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Influence of Motivational Therapy on Senior Secondary School Teenagers with Reliant Behavior Syndrome in Ehime Mbano Local Government Area of Imo State

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Abstract

This study investigated the influence of motivational therapy on senior secondary school teenagers with reliant behavior syndrome in Ehime Mbano Local Government area of Imo State. The design of the study was a quasi-experimental which adopted nonequivalent group of pre-test, treatment control, posttest and follow-up arrangement. The study was conducted in Imo State with a population of 470 senior secondary school students who are victims of Dependent Personality Disorder. The sample size was 56 participants. The participants were assigned into three treatment groups (ME, SFBT & IPT) and a control group. Purposive sampling technique was adopted. Two researcher made instruments Dependent Personality Disorder Identification questionnaire for teachers and Dependent Personality Disorder questionnaire (DPDQ) 123 were used. These instruments were validated by 5 specialists, 3 in Guidance and Counselling and 2 from measurement & Evaluation. Data were collected using these instruments. The reliabilities of these instruments were obtained using Cronbach Alpha. A reliability index of 0.78 and 0.81 were obtained. The major

findings included that: The mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the pre and post treatment test differ significantly. The students who were exposed to MIT, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced when compared to the mean response to Dependent Personality Disorder of their counterparts in the control group. Based on the findings of the study, the researcher made among others, the following recommendations. There is need for school counselors to undergo some training on behaviour modification based on motivational interviewing (MT), solution focused based therapy (SFT) and inter personal therapy (IPT) through workshops, seminars and conferences. Victims of DPD exist in various secondary schools, there is need to identify them early for modification program to be put in place by counselors and psychologists in accordance with the school administration.

Keywords: Influence, Motivational, Therapy, Senior Secondary School Teenagers Reliant Behavior, Syndrome

Introduction

Children and adolescents exhibit behaviours which tend to be in contrast to societal expectations. Such behaviours in some cases even fall short of the expectations of parents, teachers, peers and people from other segments of the society. The children who manifest such bizarre behaviours are looked at as deviant, extreme abnormal or maladjusted. When the behaviour is severe, they are believed to be sick, psychotic, emotionally disturbed, insane or behaviorally discarded (Barber & Muenzi, 1996). Inclusive in such behaviours are dependent personality disorder, avoidant personality disorder, drug dependency, alcohol dependency, cultism, truancy, aggression, stealing, prostitution, cohabitation, fighting, and hostility to mention but few. These behaviours tend to disrupt the learner and deprive him/her of the expected benefits from teaching learning process. The behavior disorder under study in this endeavour is dependent personality disorder. Unfortunately, all calibers of learners suffer from dependent personality disorder. Research has shown that some learners in the primary and secondary schools are victims of this disorder. Oye (2011) used learners in the primary school in his study of dependent personality disorder. The high rate of it is seen in the tertiary institution where most of the victims co-habit.

In the research of Akinade (2009) it is evident that several factors affect the student's disposition to learn appropriate adjustments strategies as well as evaluating. One of these factors is the adolescent's inability to overcome most adolescents

challenges which make them indulge in various maladaptive behaviours. One of these destructive behaviours is dependent personality disorder.

Dependent personality disorder is the terrifying fear of being alone or abandoned (Ekern, 2013)^[23]. It is a mental disorder in which the individual has very low self-esteem which leaves the individual with the dysfunctional thinking that he/she is not capable of making decisions. The individual believe that others are better than him/her and therefore he/she has to entirely cling to another person for decision making in all aspects of life including academics. The need to look into dependent personality disorder is the rate of its prevalence and its destructive nature among the senior secondary adolescents, especially, its adverse effects on the academic performance of these adolescents, (Sharon, 2014). The researcher's knowledge about dependent personality disorder, its negative effects on the students' academic performance, their behaviour in general and the rate of its prevalence is from her experience as a secondary school teacher and a school counselor over the years. She further got more knowledge of it from literature, like Goldberge (2018) who put it that adolescents who are victims of DPD are so obsessed with faulty belief of self-inadequacy in carrying out any duty generally and especially in their academics. It is obvious that a dependent personality disordered student whether male or female will neither function well in his or her academics nor in interpersonal relationship with parents, siblings and friends due to the destructive nature of the disorder.

Regrettably, both males and females are involved and there is no sure evidence of which gender are mostly victims. Some of the individuals have ended up dropping out of school especially when the student the dependent disordered student is clinging on, is not academically strong and remained unperturbed about it. The student who has dependent personality disorder spends most of his/her time trying to please the person not wanting the person to reject him or her or if the person threatens to end the relationship. This is due to their dysfunctional belief that they are not capable of doing anything well, that other people are better than they are. The dependent personality disordered individuals have pervasive and excessive need to be taken care of, (Ekleberry and Sharon 2013)^[24]. They do not make any contribution in the class or in any group work they are given. They cannot take decisions on how to go about their education, let alone their very personal matters without consulting their partners. They believe that they are not worth making such effort and therefore do not deserve happiness by themselves. They therefore rely on a partner to make them happy. The girls get the boys to value them, give them security, and make them happy. Hence they easily get into sexual relationship with opposite sex which can leave them with unwanted pregnancies and dropping out of school. The boys are easily lured into homosexuals, ganging, cultism, substance use, kidnapping, armed robbery and smoking which also leads them dropping out of school (Peter 2018). Some of the female ones also start clubbing very early in life in order to sustain their relationship with their lesbian partners. These behaviours are very detrimental to their academics and will never allow them to achieve the aims of education. According to Ekleberry and Sharon (2013)^[24], they have very low self-concept about themselves and believe that they are not good at all and this affects their academics adversely. If these dependent personality

disordered students are allowed to continue with this belief about themselves, their lives become meaningless at any level.

They resort to co-habiting with opposite sex when they enter the tertiary institutions as it is commonly observed in almost all the tertiary institutions in Nigeria. When they get to adulthood and marry with this disorder, they are so clingy to their partners who suffer alone to make decisions in the home and this creates problem for their spouses. When such people lose their partners in death they are so adversely affected that the family is devastated and unable to forge ahead in life. This is because in the view of Sharon (2014), over time, they are not living their own lives. They become so wrapped up, obsessed in other peoples' way of life that they lose track of whom they are, what they want, and how to be happy within themselves. The exact cause of DPD is unknown but Bornfree (2018) believed to be caused by both genetic and environmental factors.

These maladaptive behaviours affect the learners' relationship with others in their class, the school, the home and the society in general. To a large extent it affects their academic performance. This has posed a big problem to the education system and a food for thought for all and sundry, including parents, teachers, counselors, government and the society at large. Since male and female adolescents are victims of the dependent personality disorder, Efforts need to be made to assist them to overcome this psychological problem. Furthermore, gender is a factor to be considered in the issue of trying to solve the problem of the dependent personality disorder among the adolescent students. The individuals with DPD do not understand the expectations of the society on their gender.

