

EFFECTS OF SOLUTION-FOCUSED BRIEF THERAPY ON MANAGING SOCIALLY MALADJUSTED IN-SCHOOL ADOLESCENTS IN PUBLIC SENIOR SECONDARY SCHOOLS IN BENIN METROPOLIS

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Abstract

This study investigated the effectiveness of solution-focused brief therapy in managing social maladjustment in in-school adolescents' secondary school in Benin Metropolis. To guide this study, two (2) research questions were raised, hypothesized and tested at 0.05 alpha level. Quasi-experimental research design using pre-test-post-test was adopted on a sample of seventy two (72) students in senior secondary class II selected through multi-stage sampling. School Social Maladjustment Questionnaire (SSMQ) was used to identify participants. The instrument was subjected to face and content validity. The reliability coefficient index of 0.85 was obtained. The data collected were analysed using Analysis of Covariance (ANCOVA), mean and standard deviation. The findings showed that Solution-Focused Brief Therapy (SFBT) is effective in managing socially maladjusted senior secondary school students in Benin Metropolis ($p = .000 < 0.05$). Based on the findings, the study concluded that solution-focused brief therapy is effective in managing socially maladjusted secondary school adolescents. The study recommended that the therapy should be used on larger population of participants for a re-validation of its effect. It was also recommended that counselling psychologists and school counsellors should be trained in the use of this SFBT in managing social maladjustment and other behavioural challenges.

Keywords: Effectiveness, Managing, Social Maladjustment, Adolescent, Solution-Focused Brief Therapy

Introduction

Education could be perceived as the process of facilitating learning, the acquisition of new knowledge, skills, values, beliefs and habits. It could have a formative effect on the behaviour and physical ability of an individual especially during the adolescent period of development. Maladjustment in psychology could be referred to as the inability to react successfully and satisfactorily to the demand of one's environment. Among others, Khanfer, Ryan, Aizenstein, Mutti, Busse, Yim, Turner, Troxel and Holt-Lunstad (2013), and Restrepo, Chesin and Jeglic (2016) supported and defined maladjustment as the inability to react successfully and satisfactorily to the demands of one's environment, interpersonal relationships and stress of daily living. There are two categories of maladjustment behaviours, this includes; intrinsic and extrinsic maladjustment. Social Maladjustments therefore, refers to the inability to adjust and react successfully to social interactions, failure to communicate and acknowledge one another positively. This could be within and outside the school environment irrespective of the individual's age, sex, race, ethnic and religious affiliation (Jeromel 2013). In general, social maladjustment is viewed as a diagnostic category whose primary feature is that of conduct problems in which perpetrators choose not to conform to socially acceptable rules and norms (Epstein, & Cullinan 2010). Many researchers and practitioners agree that social maladjustment can be operationalized as a

pattern of engagement in purposive antisocial, destructive, and delinquent behaviour (Reynolds & Kamphaus 2015). Perpetrators could appear normal, knowledgeable and capable of behaving appropriately and following school and social norms.

However, the primary distinguishing feature of social maladjustment is one of intentional volition; in other words, these students consciously choose to violate rules, regulations and norms, viewing these choices as normal and acceptable (Colorado Department of Education, Exceptional Student Services Unit 2015). According to Epstein and Cullinan, (2010), social maladjustment is a diagnostic category whose primary feature is conduct problems in which perpetrators choose not to conform to the acceptable rules and norms in specific situations despite the capability to achieve such expectation. Allison et al., (2014), noted some signs and symptoms of school social maladjustments to include academic indifferences, disruptive behaviours, antisocial behaviours, aggression against teachers and students. These signs manifests through undisciplined behaviour, absenteeism, truancy, exams/test malpractice, indecent dressing, disrespect for school authority, bullying, fighting, vandalism, stealing, lying, refusal to do homework/assignment, leaving the classroom before the closing time, loitering around the school premises and high ways, restiveness, drug and substance abuse, use of foul languages among others. Akpunne (2018), also found the aforementioned among others to constitute reasons to be worried by parents and school authorities as the problems worsen with an increase rate of maladjustment among in-school adolescent in the education zone. These could have effects on their commitment to scholastic achievements, which could cause poorer test results, higher rate of truancy and increased risk of dropping out of school. Social maladjustment could be influenced by several factors such as the family, environment, personal and school-related factors (Manichander, 2016).

