

Effects of Behaviour Modification Counselling on Substance Abuse among Youths in Bokkos, Plateau State, Nigeria: Implications for Youths and Social Reformation

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Abstract

The study aimed at finding out the effect of Behaviour Modification Counselling on substance abuse among youths in Bokkos town with its implications for social reformation. Experimental research design was employed for the study. 30 drug addicts from among the youths were selected for the experiment through purposive sampling technique. Data for the study were collected using self-developed questionnaire, titled: Substance Counselling Questionnaire (SCQ)". Cronbach's Alpha method of reliability was established for the instrument, and a coefficient of 0.71 was obtained. Data for the study were analyzed using t-test statistics. The study found that Behaviour Modification Counselling is effective in reducing and eliminating substance abuse among the youths. It is concluded that Behaviour Modification Counselling is a professional behavioural therapeutic approach that is highly needed to eliminate substance abuse among the youths. The study therefore recommended that counsellors should use behavioural modification techniques (such as modelling), to counsel drug addicts as a means of eliminating substance abuse among the youths. This will eventually lead to youth reformation.

Keywords: Behaviour, Modification, Counselling, Substance and Abuse

Introduction

Substance abuse is one of the contemporary social problems confronting nations all over the world, Nigeria inclusive. Substance abuse is the harmful or hazardous use of psychoactive substance, including alcohol and illicit drugs (World Health Organization, WHO, 2018). It is a patterned use of drugs in which the user consumes the substance in amounts or with methods which are harmful to themselves and to others. Substance abuse is a blanket term that includes separate

classes of drugs such as alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids (such as sedatives, hypnotics, and anxiolytics), stimulants, tobacco, and other substances (WHO, 2018). Substance abuse is a source of crime in the society and a source of health problems to an individual. It could lead to gangsterism, cultism, armed robbery, kidnapping, thuggery, loss of national manpower, vandalism and violence in the society. It could also lead to memory problems, attention problems, impaired judgment, weakness, hepatitis, cancer of the brain and liver, high blood pressure, stroke, sleep problems, tuberculosis, kidney damage, depression, thoughts of committing suicide, psychological dysfunction and sudden death (Gotep, 2010).

Each individual's situation is unique. Substance abuse results from a culmination of experiences, responses and desires within a person's life. No single factor determines why a person misuses drugs. Despite this, it is important to recognize that there are a wide variety of factors that contribute to it. Some of these factors include: to ease stress, peer pressure, family circumstances, to enhance performance, to experience feeling of pleasure, emotional and relationship problems, financial worries, loss of loved one, to satisfy curiosity, and to boost confidence (WHO, 2018). The initial decision to take drugs is typically voluntary. But with continued use, a person's ability to exert self-control can become seriously impaired. The impairment in self-control is the hallmark of addiction (The United States National Institute on Drug Abuse, 2018).

Kelvin (2015) noted that it is incredibly difficult for users of harmful substances to successfully quit on their own. They need guidance and counselling to understand the reasons for their behaviour, to learn alternatives that can help them change their behaviour, and to be guided into a new and healthy lifestyle. Overcoming the craving for substance abuse requires professional therapeutic interventions. A good treatment programme helps people that use harmful substances to look at their situation realistically, adopt more functional and realistic beliefs, learn stress management and coping techniques and help them develop positive ways of resolving their life challenges without necessarily folding back on drugs (The United States National Institute on Drugs, 2018). Kelvin (2015) and The United States National Institute on Drug Abuse (2018) add that counselling and behavioural therapies are highly utilized and best available treatment options for drug abuse. Because it is a behavioural problem, behavioural approaches are highly essential in treating behavioural problems, including substance abuse.

Behaviour Modification Counselling is one of such professional therapeutic interventions that can reform the youths, vis-à-vis substance abuse. The goal of behaviour modification is to change behaviour (Lannap, 2012). It uses techniques such as reinforcement, conditioning and modelling. It usually seeks to extinguish or

stop an unwanted behaviour. In other words, behavioural therapy is a form of psychotherapy that involves reducing or eliminating behaviours and habits that are destructive, unhealthy, or undesirable; and learning or increasing more appropriate behaviours (Kolo & Mallum, 2015). Behavioural therapies have been used to treat a variety of disorders and problems, including addictions, phobias, and behavioural problems in children (Kolo & Mallum, 2015).