Gender can be defined as a social construct which deals with the societal expectations of the masculine and feminine characteristics of the males and females, (Iwuji, 2016). In the light of this the male disordered dependent adolescents exhibit characteristics of females to the female partners who do not have the disorder even though they are females. This is not in line with the societal expectation of these male adolescents. Fortunately, Guidance and Counseling as a discipline has many personality disorder therapies which scholars like Uwaoma and Chima (2015)^[36] have suggested that can be applied to treat or reduce effectively these observed disorders. They include; Motivational Interviewing, Solution Focused Brief Therapies, Interpersonal Therapies, etc. Hence the research selected these three therapies: Motivational interview (MI), solution focus therapy (SFBT) and inter-personal therapy (IPT) to establish their effects on the reduction of dependent personality disorder among adolescents.

Motivational interviewing in the view of Hettema, Steel, and Miller (2005) is a behaviour modification strategy that helps people resolve their feelings of confusion and insecurities. It is a counseling therapy that helps the individual develop internal motivation to change the undesirable behavior and work towards achieving established life goals. The goal of motivational interviewing is of two folds, the first is to increase the person's motivation to change. The second is to help the person make commitment to change their behaviours that are preventing them from making healthier choices.

Solution focus therapy (SFT) is a therapeutic measure in which the focus is on what the client wants to achieve. It does not border much on the history of the problem, but on

how the client will feel when the problem is solved. It taps the client's competences in resolving his or her problems. In the view of Solof (2013), SFT is future focused, goal directed, and focuses on solution rather than the problem of the client. It involves the use of series of questions to help clients identify positive directions for change in their lives.

Inter-Personal therapy (IPT) in its behaviour modification, is concerned with how people's relationship with one another affect their lives and the lives of people around them. According to Carlipers, Donker, Tara, Weissman, Mahyma, Ravitz, Paula, Critea and Loana (2016) [14] relationships and life events impact mode, interpersonal therapy works intensely on established interpersonal issues, psychological symptoms like depressions and dependent personality disorders to resolve them. The choice of these therapies is based on their relationships to the behavior problem - dependent personality disorder (DPD), the researcher discovered their efficacy in (DPD) and other disorders in previous studies. Ekechukwu (2018) carried out a study on effects of motivational interviewing in the treatment of dependent personality disorder among tertiary institution students in Benin, Nigeria. Sampson (2016) effectively used inter-personal therapy (IPT) in the treatment of DPD in Buston. In another study Stephen and Stone (2017) effectively used solution focused therapy in the management of DPD in Lasvejas. In this study, the researcher also established the effects of these therapies on gender as it is the moderating variable on this study.

During adolescence, issues of emotional (if not physical) separation from parents arise. While this sense of separation is a necessary step in the establishment of personal values, the transition to self-sufficiency forces an array of adjustments upon many adolescents. Furthermore, teenagers seldom have clear roles of their own in society but instead occupy an ambiguous period between childhood and adulthood. These issues most often define adolescence in Western cultures, and the response to them partly determines the nature of an individual's adult years. Also during adolescence, the individual experiences an upsurge of sexual feelings following the latent sexuality of childhood. It is during adolescence that the individual learns to control and direct sexual urges. According to Beck & Doris, (2011) [11], some specialists find that the difficulties of adolescence have been exaggerated and that for many adolescents the process of maturation is largely peaceful and untroubled. Other specialists like Loas (2017) [32] consider adolescence to be an intense and often stressful developmental period characterized by specific types of behaviour including DPD which is very devastating in the teens.

Review of Literature

Conceptual Framework

Personality Disorder

A personality disorder is a way of thinking, feeling and behaviour that deviates from the expectations of the culture, causes distress or problems for the individual to function well and lasts over time. Ikedishi, Iroegbu, & Agugoesi, (2014) believe that children with behaviour disorders develop depression as adults and they need a variety of professional interventions including medication psychological treatment, rehabilitation or possibly other treatments. They further stated that "behaviour disorder constitute a set of activities that are not in conformity with

the goals of a group in any given place". Ikediashi *et al* further cited Knitzer as agreeing with council for expectation of children by stating categorically that emotional or behaviour disorders refer to condition in which behavioural or emotional responses of a child in school are different from his/her accepted age appropriate, ethnic or cultural norms that they adversely affect educational performance in norms such as social relationships, academic progress, self-care, personal adjustment, classroom behaviours or work adjustment. These behaviour disorder are caused by dysfunctional/maladaptive beliefs of the individual. Beliefs that are negatively biased, inaccurate, and rigid which play key role in personality disorders giving rise to behaviour disorder.

A personality disorder is enduring pattern of inner experience and behaviour. (Simone Hoerman, Corinne, Zupanick & Mark Dombeck, 2013). They further stated that this pattern manifests in two or more of the following areas; Thinking, feeling, interpersonal relationships and impulse control. This pattern in the view of Simone *et al* (2013) deviates markedly from cultural norms and expectations, this pattern in pervasive and inflexible, stable over time and leads to distress or impairment. The DSM-5 (APA 2013) identifies and describes ten specific personality disorders, these ten diagnosis represent ten specific enduring patterns of thoughts, feelings and behaviour which have been distilled down to four core features of personality disorders. They are:

1. Rigid, extreme and distorted thinking patterns (thoughts)
2. Problematic emotional response patterns (feelings)
3. Impulse controlled problems (behaviour)
4. Significant interpersonal problems (behaviour).

For an individual to be seen as having personality disorder the person must exhibit at least two of these afore-stated four features.

Personality disorder is a type of mental disorder in which an individual have a rigid and unhealthy pattern of thinking, functioning and behaving. His/her behaviour is highly influenced by dysfunctional belief. The individual has problem perceiving and relating well with people and situations. The individual faces significant problems and limitations in relationship, social activities, work and school. An individual with personality disorder may not realize that he/she has a personality disorder because his or her way of thinking and behaving may seem natural to him/her as such the person blames others for their challenges. Personality disorders usually begins in the teenage years or early adulthood which continues to later life of the individual if not treated. It could result to episodes of extreme anxiety or depression, self-harming behaviours, including self-mutilation. It could lead to unclear sense of self and the individual could often feel worthless or fundamentally flawed Timberline Knols (2018). Personality disorder if not treated also leads to impulsive and risky behaviour such as risky driving, unsafe sex, gambling sprees or taking illicit drugs, inappropriate expressions of anger, sometimes escalating into physical confrontations (Davis & Learnard, 2008).

Types of personality disorder

There are many types of personality disorders. These are grouped into three clusters based on similar characteristics

and symptoms. Many people with one personality disorder also have signs and symptoms of at least one additional personality disorder.

The three clusters are;

Cluster A: Personality disorders which are characterized by odd, eccentric thinking or behaviour. They include paranoid personality disorders, schizoid personality disorders and schizotypal personality disorder.

