Effectiveness of Rational Emotive Behavior Therapy and Cognitive Behavioral Therapy Remediating Violent Secondary School Students in KATSINA STATE, NIGERIA

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المستخلص

كان دافع الدراسة أشكال وأنواع السلوكيات العنيفة التي مورست من قبل الطلاب والسعي الحثيث لإيجاد حلول لهذه المشاكل وتحليل فعالية علاج السلوك الانفعالي الرشيد (REBT) والعلاج السلوكي المعرفي (CBT) في علاج السلوك العنيف بين طلاب المدارس الثانوية في ولاية كاتسينا. وكان تصميم البحث المستخدم اختبار التصنيف شبه التجريبي القبلي والبعدي مع ثلاثة مستويات من العلاج. سحبت حجم عينة قصدية من 360 فرد من مجتمع 102، 778 طلاب المدارس الثانوية في ولاية كاتسينا "وزارة التربية والتعليم". الأداة المستخدمة لجمع البيانات صيغة معدلة للعنف المنعزل مقياس (VPS) وضعها **Tarter, Kirisci, Vanyukov, Cornelius, Pajer, Shoal** و**Giancola, (2002)**. باستخدام اختبار t للعينات المزدوجة، كشفت النتائج أن هناك فرق كبير في آثار التدخلات العلاج المعرفي السلوكي وعلاج السلوك الانفعالي الرشيد في علاج السلوك العنيف بين جميع الطلاب وظهر أنه الخيار الأفضل. احد الآثار المترتبة على تقديم المشورة لهذه الدراسة هو أن المستشارين يجب عليهم استخدام بيانات مكتب التأديبية لتوجيه التدخلات، لأن تلك البيانات يمكنها إظهار تكرار السلوكيات العنيفة ومواقع المشاكل، وأنواع المشاكل العنيفة،

والطلاب المشاركين، والموظفين الذين يبذلون الإحالات. وكان إحدى التوصيات المقدمة، أن " علاج السلوكي الانفعالي الرشيد " ينبغي أن تستخدم أفضل في علاج السلوكيات العنيفة بين الطلاب الذكور والإناث على حد سواء، كما ثبت أنها الأكثر فعالية على مدى العلاج الإدراكي السلوكي.

Abstract

The study was motivated by the kinds and types of violent behaviours being exhibited by students and the relentless quest for solutions to such problems. Thus, it analyzed the effectiveness of Rational Emotive Behaviour Therapy (REBT) and Cognitive Behavioural Therapy (CBT) in remediating violent behaviour among secondary school students in Katsina state. The research design employed was pre-test post-test quasi-experimental classification with three levels of treatment. A sample size of 360 subjects was purposively drawn from a population of 102, 778 students from secondary schools in Katsina State Ministry of Education. The instrument used for data collection was an adapted version of the Violence Proneness Scale (VPS) developed by **Tarter, Kirisci, Vanyukov, Cornelius, Pajer, Shoal, and Giancola, (2002).**With the use of paired samples t-test, results revealed that there is significant difference in the effects of CBT and REBT interventions in remediating violent behaviour among all students with REBT emerging as the best option. One of the counseling implications of this study is that counsellors should use office disciplinary data to guide interventions, because those data can show the frequency of violent behaviours, the locations of problems, the types of violent problems, the students involved, and the staff members who are making referrals. One of the recommendations offered was, that Rational Emotive Behaviour Therapy should be best utilized in remediating violent behaviours among both male and female students, as it has proven most efficient over cognitive behaviour therapy.

Introduction

Aggression simply implies hostile, injurious, or destructive behaviour or outlook especially when caused by frustration and it covers a wide range of activities including verbal or physical bullying, extreme temper tantrums, and fights on the playground, cruelty to animals, vandalism, starting fires, verbal abuse, and self-mutilation (Berk, 2010). A wide range of terms are used to describe behavioral and conduct problems and for the purpose of this study the terms ‘violence’, ‘violent behaviour’ and ‘aggression’ were used interchangeably to encompass the range of behaviours described earlier.

Though, many instances of human aggression result from symbolic exchanges (for example, insults to our honor or our beliefs), rather than palpable threats to our welfare (Gleitman, Fridlund and Reisberg, 2004), numerous studies have shown interplay of risk factors that, while they cannot be considered causes of violent behaviour among adolescents (boys and girls), they can be considered predictive of potential violent behaviour. Reports mention factors including: previous aggressive or violent behaviour, being the victim of physical and/or sexual abuse, exposure to violence in the home and/or community, family heredity or genetic factors, exposure to violence in the media (TV, magazines, movies, Internet), use of alcohol and/or drugs, firearms present in the home, combination of stressful family socioeconomic factors (single parenting, unemployment, marital breakup, loss of support from extended family, poverty, severe deprivation) and brain damage from head injury (University of Cambridge, 2010).

