



THE JOURNAL OF POSITIVE PSYCHOLOGY AND COUNSELLING



An Official Publication of Positive Psychology Association, Nigeria
with headquarters in Department of Guidance and Counselling
University of Ibadan, Nigeria.

JPPC Vol. 5. SEPTEMBER, 2020 | ISSN 2-630-6522

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Rational Emotive Behavioural Therapy for Enhancing Social-emotional Well-being of Adolescents in Nigeria

Adetola, O. Adeyemi

Department of Guidance and Counselling,

University of Ibadan

E-mail Address: tollybis@yahoo.com

Abstract

This study utilized Rational Emotive Behavioural Therapy (REBT) in enhancing social-emotional well-being among in school adolescents with the moderating effect of gender. The study adopted a pretest-posttest control group quasi-experimental design with a 2x2 factorial matrix. Two public secondary schools were randomly selected among secondary schools in Oyo State, Nigeria. Twenty-eight (29) participants with low self-esteem and socio-emotional well-being were partially randomised into REBT (14) and control (15) groups. The intervention lasted eight weeks. The participants were screened and recruited based on scores falling below average on self-esteem scale and socio-emotional well-being scale. Three hypotheses were generated and tested at 0.05 level of significance using Analysis of covariance (ANCOVA) and Bonferonni Pairwise Comparison.

There was a significant main effect of treatment on the socio-emotional well-being of the adolescents with low self-esteem ($F(1, 24) = 49.971, p < 0.01, \text{partial } \eta^2 = 0.676$). The participants in the REBT group had higher socio-emotional well-being ($\bar{x} = 44.27$) than those in the control ($\bar{x} = 26.04$) group. Among the participants in the REBT group, the male participants had higher ($\bar{x} = 39.42$) score on socio-emotional well-being than their female counterparts ($\bar{x} = 30.89$). There was no significant two-way interaction effect of treatment and gender on socio-emotional well-being of adolescents with low self-esteem ($F(1, 24) = 0.009, p > 0.05, \eta^2 = 0.00$). This implies that gender did not significantly moderate the effect of treatment on socio-emotional well-being of adolescents with low self-esteem.

Rational Emotive Behavioural Therapy (REBT) was effective in the improvement of socio-emotional well-being of adolescents with low self-esteem. Psychotherapist in various educational settings should conduct continuous diagnosis among adolescents with unusual emotional display or withdrawal disposition. Teachers and parents should always refer adolescents going through emotional trauma or issues to the counsellor in charge.

Keywords: Rational Emotive Behavioural Therapy, Socio-emotional well-being, adolescents with low self-esteem

Introduction

Adolescence is characterized by ability to cope with changes in physical appearance and associated emotional changes. These bodily changes could culminate into emotional stress and strain as well as abrupt and rapid mood swings. Getting emotionally disturbed by seemingly small and inconsequential matters is a common characteristic of this age group. The hormonal changes they experience are likely to result in thoughts pertaining

to irritations, restlessness, anger, sex and tension. It is important for adolescents to prioritize their needs in this period particularly in area of education and employment. Their inability to express these needs often leads adolescents to fantasizing and daydreaming to at least partially fulfilling their desires and socio-emotional expectations. Hence, it is necessary for adolescents to learn how to deal patiently with the turbulence they might be experiencing. Nigeria is one of the nations with the largest number of adolescents in the world. A statistical report revealed that one quarter of the population of Nigerians are adolescents (WHO, 2012). This report alone creates a concern for parents, stakeholders and concerned individuals in Nigeria with regard to how to manage and monitor the development of adolescents among parents, non- governmental organization (NGOs) and various governmental agencies. In recent times, there are many adolescents identified to be experiencing social and emotional development difficulties, with negative psychological feedback (Ojedokun and Idemudia, 2014). Some of these negative impacts are traceable to parental separation, abuse, death of a relative or friend, friendship problems, homelessness, parental unemployment, illness, injury, disability and failure at school. Consequently, socio-emotional state of adolescents requires an overall development for healthy mental state and social-emotional well-being.