Cluster B: Personality disorder: Cluster B personality disorders are characterized by dramatic, overly emotional or unpredictable thinking or behavior APA (2013). They include antisocial personality disorder, borderline personality disorder, historic personality disorder and narcissistic personality disorder.

Cluster C: Personality disorder: Cluster C personality disorders are characterized by anxious, fearful thinking or behaviour. They include dependent personality disorder avoidant personality disorder, body dimorphic disorder obsessive-compulsive personality disorder and codependent personality disorder.

Causes of Personality Disorder

Personality as viewed by Mayo clinic staff (2016), is a combination of thoughts, emotions and behaviours that make an individual unique. It is an individual's way of viewing understanding and relating to events, other people and the outside world in general. It is also the individual's pattern of seeing self-personality that is formed during childhood and shaped by ones genes and environment.

Genes: Traits sometimes referred to as temperament are passed from parents to offspring's through inherited genes. These personality traits are activated by factors in the environment.

Environment: The surrounding an individual grows up in, the daily occurrences and events, and relationships with members of family and others.

Biological and Developmental Factors: These include over-protective parenting style, chronic physical illness and separation anxiety during childhood.

Personality disorders are generally believed to be caused by a combination of these genetic and environmental influences. The genes of an individual can render the person vulnerable to the development of personality disorder. Events in one's life may also cause the development of personality disorder in an individual.

Risk factors:

The precise cause of personality disorder is not yet known, there seems to be certain factors that increase the risk of an individual developing personality factors. Brown, Dinardo, Lehman & Campbell (2001) stated the factors as;

Family history of personality disorders or other mental illness. Abusive unstable or chaotic family life during childhood. Being diagnosed with childhood conduct disorder. Variations in brain chemistry and structure.

Personality disorders in the view of mayo clinic staff can significantly disrupt the lives of both the affected person and those who care about that person. It may also cause problems with ones relationships, work, school which might lead to social isolation, alcohol or drug abuse or chemical dependency. DSM-5, APA (2013) opined that "diagnosis of a personality disorder requires a mental health professional looking at long-term patterns of functioning and symptoms. For a person under 18 years old to be diagnosed, the symptoms must have been present for at least a year. Some

people with personality disorder problem. The DSM-5 also put it that people often have more than one personality disorder, an estimated 9 percent of US adults have at last one personality disorder. Abraham in the Herald (2017) is of the view that many Nigerian in good cloths could be diagnosed of very serious mental illnesses. He further stated that over 60 million Nigerians have various degree of mental disorder.

Since personality disorder can seriously disrupt the lives of the individual generally a lot has to be done to prevent or assist the individuals with such disorder to come out of it.

Dependent Personality Disorder

We are all dependent to some degree, we all like to be taken care of. When is this need judged to be pathological, compulsive, pervasive, excessive and abnormal? Clinicians who contributed to the study of this disorder use words such as "craving", "clingy", "shifting" and "humiliating" or "submissive". Harry Croft (2018) Harry further stated that "virtually all cultures encourage dependency to varying degrees. Even in developed countries, many women, the very old, the very young the sick, the criminal and the mentally handicapped are denied personal autonomy and are legally and economically dependent on others or on authorities. Dependent personality disorder is therefore diagnosed when the behaviour of the individual goes out of conformity with the social and cultural norms. When the dependency of the individual becomes a problem to him/her self and to others. This is the case of some disturbing percentage of the Nigeria adolescents in secondary and tertiary institutions.

Dependent Personality Disorder (DPD) is a situation when an individual exhibits long standing, inflexible dependency that creates difficulties in academics, social, sexual, and occupational functioning. According to DSM-IV (2000) Dependency Personality Disorder (DPD) essential features is a pervasive and excessive need to be taken care of that leads to submissive and ceiling behaviours and fears of separation beginning by early adulthood and present in a variety of contexts.

Dependent personality disorder among our adolescents in the secondary and tertiary institutions has become an issue that should be of concern to all and sundry. The rate of increase and its effects should be a thing of concern in order that those involved should be helped out before their condition worsens. According to Goldberje (2018), adolescence DPD also known as teens DPD is a chronic mental health condition that causes teens to feel helpless, incapable and unable to be self-sufficient or self-reliant. He further stated that teens who suffer from this disorder are often so attached and reliant on others that they lack the ability to make decisions or make contributions or even form opinions for themselves. Adolescent victims of DPD are so obsessed with this faulty belief of self-inadequacy in carrying out any duty, make contributions even in matters concerning their entire life including their academics.

They have very low self-esteem and do not believe in self-worth. This makes them cling excessively on others in whom they are in relationship with. This leads them to have this crazy need of having and remaining in romantic relationship not minding how devastating it is to their academic life, social well-being and their later lives. Dependent personality disorder has not been given due publicity or awareness in Nigeria like other anti-social

behaviours, hence it is spreading fast among the Nigerian adolescents. The Nigeria psychologists are not giving the attention to it, no one diagnosis it here and more so the Nigerians do not pay attention to behaviour disorders as its harm is not readily seen especially when it is within the middle class and low class people who cannot travel abroad for mental inspections. Again in our culture, we do not give much attention to mental health disorders. When an individual's mental health is not balanced, the physical health is also not balanced. It affects how we think, how we feel and how we act. There is no difference between how we think and how we act. Dependent personality disorder comes as a result of an individual's dysfunctional thinking which brings about dysfunctional behaviour. (Timothy, Cahn and Kristeen, 2017).

Dependent personality disorder is a mental disorder that has negative effects and consequences on the victims, their caregivers or partners and the society at large. Many people have not heard of dependent personality disorder. It is one of the disorders that people do not know about but it is a thing that everyone should definitely know about so that anyone who has it or knows one who has the disorder should assist in seeking professional help that they need. It is a disorder that does not allow the individuals suffering from it to be academically ready, live a happy and healthy life if not treated because by nature they are not actually living their own lives. Dependent personality disorder (DPD) is an anxious personality disorder characterized by an inability to be alone. According to Timothy, Kahn & Kristeen (2017) people with DPD develop symptoms of anxiety when they are not around others. They rely all the time on other people for comfort, reassurance, advice and support. Sadly they exhibit this behavior more in their academics.

