

***Effectiveness of Psychosocial Counselling Technique in Reducing Juvenile Delinquency among Secondary School Students in Sokoto Metropolis, Sokoto State, Nigeria***

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**Abstract**

*The study investigated the effectiveness of psychosocial counselling technique (Cognitive Behavioural Therapy) on juvenile delinquency problem among secondary school students in Sokoto Metropolis. The study adopted Quasi-Experimental Research Design in which pre-test, post-test, control and experimental groups were used. The populations for the study comprised of 7,513 SSS III students in Sokoto metropolis from which a sample of 60 students were selected using two intact classes from two secondary schools purposefully selected for the study. The two hypotheses formulated were analyzed using t-test. An instrument, Juvenile Delinquency Questionnaire (JDQ), was used for data collection. The findings from the study revealed that, there is significant effect of psychosocial counselling technique (Cognitive Behaviour Therapy) on juvenile delinquency problem among secondary school students in Sokoto Metropolis. It was therefore recommended that the school counselling officer should adopt Cognitive Behaviour Therapy (CBT) technique in the treatment of students' psychosocial problem such as juvenile delinquency among the students, and that governmental and non-governmental agencies should help by creating awareness on the effectiveness of Cognitive Behaviour Therapy (CBT) in the treatment of behavioural problem in students through public lecture, seminar/workshop and open air campaign.*

**Keywords:** psychosocial, counselling, technique, Cognitive, Behavioural, juvenile, delinquency

**Introduction**

Generally among adolescents, some rebelliousness and experimentation are common. However, a few children consistently participate in problematic behaviours that negatively affect their family, academic, social and personal functioning. These children present great concern to parents and the community. Parents may define disruptive and delinquent behaviour as disobedience, fighting with siblings, destroying or damaging

property, stealing money from family members or threatening parents with violence. Often, school staff members do regard juvenile behaviour as that which interrupts or disturbs classroom learning, violates the school code of conduct and threatens the safety of school and students. Mental health professionals consider juvenile behaviour to include a wide range of disruptive behaviours that may involve aggression toward others or animals, destruction of property, deceitfulness, theft and violations of curfew and school attendance (Steinberg, 2014).

According to Eisenmann (2012), juvenile delinquency is a steady pattern of harming others or their property, lying, stealing, or breaking societal rules of behaviour. Most children exhibit instances of poor judgment and bad behaviour at least one time in their childhood. The distinction is children with juvenile delinquency break the rules over and over again, exhibit aggressive behaviour, and show no regard for others. The behaviour is not considered juvenile delinquency until the symptoms are displayed for one year or more. The disturbances in behaviour result in significant clinical impairment with social skills, academics and occupational functioning. Juvenile delinquency is differentiated from other psychiatric disorders diagnosed in children by the following criteria: “persistent pattern of behaviour in which the basic rights of others or major age-appropriate societal norms or rules are violated” (Eisenmann, 2012: 20). Aderanti (2008) defines juvenile delinquency as a psychiatric syndrome occurring in childhood and adolescence which is characterized by a longstanding pattern of violations of rules and exhibition of antisocial behaviours. He interprets juvenile delinquency as a common childhood psychiatric problem that has increased incidence in adolescence. The primary diagnostic features of juvenile behaviour include aggression, theft, vandalism, violation of rules and/or lying. For a diagnosis, these behaviours must occur for a least a six-month period (Aderanti, 2008).

Many numbers of isolated behavioural problems can represent juvenile behaviour problems and delinquency: shoplifting, a fight in school, drug or alcohol ingestion etc. Sometimes, students cannot easily explain why they act the way they do. They may be just as confused about it as the adults, or they simply see juvenile behaviours as appropriate ways to deal with what they experience. Parents and loved ones may feel scared, angry, frustrated, or hopeless. They may feel guilty and wonder where they went wrong. All these feelings are normal, but it is important to understand that there is help available to troubled students and their families through proper counselling (Oniyoma, Omoni & Ijeh, 2009).

According to Blanchard, Waterreus and Mann (2009a & 2009b), cognitive behaviour therapy is known to be effective for adult and children with juvenile behaviour. Among youths and juvenile behaviour, treatment with CBT combined with usual medical care results in significant and clinically relevant improvement in a number of domains such as daily functioning; that is, participation in everyday activities at home, school etc.

Floyd, Scogin, Mckendree-Smith, Floyd and Rokke (2014) stated that CBT has been found to improve several psychological processes, such as increasing adaptive coping, reducing catastrophic thinking, and increasing coping self-efficacy in both adults and youths with juvenile behaviour. Ellis (2001) reported that CBT have empirically evaluated many interventions for effectiveness in treating juvenile behaviour. Kearney (2008) highlighted that the Cognitive Behavioural Therapy comprises about 50% of treatment studies on juvenile behaviour that have been proven to be effective for a reasonable extent.

