

**EFFECTIVENESS OF COGNITIVE RESTRUCTURING AND
SELF-CONTROL ON PRONENESS TO MALADAPTIVE
BEHAVIOUR AMONG SELECTED SENIOR SECONDARY
SCHOOL STUDENTS IN IMO STATE, NIGERIA.**

BY:

OPARADURU, JOHN ONYEMAUCHE

DECEMBER, 2017.

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SECONDARY SCHOOL STUDENTS IN IMO STATE, NIGERIA.**

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APPROVAL


This research report has been approved for the Department of Educational Foundations,
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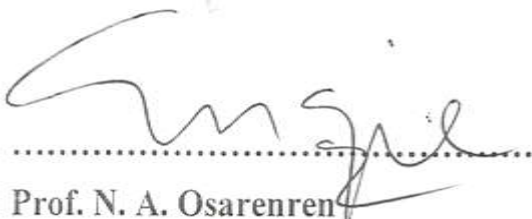
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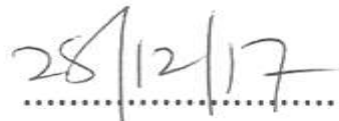

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**EFFECTIVENESS OF COGNITIVE RESTRUCTURING AND SELF-CONTROL
ON PRONENESS TO MALADAPTIVE BEHAVIOUR AMONG SELECTED
SENIOR SECONDARY SCHOOL STUDENTS IN IMO STATE, NIGERIA.**

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DEDICATION

The thesis is dedicated to the glory of God for a dream come true.

To the memories of my mother, late Mrs. Clementina Oparaduru and my surviving father, Mr. Damian Oparaduru.

To my wife, Stella Oparaduru and my lovely children – Bright, Emmanuel and Favour for their prayers throughout the programme.

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ABSTRACT

In recent years, the youth who are supposed to be the future hope and pride of the nation seem to be exhibiting unacceptable behaviours in the society at an alarming rate. Hence the need to curb such ugly development has become imperative. This study therefore investigated the effectiveness of Cognitive Restructuring and Self-control on proneness to maladaptive behaviour among selected Senior Secondary School students in Imo State, Nigeria. A quasi-experimental pre-test, post-test control group design was adopted for the study. The sample for the study consisted of 120 senior secondary school students comprising 58 male and 62 female randomly selected from Okigwe Educational zone II in Imo State. One school was randomly selected from each of the three Local Government Areas that make up Okigwe Educational Zone II. Seven research null hypotheses were formulated and tested at 0.05 level of significance. Five major instruments were used to generate data for the study namely: Levenson Self-Report Psychopathy Scale, Index of Self-Esteem, Parenting Style Questionnaire, Peer Pressure Questionnaire and Hare Psychopathy Checklist-Revised Scale (PCL-RS). The hypotheses were tested using the 2-Way Analysis of Covariance (ANCOVA.) Results indicated that four out of the seven null hypotheses tested were rejected while three were accepted. The study has indicated that there is a significant difference in the post-test scores in maladaptive behaviour among participants exposed to the three experimental conditions. It also shows that there is a significant difference in the post-test in self-esteem among participants in the three experimental groups. The findings revealed that there is a significant difference in peer influence among the three experimental groups. The result also shows that there is a significant difference in parenting styles among participants in the three experimental groups. The study further revealed that there is no significant difference in proneness to maladaptive behaviour among participants based on family status. It showed that there is no significant difference in proneness to maladaptive behaviour among participants due to the interaction effects of experimental conditions and gender. It demonstrates that there is no significant gender difference on the dependent measures among participants in the three experimental groups. The study established the fact that self-control therapy is an effective counselling therapy in dealing with maladaptive behaviour among adolescents. The study further established that cognitive restructuring is a viable counselling therapy that would help counsellors address the negative thoughts which have pre-occupied the minds of teenagers. It has demonstrated that self-control intervention technique was more efficacious than the cognitive restructuring in handling issues of proneness to maladaptive behaviour. Discussions of the findings were made followed by some recommendations. It is recommended that teenagers should be exposed to the use of self-control therapy more than cognitive restructuring technique in both individual and group counselling methods. It was also recommended that parents should bring their teenagers much closer to themselves so that they would not be negatively influenced by their peers.

Key words: cognitive restructuring, self-control, Proneness, maladaptive behaviour, gender.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

The peace of any society and stability of any government depend largely on the possibility of experiencing low level of maladaptive behaviour or a total absence of it in that particular society. With the emergence of modern technologies such as computers, the internet and the advanced Information and Communications Technology (ICT), many young adults are exposed to watching films that showcase maladaptive behaviours without considering their consequences. Maladaptive behaviour is a style of behaviour characterized by self-centeredness, aggression, bullying and low self-control (Gottfredson & Hirschi, 1993). Maladaptive behaviour is an overwhelming issue around the whole world today though it varies based on its risk level from one place to another. In the opinion of Murphy (1985), behaviour such as theft, individuals taking materials and other resources such as property from another person without his or her knowledge, truancy, jumping the fence are associated with maladaptive behaviour. Those who manifest behaviour such as class-cutting, gambling, attempting to obtain money that can be exchanged for material resources can as well not to be left out in maladaptive behaviour. In the opinion of Murphy (1985), early antisocial behaviour may be the best predictor of later maladaptive behaviour. Antisocial behaviour generally includes various forms of oppositional rule violation and aggression such as theft, physical fighting and vandalism. Consequent upon this, the Handbook of Maladaptive Correlates in Ellis, Kevin and John (2009) agreed with the statistical correlates of maladaptive behaviour from the concept of biological, racial, ethnicity, immigration and early life among others. From the biological point of view, Ellis (2009) contended that maladaptive behaviour occurs most frequently

during the second and third decades of life. Male participants exhibit more maladaptive behaviour overall and in particular, violent ones than female (Gladding, 2009). Furthermore, on race, ethnicity and immigration, there is a relationship between race and maladaptive behaviour (Ellis, 2009). Ethnically and racially diverse areas probably have higher records of maladaptive behaviour compared to ethnically and racially homogeneous areas (Caitlin, 2005). According to Ellis (2009), most studies on immigrants have found higher rates of maladaptive behaviour among these populations; however, these rates vary greatly depending on the country of origin with immigrants from some regions having lower records of maladaptive behaviour than the indigenous population.

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However, on early life correlation, Ellis (2009) opined that maternal smoking during pregnancy is associated with later maladaptive behaviour. In the opinion of Boroffice (2004), child maltreatment, low parent-child attachment, marital family discord, alcoholism drug use in the family, low parental supervision and monitoring are correlated with maladaptive behaviour. Large family size and later birth order are also associated with maladaptive behaviour (Ellis, 2009). In Ellis' opinion, nocturnal enuresis or bed wetting correlates with maladaptive behaviour. Bullying is another maladaptive behaviour exhibited by students in addition to some other school disciplinary problems such as truancy, low grade point average and dropping out of high school are all associated with this syndrome as well. Some other factors that could be attributed to the causes of maladaptive behaviour among senior secondary school students are likely to be; self-esteem, peer pressure, parenting styles and family status (Gottfredson and Hirschi (1993).

Over the years, efforts have been made by various governments in handling issues relating to maladaptive behaviour in Nigeria especially among school children. However, instead of having positive results, the reverse seems to be the case. Gottfredson and Hirschi (1993) posit that high self-control effectively reduces the possibility of maladaptive behaviour. In other words, the lower a person's self-control, the higher his or her involvement in maladaptive behaviour (Gottfredson & Hirschi, 1993). Cognitive restructuring and self-control are core techniques in cognitive behavioural therapy (Gladding, 2009). Cognitive restructuring and self-control are therapeutic processes used to identify and confront negative thought patterns and help people understand that these thoughts are ineffective or disruptive, with the goal to ultimately change negative behaviours (Gladding, 2009). Cognitive Restructuring Technique (CRT) is used to teach clients how to think differently by replacing adverse and illogical thoughts with more rational and positive types of thinking as well as positive adjustment of oneself (Okoli, 2002). Cognitive therapy is a psychotherapeutic approach that focuses on how one's thinking influences one's feelings and behaviours (Chapelle, 2015).

In most cases, Cognitive Behaviour Therapy has been identified as a gradual process that helps a person take incremental steps towards a behavioural change, which demands its essentiality in handling cases related to maladaptive behaviour. Similarly, self-control therapy could be applied when confronted with feelings that could lead one to committing negative behaviour such as stealing, rape, greed, depression, envy or jealousy. In other words, self-control has to do with the ability to control one's emotions and behaviour in the face of temptations and impulses which might make an individual exhibit traits that are maladaptive in nature.

1.2 Statement of the Problem

In recent years, there has been a high increase in the incidence of students' involvement in maladaptive behaviour especially among the senior secondary school students. The majority of such behavioural manifestations are more pronounced among the teenagers and some young adults in such a manner that everyone finds it disturbing and worrisome. Many youth/ teenagers in Imo State in recent times would not want to listen to the counsel of the elderly people as was the case in time past, rather they want to adhere to their own decisions and standard gotten from their peers and may regard the elderly advice given to them as that of the "old school". They would rather want to live their lives the way they feel like without placing much importance on its consequences. As a result of this mind set, many of them are involved in maladaptive behaviour such as, stealing, rape, cheating in the examination and many others. However, most of maladaptive behaviours and tendencies found among some of the school children, youth and teenagers in Imo State could be attributed to some risk factors such as individual mind set, family, peer group, school and community factors.

It is worrisome to discover that this maladaptive behaviour emanated from unchecked behavioural deficiency patterns. As a result of the unchecked ugly development, there is increase in moral decadence among our teenagers who may later make life difficult in their community. It then means that if this kind of life pattern is not checked, there would be high level of negative or maladaptive behaviours.

It is also not enough to say that the above risk factors are the only predisposing factors to maladaptive behaviour, but they also run the risk of encountering other factors indirectly related such as behaviour disorders and substance abuse (Becroft, 2009). Anxiety, mood,

substance dependency, sexual and personality disorders are some of the disorders that can control him/her, making him/her a negative threat to the society and themselves (Becroft, 2009). Other contributing factors that are associated with the youth proneness to maladaptive behaviour include the urge for self-identity and independence (Latessa & Lowenkamp, 2005).

Therefore, this study focuses on using cognitive restructuring technique and self-control therapy as a panacea to address issues of proneness to maladaptive behaviour among teenagers and youths.

1.3 Theoretical Framework

This study was anchored on two theories. The theories were chosen because they helped to shed light on the key concepts in the study. In addition, the theories provided the platform for the interventions adopted to reduce the incidence of maladaptive behaviour.

The theories are:

- ❖ Rational Emotive Behaviour Therapy, by Ellis (1994)
- ❖ A General Theory of Maladaptive Behaviour by Gottfredson and Hirschi (1993).

1.3.1 Rational Emotive Behaviour Therapy (REBT)

This is a form of cognitive behaviour restructuring therapy which lies on the fact that some beliefs that people hold about themselves, others and their environment are irrational and can cause maladaptive emotional reactions. Ellis (1994) developed a simple ABCDEF paradigm to explain how people's beliefs cause their emotional and behavioural responses. The model is as follows:

A - Activating events or experiences like family troubles and early childhood traumas,

- B - Stands for irrational self-defeating beliefs that are the sources of our unhappiness.
- C - Stands for consequences, the negative emotion such as depression, panic and rage as a result of our faulty beliefs.
- D - Refers to how the therapist disrupts the client's irrational Beliefs so that the client can enjoy the positive Psychological Effects of Rational Belief.
- E - Effects of disputed belief on cognitive and behaviour on the individuals.
- F - Feeling due to newly acquired cognition.

The theory also stresses that people's behaviour is as a result of their thinking. Hence, when one thinks logically, he or she behaves normally. In the reverse, when one rationalizes illogically, its consequence will be mal-adaptive behaviour. The theory also stresses that every day's activities of an individual is the major contributing factor of the personality of that very individual. Therefore this theory is relevant to this study because, it equips counsellors with the knowledge and skills in changing the thinking ability of teenagers/youths such that they would be free from negative thoughts and ideologies that could make them behave abnormally.

1.3.2 A General Theory of Maladaptive Behaviour by Gottfredson and Hirschi (1993)

This theory posits that maladaptive behavioural acts tend to be exciting among individuals who manifest traits to behave maladaptively. These behaviour provide few or meager long-term benefits, requiring little skill of planning, and often result in pain or discomfort for the people around them. This is why Gottfredson and Hirschi (1993) suggest that self-control effectively reduces the possibility of maladaptive behaviour. The

lower a person's self-control, the higher his or her involvement in maladaptive behaviour. These individuals often have a tendency to respond to tangible stimuli in their immediate environment. Specifically, having a "here and now" orientation. As Gottfredson and Hirschi (1993) most notably state, they derive satisfaction from sex without courtship, revenge without delays. People lacking self-control also tend to lack diligence, tenacity or persistence in a course of action requiring little skill of planning and often result in pain or discomfort for others. This theory is applicable to the study because it demonstrates the relevance of self-control to the proneness and management of maladaptive behaviour among adolescents. The two theories therefore explain the relevance of the two strategies employed in the study.

1.4 Purpose of the Study

The purpose of the study is to investigate the effectiveness of cognitive restructuring and self-control on proneness to maladaptive behaviour among senior secondary school students in Imo State. Specifically, this study is designed to:

1. assess the effects of three experimental conditions on participants' post test scores on proneness to maladaptive behaviour.
2. determine the impact of counselling interventions on participants' post-test scores on self-esteem.
3. evaluate the difference on peer influence among participants in cognitive restructuring, self-control and control group.
4. determine if there is any parenting styles difference in the participants' post-test scores on the three experimental conditions.

5. assess the difference in proneness to maladaptive behaviour among participants based on family status.
6. evaluate the difference in proneness to maladaptive behaviour due to interaction effect of experimental conditions and gender.
7. evaluate if there is any gender difference in the post-test scores on the dependent measures among participants in the three experimental groups.

1.5 Research Questions

The following research questions guided the study.

1. To what extent would there be any difference in the post-test scores on proneness to maladaptive behaviour among participants in the experimental groups?
2. To what extent will there be any difference in the post-test scores on self-esteem among participants in the three experimental groups?
3. To what extent would there be any difference in the post-test scores of peer influence among the three experimental groups?
4. Would differences in parenting styles affect participants' post-test scores in the three experimental groups?
5. To what extent would family status influence participants in the experimental conditions on proneness to maladaptive behaviour?
6. What is the interaction effect of experimental conditions and gender on participants' proneness to maladaptive behaviour?
7. What is the effect of gender difference in the post-test scores on the dependent measures among participants in the three experimental groups?

1.6 Research Hypotheses

The following seven null hypotheses were formulated to guide the study.

1. There is no significant difference in the post-test scores on proneness to maladaptive behaviour among participants in the experimental groups.
2. There is no significant difference in post-test scores on self-esteem among participants in the three experimental groups.
3. There is no significant difference of post-test scores on peer influence among the three experimental groups.
4. There is no significant parenting styles difference in the participants' post-test scores on the three experimental groups.
5. There is no significant difference in proneness to maladaptive behaviour among participants based on family status.
6. There is no significant difference in post-test mean scores on proneness to maladaptive behaviour due to interaction effect of experimental conditions and gender.
7. There is no significant gender difference in the post-test scores on the dependent measures among participants in the three experimental groups.

1.7 Significance of the Study

This study would be of immense benefit to counsellors because it would help to equip them with necessary therapeutic skills and knowledge in handling teenagers manifesting maladaptive behaviour. The findings of the study would also be of vital assistance to the school teachers as they would be exposed to the psychological needs of the students under their care and how to identify any sort of maladaptive behaviour exhibited among the

students in order to give them quality guidance that would help them out of such situations.

It would also be relevant to the parents because it would change their orientation on their parenting styles in managing their children. It will also assist parents to appreciate the effects of upbringing of our teenagers which might make them manifest attitude that could be prone to maladaptive behaviour.

The findings of the study would help the government to appreciate the need to assist the young adults in managing their challenges in life rather than developing punitive measures in disciplining them especially, when they manifest behaviour which might not be in conformity to the set standard of our society.

The findings would help the students adapt to the acceptable behaviours of both the school and the society at large which would make them live a very good life.

The findings would help policy makers in making policies which would help to give proper directions to parents, school owners and even to the government herself on issues affecting senior secondary school students. This is because, such policies would stand a check on the excess use of powers on the teenagers/youths especially, when they commit one offence or the other or break simple rules.

The findings will help to refocus the interest of teenagers/youths stage, so as to appreciate its delicacy since most stakeholders in the society have exhibited their ignorance on this area which has brought our society at large into a dilapidating condition for now.

It will also help to refocus the attention and interest of social workers and organizations such as; The Nigerian Police Force (NPF); Economic and Financial Crimes Commission (EFCC) including Remand Homes where young offenders are being sent to for adequate disciplinary measures.

1.8 Scope and Delimitation of the Study

The study was limited to Okigwe Educational Zone II Imo State, Nigeria. Three Senior Secondary School Two (SS 2) were randomly selected from three Local Government Areas in Okigwe Educational Zone II in Imo State. The emphasis was on the effectiveness of cognitive restructuring and self-control on proneness to maladaptive behaviour among the selected Senior Secondary School students in Imo State. The variables that were considered included cognitive restructuring and self-control, gender role attributes, family status and peer influence.

1.9 Operational Definition of Terms

Behaviour: It means the way someone behaves. In this study it means the manifestation of someone`s way of life in executing particular tasks or assignments given to him or her.

Cognitive Restructuring: Cognitive restructuring means changing the mind-set of the individual especially from negative concept to the positive level. In this study, it is an intervention treatment given to participants in one of the experimental groups to managing some negative behaviour of the participants` proneness to maladaptive behaviour.

Family Status: In this study, it refers to separated, divorced and well-being/condition of a family.

Gender: In this study, it means male and female secondary school students who served as participants in the study.

Maladaptive Behaviour: In this study it means the behaviour that is not in conformity with the set standard in our environment that may likely inhibit the progress of that individual which may also affect the society at large if not checked such as; being selfish, uncaring, manipulative posture towards others, lack of remorse or guilt, poor behavioural controls and irresponsibility.

Management: This implies putting all the ideas together in order to achieve a better result in this study.

Parenting Styles: In this study parenting styles denote the results on the experimental conditions from parental attitudes, which make their children perform the way they do especially on related issues to be proneness to maladaptive behaviour such as; authoritative and permissive parenting styles.

Peer Pressure: Peer Pressure in this study means direct influence on people by peers or individuals who get encouraged or discouraged to follow acceptable or non-acceptable societal norms and behaviours which could make one, prone to maladaptive behaviour.

Proneness: In this study, proneness simply refers to as something bad that is likely to cause harm to another person or self.