Generally, there are two types of aggression which emerged during infancy; **proactive** (or instrumental) aggression, which is the most common, in which children act to fulfill a need or desire – obtain an object, privilege, space, or social reward, such as adult or peer attention – and unemotionally attack a person to achieve their goal. The other type, **reactive** aggression**,** is an angry, defensive response to provocation or a blocked goal and is meant to hurt another person (Dodge, Coie, &Lynam, 2006; Little, Jones, Henrich& Hawley, 2003). Later during adolescence, delinquency follows two paths of development, one involving a small number of youths with an onset of conduct problems in childhood, the second a larger number with an onset in adolescence. The early-onset type is far more likely to lead to a life-course pattern of aggression and criminality (Moffitt, 2006). The late-onset type usually does not persist beyond the transition to early adulthood. Both childhood-onset and adulthood-onset youths engage in serious offences like assault with deadly weapon, fire setting, armed robbery, rape, assault with intent to commit murder, voluntary manslaughter etc; associate with deviant peers, participate in substance abuse, unsafe sex, and dangerous driving; and spend time in correctional facilities. Other factors leading to aggressive behaviour include the family as training ground (Cote, Vaillantcourt, Barker, Nagin and Tremblay, 2007), violent media (Comstock and Scharrer, 2006 and Ostrov, Gentile and Crick, 2006) and drug abuse/use (Beck, Kline and Greenfield, 1988 and Johnston, O'Malley and Bachman, 2001).

The development and subsequent indication of aggression have been documented in literature thus, scientifically, grossmorphological disturbances in the brain, particularly the prefrontalcortex, have been

reported in homicidal adults (Raine, Buchsbaum&LaCasse, 1997) and it shouldalso be noted that youth at high risk for violence have low executivecognitive capacity (Giancola, 2000). This multidimensional capacity—encompassingabstracting, problem solving, working memory, and attentionalcontrol—is consensually recognized to be sub-served bythe prefrontal cortex and subcortical connections (Fuster, 1997). Biochemicalmechanisms that have been implicated to predispose to violenceinclude low serotonin level (Virkkunen, Rawlings, Tokala, Poland, Guilotti, Nemeroff and Bissette, 1994), low cortisol reactivity (Vanyukov, Moss, Plail, Blackson, Mezzich and Tarter, 1993),and high testosterone level (Daitzman& Zuckerman, 1980).

In the field of psychology and sociology some factors have also been connected with the development and heightened risk of adolescent aggression and violence.Such factors include a deficiency in social skills requiredfor resolving incipient violent encounters (Slaby, and Guerra 1988), the belief thatit is acceptable to behave violently (Paschall and Flewelling, 1997), incapacity to managefeelings of anger (Guerra and Slaby, 1990), misinterpretation of the intentionsof others (Dodge, Price, Bachorowsky and Newman, 1990), hopelessness about the future (DuRant, Cadenhead, Pendergast, Slavens and Linder, 1994), and lowself-esteem (Phinney&Charira, 1992). Unsurprising is the fact that violence potential(e.g., carrying a weapon) and its overt expression (e.g., usinga knife to injure someone) are related to an aggressive dispositionalstyle (Paschall&Flewelling, 1997).The opportunity for violence is also strongly contingent onsocial contextual factors. As youth disengage from parentalsupervision, the friendship network exerts an increasingly powerfulinfluence on behavior. Adolescents who are delinquent and aggressiveaffiliate with peers who are similarly aggressive and delinquent(Cairns, Cairns, Neckerman, Gest &Gariepy, 1988).

Counseling provides prospects for behaviour modification and rehabilitation through therapies like the Rational Emotive Behavior Therapy (herein after, referred to also as REBT) and Cognitive Behavioural Therapy (herein after, referred to also as CBT).

Rational Emotive Behavior Therapy (REBT) previously called rational therapy and rational emotive therapy, is a comprehensive, active-directive, philosophically and empirically based psychotherapy which focuses on resolving emotional and behavioral problems and disturbances and enabling people to lead happier and more fulfilling lives. REBT was created and

developed by the American psychotherapist and psychologist Albert Ellis who was inspired by many of the teachings of Asian, Greek, Roman and modern philosophers. Precursors of certain fundamental aspects of REBT have been identified in various ancient philosophical traditions, particularly Stoicism. For example, Ellis' first major publication on rational therapy describes the philosophical basis of REBT as the principle that a person is rarely affected emotionally by outside things but rather by "his perceptions, attitudes, or internalized sentences about outside things and events." (Ellis, 1962:54).