According to Rowland, Godfrey, Bower, Mellor-Clark, Heywood and Hardy (2002), counselled student suffering from juvenile behaviours has significantly more likely to have recovered than non-counselled students in analysis of data from students who were followed up. Counselling is a helping relationship aimed at enabling a client to explore a personal problem, giving the client increased awareness of choices than what they already have in dealing with the problem, and assisting her/him to make an informed decision on what to do about the problem.

However, Psychosocial Counselling technique is a field within professional psychology that maintains a focus on facilitating personal and interpersonal functioning across the life span. The field pays particular attention to emotional, social, vocational, educational, health-related, developmental, and organizational concerns. The practice of Psychosocial Counselling encompasses a broad range of culturally-sensitive practices that help people improve their well-being, alleviate distress and maladjustment, resolve crises, and increase their ability to function better in their lives (Al-Hassan, 2000).

In order to help student overcome psychosocial behaviours such as juvenile delinquency, there is need for psychosocial counselling. Psychosocial Counselling/therapy is the primary method for treating behavioural problems by talking with a psychologist, psychiatrist, counsellor or other mental health providers. Its goal is to help the client understand their illness and to teach them the strategies to manage unhealthy thoughts and behaviours. The nature and severity of an abnormal behaviour exhibited by students/clients determines the types of psychosocial counselling to be used. For this present study however, Cognitive Behavioural Therapy (CBT) was employed. Cognitive behavioural therapy is a blend of two types of therapy: cognitive therapy and behavioural therapy. The premise behind cognitive therapy is to focus on a person's thoughts and beliefs, and how they influence a person's mood and actions. The goal is to bring awareness to a person's particular type of thinking and guide it to be more adaptive and healthy. Alternatively, behavioural therapy focuses on behaviour. By bringing awareness to a person's unhealthy behaviours, actions, or habits, behavioural therapy can help to change behaviour patterns (Busari & Adejumbi, 2012).

### **Statement of the problem**

There is no doubt about the fact that secondary school students in Sokoto metropolis are plagued with a lot of problems; these problems range from drug abuse, bullying, fighting, lateness to school etc. The effects of these bad behaviours have resulted to disorderliness in schools, and poor academic performance. These negative behaviours if unchecked might truncate the objectives of national educational goals. Parents, teachers and school heads have reacted in different ways to curtail the problem of juvenile delinquency among students. There has been such application as corporal punishment, scolding, verbal abuse, suspension and expulsion meted to reduce or eliminate juvenile delinquency from students but it appeared not to have lasting effect. It is affirmed that if behaviour is unpleasant, it needs psychosocial counselling to help remedy such behaviour. In order to curtail the danger of juvenile delinquency among students of secondary schools in Sokoto Metropolis, the students require help to get adjusted and reformed. Such help can only be given by trained Guidance and Counselling Officer, who will exploit different psychosocial counselling techniques to effect changes and modifications in the students' behaviours. The present study's intention was to examine the effectiveness of Cognitive Behaviour Therapy on juvenile delinquency problem among secondary school students in Sokoto Metropolis.

### **Objectives of the study**

The objectives of the present study are to:

- i. Investigate the effectiveness of Cognitive Behaviour Therapy (CBT) on juvenile delinquency among secondary school students.
- ii. Investigate the effectiveness of Cognitive Behaviour Therapy (CBT) on juvenile delinquency among male and female secondary school students.

### **Research Hypotheses**

**Ho1:** There is no significant effect of psychosocial counselling technique on juvenile delinquency among secondary school students.

**Ho2:** There is no significant difference on the effect of psychosocial counseling technique on juvenile delinquency among male and female secondary school students.

### **Methodology**

The research design employed for the study was Quasi-Experimental Research Design, in which pre-test, post-test, control and experimental groups were used. This design is suitable for adoption to approximate conditions of true experiment in situations that do not permit the control and manipulation of all relevant variables (Kpolovie, 2010). The population of the study was 7,513 SSS III students. Two schools were purposively selected for this study. The schools were selected based on their location within Sokoto Metropolis. Likewise, two intact classes were selected from each school. A total of four intact classes (two intact classes for Experimental Group (EG) and two intact classes for the Control Group (CG)) were used. Before selecting the intact classes for both

experimental and control group, a test of homogeneity was conducted in order to be sure that each of the intact classes contains students with similar characteristics. A total of Sixty (60) students were used for the study (i.e. thirty (30) students for Experimental Group (EG) and thirty (30) students for Control Group (CG). The table 1 shows the detailed sample size for the study.

