

Effectiveness of Cognitive Restructuring Counselling Technique in Managing Avoidant Personality Disorder among Senior Secondary School Students in Sokoto Metropolis, Nigeria

Halima Sa'adiya Abubakar, Ph.D
*Department of Educational Foundations
Faculty of Education and Extension Services
Usmanu Danfodiyo University, Sokoto*
halima.abubakar@udusok.edu.ng

Tabitha Musa
*Department of Educational Foundations
Faculty of Education and Extension Services
Usmanu Danfodiyo University, Sokoto*



Abstract

The study investigated the effectiveness of cognitive restructuring counselling technique in managing avoidant personality disorder among senior secondary school students in Sokoto metropolis. Two research questions and two hypotheses were formulated to guide the study. Quasi experimental design involving pre/post-test and control group was used. The population of the study was SSS II students in the metropolis who exhibited the symptoms of avoidant personality disorder. Therefore 147 students were identified among the 27 schools in the metropolis with a total population of 12,497 students. Purposive sampling technique was used to select students with avoidant personality disorder. Participants were assigned into experimental and control groups and were exposed to intervention for eight weeks. A validated Avoidant Personality Disorders Test (APDT) instrument with a reliability index of 0.90 was used for data collection. The data collected from the study were analyzed using t-test. The findings of the study showed significant positive effect of cognitive restructuring in managing avoidant personality disorder among senior secondary school students in Sokoto metropolis. This study recommended among others that Cognitive Restructuring counselling technique should be used to address students with the disorder.

Keywords: Cognitive, Restructuring, Counselling, Avoidant, Personality, Disorder

Introduction

Schools remain a preparatory ground to empower and certify the requirement for human development. The teacher is faced with the task of educating, socializing, empowering and certifying students, but with the help of good and conducive teaching atmosphere (Fafunwa, Farrant & Wasagu, in Olaitan, Mohammed & Ajibola, 2013). The school is a

type of service organization vested with the primary function of educating the child. There is an increasing incidence of maladaptive behaviours among secondary school adolescents in Nigeria, as it is in other countries. These maladaptive behaviours prevent these adolescents from fulfilling their developmental tasks thereby making them not to achieve the stated academic objectives. According to Gelford, Jenson and Drew in Ekennia, Otta and Ogbuokiri (2013), untreated problems sometimes gradually grow into more serious and chronic disorders as the child passes with the problem into adulthood through adolescence or they manifest themselves later as different disorders.

Avoidant personality disorder (APD) is a relatively common personality disorder (PD) with a prevalence of 1.4% to 6.6% in the general population in Nigeria as it is in other countries (Lawal, 2016; Ekselius, Tillfors, Furmark & Fredrikson, 2001; Jackson & Burgess, 2000). Individuals with APD experience significant distress and social impairment, tend to devalue themselves, and suffer apprehension about possible ridicule and rejection from others (Robin, Cohan, Hambrick & Albano, 2007). Within the Axis II personality disorders of *DSM-III* through *DSM-IV-TR*, APD has resided in "Cluster C" along with the dependent and obsessive-compulsive personality disorders. Personality disorders in this cluster share in common features of "internal distress," including anxiousness and fearfulness. In the *DSM-IV-TR* (APA, 2000), APD is characterized by a "pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation". The person may want to be close to others, but lacks confidence to form a close relationship. People with APD cannot stop thinking about their own shortcomings. They form relationships with other people only if they believe they will not be rejected otherwise they choose to be lonely rather than risk trying to connect with others (Blair, Shaywitz, Smith, Rhodes, Geraci, Jones & Pine, 2008). The major symptoms of APD are low self-esteem, strong feelings of inadequacy, sensitive to rejection, self-consciousness, excessive shyness, inhibited, fear of criticism or rejection and inferiority feeling to others (APA, 2000). It occurs about equally between males and females. Skodal in Hageman, Francis, Field and Carr (2015) found that as many as 35.2% of individuals with APD were also diagnosed with major depressive disorder. With respect to anxiety disorders, in particular, generalized social phobia (GSP), reported comorbidity ranges widely between 25% to nearly 100% (Rettew, 2000).

Indeed, some evidence suggests that APD may represent a more severe form of GSP with regards to social phobia symptoms and types of impairment (Holt, Heimberg & Hope in Hageman, Francis, Field & Carr, 2015). Further evidence suggests that current anxiety and/or depression may influence recall of childhood experiences (Lewinsohn & Rosenbaum in Hageman, Francis, Field & Carr, 2015). The issue of APD is a social problem which needs to be given attention, by the parents, teachers, counsellors and the governments. It needs to be reduced or eradicated for the betterment of all.

