

Psychotherapy And Rehabilitation Of Students With Behavioural Disorders In Nigeria

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Abstract

Research into the myriad of factors that could promote mental well-being of young adults in the institution of higher learning would continue unabated as long as the subject matter, Risky behaviour remains potent to psychologists, mental health workers, and other significant care givers. This study evaluated the efficacy of psychotherapy and rehabilitation program in reducing behavioural disorders and risky lifestyle of Babcock University students returning from one year behavioural sanction. Eighty-Seven students (71.26% male and 28.78% female) suspended for various violation/misconduct were asked to sign a behavioural contract with the consent of their parent/guardians and consequently, completed the Minnesota Multiphasic Personality Inventory-2 structured form (MMPI-2). About 75% of the students reported high T-score on emotional Internalizing Dysfunction EID, Thought Dysfunction THD, and Behavioural/External Dysfunction BXD. The students were assigned to two session psychotherapeutic treatment per week and three hours weekly group emotional competent training. At the end of the academic semester post-intervention, significant reduction on all measures as well as reduction in risky behaviour and high emotional intelligent were observed among the students. Overall, psychosocial support was found for the efficacy of the program. It is thus recommended that those working on young adults with behavioural disorders should seriously consider redemptive approach that is, psychotherapy, emotional fitness training and socio-spiritual reintegration.

Key words: Psychotherapy, Rehabilitation, Student, Behavioural Disorders.

Introduction

Students with emotional and behavioural disorders (EBD) face significant challenges in the classroom as well as social contacts. Research has shown that students with EBD are often characterized by disruptive social behaviours and exhibit poorer attendance rates, higher drop-out rates, and higher rates of grade retention “than any other disability category” Kathleen (2007).

Also, there is evidence that suggests that university students are vulnerable to mental health problems and such indication has generated increased public concern in Western societies (Stanley & Manthorpe, 2001). Among young adults, behaviour disorders are a serious risk to mental health as it could influence young adults negatively during crucial phases of major decisions of their life Tomoda (2000). Most of these

behavioural problems are closely associated with substance abuse, co-morbidity, personality changes and suicide attempts Parker (2001).

We therefore hypothesize that there is high rates of psychological morbidity among university students in Nigeria, especially depression and anxiety and that psychological morbidity among university students represents a neglected public health problem and holds major implications for campus health services and mental policy making.

Psychotherapy has been advocated as a critical mental health service for students with emotional or behavioural disorders (E/BD). Hence, the imperative of philosophy of education and intervention service that take cognizant of holistic personality development cannot be overemphasis.

Lane (2007) has noted that most education geared toward emotional and behavioural disorders has historically been characterized by a focus on “topics such as classroom management, social skills instruction, conflict resolution, and anger management.” She argues that such an approach, which lacks a “focus on academics,” was perpetuated by several key misconceptions – most notably the misconceptions that “students must learn to behave appropriately before instruction can occur,” and “that behaviour and instruction are separate entities.”

The above argument since to oppose whole person care. Holistic education is geared towards producing/graduating physically, socially, morally and mentally developed persons. It is a philosophy of education where Students are introduced to the sense of responsibility, ideas of right in relation to the surrounding world and are inculcated with skills necessary for life and service now and the world to come.

To this end, Lane (2007) submitted that approaches to emotional and behavioural disorders of students have become more clearly directed toward meeting the academic needs of students with (or at risk for) EBD; interventions are thus increasingly focused on screening, or early identification of at risk students, and the provision of academic support Lane. Furthermore, the finding posits that fostering a higher level of engagement to academics (psycho-education) helps curb behavioural problems, and can ultimately provide students with a stronger foundation for success later in life.

Hence, Hanover Research (2013) presents best practices and effective programs for students with conduct and behavioural disorders. The first section of their report discusses general best practices and strategies in meeting the needs of students with emotional and behavioural disorders.

The second section profiles two tiered programs, which include: Response to Intervention and positive behavioural Interventions and Supports (also referred to as School-Wide Positive Behaviour Support), which the literature identifies as effective in supporting students with conduct disorders and other behavioural issues.