Proneness to maladaptive behaviour: This is having a natural inclination or tendency to maladaptive way of life. In this study, it refers to participants' scores in Levenson's Self-Report Psychopathy scales and Hare Psychopathy Checklist-Revised Scale.

Self-Control: This is the ability to control oneself, in particular one's emotions and desires, especially in difficult situations. In this study, it refers to an intervention technique which the participants in another experimental group was exposed to.

Self- Esteem: This occurs in conjunction with a person's thought, behaviour, feelings and actions. In this study it is one of the moderating variables that were used in experimental conditions to ascertain trait factors which led to maladaptive behaviour.

Teenage Group: This is a stage in the life of an individual whose age bracket ranges from 13 to 19 years. Here an individual may not be responsible for his or her offenses when committed. In this study, it means young adults within the age group of 16 to 20 years respectively.

CHAPTER TWO

LITERATURE REVIEW

This study basically focuses on traits that could make one prone to maladaptive behaviour especially among teenagers and young adults. For a proper appreciation of the study, relevant literatures reviewed are organized under the following sub-headings.

- The Concept of Maladaptive Behaviour.
- Theories of Maladaptive Behaviour.
- Statistical correlations of Maladaptive Behaviour.
- Studies of Teenager and Adulthood on Maladaptive Behaviour.
- Causes of Teenager`s maladaptive behaviour.
- Factors that predispose adolescents to maladaptive behaviour.
- Self-Esteem and Maladaptive Behaviour.
- Peer Pressure and Maladaptive Behaviour.
- Parenting style and Maladaptive Behaviour.
- Strategies to reducing proneness to maladaptive behaviour.
- Family Status and Maladaptive Behaviour.
- Appraisal of the literature and gaps in knowledge.

2.1 The concept of maladaptive behaviour

Legally maladaptive behaviour usually is defined as acts or omission forbidden by law that can be punished by imprisonment and/or fine. Murder, robbery, burglary, rape, drunken driving, child neglects and failure to pay your taxes are common examples.

However, as several eminent scholars recently have noted, such as Sampson, Roben, Groves (1989); and Gottfredson and Hirschi (1993), the key to understanding maladaptive behaviour is to focus on fundamental attributes of all maladaptive behaviours rather than on specific maladaptive acts. Instead of trying to understand maladaptive behaviour such as stealing, robbery, rape, burglary, embezzlement, and heroin use, we need to identify what it is they all have in common.

The behavioural definition of negative behaviour focuses on different kinds of behaviour that cause the most alarming sorts of behaviour. All maladaptive behaviour involves the use of cunning, fraud, or stealth to obtain material or symbolic resources. As Gottfredson and Hirschi (1993) noted, maladaptive behaviour is a style of strategic behaviour characterized by self-centeredness and indifference to the suffering of others.

In the opinion of Eisenberg, Spinrad and Eggum (2010), people react to situations and events and how they adapt to these circumstances is exhibited to their behaviour. While adaptive behaviour is used for to adjust to situations, the opposite of this is maladaptive behaviour (Tangney, Baumeister & Book, 2004).The latter interferes with a person's activities and life or his/her ability to adapt on different settings.

Maladaptive behaviour can range from minor to severe behaviours that can either be tolerable and safe or be harmful to an individual and the people around him or her (Cohen & brook, 1987). This behavioural type is often impairing in nature that intervention is called for in most situations. Moreover, it is commonly associated with autism spectrum disorders which can lead to self- injurious behaviours (Andrew, 2008).

In other words, issues related to maladaptive behaviours are controversial and cause a lot of debate within the media and among politicians and civil organizations. Maladaptive behaviour is also a major focus of public concern and debate. These worrisome issues focus on wide-ranging issues such as detecting, reducing and preventing crime, policing and police powers, overcrowding in prisons, the growth of internet crime and identity theft, terrorism, human trafficking, antisocial behaviour and teenage crime which is more paramount among our students in our various schools. This is why Goode (2008) defines maladaptive behaviour as, a behaviour, beliefs and physical characteristics that break social norms and produce negative reactions. In his view, maladaptive behaviour may be mild or more extreme. In the case of mild deviance, such as telling a little lie or parking illegally, the penalties imposed might involve harsh words or a small fine. However, we would not think of the person who tells a lie or parks on double yellow lines as a deviant. Extreme maladaptive behaviours include behaviours or beliefs that are so far outside the norms of that people who have been extremely heavily tattooed or pierced and people who claim they have been abducted by aliens (Goode, 2008). This is to say that maladaptive behaviour is not considered normal or morally correct by most people. Maladaptive behaviour varies from one society to another. It is certain that what might be seen as normal behaviour in another community might be seen abnormal in another. For example, in the Eastern parts of the country Nigeria young adults can greet their elderly ones by just a handshake without prostrating. This would not be seen as morally unacceptable unlike the South- Western states where it might be labeled as “one who does not respect his/her elders”. However, maladaptive behaviour should be stamped out to allow development and growth. Opong (2008) opined that maladaptive behaviour is a disease that is against transparency, justice and fair play.

School is the hallmark of progress for effecting change and growth. Therefore, anything that would hinder the expected goals of its establishment should not be encouraged. Pertinently, it is on the basis of this, that government in making education a top most priority to ensuring that, every person's goal is achieved. Hence, effective policies would enhance educational growth of the citizenship according to (Angel, 2016).

The primary functions of schools in the training and changing the citizens cannot be overemphasized. Agi (2016) posits that education is the art of leading a person from the dark era of *ignoramus* into the limelight of knowledge and understanding. This implies that an educated person can assist in transforming the society for positive growth and development.

Sequel to this, Eremus (2015) posits that rules and regulations are not obeyed in our schools as there are many cases of examination malpractice, truancy, bullying, extortion, sexual offences, indecent dressing, negative behaviours, dishonesty and many others. According to Eremus (2015), these ill-attitudes signify deviation from standard functionality of students' behaviours. It is on assertion that Angel (2016) opined that school has become a place of committing different types of atrocities and also solicit with the government, parents and school administrators to wake up and ensure proper elimination of maladaptive behaviours in our schools. No wonder Barr (2010) posits that maladaptive behaviour is a notable hindrance towards the achievement of quality education in our schools.

The term "Maladaptive behaviour" according to Barr (2010) is the objective or subjective assessment of problem-producing behaviour committed by an individual or group that

interferes with the enjoyment of life which is essential role performance of one or others that is sufficient to produce a social censure and control response intended to change or eradicate that behaviour. This definition is intended to place the concern squarely on the external behaviours and not on the inherent characteristics or traits of individuals. I try to examine maladaptive behaviours and not mal-behaved. Indeed, allow me to suggest that “mal-behaved”, as such do not exist. While some individuals certainly do engage in what may appear to be frequent acts of maladaptive behaviour, they do not do so consistently all of the time. These same individuals may also exhibit acceptable, even ideal, conforming behaviours at other times. In fact, we are often surprised, as well as disappointed, when our religious, political, or cultural leaders and heroes, who have otherwise led what appear to be exemplary lives worthy of emulation, “fall from Grace” by committing various deviant acts or “crimes and misdemeanors”. Moreover, individuals, who may have been considered “ten - times losers”, may suddenly cease and desist and reform.

The real issue is socially disruptive or undesirable problem behaviour in the eyes of others (Goode, 2008). This is what is meant by “objective” assessment. However, additionally, perpetrators themselves may also find their own behaviour personally (“subjectively”) disturbing and feel unhappily handicapped or disadvantaged by what they do or have done (Goode, 2008). They too may, as a consequence, be unable to enjoy their lives or perform their essential work or family duties responsibly. This is commonly observed, for instance, in individuals who engage in compulsive behaviours such as; substances users, gamblers and others affected by one or more of the so-called “addictions”.

Whatever the case, when behaviour committed by individuals or groups reaches a level where lives are adversely impacted to the point of interfering with individual happiness or the ability to perform necessary tasks, we define this as “maladaptive behaviour” (Goode,2008).

This may bring us to other definitions from some scholars. In the opinion of Angel (2015) defined deviant behaviour as any behaviour that lacks conformity and acceptability of the people in the society. Maladaptive behaviour describes an action or behaviour that significantly contravene from the accepted or prescribed norms of a given society. It is a deviation that attracts punishment or sanctions in the society or school.

Diche (2016) defined maladaptive behaviour as that behaviour that violates the laid down rules and regulations of a given organization or group. He went further to emphasize that maladaptive behaviour is a common phenomenon in the life of every human being but, stress that it is rampant among students in schools which has led them to joining secrets cults, and other heinous crimes in the school. Maladaptive behaviour as a case study among students have the institution as a home of thinking among parents and students because of manifestation of crimes being committed by them.

Gibbs (2014) defined maladaptive behaviour as conduct that deviates from the societal norm. By this definition alone, maladaptivity is neither good nor bad, but must be evaluated on a case-by-case basis. Such behaviour May be described as “different”, or “unexpected”, and may elicit positive negative responses from other people. Maladaptive behaviour that becomes popularized, or seen as normal, is how societies change or

revolutionize over time. In a legal context, maladaptive behaviour refers to acts that are not only outside those societies would consider normal, but which are unlawful as well.

According to Mc Grath, Bosch, Sullivan & Fuqua (2003), there are five main types of maladaptive behaviour connected to people with autism spectrum disorder, namely:

- ritualistic;
- self- injurious;
- tantrum;
- aggressive; and
- stereotypical.

Ritualistic Behaviour: This is a person`s attempt to balance or control an action or practice that is in itself already controllable but becomes compulsions such as washing of hands repeatedly or checking if all the doors or windows are locked before going to bed(Mc Grath, *et al*, 2003).

Self-Injurious Behaviour: This is a movement or action that can result to self-harm(Tremblay, 2006). These usually occur when the person is upset, anxious and angry. Some of these actions include head banging, hand scratching and self-biting.

Tantrum Behaviour:This can be as a result of two or more maladaptive behaviour that stems from anxiety, anger and frustration (Piquero, Jennings &Farrington, 2010). These behaviour are screaming, crying, throwing things and injuring oneself.

Aggressive Behaviour: This is an action that shows acts of violence that can be as a result of anxiety, frustration and anger (Bandura, 1971). These include biting, throwing things, slapping, hitting, shouting and pushing.

Stereotypical Behaviour: This is an action of a person that is done repeatedly because the senses of the person are stimulated and internal pleasure is felt (Mc Grath et al, 2003). This is also due to the release of endorphins that can result to pleasure. These movements can be sniffing, rocking, pacing, hand flapping and scratching.

Maladaptive behaviour is also exhibited by adults who find ways to cope with problems and bad situations in life (Danko, 2014). At first, these coping strategies might seem useful at first, like drinking to forget personal problems but in the end, the situation gets worse. Here are some maladaptive behaviour according to Danko (2014).

- Substance abuse;
- Attention-seeking behaviour;
- Anger conversion;
- Addiction to exercise; and
- Internet
- addiction.

Substance Abuse

This is the use or dependence of legal and illegal drugs or medication that when practiced for a long period of time can be chronic and turn to drug addiction. People who use drugs or medication excessively often turn to this to ease pain, anxiety and get temporary relief from problems and bad experiences(Danko, 2014). Other people also use drugs out of peer pressure and curiosity. However, this can lead to changes in the function of the brain and how drug-users behave(Danko, 2014).

Attention-Seeking Behaviour

This is the type of maladaptive behaviour in which an individual seeks attention or want to be the center of attention by making excessive actions that can draw attention to them (Danko, 2014). These behaviours can be seen in different situations like when an individual wants to be always seen a rescuer of sorts so they will be in the lime-light. Manipulation and even admitting to crimes or wrong doings one did not really commit (Deater- Deckard, 2000).

Sex Addiction

Although gaining physical pleasures and intimacy are normal behaviours among adults but to young adults/teenagers is an example of maladaptive behaviour (Danko, 2014). People who are sexual addicts have enormous desires to engage in sexual intercourse and activities that can result to severe stress on loved ones, family and friends (Danko, 2014). These people rely on sex to escape, relieve pain and even manage stress. In the opinion of Danko (2014), if these actions lead to harming other people and oneself to the point of losing jobs, missing school and engaging in unprotected sex with numerous individuals could be considered as maladaptive behaviours.

Anger Conversion

It is normal to get upset or get angry but when a person covertly his or her anger to violence such as hurting someone else, committing arson, fighting and inflicting physical harm to oneself or other people becomes an inappropriate or maladaptive behaviour (Vazsonyi & Huang, 2010).

Addiction to Exercise

Excessive exercise can be considered a compulsive maladaptive behaviour especially if the person manifests certain signs like being restless or anxious if not being able to exercise (Vazsonyi & Huang, 2010). This can also be engaging in physical activities that can be detrimental to health and can cause pain and injury.

Internet Addiction

These days, most young adults and teenagers spend more than eight hours a day on the internet doing several things, from playing video games to opening their media accounts (Andrew, 2008). Although there is such a thing as normal internet usage, there is also compulsive use of internet (Andrew, 2008). This becomes a maladaptive behaviour when a person manifests reactions that are extreme such as depression when not being able to go use the internet, anger, forgetting to eat, denying excessive spending online instead of being with family and friends, among others (Andrew, 2008).

In the opinion of Deater – Deckard (2016), behavioural problems or maladaptive behaviours can happen from childhood to adulthood. If not treated or managed, can be harmful not only to society and the people but also to the person manifesting maladaptive behaviours. There are ways to control behaviour such as treatment plans and behaviour therapy. What is important is for the person to be given help and support by professionals, society and family members.

2.1.1 Theories of Maladaptive Behaviour

Classical and positivist theories: The classical theorists believe in the concept of free will when explaining maladaptive behaviour. If the rewards for being a negatively behaved person are greater than the retribution it would bring then bring maladaptive

behaviour. This theory would predict that extreme punishments such as flogging or death would deter people from all maladaptive behaviour.

Hirschi's control theory: In this theory, the essence of social control lies in people's anticipation of the consequences of their behaviour. Hirschi assumes that everyone finds at least some deviance tempting. Imagining condemnation from family or friends is sufficient to deter most people from temptation; concerns about how transgressions will affect their careers will give others pause. By contrast, individuals who have little to lose from deviance are most likely to become rule-breakers (Gottfredson and Hirschi, 1993).

The above theories of maladaptive behaviour were presented because, the study recognizes that scholars have explained the problem from different dimensions warranting the emergence of different theories but this study viewed the two theories as most relevant in explaining the problem of the study.

2.1.2 Statistical Correlation of Maladaptive Behaviour

The field of Psychology studies the frequency and dynamics of maladaptive behaviour. Most of these studies use correlational data; that is, they attempt to identify various factors which tend to be related to the frequency of different categories of maladaptive behaviour (Caitlin, 2005).

The Handbook of Maladaptive Behaviour correlates (2009) in Ellis *et al* (2009) considers the statistical correlation of maladaptive behaviour from the concept of biological, race, ethnicity, and immigration, early life, among others.

From the biological point of view, negative behaviour occurs most frequently during the second and third decades of life (Ellis, 2009). Male manifest more maladaptive

behaviour overall, and, in particular, violent behaviour than female. They manifest more property of maladaptive behaviour except shoplifting, which is about equally distributed between the genders. Measures related to arousal such as heart rate and skin conductance are low among maladaptive behavioural persons. Mesomorphic or muscular body type is positively correlated with maladaptive behaviour, in particular with sexual related maladaptive behaviour.

2.2 Studies of Teenager and Adulthood on Maladaptive Behaviour

A teenager is a person in the early stage of life. A teenager, according to Erik Erikson's stages of human development, is generally a person in the age range of 13 to 19, whereas an adolescent is a person aging from 12 to 19, although definitions and opinions vary. The teenage stage in human development precedes young adulthood. A person in the young adulthood stage ages from 21 to 30. In old age, a person is 65 years old or older (Eysenck, 2012).

According to Eysenck (2012), in the wake of the adolescent emphasis upon identity formation, the young adult, emerging from the search for the insistence on identity, is eager and willing to fuse his identity with that of others. He or she is ready for intimacy, to concrete affiliations and partnerships.

Adulthood is the time of life when one is expected to take responsibility for one's own action and well-being. In the context of Nigeria philosophy, whenever an individual has reached the age of 18 and above, such a person would be regarded as an adult. Omoegun (2005) posits that, between thirteen and nineteen years is referred to as teenager. Therefore, it may be said that proper adulthood stage will be from age 21 and above after it is believed that young ones must have graduated from school or their various trades to

enable them adequately take good care of themselves without relying upon their parents for their well-being. Makinde (2004) opined that, the era of adulthood is when an individual is expected to be accountable for all his misdemeanors at age 25.

2.2.1 Causes of Teenager`s Maladaptive Behaviour

A study of the causes of youth maladaptive behaviour requires an analysis of risk and protective factors (Becroft 2009). A risk factor however, indicates the likelihood that a young person will commit an offence. Risk factors tend to fall into five categories namely:

- (i) individual characteristics;
- (ii) family factors;
- (iii) school/work factors;
- (iv) associations with peers, and
- (v) biological factors.

The more risk factors a child or young person exhibits, the more likely to behave in a maladaptive way than their counterpart Becroft (2009). According to Becroft, the presence of just one risk factor is unlikely to lead to maladaptive behaviour. The Christ Church longitudinal study according to Becroft (2009) found that, children from families with 19 or more risk factors were 100 times more likely to end up with multiple problems as teenagers (including offending), than the 50% of the sample who had just six or fewer risk factors. Protective factors are positive influences in a young person`s life that militate against the risk of maladaptive behaviour. Protective factors are sometimes said to be the factors that produce resilience. It is true that the presence of multiple risk factors

increases the likelihood of a young person committing maladaptive behaviour (Becroft, 2009). The extent to which those risk factors can be said to cause the offending is not always a straight-forward relationship. Some risk factors according to Becroft such as poor relationships with parents, are more direct factors, such as poverty or conflict between parents have a more indirect or distal relationship to maladaptive behaviour.

It may not be possible to look at a particular individual who has already behaved in a maladaptive way and determine the causes of his or her maladaptive behaviour. Hence, there is no single factor that can be specified as the 'cause' of anti-social or maladaptive behaviour. The tangled roots of delinquency can, more accurately, be found in the way multiple risk factors cluster together and interact in the lives of some children, while important protective factors are conspicuously absent (Becroft, 2009), which those risk factors can be said to cause the offending is not always a straight-forward relationship. Some risk factors such as poor relationships with parents, are more direct factors, such as poverty or conflict between parents have a more indirect or distal relationship to offending.

Here are the 10 risk factors in childhood for future offending and/or antisocial behaviour.

Table 1: Risk Factors for Children under age 13 and Teenagers above 13 on Proneness to Maladaptive Behaviour.