Human behaviour is learned, thus all behaviours can be unlearned and new behaviours learned in their place (Lannap, 2012). Behaviourism is concerned primarily with the observable and measurable aspects of human behaviour. Therefore, when behaviours become unacceptable, they can be unlearned. Behaviourism assumes that the only things that are real (or at least worth studying) are the things we can see and observe (such as, substance abuse) (Kolo & Mallum, 2015). We cannot see the mind, the id, or the unconscious, but we can see how people act, react and behave. What people do, not what they think or feel is the object of the study. A behaviourally oriented counsellor has an interest in the response pattern itself and the particular situations in which it occurs. The counsellor utilizes techniques that enable the determination of the functional relationship between maladaptive behaviour and the environmental stimuli that are affecting it. The counsellor then attempts to collect information that will enable him/her to answer the following questions: What behaviour requires modification? What environmental factors are maintaining those behaviours? What positive reinforcement or punishing events can be used to alter individual behaviour? Fall Creek Associates (2010) highlights the basic assumptions of Behaviour Modification Theory as: All behaviour, negative and positive, is learned according to the same principles; and, maladaptive behaviour, having been learned, can be unlearned (extinguished) and replaced with new learned behaviours.

Therefore, the purpose of this study was to find out the effect of Behaviour Modification Counselling on substance abuse among youths in Bokkos town.

Hypotheses

The following hypotheses were tested at .05 level of significance:

1. There is no significant mean score difference between the level of substance abuse among participants in the control and experimental groups before the counselling intervention.
2. There is no significant mean score difference between the level of substance abuse among participants in the control and experimental groups after the counselling intervention.

Methodology

An experimental design was employed for the study. Experimental design was employed in order to find out the effect of Behaviour Modification Counselling on substance abuse among youths. The population of the study consisted of youths that misuse drugs in Bokkos town, Bokkos LGA. A sample of 30 literate drug addicts was drawn from the population. They were selected for the study through purposive sampling technique. The participants were divided into two groups, namely: Control and experimental group. A six week Substance Counselling Programme (SCP) was given to participants in the experimental group, while those in the control group were denied the treatment. This was to find out whether or not, differences exist between the two groups before and after the experiment. Participants in the control group were however engaged in lessons on personal hygiene within the six weeks in order to keep them busy. This was done with the help of a research assistant. Modelling technique was used to discourage substance abuse among the participants in the experimental group. A repentant addict was invited for one day to share his past and present experiences with the addicts. He gave them some tips and easy ways of stopping substance abuse and how to maintain healthy lifestyles.

The instrument that was used to collect data for the study was a structured questionnaire titled: "Substance Counselling Questionnaire (SCQ)". Questionnaire was used because the respondents are literate. Secondly, questionnaire was used because it was easier to collect data from the sample involved in the study. The instrument was developed by the researchers. It was validated by a counselling psychologist and a Research, Measurement and Evaluation expert, from the Faculty of Education, University of Jos. 28 items were initially generated for the study, but after subjecting the instrument to validity, 8 items were deleted, while some of the words and sentences were corrected. Cronbach's Alpha method of reliability was established for the instrument and it yielded a coefficient of 0.71. The instrument contained 20 items and it was divided into two sections: A and B. Section A contained the name of group and the serial number of the participant; while Section B contained 20 items on level of substance abuse. A 5-point Likert scale of Strongly Agree (SA), Agree (A), Undecided (U), Disagree (D), and Strongly Disagree (SD) was used. The score values for the response scale were 5,4,3,2, and 1 for positive items, and 1,2,3, 4 and 5 for negative items. In other words, reverse coding was done for negative items. The t-test of independent samples was used to test the hypotheses formulated for the study at .05 level of significance.

Presentation of results

Ho1: There is no significant mean score difference between the level of substance abuse among participants in the control and experimental groups before the counselling intervention.

Table 1: t-test analysis of pre-test mean score difference between the level of substance abuse among participants in the control and experimental groups before the counselling intervention.

Group	N	Mean	SD	df	p-value	Remark
Control	15	67.10	12.78	28	.876	Not significant
Experimental	15	67.90	13.25			

($p > 0.05$)

The t-test result in table 1 indicates that the p-value (.876) is greater than the .05 level of significance. This means that the null hypothesis is retained. That is, there is no significant mean score difference between the level of substance abuse among drug addicts in the control and experimental groups. In other words, prior to Behaviour Modification Counselling, the participants have similar level of substance abuse. Their respective mean scores indicate that they have high level of substance abuse.