**Table 1:** Sample size of the respondents

S/N	SCHOOL	CLASS	GROUP	SAMPLE SIZE
1.	Sultan Atiku Sec. Sch. Sokoto	SS 2A	EG	15
		SS 2B	CG	15
2.	Govt. Girls College, Sokoto	SS 2A	EG	15
		SS 2B	CG	15
<b>Total</b>				<b>60</b>

A research instrument tagged “Juvenile Delinquency Questionnaire (JDQ)” was used to collect data for the study. The Juvenile Delinquency Questionnaire (JDQ) designed by the researchers was divided into two sections: Section A contains the participants' bio-data. Section B is a 4-Likert-Type Scale containing twenty (20) items which asks the participants to give their honest opinion on Juvenile Delinquency. Experts in Test and Measurement, and those in the Department of Educational Foundations, Usmanu Danfodiyo University, Sokoto, after making necessary corrections and amendments, adjudged the instrument to have both face and content validity. In order to test the reliability of the instrument, it was administered twice on an intact class containing 20 students with juvenile delinquency characteristics in a senior secondary school within Sokoto Metropolis, with an interval of four weeks between the first and second administration using test-retest method. Reliability index of 0.79 obtained shows that the instrument was reliable.

Prior to the commencement of the treatment exercise, approval and permission were sought from school principals to meet the class teachers and the school counsellors. The researchers with the assistance of Class Masters/Mistresses and the School's Counsellors conducted the treatment for the experimental group. The treatment which lasted for a period of six weeks was divided into four main phases: recruitment, pre-treatment, treatment and post- treatment. The researchers, Class Masters/Mistresses and the School's Counselling Officer agreed to meet twice a week; Tuesday during the long break and Friday by 10:30am for 45minutes each day.

The procedure was carried out in three phases. In the first phase, the participants were screened in order to identify students with juvenile behaviour, truancy and lateness to school. In the second phase, the participants were randomly assign to the treatment group (cognitive behaviour therapy) and the control group. At phase three, the

experimental group went through six weeks (90 minutes weekly) of intensive sessions consisting of discussion/lecture, discussion of the previous session and given of assignment for the next session.

T-test statistical tool was used to test the two hypotheses in order to ascertain the effectiveness of psychosocial counselling technique in reducing juvenile delinquency among secondary school students in Sokoto Metropolis.

### **Presentation of results**

**Ho1:** There is no significant effect of cognitive behaviour therapy on juvenile delinquency among secondary school students.

**Table 2:** Effect of cognitive behaviour therapy on juvenile delinquency among secondary school students

<b>Variables</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>t</b>	<b>P-Value</b>	<b>Remark</b>
Experimental Group	30	74.43	38.342	0.345	0.000	Significant
Control Group	30	25.75	13.564			

Table 2 gives the posttest mean and standard deviation for Experimental Group as 74.43 and 38.342 while the posttest mean and standard deviation for Control Group stood at 25.75 and 13.564 respectively. Also, table 2 presents the result of t-test on the effect of cognitive behaviour therapy on juvenile delinquency among secondary school students exposed to treatment and those that were not exposed to treatment. The t-value was 0.345 while the p-value stood at 0.000. Since the P-Value (0.000) is less than 0.05 level of significance, the hypothesis is therefore rejected. Hence, there is a significance “effect” of cognitive behaviour therapy in reducing juvenile delinquency among secondary school students.

**Ho2:** There is no significant difference on the effect of Psychosocial counselling technique on juvenile delinquency among male and female secondary school students.

**Table 3:** Effect of cognitive behaviour therapy on juvenile delinquency among male and female secondary school students

<b>Gender</b>	<b>N</b>	<b>Mean</b>	<b>Std. Dev.</b>	<b>T</b>	<b>P-Value</b>	<b>Remark</b>
Male	15	75.33	21.198	0.721	0.001	Significant
Female	15	63.11	17.457			



Table 3 presents the posttest mean and standard deviation of male students exposed to treatment as 75.33 and 21.198 while the posttest mean and standard deviation of female students exposed to treatment was 63.11 and 17.457 respectively. The table 3 also shows the result of t-test on the difference in the effect of cognitive behaviour therapy on juvenile delinquency among male and female secondary school students exposed to treatment. The t-value was 0.721 while the p-value stood at 0.001. Since the P-Value (0.001) is less than 0.05 level of significance, the hypothesis is therefore rejected. Hence, there is no significant difference on the effect of Cognitive Behaviour Therapy (CBT) on juvenile delinquency among male and female secondary school students exposed to treatment. This implies that the treatment given has effect on male and female students alike.