One of the fundamental premises of REBT is that humans, in most cases, do not merely get upset by unfortunate adversities, but also by how they construct their views of reality through their language, evaluative beliefs, meanings and philosophies about the world, themselves and others (Ellis, 2001). In REBT, clients usually learn and begin to apply this premise by learning the A-B-C-model of psychological disturbance and change. The A-B-C model states that it normally is not merely an A, adversity (or activating event) that contributes to disturbed and dysfunctional emotional and behavioral Cs, consequences, but also what people B, believe about the A, adversity. A, adversity can be either an external situation or a thought or other kind of internal event, and it can refer to an event in the past, present, or future (Dryden &Neenan, 2003).

Through REBT, by understanding the role of their mediating, evaluative and philosophically based illogical, unrealistic and self-defeating meanings, interpretations and assumptions in upset, people often can learn to identify them, begin to D, dispute, refute, challenge and question them, distinguish them from healthy constructs, and subscribe to more constructive and self-helping constructs (Ellis, 1994).

Cognitive behavioral therapy (Beck, 1976; Burns, 1989; McMullin, 1986; McMullin and Giles, 1981) is a model for client reeducation. It assumes that maladaptive behaviours and disturbed mood or emotions are the result of inappropriate or irrational thinking patterns, called automatic thoughts. Instead of reacting to the reality of a situation, an individual reacts to his or her own distorted viewpoint of the situation. It is an action-oriented form of psychosocial therapy that assumes that maladaptive, or faulty, thinking patterns cause maladaptive behaviour and "negative" emotions. (Maladaptive behaviour is behaviour that is counter-productive or interferes with everyday living.) The treatment focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behaviour and

emotional state. It is built on the premise that all behaviour is learned and that new behaviours can be learned to replace faulty patterns of functioning. In some cases, individuals may have certain fundamental core beliefs, called schemas, which are flawed and require modification. Inherently, individuals' thoughts mediate between feelings and behaviours; thoughts always come before our emotional reactions to situations. Individuals experience emotional distress because of distorted thinking and faulty learning experiences. This approach emphasizes individuals' capacity for creating their emotions, their ability to change and overcome the past by focusing on the present, and their power to choose and implement satisfying alternatives to current patterns. CBT is used for a range of problems for children and adults. It places an emphasis on certain cognitive techniques that are designed to produce changes in thinking and therefore changes in behaviour or mood.

A basic ingredient in CBT here is to improve the problem-solving abilities of aggressive adolescents. The training helps them to deal with external problems that may provoke behaviours. The person is first encouraged to generate potential solutions to a problem. The person and the therapist then decide on the best solution and identify steps in implementing it and then the person practices these steps, and finally the whole process is evaluated.

Statement of the Problem

There are many devastating and fearful things that had happened as a result of violence and it is disturbing to note that students are mostly involved or they are the perpetrators in total. Reports of such is common in the society now; display of a weapon in a rude manner, inciting riot, violence towards teacher, assault, assault with deadly weapon, fire setting, battery, armed robbery, rape, assault with intent to commit murder, voluntary manslaughter and many more. It is also a known fact that some students are involved with the notorious area boys (also referred to as 'Kauraye') gangs that recently have alarmingly increased in number. Such groups are known for unleashing their violence on each other and also on innocent souls too. These insights suggest a need for a fresh look at other means aimed at stopping youth violence. Thus, a study of this nature became desirable especially since it is an intervention strategy aimed at finding out the most effective of either rational emotive behaviour therapy or cognitive behavioral therapy in remediating violent behaviour among senior secondary school students in Katsina state.

Research Objectives

The formulated objectives of this study were to find out:

1. If there is significant difference in remediating violent behaviour between students exposed to the REBT intervention and those exposed to the CBT intervention.
2. If there is significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to REBT intervention.
3. If there is significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to CBT intervention.

Research Questions

The following research questions were used to guide the study.

1. Is there a significant difference in remediating violent behaviour between students exposed to REBT intervention and those exposed to CBT intervention?
2. Is there a significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to REBT intervention?
3. Is there a significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to CBT intervention?