Social and emotional well-being could be referred to as the way an individual perceives, thinks of and feels about self and others. It includes being able to adopt and deal with daily challenges (resilience and coping skills), while leading to a fulfilled life. Hence there is an emphasis on the behavioural and emotional strengths of children, as well as how they respond to adversity. World Health Organization (WHO) (2017) stresses that adolescents with high socio-emotional well-being are empowered with quality life, social cohesion, peace and stability within the environment and this could impact their developmental processes. They further buttressed that it is a form of subjective well-being, where individuals feel that they are fairly in control of their lives, able to face challenges and take on responsibility (WHO 2010). Ojedokun and Idemudia (2014) submit that there are socio-emotional needs or resources that are essential for people to function in healthy or optimal ways. Psychosocial issues, such as affiliation, emotional support, approval and esteem needs, may serve as personal resources in coping with work stressors for the correctional individuals. Turning to others for support and approval, positive evaluation and respect from significant others within and outside the organization may help to meet the needs for approval, esteem, affiliation and emotional support of people. Social-emotional development of adolescents contributes to their overall well-being in terms of happiness, courage, ability to relate and connect with others, communicating self-acceptance, and efficacy which speak a lot about the adult they are growing to become. The adolescents are also likely to experience low self-esteem as a result of not being able to meet all the required socio-emotional needs.

In order to boost the socio-emotional component of adolescents who suffer low self-esteem, this study adopts Rational Emotive Behavior Therapy (REBT). Rational Emotive Behavior Therapy (REBT) is a realistically fashioned technique that centres on present beliefs, dysfunctional emotions, and maladaptive behaviours and the relationship among them. The REBT and its utility have been examined in terms of the ability of the therapy to lead to cognitive, emotional, and behavioral changes across a number of populations and for various diagnoses. Success stories have been recorded on the use of REBT on adults (Lyons and Woods, 1991; Silverman, McCarthy and McGovern, 1992) and adolescents (Gonzales, Nelson, Gutkin, Saunders, Galloway and Shwery, 2004).

This therapy is clinically fashioned to be a tool used by a professional counsellor in reducing undesirable emotions and behaviours by changing the thoughts and beliefs associated with a trigger or an activating event among clients seeking assistance (Pace, 2006). The model holds the assumption that emotions are not caused by the actual events in people's lives, but rather that which emanates from how an individual perceives, interprets, and evaluates these events (Ellis, Gordon, Neenan and Palmer, 1997). Cognitions, feelings, and behaviors are interrelated and interact with one another to determine an individual's socio-emotional functioning. Life could come with various uncommon stressors or negative events which could come and go without leaving a negative effect with an individual if well perceived. Adolescence as a developmental period comes with many challenging situations which leave people confused, with emotional intricacies and social demands.

It has been confirmed in the literature that the majority of the individuals with problematic socio-emotional well-being have low self-esteem (Gullette, and Lyons, 2006). Individuals with low self-esteem are capable of suffering from depression, loneliness, psychological withdrawal, self-hate, refusal to get along with others, compulsive dispositions and many more, which make them isolated from the realities of life. They have the tendency of suffering from psychological and health problems more than those with high self-esteem (Ekeland, Heian and Hagen, 2005). Self-esteem has been proposed as a personal factor that influences social, physical and healthy activity (Schmalz, Deanne, Birch and Davison, 2007). Emmanuel, Ngozi and Anayochi, (2013) contend that negative self-image and deficit social competence are features of people with low self-esteem, these reflect on their well-being. How then, can the socio-emotional well-being of adolescents with low-self-esteem be enhanced? Efforts have been made in explaining factors playing predictive roles in the determination of various aspects of the well-being of adolescents' psychological (Ryff, 1995), social (Banks and Zions, 2009) and emotional (Davis and Smyth, 2009). The literature has also revealed some experimental studies as well, but not on adolescents socio-emotional well-being. There is empirical evidence that most of social and emotional difficulties adolescent encounter are traceable no irrational thoughts, which cost them their joy, happiness, concentration, academic success, self-love and many more. A rational emotive behavioural therapy would be useful in sabotaging the effect of negative thinking on adolescents' social and emotional functioning, especially among those with low self-esteem (Ellis, 2003).

Adolescents with low self-esteem tend to hold on to negative emotion and wrong judgments. They often believe they are rejected by everyone. They feel probably they are not pretty enough, or because they are too short, very tall, have dark or fair complexion, came from poor background. They feel they are unacceptable because they are not brilliant or because of their spoken English or due to their dressing. Such adolescents create a lot of negative reasons for their negative thoughts and irrational analysis becomes complex by the day. These irrational exaggerations alone could crumble their socio-emotional dispositions to parents, peers, teachers and others within their environment. Adolescents with low self-esteem require REBT to adequately develop their socio-emotional well-being, because the psychological disturbances created due to irrational thoughts becomes reality to the thinker. When an irrational thinker thinks negatively about a situation or relationship such relationship or situation overtime, will turn out to be reality; at the initial stage, it might just be a delusion.

