief systems”. It is one of the most studied forms of psychotherapy with empirical support for a number of psychological disorders..

Researchers have suggested that more CBC sessions would achieve better performance and longer periods of abstinence for chronic substance users, although there is considerable variability in CBC sessions. The format of CBC for SUDs was either individual or group sessions; individual sessions focused on individualized treatment plans, whereas group sessions focused on sharing experiences and peer-support for sustaining abstinence (Comer, 2004). Although empirical support for these interventions is promising, it is most often garnered through efficacy studies in which the treatment is carried out under optimal conditions. However, most SUD treatments occur in service provision settings under conditions that are far from optimal. A limited body of effectiveness research has been conducted examining these treatments without the stringent controls afforded by efficacy trials.

Several studies examined the effectiveness of CBC as a supplement to traditional drug counselling. The studies initially provided relatively high rewards (as high as \$1,000) for sustained abstinence from substance use (Higgins et al, 2014), but recently, effectiveness studies have focused on providing low-cost CM as a more feasible addition to traditional counselling programs. Petry and Martin (2022) examined the addition of CM to standard community based treatment (methadone maintenance and monthly individual counselling) for cocaine and opioid dependent patients. CBC in this study was delivered through a raffle format using a fixed ratio schedule in which drug-free urine samples afforded patients the opportunity to draw from a fish bowl for prizes valued between \$1 and \$100; patients in the CBC condition achieved longer durations of abstinence through a 6-month follow up period relative to those who did not receive CBC.

It is possible that conduct and substance related disorders might have caused many students in Keffi Local Government Area of Nasarawa State so much harm than good with many traces. According to NPE (2014), the Nigeria Philosophy of Education may only be

achieved through adjustment programmes in schools such as counselling. Therefore the importance of counselling services in Nigerian schools cannot be overemphasized. It is against this background that this study sought to examine the effect of cognitive behaviour counselling on conduct and substance related disorders among secondary school students in Keffi Local Government Area of Nasarawa State.

Statement of the Problem

The researchers observed that, parents, teachers and past researchers have many questions and concerns about conduct and substance related disorders but little is forthcoming about the most appropriate way to treat and educate these students with conduct and substance related disorders. It is against this background that the problem of this study is also put in question form thus; what is the effect of cognitive behaviour counselling on conduct and substance related disorders among secondary school students in Keffi Local Government Area of Nasarawa State? This is what spurred the researcher to conduct this study to find out if cognitive behaviour counselling has any effect on conduct and substance related disorders among secondary school students in Keffi Local Government Area of Nasarawa State, Nigeria.

Objectives of the Study

The purpose of this study was to examine the effect of cognitive behaviour counselling on conduct and substance related disorders among secondary school students' in Keffi Local Government Area of Nasarawa State, Nigeria. Specifically, the study sought to;

1. Examine the mean ratings of effect of cognitive behaviour counselling on conduct disorder among secondary school students in Keffi Local Government Area of Nasarawa State.
2. Ascertain the mean ratings of effect of cognitive behaviour counselling on substance related disorder among secondary school students in Keffi Local Government Area of Nasarawa State.

Research Questions

The following questions were raised to guide the study;

1. What are the mean ratings of the effect of cognitive behaviour counselling on conduct disorder among secondary school students in Keffi Local Government Area of Nasarawa State?
2. What are the mean ratings of the effect of cognitive behaviour counselling on substance related disorder among secondary school students in Keffi Local Government Area of Nasarawa State?

Research Hypotheses

The following hypotheses were formulated and tested at 0.05 level of significance

1. There is no significant difference in the mean ratings of experimental and control groups

- of effect of cognitive behaviour counselling on conduct disorder among secondary school students in Keffi Local Government Area of Nasarawa State.
2. There is no significant difference in the mean ratings of experimental and control groups of effect of cognitive behaviour counselling on substance related disorder among secondary school students.

Methodology

This study used a pretest-posttest quasi experimental design with 22 factorial matrix design. The population of the study comprise of 566 students in SS2 from 12 Government Secondary Schools found in Keffi Local Government Area of Nasarawa State. Using purposive sampling technique, a sample size of 88 respondents was selected for this study. According to Emaikwu (2010), this sample size was considered appropriate by the researcher based on what constitute a sample with respect to non randomization of respondents. Using purposive sampling technique, Government Secondary School Kofar Hausa (43) was used as control group while 45 SS2 students from Government College Keffi was used as experimental group. The psychological disorders inventory (PDI) was used to identify subjects. A researcher made questionnaire titled: Cognitive behaviour counselling of psychological disorders scale (CBCCSDS) was used for data collection. The logical validity index of 0.78 was gotten on the instrument to show the consensus of the experts. The questionnaire was randomly administered to thirty (30) students to ascertain the reliability of the instrument. The reliability yielded the chronbach alpha coefficient result of 0.85. The data collected were analyzed using descriptive and inferential statistics. Mean and standard deviation was used to answer the research questions. The difference in the mean scores between the experimental group and control group at post-test was used to answer the research questions. ANCOVA was used to test the null hypotheses at 0.05 level of significance at pretest and post test.