Risk Factors for Children under 13		Risk factors for adolescents 13 and above	
1.	History of antisocial behaviour problems, conduct disorder during childhood (lying, stealing, bullying, non-compliance and others) including contact with the law and arrest before age 12.	1.	Contact with anti-social peers (those involved in law-breaking, drugs, violence, gangs, and others) (the more peers or contacts, the higher the risk) from age 13 onwards.
2.	Use of tobacco, alcohol and/ or other drugs, either weekly or more frequently, before age 12.	2.	General offences, number or prior offences (the more prior offences, the higher the risk before the current age).
3.	Male gender	3.	Aggression, fighting, violent offences
4.	Low self-control, impulsive, poor ability to stop and think before acting during childhood.	4.	Low self-control, impulsive, poor ability to stop and think before acting.
5.	Hyperactive, poor ability to pay attention during childhood.	5.	Hyperactive, poor ability to pay attention.
6.	Involved in fighting, aggressive, acts of violence before age 12	6.	Poor supervision by parents/ caregivers (knowing where young person is, who they are with, rules and consequences).
7.	Low family income during childhood	7.	Low levels of warmth, affection, and closeness between parent(s) and young person.
8.	Neither parent had skilled work (that is, one or both are unemployed or in unskilled or semi-skilled jobs)	8.	Tendency towards anxiety, stress.
9.	Neither parents left school with any qualification	9.	Few friends and social/ recreational activities.
10.	One or both parents has a history of antisocial criminal behaviour	10	Length of first incarceration (the longer the period, the greater the risk).

(i) Individual Characteristics to maladaptive Behaviour.

Children and young people exhibit behaviours which are much worse than age-appropriate norms (Becroft, 2009). Some of these challenging behaviours are exhibited by most children at various stages of development. These more extreme behaviours are characterized by aggression, hostility, defiance of authority, rule breaking, or extreme anti-social behaviour. When this behaviour is severe, persistent and result is a negative impact on people around them, they can be said to have a 'conduct disorder'. Children who develop conduct disorder frequently come from home environments that have many sources of social, economic and family disadvantage. Studies have shown that, it is not the presence of one specific disadvantage, such as poverty, that determines an adverse outcome, but rather the accumulation of many adverse factors. It has been estimated that 5-10% of the 3-17 year old population exhibits behaviour which could be categorized as conduct disorder or maladaptive behaviour. 75% of those individuals will be male Becroft (2009).

(ii) Family Risk Factors to Maladaptive Behaviour

Becroft (2009) posits that, families play an enormous role in the shaping of a child's risk for future maladaptive behaviour. According to him, positive family environments can provide a strong base for the development of resilience in adolescent development conversely; negatively environments can be a significant risk factor for anti-social behaviour and offending. Joseph (2001) opined that in early family studies, there showed predisposition for maladaptive behaviour as a result of inherited characteristics, but an individual's characteristics and personality could still be modified by the environment.

The relevant family risk factors include experiences of violence, neglect, poor bonding, and poverty. One particular family problem the youth court sees regularly is an unstable,

transient life style. This is more a feature of life-course persistent offenders due to the higher levels of family dysfunction. When a young person changes address frequently, not only are they at greater risk of dropping out of school, developing fewer positive friends, and boredom, they have less chance of experiencing the protective factors that come from connections to the community, such as organized social and cultural groups, team sports, or religious groups.

(iii) Educational Risk Factors to Maladaptive Behaviour.

From the perspective of the youth court bench as recorded by the Becroft (2009), it is obvious on a daily basis that there is a direct correlation between lack of engagement in education or vocational activities and serious anti-social behaviour by young people. According to him, school is important, not only in equipping a young person with the academic skills to achieve success and happiness, it also teaches pro-social attitudes and skills, helps develop friendships and forms a sense of belonging. All these things contribute to the developmental of self-esteem. Schools also keep a young person occupied for many hours of the day. So it is not surprising that, young people who do not attend school have higher rates of anti-social behaviour.

Interestingly, one of the studies of Becroft (2009) posits that it is the fact of participation in school, rather than levels of school achievement that has a benefit effect on offending. Merely attending on a regular basis appears to reduce the likelihood of maladaptive behaviour.

(iv) Peer Risk Factors to Maladaptive Behaviour.

Peer risk factors refer to the problems that may arise when a young person associates with a friend who is already engaging in maladaptive behaviour or other anti-social behaviour.

These friendships can become a training ground for anti-social behaviour. Studies have shown that associations with anti-social peers increase the likelihood of offending.

Makinde (2007) posits that peers belong to an esoteric world. If members of the peer group are the honest and credible type, good enough for the adolescent to join and emulate. Too bad if otherwise, because the peers will dictate the pace of the adolescent in dating, mating, hooliganism, truancy, lying and many other vices in the society. Lowenstein (2003) also ascertains the fact that, peer intergeneration plays some decisive roles in the life of an adolescent, but they are more critical during the developmental years of childhood and adolescence. The negative influence from anti-social peers is also found in life-course-persistent maladaptive behaviour, but these offenders tend to be the 'bad influences' on other young people, and would commit offences with or without anti-social peers hence they are of same age range and having common interest.

(v) **Biological Risk Factors to Maladaptive Behaviour.**

Caitlin (2005) posits that, there is genetic influence on criminal behaviour. According to him, there is a vast amount of evidence that shows our criminal justice system in the new home for individual with psychological problems. Although this may seem like a solution to some, it is creating a dilemma for our society. Once we label these individuals as criminals it creates a stigma for those who may suffer from psychological problems. Certain psychological problems have been shown to be heritable and if given the right circumstances, individuals with those genes could find themselves engaging in maladaptive behaviour. According to Becroft (2009), the biological risk factors for offending by young people are complex and their relationship to offending is still being understood. They include genetics, neurotransmitters and neurobiology (meaning, dysfunction of the hormones communicating between brain cells, and damage to the

structure and function of the brain), and mental health problems. He contended that, several studies have shown strong circumstantial evidence that some offending may have heritable origins. According to Becroft, the Dundin Longitudinal study has revealed a connection between a genotype that confers low levels of the enzyme monoamine oxidase (MAOA), and a predisposition to violent or anti-social behaviour. This correlation only exists, however, when an individual with that gene has been exposed to abuse as a child. This means that an individual with low levels of MAOA enzyme and a history of abuse as a child has a much greater risk of anti-social or violence behaviour.

In addition, Tehrani (2000) opined that, both genetic and environmental influences are twin, family, and adoption studies which support the notion of a genetic basis to criminal behaviour. Lowenstein (2003) posits that genetics do play a role in anti-social or maladaptive behaviour.

2.2.2 Types of Maladaptive Behaviour in Schools

The following types of maladaptive behaviours were identified by Ibuchim (2016) in our schools. They are:

Examination malpractice, Truancy, Bullying, Lateness to school, Stealing, Drug Abuse, Cultism, Sex offences and Absenteeism.

Examination Malpractice: It is unacceptable or unholy act perpetrated by the students, examiners and other agents during and after examination with intention to have undue advantage and earn unmerited grade. It has been discovered and announced almost every year that most students in our schools at various levels indulge into examination malpractice which contravenes the examination act 1999. The act prescribed rules and sanctions yet, students continue to live by it. It could be said that the poor performance of

students nationwide was as a result of examination malpractice in our schools which might make the various examination bodies to cancel or mark down certain centres where such anomalies are committed. Most times, this action might affect both candidates who may be in that particular examination centre.

Truancy: This is being away from home and school during school hours. Sometimes the student in question might pretend going to school from home. This habit makes students to spend their time in inappropriate places which could lead to drug abuse in male and unwanted pregnancy in female. Similarly, Dike (2015) explained that, this involves leaving the school premises and coming back any time without permission as well as running away from school after resumption.

Bullying: This is an aggressive behaviour and it is a behaviour intended to hurt (Dike, 2015). Stronger and heavy weighted students always manifest their superiority over the younger or tender ones. Dike (2015) enumerated various forms of bullying such as, physical assault, extortion and verbal humiliation and intimidation. Most students involve in bullying each other in school are of intent to sub doing them physically.

Lateness to school: Pere (2014) states that there is prescribed time for resumption of school but some students often come to school late when morning assembly is almost over and in some cases, when the teacher is already in the class teaching. This often leads to distractions in class.

Stealing: This connotes stealing fellow student's or school properties. Howard (1963) explained that most students indulge in the habit of taking what does not belong to them in school. This behaviour if not checked could give rise to other unwanted behaviours in a student and may affect their academic performances in school.

Drug Abuse: This is indiscriminate use of drugs without doctor's prescription or use of drugs other than their main purpose. Chamberlin (2015) opined that students in school and adults outside the school setting have been found smoking, Indian hemp, cigarette, heroine and other drugs not recommended by doctors in order to feel "high" shine their eyes, to commit various dangerous crimes or to feel bold to talk with their teachers or their opposite sex.

Cultism: This happens when a group of students come together under one name or umbrella with bad intention of intimidating fellow students to join them or disrupting the activities of the school for their evil objective (Wadsworth, 2000). According to him, most students involve in cultism to compensate their academic inadequacy. It is a major misbehavior and it's after effects of their activities never profit anyone for good.

Sex offences: This involves various degrees of sexual misconduct exhibited by students which include, masturbation, lesbianism, homosexual, premarital sex and abortion. This usually affects their academic performances and may lead to dropping out of school (Wadsworth, 2000).

Absenteeism: This means staying away from school without any genuine reason and permission. Most students do absent themselves from school without adequate permission from the school authority even without minding whether it is the period for test or examination as the case may be. This ugly behaviour in schools usually affects the schools growth and development negatively (Chamberlin, 2015).

2.2.3 Factors that Predispose Adolescents to Maladaptive Behaviour

This has to do with those traits that are likely to make one manifest maladaptive behaviour. If one may ask what is maladaptive behaviour? Maladaptive behaviour are those behaviour that could make one prone to unacceptable way of life in our society. These behaviour occur when there is a motive, a means and an opportunity. Maladaptive behaviour that leads individuals behave the way they do are often called “risk factors.” One of the ways to attempt to understand maladaptive behaviour is to gain comprehension and knowledge of maladaptive behaviour. These behaviour are traits associated with faulty thinking and behaviour. (Latessa & Lowenkamp, 2005). It has also been dynamically defined as “behaviour producing factors that are strongly associated with risk” (Latessa & Lowenkamp, 2005). There are several factors related to increasing risk and maladaptive behaviour related to individuals exhibiting negative behavioural traits. However, there is an identified beginning to maladaptive behaviour and it starts with biology and genetics (Latessa & Lowenkamp, 2005). According to (Miles and Carey, 1997), some of those psychological characteristics include genes that are directly associated with substance abuse, which can often lead to increase maladaptive behaviour. In summary, the traits proneness to maladaptive behaviours are as follows: (i) individual factors; (ii) deviant peers; (iii) Anti-social personality; (iv) Dysfunctional family; (v) Low self-control; (vi) School and community factors.

(a) **Individual factors:** This is known as faulty thinking. It includes poor rationalization or the belief that their maladaptive behaviour was justified. Individuals possessing this trait often blame others for their negative behaviour and show a lack of remorse (Miles and Carey 1997). They possess low intelligence, early antisocial behaviour and poor cognitive development (Vandell, 2000).

- (b) **DeviantPeers:** Individuals with this trait often have peers that are associated with maladjusted behaved persons (Connor, 2016). Most are often involved with substance abuse including drugs or alcohol(Furlong, Morrison, & Jimerson, 2014). Peer influence often persuades the individual to engage in maladaptive behaviour. They will also typically present with a lack of pro-social community involvement(Kimonis & Frick, 2006).
- (c) **Anti-social personality:** These traits often include a typical behaviour conducted prior to the age of fifteen and can include; running away, skipping school, fighting, possessing weapons, lying, stealing and damage to either animals or property(Miles and Carey 1997).
- (d) **Dysfunctional Family:** This includes lack of family support both emotionally and otherwise. Here, an individual's family lacks the ability to problem solving and often is unable to communicate effectively(Maughan and Rutter, 2016). Family members often do not possess the ability to express emotions in an appropriate manner; more often than not they are also involved with maladaptive behaviour (Angold and Costello, 2014).It is not disputable that a child is born and brought up in a family. Family is the first place of education in the life of any child. The child is exposed to various aspects of learning before being to the formal kind of education. The home a child is brought up can influence that child in two ways. The individual might be positively or negatively influenced from home. There may be the tendency for that individual to exhibit maladaptive behaviours in school. The family background encompasses family socio-economic status, child rearing practices and many others. For example an over permissive family/ home exposes the child to all kinds of behaviours including maladaptive behaviour (Agi, 2016). Chuks, (2016) posited that

other factors within the home/family and poor parental relationship are capable of breeding children that misbehave in school.

(e) **Low self-control:** This involves one's inability to control temperament and impulsivity(Kaiser and Rasminsky, 2010). People that carry this trait often do things that they did not plan and will fail to think before acting. The mindset is of the here and now and not on the consequences of their behaviour.

(f) **School and community factors:** This involves failure to bond to school, poor academic performance, and low academic aspirations, living in a poor family, disorganized neighborhoods, and concentration of delinquent peer groups as well as access to weapons(Trask, 2010).Therefore, societal/community factors are one of the pressing problems subjecting students into deviant behaviours. For example, as the society experiences growth and becomes complex in nature so also do societal factors causing students' maladaptive behaviour (Agi, 2016). The increasing in maladaptive behaviour in our society today cannot be overemphasized. This is why Onyejiaku (2010) brought forward psychological factors such as cognitive level and personality traits as factors that contribute to maladaptive behaviour in our schools.

2.2.4 Effects of Maladaptive Behaviour on Teenagers/ Young Adults

The following are the effects of maladaptive behaviour as stipulated by Agi (2016).

Maladaptive behaviour affects teaching and learning as teachers spend more time trying to control students rather than teaching them.

It leads to poor parent: Child relationship as most reasonable parents withdraw their love and care on deviant children and also most mal-behaved children do not like coming closer to their parents because of fear of being hint.

Most involved students do not benefit from schooling. It affects their academic performance because, they are often into one maladaptive behaviour or the other losing most vital class lessons (Agi, 2016).

Maladaptive behaved students often threaten their teachers, school authorities and even parents at home.

It leads to demonstrations and destruction of school properties and in some cases maladaptive students observe frequent demonstrations in the face of little issues (Agi, 2016).

2.3 The Relationship between Self-Esteem and Maladaptive Behaviour

In psychology, the term self-esteem is used to describe a person's overall sense of self-worth or personal value. Self-esteem is often seen as a personality trait which means that it tends to be stable and enduring. Self-esteem can involve a variety of beliefs about the self, such as the appraisal of one's own appearance, beliefs, emotions and behaviours (Branden, 1969).

2.3.1 Factors that can influence self-esteem

There are different factors that can influence self-esteem. Among which is genetic factors. Genetic factors help to shape overall personality of an individual (Greenberg, 2008). Considering other factors that can influence Self-Esteem in an individual which might either build one up or bring the individual down could be seen as following:

- Childhood experiences;
- Society;
- Media;

- Beliefs;
- Friends and family;
- Romantic involvements;
- Work Environment; and
- Health.

Childhood Experiences

An individual's childhood experiences is one of the main influences on the person's self-esteem (Michaels, Barr, Roosa & Knight, 2007). When one is growing up, everyone around he or she has the potential to influence the person's personality. For example, children that grow up in chaotic home environments are likely to have low self-esteem and often carrying this burden throughout their entire lives (Raboteg-Saric & Sakic, 2014).

Society

The pressures of society are main contributor to low self-esteem (Erol & Orth, 2011). Everyone is pressured to live a certain way, dress a certain way, have a certain kind of job and act accordingly (Dormann, Fay, Zapf, & Frese, 2006). These pressures can weigh on someone often leading to emotional despair.

Media

Our absolute obsession with the media, whether it is print, television or social media, definitely undermine healthy emotional development, especially in today's youth (Ellis, 2005).

The ready access of social media is a major influence on young minds to look or act like celebrities, public figures or even their peers (Chavez, Robert, Heatherton & Todd, 2014).

It can be hard not to compare oneself to others even as an adult, and overwhelming for young people struggling with identity issues (Chavez *et al*, 2014).

Beliefs

Religions and belief systems can contribute to one's sense of self-worth (Maldonado, Huang, Chen, Kazen, Cohen & Chen, 2013). One's means of worship can build one up, filling one's life with love and joy (Johnson and O'Brien, 2013).

Conversely, some religions suggest that people are inherently bad (sinners), despite the quality of their lifestyles (Maldonado *et al*, 2013). While most belief systems are not designed to control and oppress individuals, sometimes their practices and ideas can negatively influence self-esteem (Barbara, 2013).

Friends and Family

The people an individual spends time with have a big influence on one's self-esteem (Raboteg-Saric *et al*, 2013). One's friends can help one develop a positive self-image, or they can bring one down. Some people even humiliate each other to build themselves up, whether or not they are aware of what they are doing (Baumeister, Campbell, Krueger & Vohs, 2003).

The family that one grew up with, as well as the family that the individual comes home with can have a profound effect on one's self-esteem (Raboteg-Saric *et al*, 2014). For instance, feelings of inadequacy may arise when trying to provide for one's family, while a family that works together and builds each other up can contribute to healthy self-esteem (Heine, Lehman, Markus & Kitayama, 2015).

Romantic Involvements

All relationships can influence an individual's self-esteem, but romantic relationships tend to have the biggest effect (Smith & Mackie, 2007). Being in a happy and loving relationship can boost one's self-esteem (Smith & Mackie, 2007). According to Orth and Robbins (2014) a negative relationship can diminish the individual's self-esteem. For example, a bad break – up or being left by a partner can weigh heavily on an individual's confidence negatively affecting he or she emotionally.

Work Environment

One spending so much time at work or school, is likely to contribute on the environmental influence on every aspect of one's life, including his or her self-esteem (Olsen & Breckler, 2008). In addition, Crocker, Sommers and Luthanen (2002) opined that, a stressful and overly demanding job can often contribute to low self-esteem, while a productive and encouraging workplace can help one grow stronger.

Health

One's overall health can also impact to the individual's self-esteem (Baumeister et al, 2003). This is to say that, taking care of oneself, mind, body and spirit can strengthen all aspects of one's character, boosting feelings of self-worth.

In conclusion, there are many factors that can influence one's self-esteem. Every part of our life influences how we feel about ourselves. But, the person with the most control over one's self-esteem is the individual himself or herself. Therefore, always give oneself good messages and avoid negativity to build up one's self-esteem. It is often our experiences that form the basis for overall self-esteem. In summary, we can say that the synonyms to self-esteem are; self-worth; self-respect and self-value.

2.4 Relationship between Peer Pressure and Maladaptive Behaviour

Peer pressure is direct influence on people by peers or an individual who gets encouraged to follow their peers by changing their attitudes, values or behaviours to conform to those of the influencing group or individual. This type of pressure differs from general social pressure because it causes an individual to change in response to a feeling of being pressured or influenced from a peer or peer group. Social groups affected membership groups in which individuals are formally members (such as political parties and trade unions) and cliques in which membership is not clearly defined. However, a person does not need to be a member or be seeking membership of a group to be affected by peer pressure especially in the aspect of maladaptive behaviour. Peer pressure can affect individual of all ethnicities genders and ages.