Individuals exposed to REBT will be capable of disputing irrational thoughts, through positive thinking, self-talk and imagination. The ability of adolescents to adopt positive self-talk on issues or areas that have been a burden to them improves. They tend to increase their level of determination to succeed in that particular area of interest. Similarly, students' desire to achieve success becomes realistic when rational thinking is put in place. The REBT principles could help adolescents to identify dispute and replace their irrational beliefs with more rational healthy ways of thinking, feeling and behaving. This new idea creates feeling, which influences relationship with other individuals and life in general. Empirical studies have confirmed the effectiveness of REBT in enhancing socio-emotional well-being among adolescents (Hamilton and Redmond, 2010). Nevertheless, the moderating variable in this study is gender. Female adolescents appear to be more social and emotional in their daily activities and most often suffer the burden of the demands as well. Hampel and Petermann, (2005), contend that female adolescents tend to report more frequent and intense stressful events and experience higher levels of stress for a longer duration than male adolescents (de Anda, 1997). Girls have more worries about interpersonal relationships, school demands, family relationships, and personal and social adjustment, and experience more interpersonal difficulties than boys (Short, Yang and Jenkins, 2013; Scott and Marshall, 2009).

In a treatment session where REBT will be used, it is essential to consider the role of gender in measuring the moderating influence obtainable when REBT will be instrumental to enhancing socio-emotional well-being. Female adolescents are more emotionally attentive or ruminative in coping strategies. Male adolescents, in contrast, tend to cope with stressors by utilizing stress reduction activities, physical recreation, or aggression. Apart from having a more ruminative and anxious cognitive style, female adolescents also tend to evaluate themselves more harshly than boys do. Hui (2000) found that in contrast to male adolescents who made external attributions (that is, school factors and peer influence), female adolescents were more inclined to attribute difficulties to their own deficiencies (that is, ability and effort) and to family factors. It calls for a concern since majority of the studies on socio-emotional well-being are done through survey then; creating a need for the place of a psychotherapeutic intervention that is capable of enhancing and refurbishing adolescents' socio-emotional development is the core of this study.

Purpose of the Study

The general purpose of this study was to investigate the effect of Rational Emotive Behavioural Therapy on socio-emotional well-being among secondary school adolescents in Ibadan, Oyo State, Nigeria. Specifically, the objectives of the study were to:

- i. investigate the main effect of treatment in enhancing socio-emotional well-being among the participants;
- ii. determine the main effect of gender (moderating variable) on socio-emotional well-being among the participants; and
- iii. to examine the interactive effect of treatment and gender on socio-emotional well-being among the participants.

Hypotheses

The following hypotheses were tested at 0.05 level of significance:

1. There is no significant main effect of treatment on socio-emotional well-being of secondary school adolescents.

2. There is no significant main effect of gender on socio-emotional well-being among secondary school adolescents.
3. There is no significant interactive effect of treatment and gender on socio-emotional well-being among secondary school adolescents.

Design

This study adopted the pretest-posttest control group quasi-experimental design with 2x2 factorial matrix. The treatment was at two levels (one experimental group and a control group), while gender of the participants varied at two levels (male and female).

Population

The target population for this study consisted of senior secondary school (SSII) students with low self-esteem in two local government areas in Oyo State. That is, students who were found to have been scored below average on Self-esteem Scale. The two local government areas considered are Ibadan North and Akinyele, Oyo State, Nigeria.

Sample and Sampling Techniques

Purposive sampling was used to select one urban public secondary school from each of the local government areas (Emmanuel College, Ibadan, from Ibadan North Local Government Area and Ajibode grammar school, Ajibode, from Akinyele Local Government Area). A simple random sampling was used to select thirty (30) students from the two selected secondary schools in Oyo State after establishing their level of self-esteem which was determined through a screening process. The fish-bow method was used (with 15 balls indicating included and the remaining 15 balls indicating not included) at each school in selecting the participants for the study. The participants were partially randomised into experimental group and control group. At the end of the study only 29 participants completed the study, rational emotional behavioural group (14 participants) and control group (15 participants).

Instrumentation

The following instruments were adapted and revalidated for this study: Self-esteem Scale was used to select adolescents with declining self-esteem; while Socio-emotional Well-being Scale was used for screening students with socio-emotional well-being.

Socio-Emotional Needs.