The helping relationship can be defined as a systematic and intentional attempt, using a specified cluster of inter personal skills, to assist another person to make self-determined

improvements in behaviour, feelings or thought. The therapeutic relationship helps the client work through feelings of isolation, a condition that the existentialists such as Kaiser and Yalom in Musa (2013) consider the “universal symptom” of humanity. The only cure is communication with someone who is sensitive, receptive, neutral, interested and psychologically healthy.

Cognitive Restructuring Technique (CRT) is a cognitive behavioural technique that focuses on changing a person's perceptions and irrational assumptions of self and world. Cognitive restructuring gives people new ways of thinking and talking to themselves about their problems. This technique believes that man's maladaptive behaviour is hinged on irrational thoughts, beliefs, self-talks or verbalizations. Cognitive restructuring is a particular form of cognitive therapy in which the goals are to teach clients to identify and evaluate automatic thoughts (the actual words or images that go through a person's mind at the most superficial level of cognition) that lead to distress and/or dysfunctional behaviours. Dysfunctional core beliefs and assumptions are also identified. Core beliefs are deeply held beliefs that we have about ourselves and the world around us. Through the treatment process, clients are guided to discuss problems that are the most distressing and recurrent and to evaluate and modify their automatic thoughts. Following accomplishment of this aspect, clients are assisted in modifying their core beliefs and assumptions. Modification occurs through examining the evidence and looking for alternative explanations (Beck, 1998). This particular model was considered in this research work.

The theoretical Framework that guided this research work was Attachment theory which was developed by John Bowlby as an attempt to link human social and psychological behaviour. It provides an ethnological, biological and psychoanalytic framework for revealing how human infant attachment to their caregivers correlates to attachment styles in relationships as an adult. The theory proposes that non-existent or under-developed bonds between an infant and a parent provide attachment patterns for future relationships through adolescence into adulthood. These attachment patterns or styles are likely to be similar between generations due to transmission from parent to child (Hines & Saudino, 2002). Bowlby developed a model that includes self, important others, and their shared relationships. Bowlby (1979) posited that an important part of healthy development was having a close and caring relationship with parents and other caregivers. Proximity to attachment figures helps infants to have increased chances of protection and survival from an evolutionary standpoint. In addition to the biological necessity of attachment, it is also satisfying for both the parents and the infant (Bretherton in Mcvay, 2012). As the bonds strengthen between infant and parents, the infant begins to grow an inner representation of the parent, which develops “internal working models” of self, others, and self-other relationships (Bowlby, 1973). The higher parental sensitivity and responsiveness are to the infant's needs, the more secure and healthy the attachment that develops. Infants begin to feel they are deserving of their

parents' care-giving and that they have a secure base on which to rely in the future. Parental insensitivity and unresponsiveness contribute to insecure attachment by the infant, leading the infant to internalize these experiences and find the world to be unsafe and rejecting, which makes forming relationships difficult and dangerous.

Ainsworth, in Mcvay, (2012) developed a method for assessing infant attachment known as the "strange situation." This experiment first separated infants from their parents, then exposed them to the presence of a stranger, and finally reunited them with their parent. The infant expressed proximity seeking behaviour, a displayed desire or lack of desire for closeness, and the responses and behaviours were classified into patterns. Two dimensions were used to determine the infant's attachment behaviour classifications, anxiety and avoidance. The degree of anxiety experienced from abandonment and the avoidance of closeness to the stranger contributed to the classification. Based on observed patterns, Ainsworth divided infants into three categories: secure; two types of insecure, avoidant and anxious-ambivalent; and unclassifiable. Secure infants, who are low in avoidance and anxiety, showed signs of missing their parents upon leaving the room, greeted parents upon return, and used their parent as a secure base for exploring the room. Avoidant infants, who are high in avoidance and low in anxiety, explored the room without using their parents, showed little distress upon the parent leaving, and chose to play with toys over greeting their parents upon return. Anxious-ambivalent infants, who are low in avoidance and high in anxiety, did not explore the room, were distressed when their parents left the room, and were unable to be soothed upon their parents' return to the room. These infants, found to be high in avoidance and high in anxiety, behaved with no intentional attachment strategy or intention, and it was hypothesized that these infants experienced the most interpersonal problems, such as childhood trauma, with their attachment figures.