This is not like the feelings of insecurity which people who do not have it sometimes deal with. It goes beyond this, people with DPD need reassurance and support all the time from partners in order to function. DPD is one of the most frequently diagnosed personality disorders, it occurs equally in men and women, usually becoming apparent in young adulthood or later as important adult relationship form, Goldberg (2018). Individuals with dependent personality disorder lack the confidence and the self-image to carry out activities by themselves and for themselves, they tend to depend on others to care for them and to protect their interest not minding the type of person they are depending on. In the view of Goldberg (2018), dependent personality disorder is a debilitating condition of the mind, and only through intensive therapy and other forms of treatment can men and women who have this find freedom to begin living as they choose. He further stated that "they have an overpowering need to be watched over or cared for by other people including parents, spouses, and grown children, close friends with strong personalities or members of their extended families". DPD is marked by a pervasive and long life lack of self-esteem and self-confidence. Individuals with this disorder may develop a range of behaviours that all the time attracts the support or assistance of others since they have this strong feeling of inability to carry out duties on their own. Their thinking is maladaptive and like people with low self-esteem they are emotionally devastated by what they interpret as rejection and criticism, such interpretations and reactions results in deeper feelings of helplessness. Dependent personality disorder (DPD) is a particular frustrating mental disorder for people suffering

from it since it is too often mistaken for "annoying" behaviour.

It is an acute and widespread personality disorder where the victim truly believes that they are worthless. (Timothy, Kahn & Kristeen 2013). Dependent personality disorder (DPD) in the view of ICD-10 f 60 is characterized by "pervasive passive reliance on other people to make one's major and minor life decisions, great fear of abandonment, feeling of helplessness and incompetence, passive compliance with the wishes of elders and others, and a weak response to the demands of daily life". They further stated that lack of vigour may show itself in the intellectual or emotional spheres; there is often a tendency to transfer responsibility to others".

This disorder can be overwhelming as it is with other personality disorders; it affects the quality of life and increases the long-term risks for anxiety and depression. They have this for fear of impending doom if they are alone. According to DSM-5 (2013) dependent disorder (DPD), formerly known as asthenic personality disorder is a personality disorder that is characterized by pervasive psychological dependence on other people. This personality disorder is a long-term condition in which people depend on others to meet their emotional and physical needs, with only a minority achieving normal levels of independence. They further stated that DPD is a cluster c personality disorder characterized v-by excessive fear and anxiety. Further explained by DSM-5 is the fact that it begins by early adulthood and it is present in a variety of contexts and is associated with inadequate functioning.

Maladaptive beliefs play a potential role in the cause of anxiety and other personality disorders. E.g. Alloy, Abraham, White house, Hogan, Panzarella & Rose (2006) have evidence, though the evidence is mixed. Ingram, Miranda and Segal, (1998), Jarrett, Vittingel, Doyle & Clark, (2007) have it that their goal in their studies were to examine this role of maladaptive belief change in cognitive-behavioural treatment for social anxiety disorder contemporary cognitive models, (Heimberg, Brozovich & Rapee (2010). Rapee & Heimberg (1997) posit that individuals with social anxiety disorder and other personality disorders have maladaptive beliefs regarding themselves as socially incompetent and others as critical judges.

This is typical of dependent personality disordered individuals who have strong dysfunctional or maladaptive believe that they are not capable of doing anything well. They have pervasive and excessive need to be taken care of. It is one of personality disorders that is less frequently talked about but very prevalent and very destructive. It is definitely something that we all should know and understand so that if a loved one is suffering from this disorder, we take immediate measure to get them help as quickly as we can so that they can live their lives productively, especially as this disorder can lead them to serious abusive situations and even harm.

Dependent Personality Disorder (DPD), commonly emitted by learners of both secondary and tertiary institution attracted the researcher's attention. These made the researcher to search for effective therapeutic measure to assist students get adjusted to being independent and confident in themselves. There is need to assist those who are suffering from this disorder, due to their inability to make decisions no matter how small for themselves. They

constantly worry about what others will think about their actions, what they say, wear or even eat, these take persistent toil in their mind and leads them to relationships they will be entirely dependent on such relationships could be platonic friendship, romantic, parental or sibling. The relationship becomes unhealthy because one individual is entirely and persistently dependent on the other. They are not considered healthy relationships in any form.

Dependent personality Disorder (DPD) becomes a struggle for the one who is dependent to do anything no matter how small throughout the day without the partner making inputs. It becomes equally very difficult for the people they are dependent on because they have to be on constant watch out for this partner who is dependent on them. People with this disorder do not accept criticisms or negative feedback, because they require positive feedback all the time and therefore do not see negative feedback in a positive way. They are not capable of giving advice or make suggestions that can build the other person rather it is the other person that should supply all advice and suggestions and show all the likeness to them. They abhor giving negative feedback for fear of hurting or losing their partner. This is detrimental to the dependent personality disordered adolescent in school pursuing education.

The school apart from the home, is the fundamental environment in which the emission of these adolescence related behaviour disorders is supreme. The reason being that more than 75 percent of Nigerian adolescents are in various schools. While in school many students exhibit strange behaviours patterns of which most of it reflect self-defeating and socially inadequate of all the various behaviours disorders associated with adolescents in the school dependent behaviour disorder or relationship addition appears to be very prevalent and most inconveniencing because it affects personal and social functions of the individual involved.

Its origin is usually linked to childhood. The enormity of dependent behaviour disorders among the adolescent students today is evident in most deviant behaviours like cohabiting of male and female students in most of the tertiary institutions, alcoholism and drug use, cultism, dating of elderly partners by sexes, porn usage and other forms of immoral behaviours among the Nigerian senior secondary and tertiary adolescents. It is also evident in the student's revolutionary activities, extremism and other related tendencies. It is a quiet destroyer which is becoming a problem of increasing dimension in the Nigerian schools at all levels of education.

Dependent behaviours disorders not only hampers students' academic output, it renders the individual very unproductive, pessimistic and unable to contribute meaningful in life. They are traits most apparent in the victims relationship struggles which ultimately represent their difficulties loving, accepting, trusting and being their true selves. They are plagued by shame, guilt and feeling of inadequacy which leads them to constantly relying deeply on others, see themselves as utterly inadequate in making decisions (ERceberry, Sharon & Martin, 2013) ^[24]. In this connection, two major aspects of the students world are his relationship with mate either class or hostel or peers and that of his or her teachers. Sometimes these relationships become a problem for the child who overindulges in relationship to the extent that they lose their self-worth.

They can no longer function from their innate self and their thinking and behaviour is instead organized around another person or even a process, or substance. In this context, people who are addicted to a substance like drugs or process like gambling, sex or pornography are also considered to have dependent behaviour disorders. New media constantly report of increase in the incidence of crime and other forms of deviant behaviours in the school and the country at large. This has given many Nigerians especially parents, teachers, psychologists and counselors much concern. The concern assumes greater proportion when one considers the fact that these students are the future hopes of this country.

Common patterns of dependent behaviours associated with students include truancy, examination malpractice, and alcoholism, drug usage, and loss of self. Perry, (1996) put it that people with dependent personality tend to display needy passive and clinging behaviour on other people and situations and bases their happiness and feelings on what other people are doing rather than on their own internal feelings and values. Sharon Martin believes that over time they aren't living their own lives. They become so wrapped up, obsessed in other people's way of life that they lose track of whom they are, what they want and how to be happy within themselves.