The socio-emotional well-being scale was used to measure socio-emotional well-being among adolescents. The need for esteem, affiliation and emotional support were measured using the attention (6 items), positive-stimulation (9 items) and emotional support (6 items) dimensions of Interpersonal Orientation Scale (IOS, Hill, 1987). The need for social approval (7 items) was measured by the short form of the Martin-Larsen Approval Motivation Scale (MLAM; Martin, 1984). Respondents indicated the extent of their agreement with each item on a 7-point Likert scale (Strongly disagree = 1 to Strongly agree = 7). The internal consistency of the subscales were tested using Cronbach's alphas method; attention = .78, positive-stimulation = .83, emotional support = .88 and social approval = .73, while the overall socio-emotional need scale is = .79.

Self-esteem Scale

Self-esteem was measured using the Rosenberg Self-esteem Scale (SES), a widely used 10-item questionnaire using a 4-point Likert scale. Responses were summed to give a score ranged from 0-30, with a higher score indicating higher self-esteem (Rosenberg,

2. There is no significant main effect of gender on socio-emotional well-being among secondary school adolescents.
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1989). Scores below 15 suggest low self-esteem. The highly tested and used SES has been determined to be a valid tool (Campbell and Hemsley, 2009). Rosenberg's SES has good reliability, $\alpha = .88$ (Campbell and Hemsley, 2009), $r = .82 - .85$.

Procedure for Administration

The researcher sought permission from the management of the selected secondary schools before undertaking the study. A preliminary investigation was done by sorting out adolescent students scored below the norm for self-esteem. Afterwards, the sorted adolescents with low self-esteem were made to fill Socio-emotional Scale and were randomly assigned to group through partial randomisation. The participants who met the following criteria were enlisted for the participation; that is, participants must be registered SSII students of the school, must have scored below average on Self-esteem and Socio-emotional Well-being Scales, must have returned the consent letter that was sent to their parents, must be willing to participate in the treatment and control programme. The researcher took eight-session training with the participants that manifested low self-esteem in each of the selected schools.

The experimental and control group were administered same pretest and posttest instruments. The timing for the interaction of the experiment was agreed upon and subjected to the acceptance and approval of the school management and the participants.

Control of Extraneous Variables

The researcher controlled for some extraneous variables that might affect the outcome of the experiment using certain strategies to manage the intrusion of those variables. The researcher ensured that partial randomization was used in selecting the participants for the study since the study was purely experimental. The intervention was administered in two public schools located at Ibadan North and Akinyele local government Areas in Oyo state. The Rational emotive Behavioural Therapy Group was conducted at Immanuel College, Ibadan North LGA, while the control group was taken at Ajibode grammar School located at Akinyele LGA, Ibadan.

The researcher ensured that the 2x2 factorial matrix was strictly adhered to, during the study. The participants were selected strictly based on the identified criteria. Other unidentified extraneous variables were taken care of through the adoption of Analysis of Covariance (ANCOVA) between and repeated measures.

Method of Data Analysis

The data analysis was done using inferential statistics, which included Analysis of Covariance (ANCOVA) and Bonferonni Post Hoc (pairwise comparison) analysis where significant effect of treatment was noticeable. Each of the hypotheses was tested at 0.05 level of significant using Statistical Products and Service Solution (SPSS) version 22 (Formally named Statistical Packages for Social Sciences).

Results

In this section, the statistical results of this study is presented and interpreted, revealing the outcome of the study.

Hypothesis One: There is no significant main effect of treatment on socio-emotional well-being of secondary school adolescents.

To test this hypothesis, Analysis of Covariance (ANCOVA) was adopted to analyse the posttest scores of the participants on their socio-emotional well-being using the pretest scores as covariate to ascertain if the post-experimental differences were statistically significant. The summary of the analysis is presented in Table 1 below.

Table 1: Summary of 2x2 Analysis of Variance (ANCOVA) Showing the Main Effect of Treatment Groups on Socio-emotional Well-being Post-Test Score of Secondary School Adolescents.