Table 1: Pretest posttest Design

S/N	Treatment	Control	Experimental
1.	Pre test	C1	P1
2	Post test	C2	P2

Key:

- C1 = pre test control group
- C2 = post test control group
- P1 = pretest experimental group
- P2 = post test experimental group

Treatment procedure

Before the commencement of the training, the researcher visited the two schools and

administered the Psychological Disorders Inventory (PDI) on students suspected by their school counselors and teachers to be having psychological problems.

The cognitive behaviour counselling (CBC) intervention (treatment plan for conduct and substance related disorders) consists of a two weeks clinical exercise (one week of full treatment and one week of follow-up meetings) one meeting each week focused on therapy termination), involving a maximum of eighty eight (88) students; 50-minute therapy sessions: it is an adoption of CBC manual/protocol for Therapist Research Guide for Major psychological Disorders, according to the DSM-IV team of psychologists (David, Kangas and Schnur, 2014).

The control group was given placebo on psychological maladjustment while the experimental group was treated with cognitive behaviour counselling therapeutic techniques in form of lessons in 10 sessions.

Results

Research Question 1: What are the mean ratings on the effect of cognitive behaviour counselling on conduct disorder among secondary school students?

To answer research question one, mean and standard deviation was computed as presented in Table 2

Table 2: Mean Scores on effect of cognitive behaviour counselling on conduct disorder						
Treatment	N	$\bar{X}$	Std	$\bar{X}$	Std	$\bar{X}$
		Pre-test		Post-test		gain
Conduct Disorder						
Experimental	45	2.81	0.19	3.91	0.20	1.10
Control group	43	2.83	0.25	2.99	0.19	0.16
Total	88					

Table 2 shows the pre-test mean scores of experimental ($\bar{X}$ = 2.81, Std = 0.19) and control groups (2.83, Std = 0.25) on conduct disorder. The experimental group made higher mean scores (3.91, Std = 0.20) than the control group (2.99, Std=0.16) at post-test. This means that the Experimental Group benefited more than the control group and the control group had an increase from 2.83 to 2.99 because the placebo made some positive effect on the participants. This indicates that there is a high effect of effect of cognitive behaviour counselling on conduct disorder among secondary school students.

Research Question 2: What are the mean ratings on the effect of cognitive behaviour counselling on substance related disorder among secondary school students?

To answer research question two, mean and standard deviation was computed as presented in Table 3.

Table 3: Mean Score on the effect of cognitive behaviour counselling on substance related disorder

Treatment	N	$\bar{X}$	Std	$\bar{X}$	Std	$\bar{X}$
		Pre-test		Post-test		gain
Substance Disorder						
Experimental	45	2.55	1.06	3.65	1.16	1.10
Control	43	2.53	1.08	2.61	1.06	0.08
Total	88					

Table 3 indicates the pre-test mean scores of experimental ($\bar{X}$ = 2.55, Std =1.06) and control groups (2.53, Std = 1.08) on substance related disorder. The experimental group made higher mean scores (3.65, Std = 1.16) than the control group (2.61, Std = 1.06) at post-test. This means that the Experimental Group benefited more than control group and the control group had an increase from 2.53 to 2.61 because the placebo made some positive effects on the participants. This indicates that there is a high effect of effect of cognitive behaviour counselling on substance related disorder among secondary school students.

Hypothesis 1: There is no significant difference in the mean ratings of experimental and control group on effect of cognitive behaviour counselling on conduct disorder among secondary school students.

To test hypothesis one, analysis of covariance (ANCOVA) was computed as presented in Table 4

Table 4: Summary of Analysis of Covariance (Ancova) Concerning the Difference Between Conduct Disorder among Students Exposed to Cognitive behaviour counselling

Source	Sum of	df	Mean	F	Sig	remark
	Squares		Squares			
Covariates	16.724	2	8.362	349.62	.000	
Main effects	1.858	1	1.858	77.700	.000	
Conduct disorder	1.286	1	1.286	53.781	.000	Sig.
CBC	16.362	1	16.362	684.086	.000	
Error	2.033	85	0.024			
Total	920.197	88				

*F(1, 85)=684.086, p<0.05)

Table 4 shows that the calculated F-ratio value of 684.086 with (1,85) degree of freedom

has a p-value of .000 and therefore is significant at $p<0.05$. Therefore the null hypothesis which states that there is no significant difference in the mean ratings of experimental and control group on effect of cognitive behaviour counselling on conduct disorder among secondary school students is rejected and the alternative hypothesis accepted. Thus there was a significant difference in the mean ratings of conduct disorder of students exposed to cognitive behaviour counselling and those who were not exposed to the treatment. This implies that exposing secondary school students with conduct disorder to the cognitive behaviour counselling significantly reduced their misconduct in school.