For instance, in a recent study, researchers highlight “an increasing acknowledgment that strong academic instruction and interventions may be the first line of defines in working effectively with students with EBD” Cynthia F.; Caroline T. et al. (2012). Other sources support this finding, noting that “in the absence of sound academic instruction, most effective behaviour management systems in the world will do little to prepare students for school or later-life success” McDuffie, A., Timothy J., et al. (2012).

Robins (1979), in a review of follow-up studies of emotionally disordered children, concluded that 25 to 80% of children with emotional disorders are considered to be emotionally disordered as adults. This findings support the psychoanalytic and psychodynamic orientation and it calls for the need of early intervention, but regrettably, many care givers in institution of high learning are yet to consider the imperative of emotional or behavioural disorders of young adults.

Students with EBD often display characteristics that do not support success in or out of school as these students may not be able to maintain appropriate social relationships with others; they may have academic difficulties in multiple content areas; and they may display chronic behaviour problems, including noncompliance, aggression, and disrespect toward authority figures.

According to Association for Supervision and Curriculum (2007) promoting mental health has reckonings both academically and for reducing problems at schools and the society in general. Therefore, it seems evident that an enhanced commitment to mental health promotion must be a key facet of the renewed emphasis on the whole child care by education leaders.

From a mental health perspective, helpful guidelines are found in research clarifying normal trends for school-age youngsters' efforts to feel competent, self-determining, and connected with significant others Deci and Ryan (2002). Measurement of such feelings can provide indicators of the impact of a school on mental health. For instance, positive findings can be expected to correlate with school engagement and academic progress. Whereas, Negative findings on the other hand, can be expected to correlate with student anxiety, fear, anger,

alienation, a sense of losing control, a sense of hopelessness and powerlessness.

It seems programs specifically designed to assist intellectually capable but emotionally disordered individuals appear to be almost non-existent, or at least invisible especially in most public and private universities in Nigeria. The nature of special education and related services for students with emotional or behavioural disorders (E/BD) has been a controversial topic in both the empirical and legal literature.

Researchers have argued that schools are failing in their mission to serve young adults with E/BD, as evidenced by poor academic progress, limited social-emotional improvement, alarming dropout rates (behavioural sanction), and depressing post school careers (Glennon, 1993). Many have submitted that this failure is due to the lack of related psychological services necessary to support the educational programs for students with E/BD (Knitzer, Steinberg, & Fleisch, 1990; Steinberg & Knitzer, 1992).

It becomes necessary to state at this juncture that it is not only the lack of psychological services, but there could be other contributing factors that militate against intentional services necessary for students with emotional and behavioural disorders. These factors include: lack of qualify trained personnel, systemic factors and policy. The question that rightly comes to mind is, does the above factors impede Universities/Colleges from providing services to individuals with emotional disorders?

Certainly, most Universities provide counselling, psychotherapy and other services for students with behavioural challenges but without identifying such services for persons with emotional/behavioural disorders as such, there is no empirical information to that respect for consistent reference and follow-up.

For instance, an acute or chronic personal and interpersonal problems need facilities and special attention as such Services to students may be generic. In such situation, cultural factors must be considered as students with emotional disorders are not likely to identify themselves as such because of the stigma and the reaction of the community. Especially in our multi-cultural society like ours where EBD is concomitant to madness.

In spite of the above concerns, it is obvious that young adults with emotional/behavioural disorders are admitted to various Universities to undergo programs of their choices, therefore, there is the need for holistic care so as to help vulnerable students adjust and succeed in their academic pursue. And the provision of psychotherapy has been advocated as a critical psychological service for these such students (Newcomer, 1993; Wicks-Nelson & Israel, 2000).

Psychotherapy relies on the systematic use of techniques based on psychological principles to provide the client with an opportunity not only for catharsis but also for acquisition of new behaviours and expectancies to help overcome psychological problems David et al (2006). Psychotherapy can best be discussed as a continuum of interventions. This scale is characterized by distinctions in the intensity and type of intervention provided. At one end of the continuum are psycho-educational techniques typically employed by school psychologists, counsellors, or social workers in school settings.