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	1863.971 ^a	4	465.993	24.473	.000	.803
Intercept	243.995	1	243.995	12.814	.002	.348
Pretest	.518	1	.518	.027	.870	.001
Treatment	951.522	1	951.522	49.971	.000	.676
Gender	151.651	1	151.651	7.964	.009	.249
Treatment * gender	.164	1	.164	.009	.927	.000
Error	456.995	24	19.041			
Total	42096.000	29				
Corrected Total	2320.966	28				

R Squared = .803 (Adjusted R Squared = .770)

Table 1 shows that there was a significant main effect of treatment on the socio-emotional well-being of the secondary school adolescents; $F_{(1,24)} = 49.971$, $p < 0.01$, $\eta^2 = 0.676$. Hence, the null hypothesis was rejected. Therefore, treatment had significant effect on socio-emotional well-being. Size of effect revealed that treatment accounted for 67.6% ($\eta^2 = 0.676$) change in the students' socio-emotional well-being. For further justification on the margin of difference between the treatment group and the control group, the pair-wise comparison using Bonferonni was computed. The result is shown in Table 2.

Table 2: Bonferonni Pair-Sise Comparison showing the Significant Differences between the Treatment Group and the Control Group

(I) Treatment	(j) Treatment	Mean Difference (I-J)	Std. Error	Sig. ^c
Control group (mean= 26.04)	Rational emotional behavioural group	-18.228*	2.579	.000
Rational emotional behavioural group (mean= 44.27)	Control group	18.228*	2.579	.000

Table 2 reveals that, after controlling for the effect of pre-socio-emotional well-being, the experimental group (rational emotive behavioural therapy) (mean= 44.27) displayed higher socio-emotional well-being, than the control group (mean= 26.04). By implication, Rational Emotive Behavioural Therapy was potent in enhancing socio-emotional well-being among the experimental group. The coefficient of determination (Adjusted R-squared = .770) overall indicated that the differences that exist in the group account for 77% in the variation of the adolescents socio-emotional well-being.

Hypothesis Two: There is no significant main effect of gender on socio-emotional well-being among secondary school adolescents.

Table 1 further shows that there was a significant main effect of gender on the students' socio-emotional well-being; $F_{(1,24)} = 7.964$, $p < 0.01$, $\eta^2 = 0.249$. Hence the null hypothesis is rejected. This implies that there was a significant difference in the socio-emotional well-being of male and female participants. The table further indicated that the participants' gender accounted for 24.9% change in their socio-emotional well-being; that is, gender had large effect (size of effect according to Field, 2009) in the variation of their socio-emotional well-being score. To further clarify where the difference lay, a pair-wise comparison using Bonferonni was computed. The result is shown in Table 3.

Table 3: Bonferonni Pair-wise Comparison Showing the Significant Difference in Male and Female Socio-Emotional Well-being.

(I) Gender	(J) Gender	Mean Difference (I-J)	Std. Error	Sig. ^c
Male participants (mean= 39.42)	Female participants	8.535*	3.024	.009
Female participants (mean=30.89)	Male participants	-8.535*	3.024	.009

Table 3 reveals that, after controlling for the effect of pretest socio-emotional well-being, the male participants displayed higher (mean=39.42) socio-emotional well-being than their female counterparts (mean= 30.89). By implication male participants had high tendency to display healthier socio-emotional well-being than the participants.

Hypothesis Three: There is no significant interactive effect of treatment and gender on socio-emotional well-being among secondary school adolescents.

Table 1 further shows that there was no significant interactive effect of treatment and gender on students socio-emotional well-being ($F_{(1,24)} = 0.009$, $p > 0.05$, $\eta^2 = 0.00$). Hence, the null hypothesis was not rejected. This implies that gender did not significantly moderate the effect of treatment on socio-emotional well-being.

Discussion

The first hypothesis stated that there would be no significant main effect of treatment on socio-emotional well-being of secondary school adolescents. The hypothesis was rejected because the result clearly showed that there was a significant main effect of treatment on socio-emotional well-being of secondary school adolescents. By implication, Rational Emotive Behavioural Therapy was effective in enhancing socio-

emotional well-being in the experimental group than in the control group. This result is consistent with empirical studies such as Zaraq et al. (2007) that reported that REBT was effective in changing emotions style; Ellahifar and et al (2007) in relation with reducing anxiety; Shaffiaa-Abadi, and Nasser, (2010) that also reported that REBT was effective in the reduction of examination anxiety; and Sadeqi et al. (2002) in relation with the impact of REBT on reducing aggression.

Similarly, according to Kolae (2011) argue that REBT will be effective if one can accept the responsibility of one's emotional problems and challenges that accompany them. One's self-destructing anxiety will also diminish and it will provide the opportunity for increasing happiness and self-satisfaction in one's life. Banks and Zions' study (2009) and Warren's study (2013) confirmed in their various studies, indicating the positive impact of REBT on the well-being of adolescents, implies that socio-emotional well-being is well managed with Rational emotive Behavioural Therapy because it seeks to correct participants irrational thought which often create negative emotions, irritability, social disconnections with negative feedback on adolescents' education, socio-emotional development and relationship with the members of society.