Theoretical Framework

Cognitive Theory of Albert Ellis 1950 – 60s

The view is also upheld by Albert Ellis in his Rational Emotive behaviour Therapy (REBT). At the initial time, (REBT) was known as Rational Emotive Therapy (RET). RET was developed in 1962 by Albert Ellis and exposed in his publication called "reason and emotion in psychotherapy". They posited that Albert Ellis sees man as inherently rational and irrational in his belief system. They further posited that he also believes that it is not events that disturbs people, it is rather people's views of those events that bring about misery or unhappiness. REBT is a comprehensive approach to psychological treatment that touches on the emotional and behavioural aspects of human disturbances and at the same time lays emphasis on its cognitive components. The central point of this therapy is the belief that nothing is good or bad rather thinking makes it so. Albert Ellis sees, cognition, emotions and behaviours as inter-related processes and that when individuals needlessly disturb themselves, they produce dysfunctional thoughts such as obsessions, feelings eg; (panic disorders, depression, anxiety, self-criticism, self-hatred) and dysfunctional behaviours eg; phobias, obsessions, compulsions, mood disorders and depression.

They further stated that Ellis believes that man's unhappiness is as a result of eleven major illogical and irrational individuals and that the ideas lead to self-defeat and neurosis. Ellis later grouped these eleven irrational beliefs into three categories he referred to as "masturbation" they include;

A person must absolutely perform well and have the approval o significant others. A person must under all circumstances be treated kindly and lovingly by others especially significant others. A person must absolutely be comfortable in all conditions.

Ellis believes that to understand human personality requires understanding his beliefs since individual's beliefs determines his attitudes. The A.B.C theory of personality is

central in understanding how individuals acquire rational and irrational beliefs/ thinking and behaving.

A – Represents activating event which could be events, experiences, a fact or another personality behaviour/attitudes.

B – Represents the belief system, that is one's belief about

A (the event) his self-talk or internalized statements about A

C – Represents emotional consequences or individual's reaction which could be positive or negative.

In order to fully explain that man, is in control of his own emotional reactions and disturbances RET shows that the activating event or action A is not responsible for C ie; the emotional consequences or the person's reaction either positive or negative. It is rather 'B' the person's belief about A that is responsible for 'C'. For instance if one steps on another person's toes and the other reacts negatively that probably resulted in fighting. It is not the stepping on toe that caused the fight rather it is the self-talk or internalized statement about the stepping on the toe that caused the fight even when the stepper did it accidentally. The reaction an individual carry's out in the face of an event can be positive or negative depending on his belief about the event. He could be very objective in his reaction if he/she is rational in his belief, but if he is irrational in his belief he would see the event as calamity or abuse on him.

It is on this premise that dependent personality disorder is believed to be caused by the individual's belief system, his self-talk or his internalized statement about the events of life. Cognitive theorists regard dependency as stemming from self-defeating thought patterns including; Helplessness – inducing automatic thoughts, reflexive thoughts that reflect the person's lack of self-confidence.

Negative self-statement, self-depreciating internal monologues in which dependent persons reaffirm their perceived lack of competence and skill. (Bernstein, & Nash, 2008)^[13]. In this regard two maladaptive attitudes have been identified by cognitive theorists as helping to produce and maintain this disorder.

I am inadequate and helpless to deal with the world.

I must find a person to provide protection so I can cope.

Such thinking prevents sufferers of DPD from making efforts to be autonomous.

Review of Empirical Studies

Brad (2008) investigated the unique contribution which motivational interviewing (MI) has on counseling outcomes and how MI compares with other interventions in chemical dependency, six research questions were posed and six null hypotheses formulated. A population of 119 and sample of 54 were used. The quasi-experimental design was adopted. The mean and standard deviation and ANOVA were used for data analyses. Targeted outcomes included substance use (tobacco, alcohol, drugs, and marijuana), health-related behaviours (diet, exercise, and safe sex), gambling, and engagement in treatment variables. Results showed that judged against the comparison groups, MI produced statistically significant, durable results in the small effects range (average $g = 0.28$). Judged against specific treatments, MI produced non-significant results (average $g = 0.09$). MI was robust across many moderators, although feedback (Motivational Enhancement Therapy [MET]), delivery time, manualization, delivery mode (group vs. individual), and ethnicity moderated outcomes. Conclusions: MI contributes to counseling efforts, and results are influenced by

participant and delivery factors. This study investigated the unique contribution which motivational interviewing (MI) has on counseling outcomes and how MI compares with other interventions, while the present one is on effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder.

Omenuko (2007)^[45] carried out a study on the use of Motivational Interview and related motivational enhancement therapies (METs) in the treatment of mental disorders, anxiety, depression, and eating disorders, and concurrent psychosis and substance use disorders. Seven research questions were posed and seven null hypotheses formulated. A quasi-experimental research design was adopted. The population was 891 while the sample was 44. The ANOVA was used for data analyses. Findings strongly support the continued investigation of MI and related methods for these populations in the designed clinical trials that examine not only the additive value of MI but also mechanisms underlying these effects and individual differences (moderators) indicating the need for MI. The reviewed study was carried out on the use of Motivational Interview and related motivational enhancement therapies (METs) in the treatment of anxiety, depression, and eating disorders, and concurrent psychosis and substance use disorders. It did not consider other therapies such as solution focus base and interpersonal therapies in the reduction of the disorders. In any case, the two are using Motivational Interviewing for the treatment of personality disorders.

Okoro (2013)^[42] carried out a study to evaluate the impact of nurse-led HHP, delivered by nurses compared to Motivational Interviewing (MI), delivered by trained therapists in group sessions or one-on-one on reduction of alcohol use in Enugu State. Five research questions were posed and five null hypotheses formulated. Quasi-experimental design was adopted. Questionnaires were used for data collection. Data analyses was done with the use of the mean and standard deviation as well as the ANOVA. Results showed that Self-reported alcohol use was reduced from a median of 90 drinks /month at baseline to 60 drinks/month at six month follow-up. A Wilcoxon sign-rank test indicated a significant reduction in alcohol use in the total sample ($p < .05$). In multiple logistic regression analysis controlling for alcohol consumption at baseline and other covariates, no differences by condition were found. In this study, the researcher concentrated on evaluating the impact of nurse-led HHP, delivered by nurses compared to Motivational Interviewing (MI), delivered by trained therapists in group sessions or one-on-one on reduction of alcohol use. The present researcher focuses on effects of, ptovatopma; interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. The two focus on reduction of personality disorders.