The psycho educational techniques include both behavioural interventions (e.g., reinforcement, relaxation, modelling, social skills instruction, parent forum/training, self-instruction, self-monitoring) and non-behavioural applications (e.g., client-centred therapy, insight-oriented therapy, discussion

groups) Weisz, Weiss, Han, Granger, & Morton, (1995).

Whereas, Students requiring more intensive interventions may be referred for services outside the school, located further along the continuum. The nature of these more intensive psychotherapeutic interventions must be based on one of three major theoretical orientations: psychoanalytic/psychodynamic, behavioural, or humanistic. The focus of the psychoanalytic/psychodynamic therapy is to help the student understand the origins of actions and how the unconscious influences behaviour.

While behaviour therapy stresses on current behaviour and the role of the environment in sustaining or eliminating behaviours. A therapeutic variation known as cognitive-behavioural therapy helps the student to replace faulty thoughts with self-statements that promote more adaptive behaviour. Humanistic therapy on the other hand, concentrations on the immediate experiences of the student and is designed to help the person gain knowledge of self and expand ones' potential. A growing development called psychotherapy integration Wolfe and Goldfried, (1988) includes various aspects from all of these three orientations.

Thus, Universities/colleges especially private Universities can assume a unique role in service to students with emotional/behavioural disorders by determining the extent to which their School are aware of students with emotional disorders, the kinds of services provided for students with emotional disorders, and policies and attitudes of administrators towards expansion or improvement of services for students with emotional and behavioural disorders.

Considering the need of students with emotional and behavioural disorders, it become imperative for Babcock University

(BU) to design a redemptive programme with support from the students' family and with community support agencies: mental health, counselling, medical, etc. and student support centre in providing treatment and skill learning for individuals whose symptoms are presented during the admission process as well as students that find it stressful to integrate into the system.

The school policies on rehabilitative actions include psychological testing and counselling, psycho-education through reading, audio-visual presentation, research and lecture, community service and pastoral counselling. This is because, researchers generally agree that policies which automatically suspend or expel students for certain behaviours or infractions can be particularly harmful to students with conduct disorders, as expulsion and suspension effectively remove already troubled or disengaged students from the academic setting, "beyond the reach of educators and significant care givers who could help them address their difficulties." CEC (2005).

BU maintains an active prevention program which include psycho-social screening during admission process, orientation/one year fresher's experience, presentations on targeted topics throughout the semester, health and wellness fairs, substance abuse screenings, professional counselling, and psycho-educational group ("Right Choice", "Parochi" and Chasity etc.) explorations where students participate in a class-like experience led by psychotherapist, counsellors, and social workers.

Students are strongly urged to reach out for help by being given the incentive that if they do so voluntarily and are faithful to the recovering plan designed for their rehabilitation, they will not face disciplinary action by the university. However, it remains a challenge to find ways to

encourage students to seek help in spite of their fears.

BU holistic or redemptive disciplinary polices incorporates a graduated response plan of action in order to account for individual student needs. In other words, BU policy provides students with behavioural disorders an appropriate public education emphasizing special education and related services designed to meet their unique needs with the mission to prepare these special students for leadership and independent living. However, BU disciplinary measures typically includes the following actions:

1. In-house suspension- typically consists of one or more of the following: citizenship warning; on-campus suspension, which entails restricted social activities for a determined time frame, community service, referral for assessment and professional help; and, for first-time offenders, enrollment in a psycho-educational group experience, which provides education within psychotherapeutic context, often offered through the institution's counsellors and therapist at the student Support centre.
2. Major suspension- this option according to the student hand-book is typically reserved for significant problems, including violations related to illegal substances use, examination misconduct, stealing, fighting and other physical violence etc. the student often require to enter an agreement to complete either a drug awareness or rehabilitation program (usually off-campus in recognised government certified mental homes), after which student's enrollment status may be reviewed. The disciplinary measure may result in the student's banishment from all school property and all campus activities for one or

more academic semesters. The disciplinary measure is generally implemented after due process and fair hearing by the disciplinary committee, consultation with parents and consultation with professionals.