There is an evolution from lengthy to short forms of treatment therapy and from problem-focused to solution-focused psychotherapy. Solution Focused-Brief Therapy (SFBT) also called Solution-Focused Therapy is an example of such therapy. It was developed by Steve de Shazer (1940-2005), and Insoo Kim Berg (1934-2007) and their colleagues beginning in the late 1970's in Milwaukee, Wisconsin. Solution Focused-Brief Therapy (SFBT) is a strength based approach focused on solution-building rather than problem-solving. It is a competency based model that minimizes the emphasis on problems of the past and instead highlights the client's strengths and prior successes. SFBT is founded on the grounds that there are exceptions to every problem and through exploring these exceptions and having a clear picture of the desired future, solutions can be generated by the client and therapist. Essentially, SFBT helps clients to construct solutions rather than dwelling on their problems. This approach helps clients to recognize their own unique resources and strengths to solve their problems. SFBT is a process that involves asking specific, solution focused questions to formulate future-oriented goals, identify exceptions and amplify the client's strengths.

According to Egbochuku (2012), SFBT is unique, goal -directed therapy aimed at helping a client regain autonomy by determining and achieving his or her own goals. The solution focused counsellor encourages the client to focus on solutions not problems, and help clients effectively plan how to reach their goals. Unlike other therapies, SFBT holds an abiding belief in client's abilities to know what is best for them rather than have a therapist/counsellor to tell them. SFBT is an approach to psychotherapy based on solution building rather than problem solving. It explores current resources and future hopes rather than present problems and past causes and typically involves only three to five sessions. It has great value as a preliminary and often sufficient intervention and can be used safely as an adjunct to other treatments. As the practice of solution focused-brief therapy has developed, the problem has come

to play a lesser and lesser part in the counselling process to the extent that it might not even be known. Instead, all attention is given to developing a picture of the solution and discovering the resources to achieve it. During the process of using SFBT counselling, taking cognizance of strength and resources and commenting on them is an important part of solution focused therapy sessions. This is because, some clients lives are so difficult that they cannot imagine things being different and cannot see anything of value in their present circumstance.

SFBT helps clients develop a desired vision of the future wherein the problem is solved. It also explores and amplifies related client exceptions, strengths, and resources to co-construct a client-specific pathway to making the vision a reality. SFBT helpers emphasize assisting clients to channel their energy in making a shift from a fixed problem state to a world with new possibilities and solution options thus working on the premise that “If it ain’t broke, don’t fix it; if it works, do more of it; if it does not work, stop doing it, and do something else” (Egbochuku, 2012).

The Theory of Planned Behaviour (1985, 1991) propounded by Ajzen Icek (1999) is an extension of the Theory of Reasoned Action (TRA), a first proposed in 1975 by Martin Fishbein and Ajzen Icek and expanded upon in 1985 and 1991. The theory of planned behaviour (TPB) is a psychological theory that links beliefs to behaviour. The theory highlights the relationship between behaviour, belief, attitudes and intentions. This theory states that intentions are functions of three basic determinants: the one that is personal in nature (attitude), the one that reflects social influences (subjective norms); and the one that deals with issues of control (behavioural control) together shape an individual's behavioural intentions. According to Kan and Fabrigar, (2017) this theory is used to understand and predict behaviours, which posits that behaviours are immediately determined by behavioural intentions and under certain circumstances, perceived behavioural control. Therefore, the tenet of the Theory of Planned Behaviour is that behavioural intentions are the most proximal determinant of human social behaviour.

Some studies have examined the prevalence of social maladjustment among adolescents in schools within Nigeria and abroad (Akpunne 2018, Jeromel 2013, Reynolds & Kamphaus, 2015 and Mutekwe & Mutekwe, 2013). Regrettably lacking in literature is the evidence that Solution Focused-Brief Therapy can be effective among socially maladjusted adolescent students. This present study specifically focused on managing social maladjustments behaviours among adolescent students in public senior secondary schools in Benin Metropolis. This study focused on adolescent students with the assumption that they are capable of recognition and execution of adjusted behaviours.

This study also assumed that distress, sadness, worry and feelings of hopelessness, rejection and inactions flow from maladaptive and irrational cognition. Furthermore, that adaptive thoughts, actions and confidence can be learnt using psychological counselling therapy. Thus, this study assessed and manages students in reducing academic indifference, disruptive behaviour, undisciplined behaviour, bullying behaviours and antisocial behaviours. Some of these behaviours could be motivated by self-gain, survival skills and inappropriate concern for their behaviours and its effects on others. This may be highly valued within a small subgroup, but which may not be within the range of socio-culturally permissible behaviours. These maladjustments may take the form of acting out responses to frustrations and failed attempt in trying to solve their problems through adjustment techniques which causes conflicts with the value system held by others. For instance in a classroom, some students could be reserved, withdrawn, enjoy solitary and rarely express their feelings directly due to anxiety and

irrational fears, while others could display diverse degrees of spontaneous academic indifferences, disruptiveness, inattentiveness, bullying, antisocial and aggression towards others especially in the school environment.