In the course of this study related empirical studies were reviewed. Ngwoke, Davidson, Michael and Ngwoke (2013) investigated the effect of cognitive restructuring on achievement orientation of low-achieving students. The design of the study was a quasi-experimental, nonequivalent control group, pretest posttest, involving one treatment group and control group. The sample of the study consisted of 135 low-achieving senior secondary class two students purposively drawn from four public senior secondary schools, two from each educational zone of Yenagoa and Okolobiri in Yenagoa Local Government Area of Bayelsa State, Nigeria. These schools were randomly assigned to experimental and control groups. One instrument, Achievement Orientation Questionnaire and Cognitive Restructuring Intervention Package were developed, validated and used for the study. The data obtained were analyzed using mean and standard deviation for research questions and ANCOVA for the hypotheses. Based on the findings it was recommended that workshops and seminars should be organized in schools to train teachers on how to use cognitive restructuring techniques in the classroom to improve the achievement orientation of low-achieving students. Also

cognitive restructuring should form part of parenting education to enable parents to use the techniques in improving the achievement orientation of their children.

Chen, Lu, Chang, Chu and Chou in Emmanuel, Okreke and Nwoga (2015), compared the effectiveness of cognitive restructuring technique on depression and self-esteem of adolescents with a control group. Results showed, one month after intervention, the depressive symptoms and self-esteem of the experimental group remained slightly but significantly better than those of the comparison group subjects. This finding which shows that treatment is effective in reducing all forms of maladaptive behaviour.

Research Questions

The study provided answers to the following research questions:

1. Is there any difference between pre and post-test APD scores of the treatment group?
2. Is there any difference between the post-test APD scores of the treatment and control groups?

Research Hypotheses

The following null hypotheses were tested in this research:

Ho1 There is no significant difference between pre and post-test APD scores of the treatment group.

Ho2 There is no significant difference between the post-test APD scores of the treatment and control groups.

Methodology

This study employed a quasi-experimental design involving pre-test post-test control group experimental design. The population of this study consisted of all senior secondary school students in the metropolis (SSS II) who exhibited the symptoms of avoidant personality disorder. There were 27 public senior secondary schools with a population of 12,497 SS II students. The subjects were identified after the scoring of the pretest which was administered on the SSS II students of the purposively selected school. Therefore 147 were identified with the symptoms of avoidant personality disorder through the pretest scores. This research adopted the purposive or deliberate sample selection to select Army Day Senior Secondary School Students (SSS II). The rationale for using a particular school was for the following reasons: To get members of the experimental group from the same environment with the control group; to pick the experimental group members who have the same characteristics with the control group, as it could have been difficult to justify male students in experimental group but females in a different school being the control group or vice versa; to facilitate closer watch of the groups by the researcher; to prevent some extraneous variables caused by difference in location from influencing behaviour changes in the groups; to justify claims that changes observed in experimental groups were purely as a result of the treatment.

The sample was typically heterogeneous as the students were of different ethno-cultural backgrounds. This was owing to the nature of the general population as a cosmopolitan School. The deliberate selection of the subject is what Fox in Musa, (2013) referring to purposive sampling as deliberate selection which is often sensible and simple to justify. According to him, if within a population there are some elements which a research believes are particularly crucial to his study, then the only way to ensure this is to deliberately select them. Also purposive sampling selection was used to select students with symptoms of avoidant personality disorder. On the other hand, it used a multistage sampling to select subsamples of students with high avoidant personality disorder. The sample was therefore twenty (20) highest scorers among the students who met the required points to qualify as highest level of avoidant personality disorder as stated in the manual of diagnostic criteria for Avoidant Personality Disorders that was published in DSM-IV=TRAPA (APA, 2000); that is any score from 28 to 44. Among the 20 samples, 10 each was assigned to treatment and the control group in the same school. Fourteen subjects in each group were considered ideal for group counselling according to William and Trochim (2006). Group counselling members could vary as between 3 to 14 persons. They further stressed that better results are achieved in smaller groups and that there will be effective concentration and understanding of the treatment procedures by the group.