3. Expulsion- At this stage, students usually have engaged in misconduct or behavioural disorder that violate school guidelines, or may be repeated offenders. Although great care and attention are given to emphasize the redemptive nature of policies, student have the choice whether to follow the rule and embrace the healthy culture of care promoted by the school or face the consequences of their noncompliance.

These restoration processes are an integral part of school policies included in the student handbook, and the redemptive dimension of learning is clearly a priority. For instance, students who have served out their terms of suspension and wish to return to BU must apply two months to the end of the suspension period for consideration of their possible re-admission with testimonial from parents/guardians, and counsellor/clergy. Students who are considered shall begin their registration from student support centre and shall be required to undergo a four-month Special Rehabilitation Programme SRP.

Though a large number of studies focus on factors that foster the development of resiliency in young adults, identifying conditions that will reduce the effects of risk. Students who experience protective factors are likely to demonstrate greater resiliency despite their risk exposure. Hence, Benard identified three protective factors with respect to risk behaviours-caring and it include supportive environments, high expectations, and opportunities for meaningful participation.

This paper evaluated the efficacy of psychotherapy and rehabilitation program in reducing behavioural disorders and risky lifestyle of Babcock University students returning from one year behavioural sanction. And replicated that psychosocial support was found for the efficacy of the program. It is thus recommended that those working on young adults with behavioural disorders should seriously consider redemptive approach that is, psychotherapy, emotional fitness training and socio-spiritual reintegration.

Method

The primary purpose of this paper was to evaluate the efficacy of psychotherapy and rehabilitation program in reducing behavioural disorders and risky lifestyle of Babcock University students returning from one year behavioural sanction.

Procedure

Eighty-seven students returning from one year academic disciplinary sanction due to behavioural/emotional misconduct were recruited for this study. They were assigned on re-integration to an interview, and enrolment in a psycho-educational group experience, which provides individual offender education within psychotherapeutic context, and group emotional competent training often offered by the institution's counsellors/therapist at the student Support centre.

The design adopted in this study is the simple percentage while purposive sampling technique was used to select all students resuming after a year sanction.

After the initial interview between the Counsellor/Psychologist, student and parent/guardian, Student and parent/guidance sign a consent/behavioural contract and student is then assigned to individual psychotherapy and counselling treatment a session per week with consideration to students'

academic time table. And a weekly 3 hours group emotional intelligent training. Were as those with low CGPA that is on academic probation continue with academic empowerment program BUAEP.

The duration of the rehabilitation program is a semester which is about 16 weeks, and then observational approach/subsequent records from the discipline committee or referral from teachers, hall administrators, chaplains and other significant care givers used to note the significant of the program

Measure

Minnesota Multiphasic Personality Inventory-2 Restructure Form (MMPI-2) is well recognised personality inventories administered individually. The basic methodology was to administer the MMPI on intake. MMPI-2 comprised of the sum total of each of the clinical scale T scores and was termed the aggregate scale. The statistical treatment of the data consisted of taking each subject's T scores on the above scales and subjecting them to an analysis of variance to test for personality of students returning from suspension due to behavioural sanctions.

Table 1: Demographic Characteristic of Student participants:

S/N	Options	Number of Respondents	Percentage
1	Gender/Sex		
A	Male	62	71.26%
B	Female	25	28.74%
		87	100%
2	Age		
A	(16 – 25)	81	93.10%
B	(26 – 35)	3	3.45%
C	(46 and above)	3	3.45%
		87	100%

Figure 1: Bar-Chart of students' Demography



Table 1 and Figure 1, shows demography characteristic of the students with behavioral disorders the above table/figure indicates a preponderance of male in the entire sample. There was also a significant age group represented that is, ages 16-25 which is a critical and confuse period in the life span for young adults. It explains the percentage of gender involve in the study total of 87 students: 62 (71.26%) are male while 25 (28.74) are female.