Some of the behaviour that can be regarded as maladaptive behaviour are; drug addiction, smoking, drinking, stealing, lying and many others which could be as a result of wrong peer influence. According to Bahr, Stephen, Human, John, Yang (2005) peer pressure is widely recognized as a major contributor to initiation of drug use, particularly in adolescence. Peer pressure produces a wide array of negative outcomes. Allen and colleagues showed that susceptibility to peer pressure in 13 and 24 year olds was predictive of not only future response to peer pressure but also a wider array of functioning (Allen, Joseph, Parter, Mary Frances, McFarland & Christy, 2006).

2.5 Relationship between Parenting Styles and Maladaptive Behaviour

A parenting style is a psychological construct representing standard strategies that parents use in their child upbringing. Parenting styles are the representation of how parents respond and demand to their children. Parenting practices are specific behaviours, while

parenting styles represent broader patterns of parenting practices (Spera, 2005). In the research of Baumrind (1967) which focused on the classification of parenting styles, found what was considered to be the four basic elements that could help shape successful parenting. Those basic elements are; Responsiveness versus irresponsiveness's and demanding vs. undemanding. Through her studies, Baumrind identified three initial parenting styles. They are; Authoritative parenting; Authoritarian parenting and Permissive parenting.

Authoritative Parenting:

This is characterized by a child-centered approach that holds high expectations of maturity. Authoritative parents can understand how their children are feeling and teach them how to regulate their feelings (Deater-Deckard, 2000). With high expectations of maturity, authoritative parents are usually forgiving of any possible short comings (Santrock, 2007). They often help their children to find appropriate outlets to solve problems. Authoritative parents encourage children to be independent but still place limits on their actions (Santrock, 2007).

Authoritarian Parenting Style:

Authoritarian parenting is a restrictive punishment – heavy parenting style in which parents make their children follow their directions with little to no explanation or feedback and focus on the child's and family's perception and status (Santrock, 2007). This could be referred to as “strict father model”. Here the parent is demanding but not responsive. Corporal punishment, such as spanking and shouting are forms of discipline frequently preferred by authoritarian parents. The goal of this style, at least when well-intentioned, is to teach the child to behave, survive and thrive as an adult in a harsh and

unforgiving society by preparing the child for negative responses such as anger and aggression that the child will face if his/her behaviour is inappropriate (Santrock, 2007).

Permissive Parenting Style:

Permissive Parenting Style is also called indulgent, non-directive, lenient or libertarian (Osorio, Alfonso, Gonzalez – Camara, Marta, 2015). Permissive parenting style is characterized as having few behavioural expectations for the child. Here, parents are very involved with their children but place few demands or controls on them (Santrock, 2007). Parents are nurturing, accepting and are responsive to the child's needs and wishes. Indulgent parents do not require children to regulate themselves or behave appropriately. Children of permissive parents may tend to be more impulsive and as adolescents may engage more in misconduct such as drug use. Children never learn to control their own behaviour and always expect to get their way (Santrock, 2007).

2.6 Counselling Strategies to Reduce Proneness to Maladaptive Behaviour

2.6.1 Cognitive Restructuring Technique

Okoli (2002) posits that cognitive restructuring is an approach to change human behaviour by looking at those processes that serve as mediator between the stimulus and response with greater emphasis on internal processes such as thinking, remembering, creating and solving problems. Cooper, Todd, Turner and Wells (2007) opined that cognitive restructuring has been used to help individuals experiencing a variety of psychiatric conditions, including depression, substance abuse disorders, anxiety disorders, to mention but a few.

However, cognitive restructuring is a psychotherapeutic process of learning to identify and dispute irrational or maladaptive thoughts, known as cognitive distortions, such as all-or-nothing thinking (splitting), magical thinking, filtering, over-generalization, magnification and emotional reasoning, which are commonly associated with mental health disorders. Therefore, cognitive restructuring is a process of changing subconscious thoughts. The goal is to help people overcome faulty thinking errors by bringing them to a level of conscious awareness of their incorrect programming.

Cognitive Restructuring is a core technique in Cognitive Behavioural Therapy (Gladding, 2009). It's a therapeutic process used to identify and confront negative thought patterns and help people understand that these thoughts are ineffective or disruptive, with the goal to ultimately change negative behaviours. It teaches patients how to think differently, by replacing adverse and illogical thoughts ("Faulty thinking") with more rational and positive types of thinking.

Cognitive restructuring is commonly used in treatment of depression, anxiety, substance abuse and eating disorders. A therapist will aid the patient in attempting to replace irrational and distorted thoughts with realistic ones. This is a psychotherapeutic approach that focuses on how your thinking influences your feelings and behaviours (Chapelle, 2015). The idea is that it is your thoughts about things that happen – not the events themselves – that cause you to feel or behave in a certain way.

Steps involved in Cognitive Restructuring

There are four basic steps involved in cognitive restructuring. They are as follows:

- (1) Identification of problematic cognitive known as “automatic thoughts” (AT) which are dysfunctional or negative views of the self, world, or future based upon already existing beliefs about oneself, world, or the future.
- (2) Identification of the cognitive distortions in the ATs.
- (3) Rational disputation of ATs with the Socratic Method.
- (4) Development of a rational rebuttal to the ATs.

Types of Automatic Thoughts

According to Hope (2010), there are six types of automatic thoughts:

- (1) Self-evaluated thoughts
- (2) Thoughts about the evaluations of others.
- (3) Evaluative thoughts about the other person with whom they are interacting.
- (4) Thoughts about coping strategies and behavioural plans
- (5) Thoughts of avoidance
- (6) Any other thoughts that were not categorized.

Clinical Applications of Cognitive Restructuring

Cognitive restructuring has been used to help individuals experiencing a variety of psychiatric conditions, including depression, substance abuse disorders, anxiety disorders collectively, bulimia, social phobia, borderline personality disorder, attention deficit hyperactivity disorder (ADHD), and gambling, just to name a few.

When utilizing cognitive restructuring in Rational Emotive Therapy (RET), the emphasis is on two central notions: (1) Thoughts affect human emotions as well as behavior and (2) irrational beliefs are mainly responsible for a wide range of disorders. RET also classifies four types of irrational beliefs: dire necessity, feeling awful, cannot stand something, and self-condemnation. It is described as cognitive-emotional retraining. The rationale used in cognitive restructuring attempts to strengthen the client's belief that (1) "Self-talk" can influence performance, and (2) in particular self-defeating thoughts or negative self-statements can cause emotional distress and interfere with performance, a process that then repeats again in a cycle. Mood repair strategies are implemented in cognitive restructuring in hopes of contributing to a cessation of the negative cycle (Cooper 2007).

When utilizing cognitive restructuring in Cognitive Behavioural Therapy (CBT), it is combined with psychoeducation, monitoring, in vivo experience, imaginal exposure, behavior activation and homework assignments to achieve remission. The cognitive behavioural approach is said to consist of three core techniques:

- (1) Cognitive Restructuring,
- (2) Training in coping skills, and
- (3) Problem solving.

Application of Cognitive Restructuring within Therapy

According to Cooper (2007) there are many methods used in cognitive restructuring, which usually involve identifying and labelling distorted thoughts, such as, "all or none thinking, disqualifying the positive, mental filtering, jumping to conclusions, catastrophizing, emotional reasoning, should statements, and personalization". The following lists methods commonly used in cognitive restructuring:

- Socratic questioning
- Thought recording
- Identifying cognitive errors
- Examining the evidence (pro-con analysis or cost-benefits analysis)
- Understanding idiosyncratic meaning/semantic techniques
- Labelling distortions
- Decatastrophizing
- Reattribution
- Cognitive imagery
- Listing rational alternatives

Cooper (2007)

Socratic Questioning

Socratic questioning according to Paul and Elder (2006) is disciplined questioning that can be used to pursue thought in many purposes, including: to explore complex ideas, to get to the truth of things, to open up issues and problems, to uncover assumptions, to analyze concepts, to distinguish what we know from what we do not know, to follow out logical implications of thought or control the discussion. Carey and Mullan (2004) opined that, the key to distinguishing Socratic questioning from questioning *per se* is that Socratic questioning is systematic, disciplined, deep and usually focuses on fundamental concepts, principles, theories, issues or problems.

Socratic questioning is referred to in teaching, and has gained currency as a concept in education, particularly in the past two decades (Paul & Elder, 2006). Teachers, students or anyone interested in probing thinking at a deep level can construct Socratic questions

and engage in these questions (Van Aswegen, Brink & Steyn, 2011). Socratic questioning and its variants have also been extensively used in psychotherapy (Paul & Elder, 2006).

Socratic questioning is classified into six types namely:

- Questions for classification;
- Questions that probe assumptions;
- Questions that probe reasons;
- Questions about viewpoints and Perspectives;
- Questions that probe implications and consequences; an
- Questions about the questions.

Questions for clarification:

- * Why do you say that?
- * How does this relate to our discussion?

Questions that probe assumptions:

- *What could we assume instead?
- *How can you verify or disapprove that assumption?

Questions that probe reasons and evidence:

- *What would be an example?
- *What isanalogous to?
- *What do you think causesto happen.....?

Questions about viewpoints and perspectives:

- *What would be an alternative?
- *What is another way to look at it?
- *Would you explain why it is necessary or beneficial, and who benefits?
- *Why is the best?

*What are the strengths and weakness of

*How areandsimilar?

*What is counterargument for.....?

Questions that probe implications and consequences:

*What generalizations can you make?

*What are the consequences of those assumptions?

*What are you implying?

*How doesaffect.....?

Questions about the questions:

What was the point of this question?

*Why do you think I asked this question?

*What doesmean?

*How does.....apply to everyday life?

Decatastrophizing

In cognitive therapy, decatastrophizing or decatastrophization is a cognitive restructuring technique to treat cognitive distortions, such as magnification and catastrophizing, commonly seen in psychological disorders like anxiety and psychosis (Martin, Ryan, Dahlen, & Eric, 2005).

Oftentimes, cognitive distortions are just an exaggerated view of reality (Mc Manus & Van Doorn, 2012). Before a first date, a person may find themselves overwhelmed with anxiety, thinking of all the things that might go wrong according to Mc Manus, VanDoorn, &Yiend, 2012. Maybe their date won` t like how they look, or maybe they will make a fool of themselves. With the decatastrophizing technique, we ask very simple questions: “

What if?” or “what’s the worst that could happen?”. Let us consider the example below according to Mc Manus *et al*, 2012.

Client: I always worry that my date won’t like how I look, or I’ll make a fool of myself.
This leads to me getting so much nervous that I do make a fool of myself.
Therapist: so, what if those things come true?
What if your date doesn’t like how you look, or you make a fool of yourself?
Client: well, we probably won’t have a second date.
Therapist: what if don’t have a second date? What happens then?
Client: I guess nothing. I just won’t see them again.

This sequence of questioning helps to reduce the irrational level of anxiety associated with cognitive distortions. It highlights the fact that even the worst-case scenario, is manageable.

Note: Decatastrophizing is sometimes called the “what if” technique because of the style of questioning which helps clients prepare for feared consequences. This is helpful in decreasing avoidance (Cooper, 2007).

Putting Thoughts on Trial.

First, your client will act as a defense attorney by defending their negative thought. Ask them to make an argument on why the thought is true. Remember to stick to verifiable facts. Interpretation, guess, and opinions are not allowed! Next, ask your client to act as the prosecutor. They will present evidence against the negative thought. Just like in the previous step, require that they stick to fact, while excluding opinions.

Finally, ask your client to act as the judge. They will review the evidence, and deliver a verdict. The verdict should come in the form of a rational thought.

Example: Putting Thoughts on Trial.

The Thought

My partner probably hates me. (after an argument about housework)

The Defense	The Prosecution
Argument in defense of the thought	Argument against the thought
<p>*We often argue about minor things like chores.</p> <p>*My partner gets angry at me during these arguments.</p> <p>*I don't always complete my portion p of the housework.</p>	<p>*When we do argue, we always find a way to resolve the problem.</p> <p>*We have been together for 10 years.</p>
<p>The Verdict</p> <p>Arguments are sometimes upsetting, but overall, this is a healthy and loving relationship. There is no evidence that my partner hates me.</p>	

Source: Mc Manus, Van Doorn & Yiend, (2012).

Reattribution

In the opinion of Cooper (2007), reattribution is a technique in cognitive restructuring which tests automatic thoughts and assumptions by considering alternative causes of events. This particularly helps when clients perceive themselves as the cause of problem events.

Redefining

Cooper (2007) opined that redefining helps clients mobilize when they believe problems are beyond personal control and these techniques may make problems more concrete, stating them in terms of the client's own behaviour.

Decentring

This is used chiefly to help clients who erroneously believe that they are the focus of everyone's (usually negative) attention (Hope, 2010). It also one of the behavioural techniques used to modify automatic thoughts and assumptions (Cooper, 2007). These employ behavioural experiments designed to challenge specific maladaptive beliefs and promote new learning. A client might, for example, (1) predict that a certain outcome will obtain, based on automatic thoughts, (2) carry out the agreed behaviour, and then (3) evaluate the evidence in light of the new experience. Some of behavioural techniques used to foster cognitive changes are:

- Home Work;
- Hypothesis testing;
- Exposure therapy;
- Behavioural rehearsal and roleplaying;
- Diversion techniques;
- Activity Scheduling; and
- Graded task assignment

Cognitive Imagery

This is the representation in a person's mind of the physical world outside that person (Eysenck, 2012). It is an experience that, on most occasions, significantly resembles the experience of perceiving some objects, events, or scene, but occurs when the relevant object, event, or scene is not actually present to the senses (Wright, 2017).

There are sometimes episodes, particularly on falling asleep (hypnagogic imagery) and waking up (hypnopompic), when the mental imagery, being of a rapid, phantasmagoric and involuntary character, defies perception, presenting a kaleidoscopic field, in which no distinct object can be discerned (Wright, 2017). Mental imagery or cognitive imagery can

sometimes produce the same effects as would be produced by the behaviour or experience imagined (Kappes, & Morewedge, 2016).

Cognitive imagery can comprise information from any source of sensory input; one may experience auditory images olfactory images and so forth (Plessinger, 2017, & Sachs, 2007).

However, the majority of philosophical and scientific investigations of the topic focus upon visual mental imagery. It has sometimes been assumed by Sachs (2007) that, like humans, some types of animals are capable of experiencing mental images.

Philosophers such as George Berkeley, David Hume, early experimental psychologists such as Wilhelm-Wundt and William James understood ideas in general to be mental images (Gibson, Fernandez-Espejo, Gonzalez-Lara, Benjamin, Lee-Donald, Owen, & Cruse, 2017).

Today it is very widely believed by Psychologists that much imagery functions as mental representations (or mental models), playing an important role in memory and thinking (Kappes, & Morewedge, 2016).

Some educational theorists such as Paivio (2013), and Cichy, Heinzle, & John-Dylan (2017) have drawn from the idea of mental imagery in their studies of learning processes that emphasize visual, auditory and kinesthetic systems of experience (Cichy, Heinzle, & John-Dylan, 2017).

According to these theorists, teaching in multiple overlapping sensory systems benefits learning as well as change in behaviour. They encourage teachers and other social

workers to use content and media that integrates well with the visual, auditory and kinesthetic systems whenever possible.

Educational researchers such as Sachs, Pinker, and Eyesenck have examined whether the experience of mental imagery affects the degree of learning and behaviour. For example, imagining playing a 5-finger piano exercise (mental practice) resulted in a significant improvement in performance over no mental practice – though not as significant as that produced by physical practice. The authors of the study stated that “mental practice alone seems to be sufficient to promote the modulation of neural circuits involved in the early stages of motor skill learning which might likely affect the behaviour of an individual (Farah, 2017).

Labelling Distortions

This distortion according to Burns (1989) is a more severe type of overgeneralization which occurs when a person labels someone or something based on one experience or event. Instead of believing that he or she made mistake, people engaging in this type of thinking might automatically label themselves as failures (Beck, 1976).

Dealing with Magical Thinking

This is one of the ways to avoid an insidious thought error. Magical thinking is defined as believing that one event happens as a result of another without a plausible link of causation (Rush, Khatami, & Beck, 1975). For example: “I got up on the left side of the bed today; therefore it will rain.” The problem with this definition, however, is that exactly what constitutes “a plausible link of causation” can be difficult to pin down. If we were to take this phrase to its logical extreme, we would have to consider a brief in anything that hasn't been scientifically proven to represent magical thinking. On the other

hand, rejecting the use of any and all criteria with which to judge cause and effect leaves us vulnerable to believing that anything can cause anything or even worse, that an effect can occur without a cause at all (Rush, Khatami, & Beck, 1975).

How to stop thinking magically

Magical thinking remains a subtle obstacle to making good decisions. The more we observe ourselves, the more we can reduce our tendency to indulge in it (Schimelpfening Nancy, 2014). The following steps could be taken quite consciously according to Martin, Ray, Dahlen and Eric, 2005 & Schimelpfening Nancy, 2014.

Step 1: Consciously identify your desires and biases. Write them down. Try to identify their cause.

Step 2: Demand proof when proof seems demonstrable. Try to remain intellectually “agnostic” toward what hasn’t been proven or isn’t provable, even if you find yourself emotionally inclined to believe it. Try to regard your belief as just that –an inclination- so that you are not tempted to act with more confidence in your belief than is justified.

Step 3: Beware of the tendency to let others think for you. This is as insidious as it is widespread. A journalist presents a portion about a topic of the day and has his or her opinion accepted as a fact.

Dealing with Cognitive Distortions

Cognitive distortions are simply ways that our mind convinces us of something that isn’t really true (Burns, David, 1989). These inaccurate thoughts are usually used to reinforce negative thinking or emotions – telling ourselves things that sound rational and accurate, but really only serve to keep us feeling bad about ourselves (Burns and David, 1989).

Cognitive distortions are exaggerated or irrational thought patterns that are believed to perpetuate the effects of psychopathological states, especially depression and anxiety (Moritz, Steffen, Schilling, Lisa, Wingenfeld, Katja, Kother, Wittekind, Charlotte, Terfehr, Kirsten, & Carstern, 2011). Cognitive distortions are thoughts that, cognitive therapists believe cause individuals to perceive reality inaccurately. These thinking patterns often are said to reinforce negative thoughts or emotions (Grohol, 2009). Cognitive distortions tend to interfere with the way a person perceives an event. This is because; the way a person feels intervenes with how he/she thinks. These distorted thoughts can feed negative emotions and lead an individual affected by cognitive distortions towards an overall negative outlook on the world and consequently a depressive or anxious mental state. Therefore the model below will be of immense assistance in helping individuals overcome challenges in cognitive error.