Research Hypotheses

The following null hypotheses were generated to guide the conduct of the study:

$H0_1$ There is no significant difference in remediating violent behaviour between students exposed to REBT intervention and those exposed to CBT intervention.

$H0_2$ There is no significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to REBT intervention.

$H0_3$ There is no significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to CBT intervention.

Research Design

This study employed pre-test post-test quasi-experimental design. The model used is a two-factor classification with two levels of the treatment

variable. The model measured the effect of the therapies (the treatment or independent variables) and gender (Male and Female) in remediating violent behaviour (the criterion or dependent variable). This type of design required that the participants be tested with the same instrument before and after the treatment. The researcher determined the effects of treatment by comparing the pre-test and the post-test results of the participants (Olusakin &Aremu, 2009).

Population, Samples and Sampling Procedure

The study specifically chooses its samples from senior secondary schools of Katsina state with a population of 102, 778 students (Planning, Research and Statistics Department, Katsina State Ministry of Education, 2011). The population of the study shares the same homogeneity in their language, culture and religion in that they are mostly Hausas and Muslims. Subjects for this study were drawn through judgmental sampling technique because of the fact that it aimed at only those students with record of contact with the police, those who keep bad company, those who are having difficulty adjusting academically, those who are having any problems with peers, those who have broken school laws, and those who have school disciplinary record. Participants were selected based on the degree of the exhibited problem in an ascending order. Furthermore, those selected were asked to respond to Children Inventory of Anger (ChIA) developed by Nelson and Finch (2000) and only those with a percentile score of more than 50% were then used for the study.

Thus, a sample of 240 students were drawn for the study, this constituted a 95% confidence interval with a Margin of Error of about ±6.32% (Research-Advisors, 2006).Furthermore, equal numbers of students were assigned to each of the two groups to guard against any selection bias. Thus, seven schools (Table 1) were chosen in such a way that a school was selected from each of the seven Educational Zones in the state and which also meant that at least two schools were selected from each of the three senatorial zones of the state.

Table 1: The Schools and the Sampled Number of Participants.

S N	Schools	Schoo l Type	Interventions		Sample Size
			REBT	CBT	
1.	GSSS Natsinta, Katsina	Mixed	30	30	60

2.	GSS Funtua	Male	15	15	30
3.	GSS M/Fashi	Male	15	15	30
4.	GPSS Kankia	Male	15	15	30
5.	GGASS D/Ma	Female	15	15	30
6.	GGSSS Daura	Female	15	15	30
7.	GGSS Mani	Female	15	15	30
	TOTAL		**120**	**120**	**240**

Instrumentation

The instrument employed to collect data in this study was an adapted version of the Violence Proneness Scale (VPS) scale developed by **Tarter, Kirisci, Vanyukov, Cornelius, Pajer, Shoal, and Giancola, (2002).** It is a scale to assess pronenessto commits an act of violence developed **based** on a series of iterative analyses by using items from the revised Drug Use Screening Inventory which correlated with the total score on the Andrew Severity and History of offenses Scale. The psychometric properties of the Violence Proneness Scale were documented in the same study.

However, to ensure its validation for the current study, the modified instrument was scrutinized by experts in the Faculty of Education and Extension Services, Usmanu Danfodiyo University Sokoto. Factor analysis of the VPS under the basic factors of school adjustment and peer relations obtained a unanimous agreement as to content and quality of the items, thus it was deemed to have both content and construct validity. Furthermore, the reliability was established by the measure of equivalence. This was done through pilot testing by administering the adapted version of the VPS to a group of students (N=80) at G. S. S. S. K/Kaura and after an interval of four weeks another test was administered with the same set of students. A Pearson product moment correlation coefficient produced an index of 0.74.

The treatment was based on an adopted REBT package developed by Adeoye (2009) that spelt out procedural skills and techniques taken in disseminating an efficient counseling intervention. The package consisted of weekly counseling sessions for a period of at least seven weeks, designed

based on the short term nature of REBT intervention. The package was validated by experts in the Faculty of Education, University of Ilorin. Through test re-test technique carried out among undergraduate students, a reliability index of 0.69 was also realized. The package was also suitable for the CBT intervention hence, the same procedure was thus adopted for the CBT intervention.

Paired samples t-test statistics was used in testing the formulated null hypotheses and statistical treatment and analysis was performed using the IBM® SPSS® software for Windows Version 20.