Ho2: There is no significant mean score difference between the level of substance abuse among participants in the control and experimental groups after the counselling intervention.

Table 2: t-test analysis of post-test mean score difference between the level of substance abuse among participants in the control and experimental groups after the counselling intervention.

Group	N	Mean	SD	df	p-value	Remark
Control	15	144.70	12.41	28	.000	significant
Experimental	15	75.00	6.88			

($p < 0.05$)

The t-test result in table 2 indicates that the p-value (.000) is less than the .05 level of significance. This means that the null hypothesis is rejected. That is, there is a significant mean score difference between the level of substance abuse among drug addicts in the control and experimental groups. In other words, after the Behaviour Modification Counselling, the participants have different levels of substance abuse. Their respective mean scores indicate that those in the control group have high level of substance abuse; while those in the experimental group have lesser level of substance abuse. The mean score of participants in the control group is 144.70, indicating that their level of substance abuse is still high; while the mean score of participants in the experimental group is 75.00, indicating that their level of

substance abuse is low after the experiment. This also goes to show that Behaviour Modification Counselling is effective in reducing and eliminating substance abuse among the youths.

Discussion of findings

The statistical analysis in hypothesis one in the study indicated that there was no significant mean score difference between the level of substance abuse among drug addicts in the control and experimental groups. The null hypothesis is retained. In other words, prior to the counselling intervention, the respective mean scores between the two groups (control and experimental) are similar, indicating that they both have high level of substance abuse.

The t-test result in table 2 indicates that the p-value (.000) is less than the .05 level of significance. This means that the null hypothesis is rejected. That is, there is a significant mean score difference between the level of substance abuse among drug addicts in the control and experimental groups. In other words, after Behaviour Modification Counselling, the participants in the two groups have different levels of substance abuse. Their respective mean scores indicate that those in the control group have high level of substance abuse; while those in the experimental group have lesser level of substance abuse. The mean score of participants in the control group is high (144.70), indicating that their level of substance abuse is still high, while the mean score of participants in the experimental group is less (75.00), indicating that their level of substance abuse is low after the experiment. This also goes to show that Behaviour Modification Counselling is effective in reducing and eliminating substance abuse among drug addicts. This finding is in agreement with Kelvin (2015), Kolo and Mallum (2015), Hatfield (2018), and The United States National Institute on Drug Abuse (2018) who posited that people that misuse harmful substances need guidance and counselling to understand the reasons for their behaviour, to learn alternatives that can help them change their behaviour, and to be guided into a new and healthy lifestyle. The implication of this finding is that youths that misuse harmful substances really need professional behavioural assistance in order to change their negative behaviour (substance abuse) to positive ones. Youth social reformation is therefore achievable through behaviour modification counselling.

Conclusion

Substance abuse is a contemporary social problem confronting nations all over the world. It is a menace and a silent killer, particularly among the youths who are the most productive section of the society. It leads to crime of all sorts, source of health problems to the addicts, and loss of valuable human resources that would have been effectively channelled for the growth and development of the individual and the nation. Because substance abuse is a behavioural problem, a more professional

behavioural therapeutic approach is needed to eliminate such an unhealthy and destructive behaviour. One effective and professional behavioural therapeutic approach is therefore, Behaviour Modification Counselling. Behaviour Modification Counselling is therefore a professional therapeutic intervention measure that can reform the youths, vis-à-vis substance abuse. The goal of behaviour modification is to change behaviour. It helps to extinguish or eliminate an unwanted and destructive habit or behaviour such as substance abuse. Therefore, more researches on youth social reformation, particularly in the aspect of substance abuse, should be carried out by other researchers and counsellors in order to find out more practical ways of reforming the youths for national development.

Recommendations

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

1. Counsellors should use behavioural modification techniques (such as reinforcement and modelling) to counsel drug addicts as a means of eliminating substance abuse among the youths.

2. Drug addicts should willingly offer themselves for counselling because it is incredibly difficult for them to successfully quit on their own. They need guidance and counselling to understand the reasons for their behaviour, to learn alternatives that can help them change their behaviour, and to be guided into a new and healthy lifestyle.

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