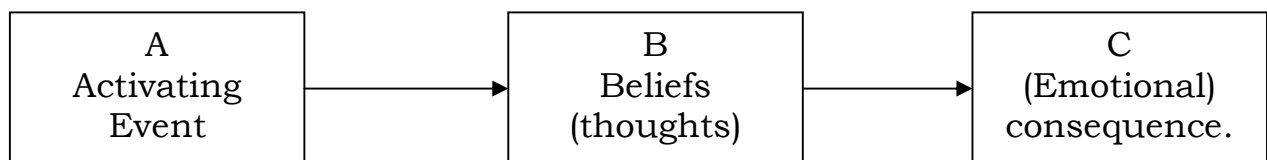


Figure 1: A.B.C. Model on Cognitive Restructuring Technique.

We call this ABC model.

2.6.2 Self-Control Therapy

Self-Control according to Godfredson and Hirschi (1993) is the ability to control one's emotions and behaviour in the face of temptations and impulses. It is also a cognitive process that is necessary for regulating one's behaviour in order to achieve goals. It is therefore an aspect of inhibitory control. There are some techniques applicable in Self-Control Therapy according to Godfredson and Hirschi (1993). Some of those techniques

are; operant conditioning; depriving and satiation; counteractive approaches; changing stimulus; punishments and many others.

Operant Conditioning: Operant conditioning is the process of strengthening behaviour by reinforcing it or weakening it by punishing it (Vazsonyi and Huang, 2010). In other words, a behaviour that is altered by its consequences is known as operant behaviour. There are multiple components of operant conditioning; these include reinforcement such as positive reinforcers and negative reinforcers (Godfredson and Hirschi, 1993). A positive reinforcer is a stimulus which, when presented immediately following a behaviour, causes the behaviour to increase in frequency. Negative reinforcers are stimulus whose removal immediately after a response causes the response to be strengthened or to increase in frequency. Additionally, components of punishment are also incorporated such as positive punishment and negative punishment (Moffit, Arseneault, Belsky, Dickson, Hancox and Harrington, 2011).

Depriving and Satiation: Deprivation is the time in which an individual does not receive a reinforcer, while Satiation occurs when an individual has received a reinforcer to such a degree that it will temporarily have no reinforcing power over them (Godfredson and Hirschi, 1993). If one deprives himself or herself of a stimulus, the value of that reinforcement increases. One may manipulate one's own behaviour by affecting states of deprivation or satiation and host of others.

Counteractive Approach: This is a model which explains the insight that a desire becomes a temptation, entering the area of self-control, if the behaviour resulting from the desire conflicts with an individual's values or other self-regulatory goals (Miller, Barnes and Beaver, 2011). It explains the fact that, desires that conflict with overarching goals or

values are known as temptations. Self-control dilemmas occur when long-term goals and values clash with short-term temptations. Counteractive self-control Theory states that when presented with such a dilemma, one lessens the instant rewards while momentarily increasing the importance of our overall values (Miller, *et al*, 2011).

Satiation: This simply means decrease in liking of and desire for a substance following repeated consumption (Miller, *et al*, 2011). This could be likened with those with low trait self-control satiated at the same pace regardless of health value.

Changing Stimulus: Here the stimulus involves manipulating the occasion for an occurrence for change in behaviour. It has to do with removal of distractions that induce undesired actions or adding a prompt to induce it (Piquero, Jennings and Farrington, 2010).

Punishment: Self-punishment of responses would include the arranging of punishment contingent upon undesired responses. This might be seen in the behaviour of whipping oneself which some monks and religious persons do. Punishment is more like conformity than self-control because with self-control, there is need to be an internal drive, not an external source of punishment that makes the person want to do something (Piquero *et al*, 2010).

2.7 Family Status and Maladaptive Behaviour

Family status tries to exposes us to the knowledge of people ordinarily living in the same house, unless work, study, imprisonment, confinement, foreign sojourn or any other exigencies compel a member to temporarily live away from the shared house (Deater-

Deckard, Dodge, Bates, Pettit, 2016). We may also have parents who stays together; divorced, separated but not divorced and single parents type.

The status here is still titled toward defining the family as people ordinarily sharing a common living area. The meaning of the term “family’ also depends on whether it is being interpreted in a social, biological, cultural or statistical sense (Hodgson, Birks, 2002).

Research has shown that adolescents in married, biological two-parent families generally fare better than children in single –mother, cohabiting stepfather, and married stepfather families (Simons, Simons, & Wallace, 2004). Data suggest that family status serves as a risk factor for adolescents, since adolescents from divorced or single-parent families are two to three times more likely to display problem behaviours (Simons, Simons, & Wallace, 2004). In contrast, researchers have examined factors that contribute to adolescent enhanced adjustment among intact families. Adolescents in two biological parent households are more likely to have greater socioeconomic resources, as well as greater investments of parental time, attention, and support (Amato, & Sobolewski, 2004). Some researchers report that within intact families, mothers communicated more positively and supported their adolescents more than did single mothers, suggesting that having two parents in a household enhances the quality of parent-adolescent relationships (Lansford, Deter-Deckard, Dodge, Bates, & Pettit, 2004). Further, Booth, Scott, & King (2010) found that children do better on average in two - biological – parent families because a greater proportion of them enjoy close ties to their fathers.

In addition, single parenthood is frequently associated with increased life stress, more chaotic home environments, fewer financial resources and lower levels of social support

(Weinraub & Wolf, 1983). These factors might directly affect teenagers/ youths outcomes or may indirectly affect them through influences on parenting and discipline. Several researchers have found that teenagers/ youths in single parent households are more likely to exhibit behavioural problems than those living in two parent families (Dodge, Pettit, & Bates, 1994, Duncan, Brooks – Gunn, & Klebanov, 1994). Although a number of researchers have included single parents in their studies of child externalizing behaviour (Heller, Baker, Henker, & Hinshaw, 1996, Keenan, Shaw, Delliquadri, Giovannelli, & Wash, 1998, Shaw, Owens, Giovannelli, & Winslow, 2001).

Sequel to the above, the end of a marriage can interfere with effective parenting and deprive children of nurturing from parents who may be temporarily preoccupied with their own personal anguish thereby making their children behave maladaptive way. Also, divorce is frequently followed by a decline in income for the custodial parent and his or her children. Parental separation, even if it is stressful, may eventually benefit both the child and parents, depending on the family circumstances. The many influences on the adolescent and family include parental stability, social supports, the child's age, temperament and resiliency (Amato, 1994).

Early studies suggested that teenagers/ youths from families that experience a divorce and remarriage are more likely to drop out of school, get into trouble with the law, abuse drugs or alcohol and exhibit emotional distress compared with those who grew up with both biological parents (Amato, 1994). More recent studies find that only a slightly higher proportion of teenagers/youths that are mentally well live in intact families (Wallerstein & Blakeless, 1989). Some studies suggesting that a high proportion of teenagers/youths are negatively affected by divorce are biased due to clinical samples that were drawn

from families who were in the therapy rather than from the general population. Wallerstein and Blakeless (1989), for example, conducted a long term study of middle class adolescents of divorced parents and found that almost half of them expressed long term stress and insecurity that adversely affected their work, school and social relationships. Studies based on more representative populations suggest that the risk of dysfunction faced by adolescents of divorced parents is less than that suggested by Wallerstein and Blakeless, with evidence suggesting only a slight increase in behaviour problems in these teenagers/youths compared with those of non-divorced parents (Amato, & Keign, 1991). Parenting styles, characterized by negative attitude, verbal or physical conflict and authoritarian behaviour are recognized as being harmful (Amato, & Keith, 1999). Research suggests that parental conflict, not parental separation, has the most adverse effect on teenagers/youths (Hetherington, 1989). There is evidence that children with cooperative parents fare best in joint physical residence (Emery, & Coiro, 1995). Children who adjust best have regular contact with a caring, supportive and competent adult, whether it is a parent, relative, teacher or other person.

2.8 Summary of Reviewed Literature and Gaps in Knowledge

The relevant literature has been reviewed to provide an insight into cognitive restructuring in the management of Juvenile delinquency among young adults. The evidence suggests that in spite of differences in the theoretical orientation of researchers they all agree that maladaptive behaviour is more pronounced among young adults. The evidence also seems to be conclusive that there is a major link between genetic factors, environment, family structure, peer influence, educational factors and maladaptive behaviour. However, there is dearth of literature regarding the evaluation of the effectiveness of cognitive restructuring and self-control targeted at the management of

proneness to maladaptive behaviour among young adults in Nigeria. The evidence from the few available studies is either inconclusive or contradictory. Therefore the present study addressed gaps that arise regarding young adults involvement in proneness to maladaptive behaviour.

CHAPTER THREE

RESEARCH METHODOLOGY

This chapter presents the research methodology used in the study. It presents a description of research design, study area, population, sample and sampling techniques, instrumentation, scoring of instruments, validity and reliability of instruments, procedure for data collection, training procedure and method of data analysis.

3.1 Research Design

This study employed quasi - experimental, pre-test, post-test control group design. The quasi-experimental design was used because of its appropriateness since it involves human behaviour and may not permit proper randomization of subjects and control of all variables. There were three experimental groups, two treatments and one control group. The treatment groups were exposed to training packages on cognitive restructuring and self-control while the control group was not exposed to treatment. The descriptive survey was used to collect the baseline data on participants for qualification to participate in the training phase of the study.

3.2 Study Variables

The independent variables of the study are cognitive restructuring and self-control. The dependent variable is proneness to maladaptive behaviour whereas the intervening variables were self-esteem, family status, peer pressure and parenting styles.

3.3 Area of Study

The study area was Imo State, South East Nigeria. Imo State came into existence in 1976 along with other new states created under the leadership of the late Military Ruler of

Nigeria, General Murtala Muhammed, having been previously part of East-Central State. The state is named after the Imo River. The main cities in Imo State are Owerri, Orlu and Okigwe. The Orashi River has its source in this state. The local language is Igbo and Christianity is the predominant religion.

Imo State has an area of 5,530km² (2,140sq mi) (2006 Estimate). According to 2006 census, Imo State has a population of 3,934,899 people. The state lies within latitudes 4^o45`N and 7^o15`N, and longitude 6^o50`E and 7^o25`E with an area of around 5,100sq km (2006, population census) It is bordered by Abia state in the East, by the River Niger and Delta State on the West, by Anambra State to the North and Rivers State to the South. Imo State has twenty-seven (27) local government areas.

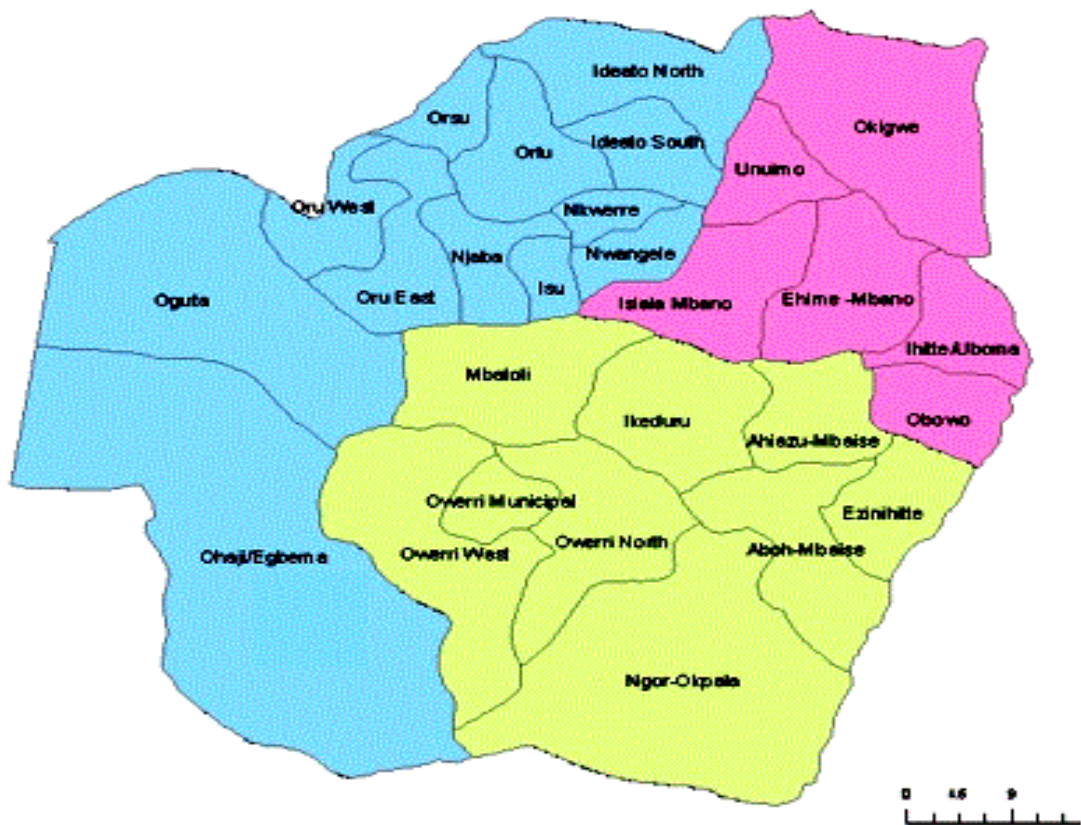


Figure 2: Map of Imo State showing the twenty-seven 27 local government areas.

3.4 Population of the Study

The target population for this study comprised all Senior Secondary School Two (SS2) students in the six Educational Zones in Imo State.

3.5 Sample and Sampling Procedure

The sample for this study was 120 Senior Secondary School Two (SS2) students consisting of 58 male and 62 female randomly drawn from three schools in Okigwe Educational Zone II, Imo State, Nigeria. The procedure adopted by the researcher in the selection of the sample is as follows. Simple random sampling technique was used to select One Educational Zone (Okigwe Educational Zone II) out of six Educational Zones in Imo state. The names of all secondary schools in the selected educational Zone were written in pieces of paper and through simple random sampling, one school from each of three Local Government Areas in Okigwe Educational Zone II was selected. Two arms of a class in each school were selected bringing the total to six arms. A total number of 180 students were randomly selected. The selected students in the selected classes were subjected to baseline assessment using Hare's Psychopathy Checklist-Revised Scale. Those who scored 30 and above out of a total of 40 marks, served as participants in the study. In all, 120 students who met the baseline assessment were selected as participants in the study. The selected schools were tagged schools A, B, and C for confidentiality.

3.6 Instrumentation

Five instruments were used to obtain relevant data for the study. All the instruments were adapted by the researcher. The instruments were adapted by rewording some items that do not suit the level of understanding of the participants. The psychometric properties of the instruments were re-established to ensure that their properties are acceptable for the

study. Having got the instruments, their content validity were determined by the researcher's supervisors and other experts in the field of Measurement and Evaluation. Using test-re-test reliability, the stability of the instruments during pilot study made the instrument appropriate for the study. They were validated through pilot study and were used to collect data for the study. They are as follows: Levenson Self-Report Psychopathy Scale (LSRPS), Index of Self –Esteem (ISE), Parenting Style Questionnaire (PSQ), Peer Pressure Questionnaire (PPQ) and Hare Psychopathy Checklist-Revised Scale (PCL-RS).

1. **Levenson Self-Report Psychopathy Scale (LSRPS):** The LSRPS was developed by Levenson (1995) for use in psychological research. It measures two scales: primary psychopathy (psychopathic emotional affect) and secondary psychopathy (psychopathic lifestyle). The primary factor measures the description of a selfish, uncaring, manipulative posture towards others. The secondary factor measures impulsivity and a self-defeating lifestyle. The test consists of twenty six statements that could possibly apply to the participants. It is a 5-point scoring scale as follows: (1) strongly disagree (2) disagree (3) neither agree (4) agree (5) strongly agree. This scoring procedure is as could be applied to the researcher. Here, items numbers 10, 12, 14, 15, 22, 23 and 26 are scored as positively inclined scored in ascending order of magnitude. This is to say that, 1=1, 2=2, 3=3, 4=4, 5=5; on its reverse, the other items would be scored. This is to say that, 5=1, 4=2, 3=3, 2=4 1=5. A total score of 130 would be realized in all. Other experts such as Miller, Gaughan, and Pryor (2008) have judged this instrument a reasonable scale of measurement. The content validity was also determined by the researcher's supervisors and other experts in the field of measurement and evaluation. Using test-re-test reliability for internal consistency, reliability co-efficient of 0.89 was established during the pilot study which made the

instrument appropriate for the study. Below are some samples of the items in the **LSRPS**.

	ITEMS	1	2	3	4	5
1.	Success is based on survival of the fittest; I am not concerned about the losers.					
2.	For me, what's right is whatever I can get away with.					

2. **Index of Self-Esteem (ISE)**

The index of self-esteem (ISE) is a 25-item inventory developed by Hudson (2000) to measure the degree, severity or magnitude of a problem the individual has with self-esteem. The items are on a five-point scale and scored 1 = rarely-occasionally, 2 = a little of the time, 3 = sometime, 4 = a good part of the time, 5 = most or all of the time. Hudson (2000) obtained a co-efficient alpha of 0.93 and a test-retest coefficient of 0.92. The researcher also obtained a co-efficient alpha of 0.78 during pilot study to ascertain the internal consistency of the instrument.

1. "I feel that people would not like me if they really knew me well".
2. "I feel that others get along much better than I do".
3. "I feel that I am a beautiful person"

3. **Parenting Style Questionnaire(PSQ)**

This questionnaire was developed by Robinson, Oliseh and Hert (1995). The instrument hinges on different parenting practices which usually affect children. The instrument consisted of 17 items that were used to elicit responses from the participants. The items were in a 4-point scale format. SA, A, D, SD (4, 3, 2, 1). It however measures Authoritative Parenting Style and Permissive Parenting Styles

respectively. The researcher obtained a co-efficient alpha of 0.79 during the pilot study. Below are some samples of items in the **PSQ**

KEY: SA=Strongly Agreed A=Agreed D=Disagreed SD=Strongly Disagreed.

S/N	STATEMENTS	1	2	3	4
1.	My parents are responsible for my feelings and needs.				
2.	My parents do treat me as an equal member of the family.				

4. Peer Pressure Questionnaire (PPQ)

The Peer Pressure Questionnaire was adapted from NICHD Study of Early Child Care and Youth Development (2005). It has sections such as peer pressures as components of unhealthy living, ganging, social vices involvement and others that have to do with maladaptive behaviour.

The instrument consists of nine items that were used to elicit responses from participants. It focused on the perception and levels of respondents to peer pressure. All items were positively worded. The options were in the 4-point Likert Scale Format: SA, A, D, SD (4, 3, 2,1). High score on the items indicate a high degree of negative peer pressure. The researcher obtained a co-efficient of 0.87 in measuring its internal consistency.