Anyanwu (2012)^[3] carried out a study on Assessment of the Diagnostic and Statistical Manual of Mental Disorders, using the Motivational Interviewing in Lagos State. Six research questions were posed and six null hypotheses formulated. The design of the study was quasi-experimental. Population was 348 while the sample was 44. Questionnaires were used for data collection. The ANOVA was used for data analyses. Using five-factor model (FFM) prototypes and counts has shown substantial promise, with a few exceptions. Miller, Reynolds, and Pilkonis suggested

that the expert-generated FFM dependent prototype might be mis-specified in relation to the DSM-IV because of the overemphasis of high Agreeableness and under-emphasis of low Conscientiousness in the experts' conception. A meta-analytic review of the relations between, the FFM facets and Dependent PD (DPD) was conducted and used to create a revised, empirically based FFM DPD profile and count. Results showed that the revised profile and count are more strongly correlated with DSM and non-DSM conceptualizations of maladaptive dependency. In addition, the revised FFM DPD profile was able to recreate the patterns of comorbidity typically found when using DSM-IV measures of DPD. Possible explanations for the discrepancy between the expert ratings and the meta-analytic results are offered. In this reviewed study, the researcher carried out a study on Assessment of the Diagnostic and Statistical Manual of Mental Disorders, but the present researcher is interested in investigating the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. The two are on reduction of personality disorders. Moreover, the reviewed study was done in Lagos while the present is being done in Imo State.

Amadi (2015)^[1] assessed the prevalence of substance use in people acutely admitted to in-patient psychiatric wards using MI in Rivers State. The aims of the study were to compare the effects of 2 sessions of motivational interviewing and treatment as usual (intervention group) with treatment as usual only (control group) on adult patients with comorbid substance use admitted to a psychiatric in-patient emergency unit. Ten research questions were posed and ten null hypotheses formulated. The design of the study was quasi-experimental. Rating scale was used for data collection. This was an open randomised controlled trial including 135 patients where substance use influenced the admittance. After admission and assessments, the patients are allocated to the intervention group (n=67) or the control group (n=68).

The primary outcome was self-reported days per month of substance use during the last 3 months at 3, 6, 12 and 24 months after inclusion. Data was analysed with a multilevel linear repeated measures regression model. Results showed that both groups reduced substance use during the first 12 months with no substantial difference between the 2 groups. At 2 year follow-up, the control group had increased their substance use with 2.4 days (95% confidence interval (CI) -1.5 to 6.3), whereas the intervention group had reduced their monthly substance use with 4.9 days (95% CI 1.2 to 8.6) compared to baseline. The 2 year net difference was 7.3 days of substance use per month (95% CI 1.9 to 12.6, $p < 0.01$) in favour of the intervention group. In this research, the researcher concentrated on assessing the prevalence of substance use in people acutely admitted to in-patient psychiatric wards using the MI, while the present researcher is focusing on ascertaining the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorders. It was carried out in Rivers State while the present is being done in Imo State.

Iwu and Ohia (2009) carried out a research to investigate the effects of SFT on dependent personality disorders in Abuja. Four research questions were posed and four null hypotheses formulated. Questionnaires were used for data

collection. They conducted a controlled pre- and post-test and follow-up study with 20 people with mild ID (MID) receiving SFT and 18 people with MID receiving care as usual (CAU). They expected that SFT could help people with MID with (1) reaching treatment goals; (2) improving quality of life (i.e. psychological and social functioning); (3) reducing maladaptive behaviour; and (4) increasing resilience (autonomy and social optimism). ANOVA was used for data analyses. Results: Two of the 20 clients terminated SFT prematurely. Most clients receiving SFT (13 of 18 clients) showed clinically relevant progressions (more than two points on a 1 to 10 scale) towards their treatment goals after SFT and at follow-up, an additional client showed clinically relevant progress (total of 14 of 18 clients). Directly after therapy, the SFT group performed statistically significantly better than the CAU group on psycho-logical functioning, social functioning, maladaptive behaviour, autonomy and social optimism. The effects sizes of these improvements they were medium to large. At 6 -the follow-up, the improvements in psychological functioning, social functioning and maladaptive behaviour in the treatment group they were still statistically significant compared with CAU, with medium to large effects sizes. Conclusions Although the study had limitations because of the short follow-up period and the non-random selection of participants, the statistically significant differences between the SFT and CAU groups and the medium to large effects sizes, indicate the potential effectiveness of SFT forer with MID. In this reviewed work, the researcher carried out a study to investigate the effects of SFT on dependent personality disorders. The present one is on the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. This study was carried out in Abuja while the present is being done in Imo State.

Onuoha (2015)^[46] studied the effects of changing language of intake procedures on solution-focused brief therapy and traditional intake procedures in Lagos. Six research questions were posed and six null hypotheses formulated. The design adopted was the quasi-experimental. A population of 7541 while the sample was 34. Questionnaires were used for data collection. This research tested the hypothesis that changing the language of intake procedures could be beneficial. Two randomized studies compared solution-focused brief therapy (SFT) intake procedures with traditional intake procedures. In Study 1, clients completed either a standard written intake form with problem -focused questions or an SFT Short Intake Form. Clients answering the solution-focused questions described significantly more solutions and significantly fewer problems than the comparison group. Study 2 compared an SFT intake interview with a DSM-based diagnostic intake interview. Clients in the SFT intake interview improved significantly on the Outcome Questionnaire (OQ) before their first therapy session, whereas those in the diagnostic intake did not. Results of both studies showed that intake procedures are not neutral information gathering and that strength-based questions have advantages. Using solution-focused language in intake procedures can change the information that clients provide and even lead to pre-treatment change. Both intake procedures are ready for adoption by practitioners.

This study was to establish the effects of changing language of intake procedures on solution-focused brief therapy and traditional intake procedures while the present one is to

establish the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. The designs are the same, but, they differ in geographical locations.

Eche (2014) ^[20] carried out a study to compare clients' assessment of two different counseling intake procedures used by clinicians using Solution Focus Base Therapy. Eight research questions were posed and six null hypotheses formulated. Population was 3551 while the sample was 46. Questionnaires were used for data collection. This study compared a Solution-Focused Brief Therapy (SFT) intake intervention with an intake intervention constructed from the Structured Clinical Interview for the DSM-IV Axis I Disorders (SCID-I). The SCID-I is one of the most widely used diagnostic interviews and reflects a "gold standard" in formulating accurate diagnoses. The SFT intake intervention developed for this study stands in stark contrast to the SCID-I and its primary objective, evaluation of the problem. Results showed that SFT is a strength-based model that maintains a positive and future-oriented focus. This model is deliberate in its focus on initiating and maintaining discussions of strengths, resources, and solutions as opposed to problems. In this study, the researcher set out to compare clients' assessment of two different counseling intake procedures used by clinical interview while the present researcher conducts a study to ascertain the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder.