Procedure for Treatment

Subjects for the study were treated with an adopted REBT intervention package developed by Adeoye (2009). A period of seven weeks was taken for the interventions which were broken up into weekly sessions. During the sessions, students were exposed to specific REBT and CBT based skills and techniques of coping with violent behaviour.

Presentation, Analyses and Interpretation of Results

$H0_1$: There is no significant difference in remediating violent behaviour between students exposed to REBT intervention and those exposed to CBT intervention.

This hypothesis was tested by subjecting the post-test scores of the two groups to t-test analyses as presented in table 2.

Table 2: Difference in the Effect of REBT and CBT Interventions in Remediating Violent Behaviour among Senior Secondary Students in Katsina State.

Groups	N	Mean	Std. Deviation	t-Cal	p-Value	Decision
REBT	120	16.08	1.591	-28.02	.000	Rejected
CBT	120	22.17	1.398			

Table 2 shows a paired sample t-test indicating that scores were significantly higher for the CBT group (M = 22.17, SD = 1.40) than for the REBT group (M = 16.08, SD = 1.59), t(118) = -28.02, p< .001. This indicates that there was difference in the effect of REBT intervention in remediating violent behaviour between students exposed to REBT

intervention and those exposed to CBT intervention. Therefore, H_{01} which stated that there is no significant difference in remediating violent behaviour between students exposed to REBT intervention and those exposed to CBT interventionist not accepted.

Since a reduction in the mean implies positive effect of the treatment, the scores showed a gain of 6.09 in favour of the REBT intervention thus, it can be concluded that it proved to be more effective than the CBT in remediating violent behaviour among students in Katsina state.

$H0_2$: There is no significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to REBT intervention.

This hypothesis was tested by subjecting the post-test scores of the male and female students to t-test analysis as presented in table 3.

Table 3: Difference in the Effect of REBT Intervention in Remediating Violent Behaviour among Male and Female Senior Secondary Students in Katsina State.

Variables	N	Mean	Std. Deviation	t-Cal	p-Value	Decision
Male	120	16.57	1.900	9.891	.000	Rejected
Female	120	14.36	1.649			

Table 3 shows a paired sample t-test indicating that scores were significantly lower for the females (M = 14.36, SD = 1.65) than for the males (M = 16.57, SD = 1.90), t (119) = 9.89, p< .001. This indicates that there was gender difference in the effect of REBT intervention in remediating violent behaviour among the students. Therefore, H_{02} which stated that there is no significant difference in remediating violent behaviour among male and female students exposed to REBT interventionist not accepted.

Since a reduction in the mean implies positive effect of the treatment, the scores showed a gain of 2.21 in favour of the females thus, it can be concluded that in remediating violent behaviour among students in Katsina state, REBT intervention proved to be more effective for the females than for the males.

$H0_3$: There is no significant difference in the effect of treatment in remediating violent behaviour among male and female students exposed to CBT intervention.

This hypothesis was tested by subjecting the post-test scores of the male and female students to t-test analysis as presented in table 4.

Table 4: Difference in the Effect of CBT Intervention in Remediating Violent Behaviour among Male and Female Senior Secondary Students in Katsina State.

Variables	N	Mean	Std. Deviation	t-Cal	p-Value	Decision
Male	120	20.21	2.722	8.865	.000	Rejected
Female	120	22.70	1.274			

Table 3 shows a paired sample t-test indicating that scores were significantly lower for the males (M = 20.21, SD = 2.72) than for the females (M = 22.70, SD = 1.27), t (119) = 8.87, p< .001. This indicates that there was gender difference in the effect of CBT intervention in remediating violent behaviour among the students. Therefore, H_{03} which stated that there is no significant difference in remediating violent behaviour among male and female students exposed to CBT interventionist not accepted.

Since a reduction in the mean implies positive effect of the treatment, the scores showed a gain of 2.49 in favour of the males thus, it can be concluded that in remediating violent behaviour among students in Katsina state, CBT intervention proved to be more effective for the males than for the females.