Some samples of the items in **PPQ** are presented as follows:

S/N	STATEMENTS	SD	D	A	SA
1	I think it is more important to be myself than to fit in with the crowd				
2	I would break the law if my friends said that they would				

5. **Hare Psychopathy Checklist- Revised Scale (PCL-RS)**

The PCL-RS is 20-item scale developed by Hare (1999) to measure psychopathy in individuals which is related to proneness to maladaptive behaviour. It is used for legal, psychological, clinical or research purposes. Each of the twenty items is given a score of 0, 1, or 2 based on how well it applies to the subject being tested. A prototypical psychopath would receive a maximum score of 40, while someone with absolutely no psychopathic traits or tendencies would receive a score of zero. A score of 30 or above qualifies a person for diagnosis of psychopathy. People with no maladaptive behaviour background normally score 5. Many non-psychopathic behavioural deficiency score around 22. The co-efficient of 0.81 was obtained by the researcher. Some of the twenty traits assessed by the PCL-RS scale are:

- Lack of remorse or guilt;
- Poor behavioural controls;
- Early behaviour problems;
- Irresponsibility;
- Juvenile delinquency;
- Cunning and manipulateness, and others. The relationship between Psychopaths and maladaptive behaviour is that, the traits relevant among Psychopaths are also obtainable on traits that could make one prone to maladaptive behaviour if not checked.

3.7 Pilot Study

A pilot study was carried out in three schools which were not part of the main study but from same Okigwe Educational Zone II, Imo State, Nigeria. Using simple random

sampling technique, 30 students were selected to participate in the pilot study comprising 10 participants per school. The purpose of the pilot study was to carry out a mini study to make a tryout of the training conditions before the main study and to determine the psychometric properties of the instruments such as reliability and validity. On content validity, copies of the questionnaires were given to the researcher's supervisors and some lecturers in the Department of Educational Foundations to determine the content validity. To measure the reliability of the instruments, the instruments were administered to the 30 students randomly selected among SS2 students from the selected schools. The five instruments were administered to 30 students, after two weeks, it was re-administered to the same set of students. The results of the two tests were collated. Pearson Product Moment Correlation statistics was used to estimate the test-retest reliability coefficient of the instruments. The estimated values for the instruments are presented in Table 1.

Table 2: Estimated Value for Research instruments (Test-retest reliability, N=30)

Instruments	Instruments	No of Items	No of participants	Test	Mean	Sd	Rtt
Levenson Self-Report Psychopathy Scale	LSRPS	26	30	1 ST	50.66	1.98	0.89
				2 ND	50.76	2.45	
Index of Self-esteem	ISE	25	30	1 ST	43.60	9.77	0.78
				2 ND	41.60	12.04	
Parenting Styles Questionnaire	PSQ	17	30	1 ST	47.20	6.02	0.79
				2 ND	39.30	6.93	
Peer Pressure Ques.	PPQ	9	30	1 ST	31.95	4.01	0.87
				2 ND	31.20	3.87	
Hare Psychopathy Checklist-Revised Scale	PCL-RS	20	30	1 ST	49.64	4.07	0.81
			30	2 ND	43.24	3.76	

Evidence from the table, shows that the test-retest reliability indices of Proneness To Maladaptive Behaviour gives 0.89, Index Of Self-esteem gives 0.78, Parenting Styles Instrument gives 0.79 , and Peer Pressure Instrument gives 0.87, Hare Psychopathy Checklist-Revised Scale instrument gives 0.81. The values were proved to be high ; therefore, they were suitable and reliable to be used for the study.

3.8 Procedure for Data Collection

A letter of introduction was obtained from the Head, Department of Educational Foundations, University of Lagos. The researcher met with the principals of the selected schools to obtain the permission to conduct the study in their schools.

3.9 Appointment and Training of Research Assistants

Three teachers with First Degree Qualification were appointed as research assistants in the administration and collection of research instruments. They were properly trained for a period of two hours a week for two weeks.

3.10 Study Phases

The study was carried out in three phases:

Phase One: Pre-test Assessments

Phase Two: Experimental Conditions

Phase Three: Post-test Assessments

Phase One: Pre-test Assessment: One week before the experiments, the 120 participants who met the criteria for inclusion in the study completed the research instruments. The participants included were those who scored 30 and above on the Hare Psychopathy Checklist-Revised Scale used for baseline assessment. The instruments included

behavioural traits such as; lack of remorse or guilt, poor behavioural controls, early behavioural problems, irresponsibility, cunning and manipulativeness and others.

Phase Two: Treatment Phase: There were three experimental groups namely: two treatment groups and one control group. The treatment groups met once a week for six weeks duration. Each session lasted for a period of one hour. The control group did not receive any treatment.

Phase Three: Post-test Assessment: One week after the treatment, all the instruments were re-administered to the participants in the three experimental groups.

3.11 Detailed Treatment Procedure

1. Cognitive Restructuring Therapy(CRT)

This strategy was designed to change the thinking process of the participants. The Cognitive Restructuring Therapy is focused on communication, problem solving skills and management of traits proneness to maladaptive behaviour among participants in the experimental groups. It was also meant to put in place the effective means of helping participants whose emotional and psychological thoughts pose a problem, as a result of faulty thinking.

Session One

The researcher established rapport with the participants through self-introduction of the members using the going round technique. The goals and objectives of the therapy as well as the rules guiding participation was made known to the participants. They were also informed on the need to embrace the principle of confidentiality as regards the activities of the group. The researcher explained the objectives of the counselling programme, its procedure, expectations and the participants' roles.

Session Two

The participants were engaged in group discussion. This discussion centred on creating awareness of factors that underlieteenagers'proneness to maladaptive behaviour. Such risk factors could be categorized as follows:

- i. Individual characteristics.
- ii. Family factors.
- iii. School/work factors; and
- iv. Association with peers

Session Three

This session was devoted to strategies to changing participants' mode of thinking from illogical way to logical irrespective of the circumstances surrounding that particular individual at that particular time. At this stage, the participants were exposed to the principle of A-B-C-D-E-F of Albert Ellis in the concept of Rational Emotive Therapy as to mediate in their ways of thinking from illogical view to logical views respectively.

Session Four

The researcher engaged the participants in many methods used in Cognitive Restructuring Therapy which usually involve identifying and labeling distorted thoughts, socratic questioning, cognitive imagery, decatastrophizing in group counselling session in order to arrest the ugly situations and make them adjusted hence the need for cognitive restructuring. The researcher also generated group discussions on experiences during the group counselling session especially on related sensitive issues such as rape, high intake of alcoholic drinks, violation of school rules and regulations, fighting, bullying and many others.

Session Five

In this session, the training exposed the participants through the four basic steps that are involved in cognitive restructuring therapy. Those steps are as follows: Identification of problematic cognitions known as “automatic thoughts”(ATs) which are dysfunctional or negative views of the self, world or future; Identification of the cognitive distortions in the automatic thoughts; Rational disputations of ATs with the Socratic Method and Development of a rational rebuttal to the ATs.

Session Six

There was a review of all previous sessions and participants were able to appreciate the training received and how to transfer the acquired skills to actual ability to avoid issues of proneness to maladaptive behaviour through the therapeutic intervention received.

2. Self-Control Therapy(SCT)

This therapy was developed to help participants acquire the ability to control one’s emotions and behaviour in the face of temptations and impulses. It is a cognitive process that is necessary for regulating one’s behaviour in order to achieve expected goals.

Session One

The researcher established rapport with the participants through self- introduction of the members using the going round technique. The researcher explained the objectives of the counselling programme, its procedure, duration and roles of the participants; with emphasis on self-control.

Session Two

The researcher took the participants through the counteractive principle. This has to do with the ability to work on one’s desire. The researcher made the participants to

appreciate the fact that, when one is presented with a dilemma, one should lessen the significance of the instant rewards while momentarily increasing the importance of the overall values. The researcher encouraged the participants to appreciate the fact that when challenges come, one should be steadfast in overcoming it gradually rather than looking for a short corner which might be tempting and lacks long term rewards and values.

Session Three

The researcher introduced the participants to the knowledge of changing stimulus. He encouraged them to be conscious that; manipulating the occasion for behaviour may change behaviour as well. This goes by removing distractions that induce it. They are made to identify techniques of self-control through the knowledge of changing stimulus.

Session Four

The researcher held extreme view on operant conditioning. The researcher explained further that operant conditioning is sometimes referred to as Skinnerian conditioning which is the process of strengthening behaviour by reinforcing it or weakening it by punishing it. Similarly, a behaviour that is altered by its consequences is known as operant behaviour. The researcher also exposed the participants to the adopted multiple components of operant conditioning such as; positive reinforcers. Various questions and answers were entertained at this session.

Session Five

The researcher devotes this session to deprivation and satiation. He explained further that deprivation is the time in which an individual does not receive a reinforcer, while satiation occurs when an individual has received a reinforcer to such a degree that it will temporarily have no reinforcing power over them. If one deprives himself or herself of a

stimulus, the value of that reinforcement increases. He further explained that, one may manipulate one's own behaviour by affecting states of deprivation or satiation and many others.

Session Six

There was a review of all previous sessions and participants were able to regain perspective about challenging situations at hand.

3.Control Group

The participants in the control group did not receive any treatment. However, the participants in the control group completed the pre-test and post-test assessment measures. At the end, of the study, the participants in the control group were invited to participate in Self-Control Therapy. This gave them the opportunity to also benefit from the intervention programme in this study.

3.12 Method of Data Analysis

The data collected from various instruments were analysed using both descriptive and inferential statistics suitable for each hypothesis. The means and standard deviations for pre and post-tests assessmentmeasures were computed while 3x2 Analysis of Covariance (ANCOVA) was used to test the hypotheses. All hypotheses were tested at 0.05 level ofsignificance.

CHAPTER FOUR

RESULTS OF DATA ANALYSIS AND DISCUSSION OF FINDINGS

This chapter presents the results obtained from various statistical analyses carried out in the study as well as its discussions and summary of findings. Seven null hypotheses were formulated to guide the study. The data collected from the various instruments were tested using descriptive and inferential statistics. Hypotheses 1, 2, 3, 4, 5, 6 and 7 were tested using 3x2 Analysis of Covariance (ANCOVA). All the hypotheses were tested at 0.05 level of significance. The results obtained from the various statistical analysis carried out are presented below.

4.1 Presentations of Participants Demographic Data

Table 3: Distribution of Participants by Gender.

Gender	Frequency	Percent
Male	58	48.30
Female	62	51.70
Total	120	100.00

The above table shows that, there are equal gender distribution randomly selected for the study comprising 58 males and 62 females exposed to experimental conditions and control group respectively.

Table 4: Distribution of Participants by class level.

Class	Frequency	Percent
SS I	41	34.20
SS 2	79	65.80
Total	120	100.00

The table above shows that, there are 41 participants for the study who came from Senior Secondary One (SS I) and 79 participants from SS 2 class used for the study. SS I students represents 34.2% of the population, SS 2 represents 65.8% both for the experimental conditions and control group.

Table 5: Distribution of Participants by Family Status

Structure	Frequency	Percent
Parents not living together	10	8.30
Parents Divorced	4	3.30
Parents living together happily	87	72.5
Parents live together but quarrel often	10	8.30
Parents live in different places	9	7.50
Total	120	100.00

The table above represents the distribution of participants according to their family status. It could be observed that in most families' parents live together happily at an average percent of 72.5% out of 100%. Families experiencing divorced challenges are 4 in frequency which is 3.3%. Parents not living together and parents living together but often quarrel have same frequency of 10 each which is 8.3% where as parents who live in different places has the frequency of 9 with average percentage of 7.5 respectively.

Table 6: Distribution of participants according to their Mother's Educational level.

Educational level	Frequency	Percent
Primary	14	11.70
Secondary	71	59.20
Tertiary	34	28.30
Others	1	0.80
Total	120	100.00

The above table shows that, most parents especially the mothers of the participants fell in the category of Secondary school leavers having the highest frequency of 71 out of 120 giving an average percentage of 59.2%.

Table 7: Distribution of participants according to their Father's Educational level.

Educational level	Frequency	Percent
Primary	15	12.50
Secondary	60	50.00
Tertiary	36	30.00
Others	4	3.30
None	5	4.20
Total	120	100.00

The fathers of the participants have been exposed to tertiary education more than the mothers. However, it is observed that, all the mothers had attended formal education whereas the fathers recorded absence of 4.2% with its frequency at 5 out of 120 population randomly selected.

Table 8: Distribution of participants according to their Religion

Religion	Frequency	Percent
Traditional	1	0.80
Christianity	119	99.20
Total	120	100.00

The table above shows that almost all the participants' parents are Christian worshippers at 119 frequency out of 120 comprising 99.2% of the population sample selected for the experimental condition.

4.2 Testing of Hypotheses

Hypothesis one

Hypothesis one stated that, there is no significant difference in the post-test scores on the proneness to maladaptive behaviour among participants in the experimental groups. The hypothesis was tested using Analysis of Covariance (ANCOVA) and the result of the analysis is presented in Tables 9 and 10 below.

Table 9: Descriptive Data on experimental conditions and gender on proneness to maladaptive behaviour.

Variable	Gender	N	Pre-Test		Post-Test		Mean Difference
			MEAN	SD	MEAN	SD	
Cognitive Restructuring	Male	19	77.55	10.00	69.75	9.41	7.80
	Female	21	78.20	10.10	67.00	10.77	11.20
	Total	40	77.88	10.18	68.38	10.08	9.50
Self-Control	Male	20	83.50	6.94	69.80	8.43	13.70
	Female	20	83.95	9.42	73.40	12.73	10.55
	Total	40	83.73	8.17	71.60	10.81	12.13
Control	Male	19	77.20	9.97	78.70	11.07	-1.50
	Female	21	77.85	10.62	76.60	8.70	1.25
	Total	40	77.53	10.17	77.65	9.89	-0.12
Total	Male	58	79.42	9.57	72.75	10.43	6.67
	Female	62	80.00	10.38	72.33	11.41	7.67
	Total	120	79.71	9.89	72.54	10.89	7.17

Table 10: 3x2 Analysis of Covariance (ANCOVA) on Experimental Conditions and Gender on Proneness to Maladaptive Behaviour.

Source of Variation	Sum of Squares	df	Mean square	F-cal	Significance F
Corrected Model	3574.71	6	595.79	6.39	*
Main Effects	3324.43	4	831.11	8.92	*
Experimental Conditions	2098.96	2	1049.48	11.26	*
Gender	12.23	1	12.23	0.13	n.s
Covariate	1545.51	1	1545.51	16.58	*
ExperimentalGroups/Gender	250.28	2	125.14	1.34	n.s
Residual	10531.08	113	93.20		
Total	14105.792	119	118.54		

* Significance, $p < 0.05$; $df. = 2$ and 113 ; critical $F = 3.05$. n.s. = not significant

From the results in Table 10, there is significant difference in the post-test mean scores in proneness to maladaptive behaviour among the three experimental groups ($F\text{-Cal}=11.26$; $F\text{-Critical}=3.05$; $df. = 2$ and 113 ; $P > 0.05$). Hypothesis one is therefore rejected. Since the F -value for the experimental groups was statistically significant, it was necessary to determine where the significance between them lies. In order to achieve this, post hoc comparisons were conducted using the Fisher's protected t -test. The results are shown in table 11 that follows.

Table 11: Pair-wise comparison of the Influence of experimental conditions on Proneness to Maladaptive Behaviour.

Groups	Cognitive Restructuring n=40	Self-Control n=40	Control n=40
Cogn. Restructuring	68.38 ^a	-1.52	-4.37*
Self-Control	-3.22	71.60 ^a	-2.85*
Control	-9.27	-6.05	77.65 ^a

a = Group means (x) are in the diagonal; difference in group means are below the diagonal while protected t -test are above the diagonal.

*Significant at 0.05

From the table 11, it could be observed that comparison between participants exposed to cognitive restructuring was not significant when compared to those exposed to self-control treatment ($t=-1.52$; $df =78$; critical $t=2.00$; $P < 0.05$). Similarly, participants exposed to self-control treatment significantly manifested less proneness to maladaptive behaviour than those in the control group ($t=-2.85$; $df.=78$; critical $t=2.00$; $P<0.005$).

Hypothesis Two

There is no significant difference in the post-test scores on self-esteem among participants in the three experimental groups. To test the hypothesis, 3x2 Analysis of Covariance (ANCOVA) statistics was used. The result of the analysis is as presented in Tables 12 and 13

Table 12: Descriptive data on Influence of experimental conditions and gender on teenage self-esteem on proneness to maladaptive behaviour.

Variable	Gender	N	Pre-Test		Post-Test		Mean Difference
			MEAN	SD	MEAN	SD	
Cognitive Restructuring	Male	19	42.60	11.64	48.05	8.77	-5.45
	Female	21	41.60	9.63	51.95	11.04	-10.35
	Total	40	42.10	10.56	50.00	10.04	-7.90
Self-Control	Male	20	41.45	9.57	45.70	10.57	-4.25
	Female	20	38.95	8.01	48.60	7.84	-9.70
	Total	40	40.18	8.81	47.15	9.31	-6.94
Control	Male	19	41.95	12.11	42.90	8.46	-0.95
	Female	21	43.30	8.52	41.65	10.04	1.65
	Total	40	42.63	10.36	42.28	9.19	0.35
Total	Male	58	42.00	10.98	45.55	9.40	-3.55
	Female	62	41.27	8.79	47.40	10.50	-6.13
	Total	120	41.63	9.91	46.48	9.97	-4.85

Table 13: 3x2 Analysis of covariance (ANCOVA) on Influence of experimental conditions and gender on teenage self-esteem.

Source of Variation	Sum of Squares	Df	Mean of square	F-cal	Sig of F.
Corrected Model	1474.64	6	245.77	2.69	n.s
Main Effects	1328.49	4	332.12	3.63	*
Experimental conditions	1213.48	2	606.74	6.63	*
Gender	100.85	1	100.85	1.10	n.s
Covariate	4.96	1	4.96	0.05	n.s
Experimental Groups/Gender	146.16	2	73.08	0.80	n.s
Residual	10345.28	113	91.55		
Total	11819.93	119	99.33		

* Significant at 0.05; df. = 2 and 113; critical F = 3.05. n.s. = not significant

Table 13 shows that, a calculated F-value of 6.63 is greater than the critical value of F (3.05) given 2 and 113 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis three was rejected. Based on the significant F-value obtained, further analysis of data was done using Fisher's Protected t-test to do a pair wise comparison of the group means to determine which group differed from the other on self-esteem and the trend of the difference. The result of the analysis is as presented in Table 14.

Table 14: Pair-Wise comparison of the Influence of experimental conditions and gender on participants' self-esteem.