Careful observation from the researcher points to the fact that social maladjustment behaviour is prevalent and on the increase among public senior secondary school student despite the knowledge and ability to conform to the societal expectations. This is evident from frequently disobedience to teachers, violation of school rules and regulations, bullying of fellow students, usage of abusive words on others, coming late to school, failure to do homework, appearance in wrong school uniform, to mention but few. Public schools are increasingly confronted with students who exhibit these behaviours that disrupt teaching and learning for themselves, other students and staff. The researcher is worried that some parents could claim that the source of their child's misbehaviour is the school; school staff remains frustrated with what they see as inappropriate or weak parenting and societal toleration for bad behaviours among others.

According to the 37th Annual Report on the implementation of Individual with Disability Education Act (IDEA, 2015), students with behavioural problems such as social maladjustment do not meet the eligibility criteria for special education, Thus these students do not receive the help they need irrespective of their many behavioural problems, leaving classroom teachers and school administrators struggling to deal with them. The researcher is concerned that if appropriate measures are not taken, it may affect the nation's development. Literature reviewed revealed that earlier related empirical and theoretical studies from books, journals of local, national and international research focused on age, peers influence, sex and socioeconomic status as predictors and influence of social maladjustment as well as its relationship with emotional disturbance. However, despite the many studies reviewed in this area, only a few investigated the prevalence and management of social maladjustment but none seem to have been carried out in Benin Metropolis of Edo State a gap which this study filled. It is in the light of the aforementioned problem that the researcher embarked on this study to establish the efficacy of Solution-Focused Brief Therapy (SFBT) in managing social maladjustments among public senior secondary school adolescent students in Benin Metropolis.

Purposes of the Study

This study investigated the effects of Solution-Focused Brief Therapy in managing socially maladjusted in-school adolescents in Benin Metropolis. The study also inspected closely tendency for academic indifferences, disruptive behaviours, antisocial behaviours, aggression against teachers and among themselves.

Research Questions

To guide this study, the following research questions were raised:

1. Effectiveness of Solution-Focused Brief Therapy in Managing Socially Maladjusted Students in Public Senior Secondary Schools in Benin Metropolis.
2. What is there a difference between the social maladjustment mean scores of the adolescents in the treatment and control group?

Hypotheses

The hypotheses for this study are:

1. There is no significant effect of Solution-Focused Brief Therapy in Managing Socially Maladjusted Students in Public Senior Secondary Schools in Benin Metropolis.

2. There is no significant difference between the social maladjustment mean scores of the adolescents in the treatment and control group?

Methodology

The quasi-experimental research design using pre-test and post-test experimental and non-equivalent control group was adopted for the study. Data collected were subjected to Analysis of Covariance, mean and standard deviation. The population of this study consists of forty-four thousand four hundred and thirty two (44,432) students in mixed public senior secondary school in Benin Metropolis (Edo State Post-Primary Education Board, Students' Population 2023). The Benin Metropolis is made up of three Local Government Areas namely; Egor, Ikpoba-Okha, Oredo and Ovia North-East. This group was considered appropriate for this study because, it is believed that students of this class are mainly adolescents who could be perpetrators or victims of social maladjustment behaviours. The sample for this study consists of seventy-two (72) students in SSII class, drawn from two (2) selected mixed public senior secondary schools in Benin Metropolis. The multi-stage sampling technique was adopted to draw the seventy-two (72) samples across four stages. At stage one, schools in the four (4) local government areas were selected for adequate coverage. At stage two, random sampling was used to select a mixed public senior secondary school from each local government area; making a total of four schools in the Metropolis. At the third stage, two mixed public senior secondary schools were selected purposively from the four (4) earlier selected schools with a factor of distance apart and they were assigned to the experimental and control group. At the final stage, the participants were identified students who are socially maladjusted in their intact class using School Social Maladjustment Questionnaire (SSMQ). The experimental group was treated with solution-focused brief therapy and the control group was given placebo.