Discussion of the Findings

From the results of the findings, REBT intervention was found to be effective (6.09 Mean Gain) in remediating violent behaviour among students in the area of study. This finding is supported by the findings of the study of Fives, Kong, Fuller and DiGiuseppe (2011), that demonstrated that gender, anger, and an irrational belief of intolerance of rules frustration predicted physical aggression, while anger and irrational belief of intolerance of rules frustration uniquely predicted indirect aggression. Anger alone predicted verbal aggression. The finding further agreed with studies like that of Barekatain, Taghavi, Salehi, and Hasanzadeh (2006) which examined the effectiveness of group therapy in reducing aggressive behaviors of

adolescents randomly assigned into the group of Rational-Emotive-Behavioral Therapy (REBT) and a control group and conclusively revealed that the intervention group was superior to control group in reduction of aggressive behaviors in adolescents.On the whole, studies by Gonzalez, Nelson, Terry, Saunders, Galloway and Shwery(2004) systematically review the available research on Rational Emotive Behavioral Therapy (REBT) with children and adolescents. Meta-analytic procedures were applied to 19 studies that met inclusion criteria. The overall mean weighted effect of REBT was positive and significanton disruptive behaviors. Likewise,the studyof Robb (2007) examined howforgiving, long encouraged by practitioners of Rational Emotive Behavior Therapy (REBT), is shown to be an elegant antidote to anger.

From the findings of the study, CBT was also found to be effective in remediating violent behaviour among secondary school students in the area of study. This is supported by findings of studies like that ofGhafoori and **Tracz,**(2004), meta-analysis conducted to evaluate the success of cognitive-behavioural therapy in reducing disruptive behaviours exhibited by school-age children which revealed that children who received cognitive-behavioural therapy displayed fewer disruptive behaviour problems than did children who did not receive a cognitive-behavioural intervention. The findings are also supported by the study of Sukhodolsky, Solomon and Perine(2000), that investigated the effectiveness of a 10-session, weekly, anger-control intervention for aggressive fourth- and fifth-grade boys. Participants groups received either cognitive-behavioural treatment or no treatment and compared to the attention-control condition, participants of the treatment groups displayed a significant reduction on teacher reports of aggressive and disruptive behaviour and a significant improvement on self-reports of anger control. So also are the findings supported by the study of Brady, Gorman-Smith, Henry, and Tolan (2008), that examined whether coping moderated the impact of community violence exposure (CVE) on violent behaviour among urban African American and Latino adolescent males and concluded that adolescents classified as coping effectively tended to respond to CVE in beneficial ways (e.g., developing long-term solutions, engaging in positive reappraisal). On the whole, meta-analytic studies to ascertain the overall efficacy of cognitive-behavioural therapy(CBT) found that CBT produced a grand mean weighted effect size of .70, indicating that the average CBT recipient was better off than 76% of untreated subjectsin terms of anger reduction, an effect that was statistically significant, robust, andrelatively homogeneous across studies (Beckand Fernandez, 1998) and

also that CBT had a stronger effect for adolescents (McCart, Priester, Davies and Azen, 2006).Thus, Flanagan, Allen and Henry (2010) suggested that the addition of a specialized cognitive behavioral component increased the effectiveness of the intervention.

Conclusion

From the findings and discussion of the results, it was concluded that REBT intervention is more effective than CBT intervention in remediating violent behaviour among students.Also, there were significant differences in remediating violent behaviour among male and female students exposed to REBT intervention and those exposed to CBT intervention in Katsina state.

Implications for Counselling

A major implication for counselling from the findings of the study is that since rational emotive and cognitive behavioural therapies have proven to be efficient means of remediating violent behaviour among secondary school students, it now rests upon counsellors in secondary schools to devise better strategies for effective means of employing these training skills to remediate this social problem so that the eminent threat of this socio-personal shortfall will be avoided.

Another implication is that counsellors should use records of students with such behavioural problems that can lead to a whole scale violent behaviour to guide interventions because those data can show the frequency of violentbehaviours, the locations of problems, the types of violentproblems, the reason(s) for such behaviour, the students involved, and the staff members who are making referrals.

It is also implied that counsellors should utilize therapies like reality therapy, behavioural parent-training, relationship therapy etc. and other available therapies and specific interventions offered by counselling so that solutions to this kind of problem and many others will be permanent. This can be done by planning and engaging both the students and their parents/guardians in group and family counselling. Family members may receive individualized or group approach depending on the need but with the sole aim of helping them learn and appreciate that familial dynamics are intermeshed among all the family members.

Recommendations

Based on the findings of the study, the following recommendations are given for further improvement:

1. There is the need to adequately utilize rational emotive behaviour therapy in remediating violent behaviour among students through employing professional trained personnel that can sufficiently and effectively employ this type of intervention.
2. Since rational emotive behaviour therapy was found to be the best effective in remediating violent behaviour among the female students, it's main ideas should be further exploited to particularly target them but not at the expense of the male students.
3. Likewise, since cognitive behaviour therapy was found to be better effective in remediating violent behaviour among the male students, it's main ideas should be further exploited to particularly target them but minding the female students too.

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