The second hypothesis stated that there is no significant main effect of gender on socio-emotional well-being among secondary school adolescents. The hypothesis was rejected because the result clearly showed that there was a significant main effect of gender on students' socio-emotional well-being. By implication there was a significant difference in the socio-emotional well-being of the male and the female participants. However, the male participants displayed higher socio-emotional well-being than their female counterparts. This result is in-line with Sadeghi, Ahmadi, and Abedi, (2002) who found that gender was significantly correlated to emotional functioning with girls' emotional challenges than boys. The result of this study partially corroborated Stevens and Westerhof (2006) who also found that females tended to report lower scores in Self-Acceptance Scale (Psychological Well-Being) than males; the girls reported higher levels of distress than boys. They further indicated significant gender differences in all Symptoms Questionnaire (SQ) scales, except in friendliness the female participants also reported higher levels of distress than males, but unlike the preceding studies. To find a plausible explanation for the findings, it could be said that female adolescents are naturally more emotional than their male counterparts. This puts a lot of emotional burdens on them which in the long run expose them to a lot of socio-emotional problems. The third hypothesis stated that there is no significant interactive effect of treatment and gender on socio-emotional well-being among secondary school adolescents. The hypothesis was accepted based on the result which revealed that there was no significant interactive effect of treatment and gender on the students' socio-emotional well-being. This implies that gender did not significantly moderate the effect of treatment on socio-emotional well-being. This further indicates that being male or female does not affect the effectiveness of REBT on adolescents' socio-emotional well-being. This result partially agreed with previous empirical studies, such as Najafi, Jamaluddin, and Lea-Baranovich (2012) who found REBT in a group setting was an effective treatment for reducing irrational beliefs in adolescent girls. Similarly, in a study which evaluated the efficacy of REBT and visual/kinaesthetic dissociation (VKD), both were found to provide significant results in treating participants with panic disorder (Simpson & Dryden, 2011). Moreover, Ghasemian, D'Souza, and Ebrahimi (2012) found REBT to be an effective therapy for reducing shyness, particularly for young adolescents. It could however be said that none of the previous studies reviewed argued that REBT was more

effective in male than female they only noted that it was effective. It was noted in this study that female adolescents are more prone to socio-emotional challenges, which reduce their well-being. The exposure of male and female students to REBT has not shown that it was effective in a class of gender over the other. Thus, gender does not influence the effectiveness of REBT, this presupposes that gender did not have a moderating effect on the relationship that exist between REBT and socio-emotional well-being of adolescents.

Conclusion and Recommendations

This study was designed to examine the effect of Rational Emotional Behavioural Therapy on the socio-emotional well-being of adolescents with low self-esteem in Oyo State. Gender was the moderating variable identified in this study. The selected participants had to undergo some training. The required data was collected and analysed. It was discovered from the results that Rational Emotive Behavioural Therapy was effective in enhancing socio-emotional well-being. By implication, a proper application of the principles underlining this intervention should produce a similar result if replicated. The, REBT was more effective in enhancing socio-emotional well-being than placebo (which the control group had). The male participants displayed higher socio-emotional well-being than their female counterparts. This study further established that gender did not moderate the effect of Rational Emotional Behavioural Therapy among the participants.

The following recommendations are given based on the findings of this study.

This study indicated that Rational Emotive Behavioural Therapy had significant effect in the enhancement of adolescent socio-emotional well-being. Therefore, managements of secondary schools and school counselling units should brace up by setting up a support system for adolescents with declining socio-emotional well-being, especially those with low self-esteem. This can be done by developing appropriate mechanism for measuring the psychological make-up of every student and adopting the rudiment of REBT to help them overcome negative and irrational thoughts and enhance their socio-economic well-being.

Although, there was no significant interactive effect of REBT and gender, nevertheless, in this study, the male adolescents had higher socio-emotional well-being. This implies that female adolescents are more prone to socio-emotional challenges. On this premise, this study enjoins parents, counselling psychologist, social workers and non-governmental agencies to intensify their efforts in enhancing the socio-emotional development programmes for the girl-child.

The burden of delivering the REBT treatment package is on experienced counselling psychotherapist. Therefore, school authorities are enjoined to employ and provide room for school counsellors to function and make suitable environment available for them to enhance easy administration of Rational Emotive Behavioural therapy.

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