Table 2: shows various Students Infractions

S/N	Infraction	Number of Students	Percentage %
1	Buaep	6	6.91%
2	Substance abuse	20	22.98%
3	Gross absenteeism	1	1.15%
4	Examination misconduct	57	65.52%
5	Sexual risky behaviour	1	1.15%
6	Bullying/fighting	2	2.28%
		87	100%

Figure 2: Bar-Chart of students' Infraction

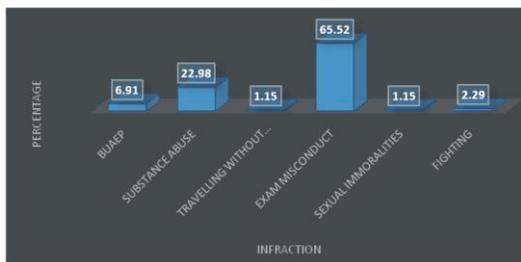


Table 2 and Figure 2 represent various student fraction and their percentage. From the above table/figure, examination misconduct represented the highest infraction followed by substance abuse 65.52% and 22.98% respectively. While students with low CGPA currently with Babcock University Academic Empowerment BUAEP had 6.91%. Absenteeism 1.15%, sexual risky behavior 1.15% and bullying/fighting 2.29%. These students were subjected to short term therapeutic treatment and emotional competence training program.

Results and Coping behaviours

About 70% of the sanctioned students reported high T-score on emotional Internalizing Dysfunction EID, Thought Dysfunction THD, and Behavioural/External Dysfunction BXD on the scale of the MMPI, and with 30% students having deviant scores on two or more scales. Findings after one academic year replicate the efficacy of psycho-education, individual psychotherapeutic treatment and emotional competence training on Babcock University students with behavioral disorders.

A follow-up service revealed that students who had low CGPA, after the Academic Empowerment Program (BUAEP) there has been a significant improvement. Consequently, of all the recent examination misconduct, sexual immoralities, travelling without permission, fighting and other misconducts officially

reported to the school disciplinary committee in recent times, there was none repeated infraction by the rehabilitated students. However, it was found out that 1(1.15%) rehabilitated student initially sanctioned for examination misconduct during the past year has also been guilty of substance abuse. The future research question is know the relationship between drug abuse and low CGPA.

Discussion

The present rehabilitation and psychotherapy program for student with behavioural/emotional disorder is a replicate of Special Engagement Learning (SEL) in Nigeria. It is a paradigm where these special students are intentional engaged in class like emotional competent training and concurrently an individual psychotherapy. Finding shows that effective Student Engagement Learning (SEL) programming drives academic learning, and it also drives social outcomes such as positive peer relationships, caring and empathy, and social engagement. (CASEL, 2007). The result of this study provided support that Social and emotional (psychosocial) instruction also leads to reductions in problem behaviour such as drug use, violence, delinquency and other conduct disorders.

Interventions to promote mental health encompass strengthening individuals, but also enhancing nurturing and supportive conditions at school, at home, and in the neighbourhood which is the redemptive steps taken by Babcock University to rehabilitate students with behavioural disorders. These steps include a particular emphasis on increasing opportunities for personal development and empowerment by promoting conditions that foster and strengthen positive attitudes and behaviours. Another finding was that behaviour support service is an application of a behaviourally-

based systems approach to enhance the capacity of schools, families, and communities in designing effective environments that improve the link between research-validated practices and the environments in which teaching and learning occurs.

Thus, attention should be focused on creating and sustaining school-wide, classroom, and individual systems of support that improve lifestyle results for all students by making problem behaviour less effective, efficient, and relevant, and desired behaviour more functional.

Conclusion

Based on one academic semester therapeutic and rehabilitation program for students with behavioural misconduct, the prognosis could be said to be good. However, our observations and recommendations are as follows.

We observed that these students are not necessarily low in intelligence, but other precipitating factors that only individual psychotherapy could be helpful. Hence, we recommend both individual and group psychotherapy so as to trace the antecedent of these factors for effective intervention. Also, a follow-up programme for students with acute behavioural concern is imperative. Hence, the need for policy and trained clinician/counsellors/teachers in public and private schools cannot be overemphasised as professional development is central to effective student support services. Finally, there is the need for future empirical studies.

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