The research instrument for data collection for the study was a standardized questionnaire, titled "School Social Maladjustment Questionnaire (SSMQ)" adapted from: Peralta-Sánchez, et al., (2009). The instrument has six (6) sub-categories which include aggressive behaviour against peers (bullying), academic indifferences, aggression against teachers, disruptive behaviours, antisocial behaviours serious violence and teacher to student aggression. The scale includes; Never (1), Rarely (2), Occasionally (3), Often (4) and Always (5). The instrument was validated by two (2) psychometric experts in Educational Evaluation and Counselling Psychology. Corrections and amendments were made by the researcher for easy understanding by the participants. The corrected instrument was administered to 20 adolescent students who were not part of the study and a reliability index of 0.85 was obtained using Cronbach Alpha statistics for internal consistency.

Data obtained were analysed using ANCOVA, mean and standard deviation. All the hypotheses were tested at 0.05 level of significance.

Findings

There is no significant difference between the social maladjustment adolescents mean scores in the treatment and the control groups at pre-test.

Hypothesis 2: There is no significant difference between the social maladjustment adolescents mean scores in the treatment and the control groups at post-test

Table 1: Descriptive of Mean and Standard Deviation of Social Maladjustment scores of Adolescents at Post-test by Groups

Group	N	Mean	Std. Deviation
Treatment	38	36.34	6.94
Control	34	54.47	15.42

Table 3 contains the descriptive statistics of the socially maladjusted adolescents mean scores in the treatment and the control groups at post-test. Treatment Group (N=38, mean =36.34 and Standard Deviation =6.94). Control Group (N=34, mean =54.47 and Standard Deviation =15.42).

Table 4: ANCOVA Result of Difference in Social Maladjustment Mean Scores of Adolescents at Post-test

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.(p-value)
Corrected Model	5897.296 ^a	2	2948.648	21.125	.000
Intercept	6695.055	1	6695.055	47.966	.000
Pre-test	1.915E-005	1	1.915E-005	.000	1.000
Group	5843.127	1	5843.127	41.862	.000
Error	9631.023	69	139.580		
Total	160699.000	72			
Corrected Total	15528.319	71			

a. R Squared = .380 (Adjusted R Squared = .362)

Table 4 contains the ANCOVA Result of Difference in Socially Maladjusted Adolescents Mean Scores at Posttest. The result shows that there is a significant difference $F=41.862$ while $P\text{-value} = .000$ ($< .05$). Hence the null hypothesis is rejected. This implies that there is significant difference between the socially maladjusted adolescents mean scores in the treatment and the control groups at post-test. The difference is in favour of the treatment group that has a lower ($36.34 < 54.47$) mean score.

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Discussion

The study found that Solution-Focused Brief Therapy is effective in Managing Socially Maladjusted in-school adolescents in Public Senior Secondary Schools in Benin Metropolis. This finding corroborate the studies of Daki and Savage (2010), Rooholla and Shiva (2012), Taylor (2013), Egbochuku and Igbineweka (2014), and Ikwunemelu, (2016) who found SFBT intervention to be efficacious in the management and rehabilitation of behavioural challenges. This implies that the technique and therapeutic approach adapted from Solution-Focused Brief Therapy was effective in guiding participants towards other behaviours other than socially maladjusted behaviours. This would improve participation in academic activities, reduce disruptive and aggressive behaviours as well as enhance their interpersonal interactions.

Conclusions

This study affirmed that some in-school adolescents in public senior secondary school students are socially maladjusted. Although not all the literature on social maladjustment were captured but this

study was able to establish that Solution-Focused Brief Therapy (SFBT) is effective in managing social maladjustment behaviours among in-school adolescents in public senior secondary schools in Benin Metropolis.

To avoid human error, ensure experimenters knowledge a manageable sample size were considered, this also aid the researcher in exerting control over extraneous variables which may lead to personal bias from the researcher and the participants.

Recommendations

On the basis of the findings of this study, the following recommendations were made:

1. There is need for urgent counsellor interventions using SFBT to aid the reduction and management of socially maladjusted behaviours among in-school adolescents in public senior secondary schools.
2. The school counselling unit and committees should institute, seminars, workshops to student on the awareness of the signs of social maladjustment and the consequences should be initiated.
3. Early referral of continuous disobedience of students should be given prompt attention

Implications for Counselling

The results of this study shows that Solution Focused Brief Therapy can be used in the treatment and managing of social maladjusted behaviours in public senior secondary schools maladjusted behaviours. School counsellors can employ this therapy in handling adolescents' maladjustment behaviours in schools. This will reduce the number of students who are prone to maladjustment behaviours such as examination malpractice, disruptive, undisciplined, bullying and antisocial behaviours which will consequently promote educational gains like good academic performance and all this aforementioned can be attained through counselling which is a service designed to help individuals analyse themselves by relating their capacity, achievements, interests and mode of adjustment.

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