Experimental groups	Cognitive Restructuring n = 40	Self-control n = 40	Control n = 40
Cognitive Restructuring	50.00 ^a	1.35	3.66*
Self-control	2.85	47.15 ^a	2.31*
Control	7.72	4.87	42.28 ^a

a = Group means are in the diagonal; difference in group means are below the diagonal while protected t-test are above the diagonal

* Significant at 0.05

From the table, it could be observed that the participants exposed to cognitive restructuring did not obtain greater mean scores in self-esteem than those in self –control groups. On the other hand, participants exposed to cognitive restructuring obtained greater mean in self-esteem than the control group ($t = 3.66$; $df. = 78$; critical $t = 2.00$; $P > 0.05$). Similarly, participants exposed to self-control group significantly exhibited greater self-esteem than those in the control group. ($t = 2.31$; $df. = 78$; critical $t = 2.00$; $P > 0.05$).

Hypothesis Three

Hypothesis Three stated that, there is no significant difference in the post-test scores of peer influence among participants in the three experimental groups.

To test the hypothesis, 3x2 Analysis of Covariance (ANCOVA) statistic was used and the result of the analysis is presented in tables 15 and 16.

Table 15: Descriptive Data on Pre-test and Post-test mean scores on peer influence among the three experimental groups.

Variable	Gender	N	Pre-test		Post-test		Mean Difference
			MEAN	SD	MEAN	SD	
Cognitive Restructuring	Male	19	21.95	2.76	18.35	2.72	3.60
	Female	21	21.10	3.43	17.45	2.58	3.65
	Total	40	21.53	3.10	17.90	2.66	3.63
Self-Control	Male	20	19.65	2.37	18.40	3.62	1.25
	Female	20	17.90	2.25	18.10	3.34	-0.20
	Total	40	18.78	2.44	18.25	3.44	0.53
Control	Male	19	21.90	3.48	20.10	3.01	1.80
	Female	21	20.70	3.95	20.10	2.88	0.60
	Total	40	21.30	3.72	20.10	2.91	1.20
Total	Male	58	21.17	3.05	18.95	3.19	2.22
	Female	62	19.90	3.54	18.55	3.12	1.35
	Total	120	20.53	3.35	18.75	3.15	1.78

Table 16: 3x2 Analysis of Covariance (ANCOVA) on Influence of Experimental Conditions and gender on peer Influence.

Source of Variation	Sum of Squares	df	Mean of square	F-cal	Sig of F.
Corrected Model	121.17	6	20.20	2.16	n.s
Main Effects	116.89	4	29.22	3.12	*
Experimental Group	109.22	2	54.61	5.84	*
Gender	4.14	1	4.14	0.44	n.s
Covariate	0.29	1	0.29	0.03	
Experimental Group/Gender	4.28	2	2.14	0.23	n.s
Residual	1057.33	113	9.36		
Total	1178.50	119	9.90		

* Significant at 0.05 df = 2 and 113; critical F = 3.05, n.s. = not significant

Table 16 shows that, the calculated F-value is significant since it is greater than the critical F-value of 3.05 given 2 and 113 degrees of freedom. This means that, there is a significant difference in post-test scores in peer influence among the experimental groups. Hence, the null hypothesis was rejected. Based on the significant F-value obtained, further analysis of data, was conducted using the Fisher's protected t-test to determine which group differs from the other on the level of peer influence. The pair-wise comparison of the group means is as presented in Table 17 below.

Table 17: Fisher’s protected t-test Analysis of Difference in peer influence across experimental groups.

Experimental groups	Cognitive Restructuring n = 40	Self-control n = 40	Control n = 40
Cognitive Restructuring	17.90 ^a	-0.52	-3.28*
Self-control	-0.35	18.25 ^a	-2.76*
Control	-2.2	-1.85	20.10 ^a

a = Group means are in the diagonal; difference in group means are below the diagonal
While protected t-test are above the diagonal.

* Significant at 0.05; df = 78; t - critical = 2.00.

From the Table 17 it could be observed that comparison between participants exposed to cognitive restructuring did not differ significantly in peer influence than those exposed to self-control treatment. ($t = 0.52$; $df. = 78$; critical $t = 2.00$; $P < 0.05$). On the other hand, participants exposed to cognitive restructuring significantly manifested less peer influence than the control group. ($t = -3.28$; $df. = 78$; critical $t = 2.00$; $P < 0.05$). Similarly, participants exposed to self-control treatment significantly manifested less proneness to peer influence than the control group ($t = -2.76$; $df. = 78$; critical $t = 2.00$; $P < 0.05$).

Hypothesis Four

Hypothesis Four stated that, there is no significant parenting styles difference in the participants` post-test scores on the three experimental groups.

To test the hypothesis, 3x2 Analysis of Covariance (ANCOVA) statistic was used and the result of the analysis is presented in tables 18 and 19.

Table 18: Descriptive Data on Differences in parenting styles Based on the experimental conditions and gender.

Variable		N	Pre-test		Post-test		Mean Difference
Experimental Group	Gender		MEAN	SD	MEAN	SD	
Cognitive Restructuring	Male	19	44.65	6.77	37.20	5.02	7.45
	Female	21	41.50	7.76	38.30	5.93	3.20
	Total	40	43.08	7.36	37.75	5.45	5.33
Self-Control	Male	20	37.00	6.80	39.20	5.02	-2.20
	Female	20	36.40	4.19	41.55	4.77	-5.15
	Total	40	36.70	5.58	40.38	4.98	-3.68
Control	Male	19	41.95	6.33	40.15	4.78	1.80
	Female	21	39.10	6.35	41.05	4.62	-1.95
	Total	40	40.53	6.42	40.60	4.66	-0.07
Total	Male	58	41.20	7.26	38.85	5.01	2.35
	Female	62	39.00	6.51	40.30	5.25	-1.30
	Total	120	40.10	7.00	39.58	5.17	0.52

Table 19: 3x2 Analysis of Covariance(ANCOVA) on Influence of experimental conditions and gender on parenting styles.

Source of Variation	Sum of Squares	df	Mean of square	F-cal	Sig of F.
Corrected Model	277.55	6	46.26	1.80	n.s
Main Effects	264.60	4	65.15	2.58	n.s
Experimental Group	177.76	2	88.88	3.47	*
Gender	59.04	1	59.04	2.30	n.s
Covariate	0.67	1	0.67	0.03	n.s
Experimental Group/Gender	12.96	2	6.48	0.25	n.s
Residual	2897.77	113	25.64		
Total	3175.325	119	26.68		

* Significant at 0.05; df = 2 and 113; critical F = 3.05, n.s. = not significant

Table 19 shows that, the calculated F-value of 3.47 is significant since it is greater than the critical F-value of 3.05 given 2 and 113 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis four was rejected which implies that those counselling interventions the participants were exposed to significantly affected them positively. Based on the significant F-value obtained, further analysis of data was carried out using Fisher's protected t-test (post-hoc) to carry out a pair-wise comparison of the group means to determine which group differed from the other on parental influence and the trend of the difference. The result of the analysis as presented below in Table 20.

Table 20: Pair-Wise Comparison of Mean Differences in Counselling Intervention and Participants' post-test scores on Parental Influence.

Experimental groups	Cognitive Restructuring n = 40	Self-control n = 40	Control n = 40
Cognitive Restructuring	37.75 ^a	-2.37	-2.57
Self-control	-2.63	40.38 ^a	-0.20
Control	-2.85	-0.22	40.60 ^a

a = Group means are in the diagonal; difference in group means are below the diagonal while protected t-test are above the diagonals.

* Significant at 0.05; df = 78; t - critical = 2.00.

From the table 20, it could be observed that the mean of participants exposed to cognitive restructuring was not significant when compared to those exposed to self-control treatment ($t = -2.37$; $df = 78$; critical $t = 2.00$; $P < 0.05$). On the other hand, participants exposed to cognitive restructuring significantly recorded less mean in parental influence than the control group ($t = -2.57$; $df = 78$; critical $t = 2.00$) $P < 0.05$). Similarly,

participants exposed to self-control treatment manifested less mean in parental influence than the control group.

Hypothesis Five: Hypothesis five stated that, there is no significant difference in proneness to maladaptive behaviour among participants based on family status. The hypothesis was tested using Analysis of Covariance (ANCOVA) and the result of the analysis is presented in tables 21 and 22 below.

Table 21: Descriptive Data on Differences in Proneness to Maladaptive Behaviour based on Family Status.

Experimental Group	Family Status	N	Pre-test		Post-test		Mean difference
			Mean	Sd	Mean	Sd	
Cognitive Restructuring	Parents not living together	3	87.00	16.46	70.67	10.07	16.33
	Parents Divorced	0	00.00	0.00	0.00	-	-
	Parents living together happily	30	75.53	8.90	67.37	10.22	8.16
	Parents live together but quarrel often	4	87.00	9.63	70.507	13.08	16.50
		3	80.00	8.89	3.33	6.11	6.67
	Parents live in different places	40	77.88	10.18	68.38	10.08	9.50
Self-Control	Total						
	Parents not living together	2	84.00	9.90	77.00	2.83	7.00
	Parents Divorced	1	87.00	0.00	74.00	0.00	13.00
	Parents living together happily	29	83.83	7.71	70.55	10.77	13.28
	Parents live together but quarrel often	6	81.33	11.15	73.33	15.29	8.00
	Parents live in different places	40	83.73	8.17	71.60	10.81	12.13
Control	Total						
	Parents not living together	5	84.00	11.02	79.20	6.06	4.80
	Parents Divorced	3	75.00	4.58	86.67	6.66	-11.67
	Parents living together happily	28	76.29	10.24	76.64	10.86	-0.35
	Parents live together but quarrel often	0	-	-	00.00	0.00	0.00
	Parents live in different places	40	77.53	10.17	77.65	9.89	-0.12
Total	Total						
	Parents not living together	10	84.90	11.28	76.20	7.42	8.70
	Parents Divorced	4	78.00	7.07	83.50	8.35	-5.50
	Parents living together happily	87	78.54	9.66	71.41	11.17	7.13
	Parents live together but quarrel often	10	83.60	10.42	72.20	13.75	11.40
	Parents live in different places	9	81.67	9.82	74.89	4.81	6.78
	120	79.71	9.89	72.54	10.89	7.17	

Table 22:3x2 Analysis of Covariance (ANCOVA) on Influence of experimental condition and FamilyStatus on Proneness to maladaptive Behavior.

Source of Variation	Sum of Square	df	Mean Square	F-Cal	Significance of F
Corrected Model	3857.76	13	296.75	3.07	*
Main Effects	3605.13	7	515.02	5.33	*
Experimental Conditions	1719.98	2	859.99	8.90	*
Family Status	292.92	4	73.23	0.76	n.s
Covariate	1390.68	1	1390.68	14.38	*
Experimental Group/Family Status	252.64	6	42.11	0.44	n.s
Residual	10248.03	106	96.68		
Total	14105.79	119	118.54		

* Significant at 0.05, df = 2 and 106; critical F = 3.05, n.s. = not significant.

As shown in Table 22 the calculated F-value of 0.76 is less than the critical F-value of 3.51 given 4 and 106 degrees of freedom at 0.05 level of significance. Consequently, the null hypothesis five was accepted. This implies that the participants did not differ in proneness to maladaptive behaviour based on family status.

Hypothesis six: There is no significant difference in post-test mean scores on the proneness to maladaptive behaviour due to interaction effect of experimental conditions and gender.

Table 10 shows that the calculated F value (F-cal = 0.13; $p < 0.05$) is less than the critical F-value (F-critical = 3.05; $p < 0.05$). Hence, there is no significant difference in the post-test mean scores in proneness to maladaptive behaviour due to interaction of gender and experimental conditions. Virtually, in all cases where gender is taken into cognizance in

the study, it could be found that the calculated value is less than the critical value. On self-esteem ($F\text{-cal} = 1.10$; $p < 0.05$) is less than the critical F value ($F\text{-critical} = 3.05$; $p < 0.05$) $F\text{-critical}$ (3.05 ; $p < 0.05$). Similarly, It could be observed that the male and female only have their differences significant when compared with their various descriptive data on their mean differences which usually manifest as a result of the treatment packages received such as; self – control and cognitive restructuring. The mean difference on male and female on experimental conditions and gender on proneness to maladaptive behaviour is male (6.67); female (7.67) compared with the treatment packages cognitive restructuring male (7.80); female (11.20); self-control; male (13.70); female (10.55). This indicates that the treatment received significantly affected the participants in the experimental conditions. Hence, self- control could be seen as more viable to the female than their male counterpart on proneness to maladaptive behaviour.

Hypothesis seven: There is no significant gender difference in the post-test scores on the dependent measures among participants in the three experimental groups.

Table 10 shows that the calculated F-value ($F\text{-cal} = 0.13$; $p < 0.05$) is less than the critical F-value ($F\text{-critical} = 3.05$; $p < 0.05$). Hence, there is no significant gender difference in post-test scores on experimental conditions and gender to maladaptive behaviour. Similarly in Table 13, the calculated F-value ($F\text{-cal} = 1.10$; $p < 0.05$) is less than the critical F-value ($F\text{-critical} = 3.05$; $p < 0.05$) is less than the critical F-value ($F\text{-critical} = 3.05$; $p < 0.05$). Hence, gender is also insignificant on influence of experimental conditions and gender on teenage self-esteem in proneness to maladaptive behaviour. In Table 16, it shows that the calculated F-value ($F\text{-cal} = 0.44$; $p < 0.05$) is less than the critical F-value ($F\text{-critical} = 3.05$; $p < 0.05$). This shows that there is no gender difference in the post-test

scores on influence of experimental conditions and gender on peer influence in relation to maladaptive behaviour. In addition to the assertions above, Table 19 also indicated that the calculated F-value (F-cal 2.30; $p < 0.05$) is less than the critical F-value (F-critical = 3.05; $p < 0.05$). Hence, there is no significant gender difference in the post-test scores in proneness to maladaptive behaviour due to experimental conditions and parental influence.

This indicates that there is no gender difference among participants in proneness to maladaptive behaviour. This implies that any person could be predisposed to maladaptive behavior irrespective of his or her gender.

4.3 Discussion of findings

The finding in hypothesis one which stated that there is no significant difference in the post-test scores on the proneness to maladaptive behavior among participants in the three experimental groups showed that, there is a significant difference in the post-test scores on the proneness to maladaptive behaviour among participants in the experimental groups. The post-hoc analysis also showed that participants exposed to self-control therapy were more significant than those exposed to cognitive restructuring therapy respectively. The reason for the effectiveness of the self-control therapy could be attributed to contents of the intervention package on self-control techniques and principles that go with self-control behaviour. These findings are in agreement with other researchers who reported the efficacy of Cognitive Restructuring and Self-control Therapy in identifying and confronting maladaptive behaviour and help people understand that this behaviour are ineffective or disruptive, with the goal to ultimately change negative behaviours (Gladding 2009; Chapelle, 2015).

The superiority of self-control therapy was presented by Cooper (2007) whose findings in his research posit that temptation derive their value from hedonic pleasure and immediate gratification, while self-control derives its value from the more abstract rewards of self-efficacy and goal progress. Importantly, even though they derive from very different sources, the short term, concrete rewards of temptation and long term, abstract benefits of self-control could theoretically be compared on equal footing in the units of “value”. The importance on the level of proneness to maladaptive behaviour could be attributed to their acceptance that their behaviours are the result of their choices which control their life. The participants accepted the fact that, the application of changing ones way of thinking will enable the individual overcome the manifestation of the person’s attitude negatively. Most importantly, when one incorporates the principle of self-control irrespective of the negative drive will go a long way in living the life of positive adaption in life thereby exhibiting less prone to maladaptive behaviour.

The finding in hypothesis two stated that there is no significant difference in the post-test scores on self-esteem among participants in the three experimental groups, showed that there is significant difference in the post-test scores on self-esteem among participants in the experimental groups. The participants exposed to self-control therapy had the highest score on self-esteem improvement; followed by those exposed to cognitive restructuring whereas the control group had the lowest. The result from the post-hoc indicates that the participants exposed to cognitive restructuring did not obtain greater mean score in self-esteem than those in self-control group. Participants exposed to cognitive restructuring obtained greater mean in self-esteem than the control group. Similarly, participants exposed to self-control group significantly exhibited greater self-esteem than those in the control group. This led to the rejection of the null hypothesis.

The findings of this study support that of Stone (1987) that participants' overall self-image was found to be positive after treatments were given. Similarly, Shon (2003) supports the idea that protective factors such as proper coping skill and competence can reduce stress and vulnerability that can cause psychological dysfunctionality among teenagers. The findings buttressed the need to make use of cognitive restructuring and self-control as corrective measures in improving the level of self-esteem as experienced by teenagers which might lead to maladaptive behaviour.

The finding in hypothesis three which stated that there is no significant difference in the post-test scores of peer influence among the three experimental groups, showed that participants exposed to cognitive restructuring therapy had the highest mean difference followed by those exposed to self-control treatment while the control group had the lowest. The findings of the hypothesis also showed that a significant difference in cognitive restructuring and self-control groups. The result of the post-hoc analysis shows that participants exposed to self-control treatment significantly manifested less proneness to peer influence than the control group. Participants exposed to cognitive restructuring significantly manifested less peer influence than the control group.

This result supports the findings of Onyejiaku (1991) in the view that an adolescent's sense of identity is so fluid and unstable that the role of peer group in helping him to define his personal identity is of paramount importance to him. He went further to contend that it must not be overlooked; however that adolescent's peer group relationship may have some disastrous effects on the individuals themselves as well as the society. The use of the treatment packages cognitive restructuring and self-control played a very efficacious role in relation to proneness to maladaptive behaviour. The justification for

the use of cognitive restructuring and self-control on proneness to maladaptive behaviour due to peer influence is buttressed by Onyejiaku (1991) who posits that, some commendable behaviour acquired during childhood could be corrupted by some questionable cliques, or by associating with peers of dubious characters. The finding also supports that of Mischel (1981) who affirms that children's behavioural patterns develop through direct observational learning and cognitive growth and they depend on motivational factors.

The problems associated with several issues of maladaptive behaviour could be attributed to wrong peer influence.

The finding in hypothesis four which stated that there is no significant difference in the post-test scores in parenting styles among participants in the three experimental groups, showed that participants who are exposed to cognitive restructuring had the highest mean difference, followed by those exposed to self-control while the control group had the lowest. Further analysis was made to determine whether significant difference in parenting styles exists due to experimental conditions on proneness to maladaptive behaviour.

The result shows that participants exposed to cognitive restructuring were not significant when compared to those exposed to self-control therapy. Participants exposed to cognitive restructuring significantly recorded less mean in parental influence than the control group.

These findings support that of Inman, Howard, Beaumont, and Waker, (2007) who stated that dysfunction homes typified by divorce or death of parents may predispose adolescents into behaving maladaptively.