Hypothesis 2: There is no significant difference in the mean ratings of experimental and controlled group on effect of cognitive behaviour counselling on substance related disorder among Secondary School Students.

To test hypothesis two, analysis of covariance (ANCOVA) was computed as presented in table 5

Table 5: Summary of Analysis of Covariance (Ancova) Concerning the Mean Difference of Substance Related Disorder among Students Exposed to Cognitive behaviour counselling

Source	Sum of	df	Mean	F	Sig	remark
	Squares		Squares			
Covariates	3.318	2	1.659	92.298	.000	
Main effects	0.201	1	0.201	11.172	.001	
Substance disorder	2.670	1	2.670	148.543	.000	Sig.
CBC	0.783	1	0.783	43.550	.000	
Error	1.528	85	0.018			
Total	634.68	88				

*F(1, 85)=43.550, $p<0.05$)

Table 5 shows that the calculated F-ratio value of 43.550 has a probability value of .000 and therefore is significant at $p<0.05$. Therefore the null hypothesis which states that there is no significant difference in the mean ratings of experimental and control group on effect of cognitive behaviour counselling on substance related disorder among secondary school students is rejected and the alternative hypothesis accepted. Thus there was a significant difference in the mean ratings of substance related disorder of students exposed to cognitive behaviour counselling and those who were not exposed to the treatment. This implies that exposing secondary school students with substance related disorder to the cognitive behaviour counselling significantly reduced their substance disorder.

Discussion of Findings

Findings are discussed in line with the research questions and hypotheses earlier formulated for the study:

The research revealed that there is a significant difference in the mean ratings of conduct disorder of students exposed to cognitive behaviour counselling and those who are not exposed to the treatment. This finding is in agreement with Idris (2016) who revealed that REBT has a positive impact on the treatment of adolescent students with conduct disorder in the study area.

The difference in the finding of the present study accepts that, modeling of students helps in reducing their bully behaviour in school, changing of students thoughts towards aggression helps students to be friendly with their mates, the new belief students have makes them to become attentive to their teachers. The study also accepts that CBC helps students to change their thoughts of social withdrawal from peers; also, CBC can assist students to identify alternatives to truancy in school.

The second finding revealed that there was a significant difference in the mean ratings of substance related disorder of students exposed to cognitive behaviour counselling and those who were not exposed to the treatment. This finding agreed with Hoffman, Asnaani, Vonk, Sawyer and Fang (2012) who carried out a review on the Efficacy of Cognitive Behavioural Therapy: A Review of Meta-analyses. The goal of this review was to provide a comprehensive survey of meta-analyses examining the efficacy of CBC. The strongest support existed for CBC of substance use disorders, and general stress. CBC showed higher response rates than the comparison conditions in 7 of these reviews and only one review reported that CBC had lower response rates than comparison treatments. In general, the evidence-base of CBC is very strong in solving substance use disorder. In the present study, cognitive behaviour counselling altered the student's cognition towards the intake of different substances. The study discovered that with CBC, students are able to cut down their alcohol drinking, rebuilding a balanced lifestyle reduced students desire to smoke, looking at images of convicts reduced students urge to take stimulants and restructuring of thoughts assisted students to stop taking Indian hemp in and out of school.

Conclusion

The study concludes that the treatment and intervention using cognitive behaviour counselling significantly reduced conduct and substance related disorders among secondary school students without gender discrimination. The students were found to be adolescents who are peculiar individuals, hence they stand midway between childhood and adulthood; and they are not liable when found with conduct and substance related disorders. This is more so when counsellors remember that these adolescents are the future of the society. Also, conduct and substance related disorders are found to capable of incapacitating its victims for life if not dictated and treated early.

Recommendations

Based on the findings of the study, the following recommendations were made;

1. Students should be counseled with relevant skills in changing their conduct disorders and the way they conduct themselves at school.
2. Schools should incorporate counselling services in the curriculum and expose the students with substance-related disorder to this therapeutic strategy

Implications for Counselling Practice

The findings of this study have some implications for counselling practice in Nigeria. That students require adequate cognitive behaviour counselling to alter their psychological disorders. However, the roles of some counselors in schools have not been adequately felt, especially in the area of giving of interventions like cognitive behaviour counselling. If that has been done, the level of psychological disorders among students could have been significantly reduced.

Counsellors and psychologists should learn the theory of cognitive behaviour counselling, how to implement CBC in practice across multiple settings including private practice and clinical mental health centers, and learn how to use CBC with specific populations including adolescents, and clients with trauma and severe mental illness.

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