Osuagwu and Nwagwu (2014) ^[47] studied the Effectiveness of iconic therapy for the reduction of borderline personality disorder symptoms among suicidal youth: Study protocol for a randomized controlled trial. Three research questions were posed and three null hypotheses formulated. The design was quasi-experimental. The rating scales were used for data collection. Data was analysed using generalised estimating equation (GEE) models. By responding to the need for briefer and more comprehensive therapies for BPD. Results showed that Iconic Therapy may provide an alternative treatment whose specific therapeutic principles, visually represented on icons, will overcome classical Structured Support Therapy at reducing BPD symptoms. In this study, the researcher studied the Effectiveness of iconic therapy for the reduction of borderline personality disorder symptoms among suicidal youth: Study protocol for a randomized controlled trial, but the present studies the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. In this study, data was analyzed using generalized estimating equation (GEE) models while the present is using ANOVA.

Roeden (2012) carried out a research on Solution-Focused Support of People with Intellectual Disabilities in Ebonyi State. Six research questions were posed and six null hypotheses formulated. A quasi-experimental design was used. Questionnaires were used for data collection. A sample of 54 was used. Mean and standard deviation as well as ANOVA were used for data analyses. This research draws on three sources of inspiration. First, the aim is to help improve the quality of life of people with ID. The second goal is to contribute to the development of good working relationships between people with ID and staff. A third aim relates to the employment of people with ID. Each of these facets are discussed in more detail Findings showed

that solution focused support was a significant improvement on people with intellectual disabilities. Roeden, in this study, carried out a research on Solution-Focused Support of People with Intellectual Disabilities, while the present focuses on motivational interviewing, solution base and interpersonal therapies in the reduction of dependent personality disorder. Roeden's study was carried out in Ebonyi while the present is being done in Imo State.

Livesley (2013) ^[34] carried out a study on Principles and Strategies for Treating Personality Disorder using SFBT in Benin, Nigeria. Five research questions were posed and five null hypotheses formulated. The design adopted was quasi-experimental design. Rating scales were used for data collection. Mean and standard deviation were used to answer the research questions while the ANOVA was used to test the hypotheses. This study proposes a systematic framework for treating personality disorder, based on research on the nature and origins of the disorder and treatment outcome. It adopts an eclectic approach that combines interventions from different therapeutic models and delivers them in an integrated and systematic manner. Coordination of multiple interventions is achieved by emphasizing the nonspecific component of therapy, especially the treatment frame and generic interventions. Results showed that specific interventions drawn from different treatment models, including medication, are built onto this foundation as needed to tailor treatment to the individual. Coordination and integration are also achieved by conceptualizing treatment as progressing through a series of phases, each addressing different problems with different specific interventions. Five phases are described: Safety, containment, regulation and control, exploration and change, and integration and synthesis. During the earlier phases, structured behavioural and cognitive interventions and medication predominate. Later in treatment, these interventions are supplemented with less structured psychodynamic, interpersonal, and constructionist strategies to explore and change maladaptive interpersonal patterns, cognitions, and traits and to forge a more integrated and adaptive self-structure or identity. This study was carried out a study on Principles and Strategies for Treating Personality Disorder, but the present is on effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorders. While this study was done in Benin, the present is being done in Imo State.

Robbinson (2012) carried out a study on the effectiveness of psychodynamic psychotherapies in Ebony State: An update. Six research questions were posed and six null hypotheses formulated. A quasi-experimental design was adopted. A population of 4551 and sample of 64 were used. The questionnaires were used for data collection while the mean and standard deviation and ANOVA were used for data collection. This study provides a comprehensive review of outcome studies and meta-analyses of effectiveness studies of psychodynamic therapy (PDT) for the major categories of mental disorders. Comparisons with inactive controls (waitlist, treatment as usual and placebo) generally but by no means invariably show PDT to be effective for depression, some anxiety disorders, eating disorders and somatic disorders. Findings showed that there was little evidence to support its implementation for post-traumatic stress disorder, obsessive-compulsive disorder, bulimia nervosa, cocaine dependence or psychosis. The strongest

current evidence base supports relatively long-term psychodynamic treatment of some personality disorders, particularly borderline personality disorder. Results showed that comparisons with active treatments rarely identify PDT as superior to control interventions and studies are generally not appropriately designed to provide tests of statistical equivalence. Studies that demonstrate inferiority of PDT to alternatives exist, but are small in number and often questionable in design. Reviews of the field appear to be subject to allegiance effects. In this study, Robinson carried out a study on the effectiveness of psychodynamic psychotherapies: An update. He did not consider motivational interviewing or interpersonal therapies as reduction of the dependent personality disorder. The reviewed study was conducted in Ebonyi state while the present is being done in Imo State.

Methodology

This study is a quasi-experimental research which adopted a pre-test treatment post-test control group design which was described by Vogt (2005) as a study where the researcher had no absolute control over the independent variable(s) being studied and the groups were assigned to the two groups. It involved a field experiment whereby the researcher manipulated motivational interviewing (MI), solution focus brief therapy (SFBT) and Interpersonal therapy (IPT) under a carefully controlled condition as the situation, demanded in the reduction of dependent personality disorder among secondary school adolescents.

Symbolic representation of the experimental design

Non-equivalent grp1 O₁ X₁ O₂ O₃

Non-equivalent grp2 O₁ X₂ O₂ O₃

Non-equivalent grp3 O₁ X₃ O₃ O₃

Non-equivalent grp4 O₁ X₄-O₂ O₃

Key:

None-equivalent grp –

O₁ – Pretest

X₁ – motivational interviewing

X₂ – solution focus therapy

X₃ – interpersonal therapy

X₄ – placebo (lateness to school abuse of cell phone and internet facilities)

O₂ – post test

O₃ – Follow up

-No treatment

The experimental groups which are MI, SFBT, IP and control formed the columns while the moderating variables (gender) consisting of males and females made up the rows. There was a further split of the three experimental groups into two groups on the basis of gender giving rise to eight (8) sub cells of six (6) treatment and two (2) control group the study adopted 3x2 design in which the treatment groups MI, SFT, IPT and the control group formed the row while the gender boys, and girls for the column.

The experimental design is therefore made up of eight cells namely:

- Motivational Interviewing (MI) (Boys)
- Motivational Interviewing (MI) (Girls)
- Solution Focus Brief Therapy (SFBT) (Boys)
- Solution Focus Brief Therapy (SFBT) (Girls)
- Interpersonal Therapy (IPT) (Boys)
- Interpersonal therapy (IPT) (Girls)
- Control Group (CG) (Boys)
- Control Group (CG) (Girls).

The groups were randomly assigned to give every member an equal opportunity of being out in any group. Six out of the eight groups received interviewing treatment while two groups received placebo treatment. They were kept busy with other activities different from the treatment packages in order to control their curiosity. The placebo treatments included lateness to school, abuse of cell phone and dangers of gay relationship.