In adolescents, embarrassment, depression, low self –esteem, family factors, peer factors and others are some of the key factors that could lead to proneness to maladaptive behaviour. This then means that, at adolescence stage children require parental love, care, warmth and serious attention to adjust adequately to the environment in which they find themselves. Parents therefore have major roles to play in the adjustment process of adolescents (Odebunmi, 2007).

This finding also supports that of Okpako (2004) who noted that a child well brought up will remain a source of joy and happiness for such family. The neglected adolescent gradually becomes a drug addict, hardened maladaptive person, aggressive, restive, arm robber, cultist, rapist and others.

The finding on hypothesis five which stated that there is no significant difference in proneness to maladaptive behaviour among participants based on family status, showed that teenagers who were exposed to self-control therapy had the highest level of mean-difference when compared with those exposed to cognitive restructuring; those in the control group had the lowest mean difference. The result also indicates that there is no significant difference in proneness to maladaptive behaviour among participants based on their family status. This indicates that, family status has no significant contribution in proneness to maladaptive behaviour.

This finding goes further to contradict what Inman *et al* (2007) contended by saying that dysfunction homes typified by divorce or death of parents may predispose adolescents prone to participation in maladaptive behaviour. This made it quite imperative for some adolescents to succeed in life whether their parents are dead, divorced or separated. This

is why the experimental conditions did not have any significant effect on the participants due to family status.

The finding in hypothesis six which stated that there is no significant difference in post-test mean scores on the proneness to maladaptive behaviour due to interaction effect or experimental conditions and gender showed that, there is no significant difference in the post-test mean scores in proneness to maladaptive behaviour due to interaction of gender and experimental conditions. Almost, in all cases where gender is taken into consideration in this study, the calculated value is less than the critical values. However, self-control could be seen as more viable to the female than the male on proneness to maladaptive behaviour. The reason behind this finding could be that all the variables tested really possess the desirable characteristics they ought to possess and also the participants are from homogenous group.

The finding in hypothesis seven which stated that there is no significant gender difference in the post-test scores on the dependent measures among participants in the three experimental groups showed, that there is no significant gender difference in the post-test scores on the dependent measures among participants in the three experimental groups. In most variables tested in relation to proneness to maladaptive behaviour, gender was proved not significant as their calculated values on their post scores were less than their critical values. Though, the only gender difference in this study could be noticed on the nominal strength of both the male and female that were randomly selected. Here we had 58 male and 62 female comprising the total participants for this study. From the participants' responses and analyses, it was deduced that gender was quite insignificant when dealing with issues that could make one prone to maladaptive behaviour.

Consequent upon this, anyone could be liable to manifesting any form of maladaptive behaviour without gender playing any vital role on its regard.

4.4 Summary of the Findings

1. The study has shown that a significant difference in proneness to maladaptive behaviour exists among participants exposed to treatment conditions and the control group. Participants who were exposed to cognitive restructuring and self-control experienced less proneness to maladaptive behaviour than those in the control group, though self-control therapy is more effective than cognitive restructuring.
2. There is significant difference in the post-test scores on self-esteem among participants in the three groups who were exposed to different experimental conditions.
3. There is a significant difference in the post-test scores of peer influence among the three experimental groups. Both cognitive restructuring and self-control were effective in reducing influence of peer pressure among participants. However, self-control therapy was more effective than the cognitive restructuring therapy.
4. There is a significant difference in the post-test scores in parenting styles among participants in the three experimental groups. Negative parental influences on the participants were positively reduced using cognitive restructuring than others exposed to self-control therapy.
5. There is no significant difference in proneness to maladaptive Behaviour among participants based on family status.
6. There is no significant difference in proneness to maladaptive behaviour due to the interactive effect of experimental conditions and gender.

7. There is no significant gender difference in the post-test scores on the dependent measures among participants in the three experimental groups.

CHAPTER FIVE
CONCLUSION, CONTRIBUTIONS TO KNOWLEDGE AND
RECOMMENDATIONS

This chapter presents the conclusion based on the discussion of the findings obtained in chapter four. It also highlights the contributions to knowledge, recommendations, and implications for counselling and suggestions for further research.

5.1 Conclusion

From the discussion of the findings based on the data collected, the following conclusions are made:

Maladaptive behaviour are exhibited among adolescents. This often times affects them, their peers, family and the society at large. In view of the role of counsellors, parents, government and students, it becomes imperative for this study to identify, investigate and moderate factors such as self-esteem, peer pressure, parenting styles, family status, which might interrupt in the behaviour of our teenagers/youths.

The study employed the technique of cognitive restructuring and self-control therapy on proneness to maladaptive behaviour among selected senior secondary school students in Imo State, Nigeria. It confirmed the researcher's expectation that the use of the techniques can be of help to curbing issues proneness to maladaptive behaviour among our teenagers/youths. The study revealed that both treatment techniques were viable in handling behaviours that could prone to maladaptive behaviour. The study showed that self-control therapy is more efficacious than cognitive restructuring technique in ameliorating issues proneness to maladaptive behaviour. The study demonstrated significant effect of experimental conditions on proneness to maladaptive behaviour

among our adolescents. The study revealed that peer influence is a major predisposing factor to adolescents' engagement to maladaptive behaviour. The study established that adolescents' proneness to maladaptive behaviour is independent to their gender and family status.

5.2 Contributions to Knowledge

1. This study demonstrated that cognitive restructuring and self-control counselling strategies can successfully reduce proneness to maladaptive behaviour among senior secondary school students.
2. The study demonstrated that counselling strategies designed to improve adolescents' self-esteem mitigates their proneness to maladaptive behaviour.
3. The study revealed that peer influence is a major predisposing factor to adolescents' engagement in maladaptive behaviour.
4. The study revealed that gender and family status are independent of students' proneness to maladaptive behaviour.

5.3 Recommendations

Based on the findings of this study, the following recommendations are made:

- It was determined that cognitive restructuring technique and self-control therapy were effective in reducing proneness to maladaptive behaviour. It is therefore recommended that school counsellors can utilize programmes in bringing about adaptive behaviour among our teenagers and young adults by organizing symposia, seminars and group counselling services in which they can receive tangible, emotional or information support and restructuring therapy that is involved. This

will develop the teenagers and enable them live adjustable life style which would be less prone to maladaptive behaviour.

- The study established that cognitive restructuring and self-control therapy are viable counselling therapy that would help counsellors address the negative thoughts which have pre-occupied the minds of teenagers.
- It is recommended that teenagers should be exposed to the use of self-control therapy more than cognitive restructuring technique in both individual and group counselling methods to prevent unapproved behaviour among students.
- It is recommended that parents should bring their teenagers much closer to themselves so that they would not be exposed to their peers who may negatively influence them.
- School Counsellors and Community agencies should encourage the formation of counselling programmes designed to mitigate the unintended and negative outcomes of maladaptive behaviour to avoid the collapse of this important group of our generation and human society at large.

5.4 Implications for Counselling.

- This study has revealed that school counsellors and therapists can utilize cognitive restructuring and self-control techniques in helping teenagers and youths to handling issues proneness to maladaptive behaviour by changing their cognition, affect and behaviours positively which would be less prone to maladaptive in nature. In this regard, school counsellors and social workers can change and modify the way school students think, act and feel in general.

- This study buttressed the need to make use of cognitive restructuring and self-control as corrective measures in improving the level of self-esteem as experienced by teenagers which might lead to maladaptive behaviour. Therefore counsellors should amount intensive media awareness, organize seminars, engage in group counselling programmes and write as well as publish articles on ways to improve adaptive behaviour among teenagers and young adults. Posters can be pasted and bill boards mounted as strategic locations, where the message could be read intentionally or unintentionally.
- The efficacy of the intervention strategy is a favourable development for counselling and other helping professions. Regular application of these interventions in schools can further help to reduce level of maladaptive behaviour and enhance adjusted behaviour in our society. Therefore government should make counselling unit to become more effective in every secondary schools including tertiary institutions where such age brackets could be found in order to prevent the wide spread of maladaptive behaviour among our young people specially teenagers.
- In quest for appropriate intervention strategy to manage proneness to maladaptive behaviour a feasible treatment intervention is self-control. Although self-control therapy should not substitute professional counselling services, their benefit suggests that they are attractive and viable alternative that should be explored by counsellors for teenagers' maladaptive behaviour. By meeting with those with related issues, participants can provide emotional support to each other. Share information and effective coping strategies.

- Since the study has established the role of cognition and self-control in maladaptive behaviour, it is important that, students who manifest maladaptive behaviour make use of cognitive restructuring orientation as well as self-control therapy.

5.5 Suggestions for Further Studies

The study was limited to Okigwe Educational Zone II Imo State, Nigeria. It is important to replicate this empirical study in other educational zones in the state. Secondly, cognitive restructuring technique and self-control therapy were employed as therapeutic interventions in this study. Other strategies could be developed and deployed to investigate their effectiveness in the reduction of proneness to maladaptive behaviour among our teenagers and youths.

Thirdly, the study concentrated its treatment on teenagers within the Senior Secondary Schools. It could be replicated in teenagers outside the School environment. Finally, other researchers can as well look at other related variables affecting proneness to maladaptive behaviour like, self-esteem, peer pressure, parenting styles, family status and age of young adults.

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APPENDICES

PRONENESS TO MALADAPTIVE BEHAVIOUR QUESTIONNAIRE

APPENDIX 1

SECTION A: BIO-DATA

INSTRUCTION: The purpose of this questionnaire is to collate information on the extent of behaviour that could be prone to maladaptive behaviour. You are kindly required to make objective and sincere responses based on your personal experiences. You are advised to give the response that best describes your behaviour aspect of life both in past and present. If there are items that do not relate to you, please ensure that you indicate the extent of your agreement with the statement. Any information provided here will be treated with high level of strict confidentiality.

Thanks.

SECTION A: PERSONAL BACKGROUND INFORMATION

1. Sex: Male Female
2. Age in years as at last birthday
3. Name of School: _____
4. Class: S.S. I S.S. II S.S. III
5. **FAMILY STATUS:**
 - (i) Parents not living together
 - (ii) Parents divorced completely
 - (iii) Parents living together in happiness
 - (iv) Parents living together but many at times quarrel each other

(v) Parents living in different places due to their work or business different from their children

6. PARENTAL EDUCATION BACKGROUND:

MOTHER: PRIMARY SECONDARY TERTIARY

OTHERS (Specify) _____ NONE:

FATHER: PRIMARY SECONDARY TERTIARY

OTHERS (Specify) _____ NONE:

7. RELIGION: TRADITIONAL ISLAM CHRISTIANITY

OTHERS (Specify) _____

APPENDIX 2

SECTION B:

Domain: Proneness to maladaptive behaviour

Measure: Levenson Self-Report Psychopathy Scale (LSRPS, Levenson, 1995).

This questionnaire is designed to measure the attributes of your behaviour that could prone one to be maladaptive in nature.

- 5 = Strongly agree
4 = Agree
3 = Neutral (undecided)
2 = Disagree
1 = Strongly disagree

I: Lsrpl

t: Scale agree

q: To what degree do you agree with the following statement

S/N	ITEMS	1	2	3	4	5
1.	Success is based on survival of the fittest; I am not concerned about the losers.					
2.	For me, what's right is whatever I can get away with					
3.	In today's world, I feel justified in doing anything I can get away with to succeed.					

4.	My main purpose in life is getting as many goodies as I can					
5.	Making a lot of money is my most important goal					
6.	I let others worry about higher values; my main concern is with the bottom line.					
7.	People who are stupid enough to get ripped off usually deserve it.					
8.	Looking out for myself is my top priority					
9.	I tell other people what they want to hear so that they will do what I want them to do.					
10.	I would be upset if my success came at someone else's expense					
11.	I often admire a really clever scam.					
12.	I make a point of trying not to hurt others in pursuit of my goals					
13.	I enjoy manipulating other people's feelings.					
14.	I feel bad if my words or actions cause someone else to feel emotional pain.					
15.	Even if I were trying very hard to sell something, I wouldn't lie about it.					

16.	Cheating is not justified because it is unfair to others.					
17.	I find myself in the same kinds of trouble, time after time.					
18.	I am often bored					
19.	I find that I am able to pursue one goal for a long time.					
20.	I don't plan anything very far in advance.					
21.	I quickly lose interest in tasks I start.					
22.	Most of my problems are due to the fact that other people just don't understand me.					
23.	Before I do anything, I carefully consider the possible consequences.					
24.	I have been in a lot of shouting matches with other people					
25.	When I get frustrated, I often "let off steam" by blowing my top.					
26.	Love is overrated.					

Scoring; The items numbers 10, 12, 14, 16, 22, 23 and 26 are scored as positively inclined in ascending order of magnitude. This is to say that, 1 = 1, 2 = 2, 3 = 3, 4 = 4, 5 = 5 on its reverse, the other items would be scored.

Source: Levenson, M., Kiehl, K. & Fitzpatrick, C. (1995). "Assessing Psychopathic attributes in a non-institutionalized population ". *Journal of Personality and Social Psychology*, 68, 151-158.

APPENDIX 3

SECTION C:

Domain: Self-esteem

Measure: Index of Self-esteem (ISE; Hudson 2000).

Below is a list of items on self-esteem for the adolescents/teenagers. Using the scale described here, fill in the blank space to measure how you see yourself. It is not a test, so there are no rights or wrong answers. Place a number by each one as follows:

- 1 - Rarely or none of the time
- 2 - A little of the time
- 3 - Sometime
- 4 - A good part of the time
- 5 - Most or all of the time.

S/N	STATEMENTS	1	2	3	4	5
1.	I feel that people would not like me if they really knew me well.					
2.	I feel that others get along much better than I do.					
3.	I feel that I am a beautiful person					
4.	When I am with other people, I feel they are glad I am with them.					
5.	I feel that people really like to talk with me.					
6.	I feel that I am a very competent person					
7.	I think I make a good impression on others.					

8.	I feel that I need more self-confidence					
9.	When I am with strangers I am very nervous					
10.	I think that I am a dull person					
11.	I feel ugly.					
12.	I feel that others have more fun than I do.					
13.	I feel that I bore people					
14.	I think my friends find me interesting					
15.	I think I have a good sense of humor					
16.	I feel very self-conscious when I am with strangers					
17.	I feel that if I could be more like other people, I would have it made.					
18.	I feel that people have a good time when they are with me.					
19.	I feel like a wall flower when I go out					
20.	I feel I get pushed around more than others.					
21.	I think I am a rather nice person					
22.	I feel that people really like me very much					
23.	I feel that I am a likeable person					
24.	I am afraid I will appear foolish to others					
25.	My friends think very highly of me.					

Source: Hudson, (2000). Index of self-esteem-Therapy in LA

www.therapyinla.com/.../psych/200.html

APPENDIX 4

SECTION D

Domain: Parenting Styles

Measure: Parenting Styles Questionnaire (PSQ); Robinson, Oliseh & Hert, 1995)

Below is a list of items on parenting styles. This questionnaire is basically for a research work. Feel free to respond as frankly as possible. There is no right or wrong answer and you are expected to tick one box only in each item.

Thank you.

SA = Strongly Agreed

A = Agree

D = Disagreed

SD = Strongly Disagreed.

S/N	STATEMENTS	SD	D	A	SA
1.	My parents are responsible for my feelings and needs				
2.	My parents give comfort and understanding when I am upset				
3.	My parents give praise when I am good				
4.	My parents do give me reasons why rules should be followed				
5.	My parents do assist me to understand the impact of my behaviour				
6.	My parents do take into account my desires before asking me				

	to do something.				
7.	My parents do encourage me to freely express myself when disagreeing with them.				
8.	My parents do show respect for my opinions by encouraging me to express them.				
9.	My parents do discipline me by taking away privileges with little or no explanation.				
10.	My parents do use physical consequences as a way of disciplining me				
11.	My parents do scold and criticize in order to make me improve				
12.	My parents do use threats as consequences with little or no justification				
13.	My parents do yell or shout when I misbehave.				
14.	My parents do discipline me by putting me off with little or no explanation.				
15.	My parents do find it difficult to discipline me as their child.				
16.	My parents are not sure of how to solve my misbehaviours				
17.	My parents are confident about their parenting abilities				

Source: Robinson, C. M., Oliseh, S. F., & Hert, C. H. (1995). Authoritative, authoritarian and Permissive Parenting Practices: Development of a new measure. *Psychological Reports, 77*, 819-830

APPENDIX 5

SECTION E:

Domain: Peer Pressure

Measure: Peer Pressure as components of unhealthy living, ganging, social vices involvement in relation to maladaptive behaviour. (PPQ; NICHD Study of Early Child Care and Youth Development, 2005).

SA = Strongly Agreed

A = Agree

D = Disagreed

SD = Strongly Disagreed

(PPQ)

This set of questions is about how much you go along with your friends. Tick one another for each question.

S/N	STATEMENTS	SD	D	A	SA
1.	I think it's more important to be myself than to fit in with the crowd				
2.	I would do something that I know is wrong just to stay on my friend's good side.				
3.	I sometimes go along with my friends just to keep them happy.				
4.	It's pretty hard for my friends to get me to change my mind.				
5.	I would break the law if my friends said that they would				

6.	I always give my true opinion in front of my friends, even if I think they might make fun of me.				
7.	I take more risks when I am alone as I do when I'm with my friends				
8.	I act the same way when I am alone as I do when I'm with my friends.				
9.	I sometimes say things I don't really believe because I think it will make my friends respect me more.				

Scoring; SA, A, D, SD, (4, 3, 2, 1).

High Score on the items indicate high degree of negative peer pressure.

Source: Questionnaire Adapted from NICHD Study of Early Child Care and Youth

Development FLV01X5 4/5/2005, Retrieved from [http:// www.esolcourses.com](http://www.esolcourses.com)

APPENDIX 6

SECTION F

Domain: Proneness to maladaptive behaviour

Measure: Hare Psychopathy Checklist – Revised Scale (PCL – Rs; Hare, 1999).

The twenty traits assessed by the PCL – R Score are:

1. glib and superficial charm ()
2. grandiose (exaggeratedly high) estimation of self ()
3. need for stimulation ()
4. pathological lying ()
5. cunning and manipulateness ()
6. lack of remorse or guilt ()
7. shallow affect (superficial emotional responsiveness) ()
8. callousness and lack of empathy ()
9. parasitic lifestyle ()
10. poor behavioural controls ()
11. sexual promiscuity ()
12. early behaviour problems ()
13. lack of realistic long-term goals ()
14. impulsivity ()
15. irresponsibility ()
16. failure to accept responsibility for own actions ()

17. many short-term marital relationships ()
18. juvenile delinquency ()
19. revocation of conditional release ()
20. criminal versatility ()

Scoring; Each of the twenty items is given a score of 0, 1, or 2 based on how it applies to the subject being tested.

Source: Hare, Robert D. Without Conscience: The Disturbing World of the Psychopaths Among Us. New York: The Guilford Press, 1999.