The adopted version of Avoidant Personality Disorders Test (APDT) by Lawal (2016) was used as the pre-test to ascertain those who benefitted from the treatment. It was also used as a posttest to test the effectiveness of the counselling techniques. To obtain the validity of the instrument, Lawal (2016) exposed the instrument to Test and Measurement experts/reviewers in the field of Psychology and Guidance and Counselling unit in Ahmadu Bello University, Zaria. Based on their assessment, the test items were adjudged to possess strong construct validity. The researchers adopted the instrument for use in this study. To obtain the reliability of the instrument, Lawal (2016) subjected the instrument to test re-test at the interval of four weeks between the first and the second administration. After the second administration, the two sets of scores were subjected to Pearson Product Moment Correlation and a reliability index of 0.90 was obtained. This was considered reliable enough for use and the researchers adopted the instrument for use in this study. Data collected from the study were analyzed using t-test statistical methods at 0.05 level of significance.

Presentation of results

Ho1: There is no significant difference between pre and post-test APD scores of the treatment group.

This hypothesis was tested by subjecting the pretest and posttest scores of the subjects in treatment group to a t-test analysis and the result is presented in table 1.

Table 1 : t-test analysis showing the difference between pre and post -test APD scores of the treatment group

Variables	N	Mean	S.D	df	t-Cal	p-Value	Decision
Pre-Test	10	38.50	1.716				
Post-Test	10	15.70	.823	9	34.372	.000	Ho is Rejected

From the result of table 1, the mean difference of 22.80 between the pre-treatment and post treatment indicates the effectiveness of the technique. It can also be observed that the standard deviation is not very high which shows that the individual mean values were not widely different. This further strengthens the decision on this hypothesis. We can therefore say that since p value (0.000) is less than alpha level of significance (0.05), the null hypothesis which says there is no significant difference between pre and post-test APD scores of the treatment group is rejected. The finding from the testing of the hypothesis implies that the mean difference between the scores of the pre-treatment and post-treatment experimental group, which stands at 22.80, is statistically significant and not due to chance. From the mean scores, it is clear that students had lower avoidant personality disorder after the treatments with cognitive restructuring counselling technique. Hence, the technique has significantly contributed in alleviating avoidant personality disorder among students as shown in the table 1.

Ho2: There is no significant difference between the post-test APD scores of the treatment and control groups.

This hypothesis was tested by subjecting the posttest scores of the experimental and the control group to t-test analysis and result is presented in table 2.

Table 2: t-test analysis showing difference between the post-test APD scores of the treatment and control groups

Variables	N	Mean	S.D	df	t-Cal	p-Value	Decision
Treatment group	10	15.70	.823				
Control Group	10	37.10	1.853	18	35.667	.000	Ho is Rejected

From the result on table 2, the mean score difference of 21.30 between the treatment and the control groups shows that the mean of the treated group dropped after the treatment, while not much change was recorded for the control group which was not treated. To ascertain whether this difference was statistically significant or not, the hypothesis 2 was tested. Since $p=(0.000)$ is less than alpha level of significance (0.05), the null hypothesis which states that there is no significant difference between the post-test APD scores of the treatment and control groups is therefore rejected. The result of the hypothesis implies that the mean difference between the scores of experimental and control groups which stands at 21.30 is statistically significant. The study concludes that there is

significant difference in the levels of avoidant personality disorder exposed to cognitive restructuring and those in the control group. From the mean scores, students had reduced avoidant personality disorder when treated with cognitive restructuring counselling technique. Hence, the cognitive restructuring treatment has significantly contributed to reducing avoidant personality disorder among students in the treatment group as shown in the table 2.

Discussion of Findings

This section further discussed the findings of the study in which cognitive restructuring counselling technique proved to be effective in managing avoidant personality disorder among senior secondary school students in Sokoto metropolis. This was evident in the significant difference found in the levels of the disorder of the students before being treated with the techniques and after the treatment. This finding confirmed the study of Ngwoke, Davidson, Michael and Ngwoke (2013), who reported that cognitive restructuring significantly enhanced achievement orientation of low-achieving students.

With regard to hypothesis two, it was reported that, there is a significant difference among those treated with cognitive restructuring and those in the control group. This finding agrees with Chen, Lu, Chang, Chu and Chou in Emmanuel, Okreke and Nwoga, (2015) who observed that cognitive restructuring treatment is effective in reducing all forms of maladaptive behaviour.

Conclusion

The study concluded that the use of cognitive restructuring technique in helping students to reduce their avoidant personality disorder has been very successful, considering the significant drop in the mean scores of the students' avoidant personality disorder after the treatments as well as when compared with the control group. The study therefore concluded that cognitive restructuring is very effective technique in reducing avoidant personality disorder of students.

Recommendations

Based on the findings of this study, it is recommended that Cognitive restructuring counselling technique should be used to address students with avoidant personality disorder.

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