### **Discussion of the findings**

The findings of the study are discussed based on the result obtained from the two hypotheses tested. Hypothesis one found a significance effect of cognitive behavioural therapy on juvenile delinquency among secondary school students. This result is corroborated by the findings of Blanchard, Waterreus and Mann (2009), which revealed that Cognitive-behavioural therapy (CBT) is effective treatment for adults and children with juvenile behaviour. They further explained that among youths with juvenile behaviour, treatment with CBT combined with usual medical care results in significant and clinically relevant improvement in a number of domains such as daily functioning – that is, participation in everyday activities at home, school and social settings – as well as improved mood, and to a lesser extent, reduced pain levels by the end of treatment. They noted that juvenile behaviour is a complex condition involving several associated symptoms, including fatigue and sleep disturbance; however, behavioural treatment is most often focused on teaching patients strategies and coping tools to help them function better in their daily lives. In the study of Floyd, Scogin, McKendree-Smith, Floyd and Rokke (2014), CBT treatment focuses on training patients in the use of specific cognitive and behavioral strategies to improve, cope and reduce the effect of juvenile behaviour in their daily life activities. CBT has been found to improve several psychological processes, such as increasing adaptive coping, reducing catastrophic thinking, and increasing coping self-efficacy in both adults and youths with juvenile behaviour.

Finding from hypothesis two revealed that there is no significant difference on the effect of psychosocial counselling technique on juvenile delinquency among male and female secondary school students. Ellis (2001), in his study, reported that CBT have empirically evaluated many interventions for effectiveness in treating juvenile behaviour. Kearney (2008) reported that the Cognitive Behavioral Therapy comprise about 50% of treatment studies on juvenile behaviour that has been proven to be effective for a reasonable extent. According to study carried out by Rowland et al. (2002), counseled students suffering from juvenile behaviours have significantly more likely to have recovered than non-counselled students in analysis of data from students who were followed up.

## **Conclusion**

Cognitive Behavior Therapy (CBT) is very effective on the treatment of students with problem of juvenile delinquency as shown by the findings from this study. It is therefore concluded that regular usage of CBT by the school counsellors in the treatment of students with problem of juvenile delinquency will go a long way in ameliorating students' behavioural disorders.

## **Recommendations**

In order to curb the menace of juvenile delinquency among the secondary school students, the following recommendations were made:

- i. The school counselling officer should adopt Cognitive Behaviour Therapy (CBT) technique in the treatment of students' psychosocial problem such as juvenile delinquency among the students.
- ii. The government and non-governmental agencies should help by creating awareness on the effectiveness of Cognitive Behaviour Therapy (CBT) in the treatment of behavioural problem in students through public lecture, seminar/workshop and open air campaign.

## **References**

- Aderanti, R. A. (2008). Prevalent of adolescents' delinquent behavioral patterns: An issue in counseling psychology and implications for national development. An unpublished paper presented at the 1st National Conference of College of Applied Education and Vocational Technology, Tai Solarin University of Education, Ijagun, Ogun State.
- Al-Hassan, A. B. (2000). The management of disaffection in school. *Educational management and administration*, 18(3), 46-52.
- Blanchard, M. R., Waterreus, A. & Mann, A. (2009). Can a brief intervention have a longer term benefit? The case of the research nurse and depressed older people in the community. *International Journal of Geriatric Psychiatry*, 14(9), 733-738.
- Busari, A. O. & Adejumobi, S. R. (2012). Cognitive Behaviour Therapy in the Management of Juvenile Delinquency. Being a paper presented at the International Conference on Sustainable Development in Africa, held at R. S. Amegashie Auditorium, University of Ghana, Legon, Accra, Ghana.
- Eisenmann, R. (2012). Treatment of incarcerated offenders: Possibilities and problems. *International Journal of Child and Adolescent Psychiatry*, 55(8), 159-162.
- Ellis, S. (2001). Reason and emotion in Psychotherapy. New York: Lyle Stuart.
- Floyd, M., Scogin, F., McKendree-Smith, N. L., Floyd, D. L. & Rokke, P. D. (2014). Cognitive therapy for depression: a comparison of individual psychotherapy and bibliotherapy for depressed older adults. *Behaviour Modification*, 28(2), 297-318.
- Kearney, C. A. (2008). Helping school refusing children and their parent: A guide for school-based professionals. New York: Oxford University Press.



- Kpolovie, J. P. (2010). *Advanced Research Methods*. New Owerri: Springfield Publishers Ltd
- Oniyoma, E. E., Omoni, G. E. & Ijeh, U. S. (Eds.) (2009). *Essentials of Guidance and Counselling*. Ibadan: End-Time Publishing House.
- Rowland, N., Godfrey, C., Bower, P., Mellor-Clark, J., Heywood, P. & Hardy, R. (2002). *Counselling in Primary Care: A systematic review of research evidence*. *British Journal of Guidance and Counselling*, 28(2), 216-233.
- Steinberg, L. (2014). *Age of Opportunity: Lessons from the New Science of Adolescence*. New York: Houghton Mifflin Harcourt.