The area of this study is Imo State which is one of the 36 states in Nigeria. Imo State is in the South-Eastern part of Nigeria. The area is bounded by the geopolitical zones of South-South in the south, North-Central and North-East Zone in the north. It is located approximately within latitude 4°45'N and 7°15'N of the equator and longitude 6°50'E and 7°25'E of the Meridian. It is made up of twenty-seven Local Government Areas which is divided into 6 educational zones namely; Okigwe education zones I and II, Orlu education zones I and II, and Owerri education zones I and II. The population of Imo State was estimated as 3,934,899 by NPC (2006) (<http://www.imostate>). Imo State is centrally located at the heart of some eastern and southern states. Majority of the citizens of Imo State live in the rural areas. Owerri, the state capital is the major town of the state, while few others are semi-urban. The state shares boundary with states like Anambra, Abia, and Rivers State. Education is seen as the biggest industry in the state. Within the last one or two decades, Imo was one of the states in the country, Nigeria described as educationally advantaged or advanced. The citizens therefore have positive attitude towards education and acquisition of knowledge. Many therefore, come to the state in search of education especially at the tertiary levels. In fact, one cannot talk about education inclined states in Nigeria, without mentioning Imo State.

The population of this study comprised of the SSI and SS2 students in Imo State Education Zones with Dependent Personality Disorders (DPD) numbering 470. Imo State has six education zones namely: Okigwe zones I and II, Orlu zones I and II and Owerri zones I and II with 290 secondary schools with the population of 94,412 students, 46,761 females and 47,651 males. Okigwe zones I and II have a total of 66 secondary schools. Orlu zones I and II have a total of 106 secondary schools while Owerri zones I and II have a total of 124 secondary schools. Source: SEMB 2017/2018 Zone Owerri Imo State.

Sample and Sample Technique

The sample size for this study was 56 participants, 28 males and 28 females. In selecting the sample size for the study, three sampling techniques was adopted,

They included balloting by replacement, purposive and cluster sampling. The schools to be used for the study were purposively selected. Four different schools were selected from Orlu Zone, Owerri Zone I and II and Okigwe Zone I. Each school served as an experimental group so as to avoid contamination effects that might arise from the subjects. The classes SS1 and SS2 were purposively selected also. The treatment techniques of MI, SFT and IPT as well as Control were randomized and assigned to the four selected schools. The identification of the potent participants for the study was done with the help of the SS1 and SS2 form teachers who were issued with Dependent Personality Disorder identification Questionnaire for Teachers (DPDIQT) (see Appendix II).

With their experiences and encounter over the years, they were able to rate the students appropriately using (DDIQT), thereby selecting students with the target behaviour. To confirm the teachers' selections, the researcher administered Dependent Personality Disorder Identification Questionnaire (DPDQ) (See Appendix IV). Any one that scored 50 and above was qualified as a potent participant for the study. In selecting the subjects for the study, the researcher took these measures, first the potent participants in each of the four schools were clustered along gender line for gender equity. Based on their scores on DDIQT the researcher selected the seven highest scoring dependent personality students from each gender cluster. This was made up of 14 participants comprising of 7 males and 7 females in each school totaling 56. The choice of fourteen participants per school is to have a manageable size which the researcher could always control in an experimental work of this nature. This was also in line with the principles of group counseling in terms of number which should not exceed fifteen.

Instruments for Data Collection

In collecting data for this study, 2 researcher - made instruments which the researcher designed from the list of characteristics of DPD outlined by Jacquelyn & MS (2013) were validated and used. They are;

- A. Dependent Personality Disorder Identification Questionnaire for Teachers (DPDIQT)
- B. Dependent Personality Disorder Questionnaire (DPDQ).

A. Dependent Personality Disorder Identification Questionnaire for Teachers (DPDIQT): This is a 20 item paper and pencil inventory which was designed by the researcher from the symptoms dependent disorder exhibited by students as pointed out by Bernstein, Useda, (2007), Bollini, Walker, (2007) Bornstein, (2007). They were handed over to the teachers who used them to rate the students' manifestation of dependent disorder based on their long term experiences of the students' behaviour. It thus provided the researcher with information on the students' status with regard to dependent disorder manifestation through their form teachers at pre-treatment stage.

This instrument was made up of two sections; A and B. section A elicited information on the students' biodata while section B comprising of 20 items elicited responses on the students' dependent disorder manifestations. The items were all negatively framed. The response mode was a four point scale of "most often" "often" "sometime of the times" and "rarely" quantified as 4, 3, 2, 1 respectively. A high score of 50-80 indicates dependent disorder manifestation. These scores were used by the teacher to nominate dependent disordered students at pretreatment stage. This indicated that only those who scored 50-80 were qualified for the researcher's confirmatory test.

B. Dependent Personality Disorder Questionnaire (DPDQ): This instrument is very much like DPDIQT. It was a researcher structured paper and pencil test. The researcher administered it only on the identified dependent disorder. This implies that it was only to be administered on those who scored from 50 to 80 in the DPDIQT. The scores derived for the test served to confirm the teacher's identification of the students. It also provided the baseline data for the participants. DPDQ comprises three sections,

namely A, B & C. Section A provided the participants' biodata while section B was concerned with the source of Dependent disorder experienced by the participants. Section C was made up of 20 dependent related items derived from literature. Some items were negatively framed while some were positively framed. A four point response scale of "most often" "often" "sometime of the times" and "rarely" also quantified as 4, 3, 2, 1 respectively was adopted here. Again, a score range of 50 and above served as indication of dependent disorder manifestation, in this manner, only those that scored 50 to 80 will become potent participants for the study. With this standards, scores between 20 to 49 indicated that the student did not manifest the rate of dependency within the operationalized dependency level the researcher requires for the study. The DPDIQT was reshuffled at the post-test session to create another version of same DPDQT to determine the efficacy of the three treatment packages to be administered on the students. The same was applicable at the case of follow-up session, the tests were again reshuffled in order to ascertain the extent of performance of the therapies employed in the study. There will be DPDIQT – A, DPDQ – B, DPDQ – C in all of same items.

Method of Data Analysis

The data collected from the pre and post-treatment as well as the follow-up, were statistically analyzed using the analysis of the co-variance (ANCOVA). Mean statistics was used to answer the research questions while ANCOVA was employed in testing hypothesis at 0.05 level of significance. The researcher's choice of ANCOVA was also motivated by its effectiveness in removing from the treatment those differences which could be linearly correlated with the covariate. It also adjusted the post-treatment, means from the differences between the four groups used in the experiment. ANCOVA therefore corrected the errors arising from the covariate (pre-test scores).

Bonferroni's test of pairwise comparisons was also used as a post hoc-analysis in situations where there are significant differences between the treatments. This was to find out where the significant differences and their relative effectiveness lie. This was for accurate statistical comparison between groups.

Results

Means and Standard Deviations of all the Participants Exposed to MIT, SFBT, IPT and Control Groups in the Pre- and Post-Treatment Administration.

Group	n	Pre-Treatment Administration		Post-Treatment Administration	
		\bar{X}	Std	\bar{X}	Std
MIT	14	66.00	8.74	39.57	3.93
SFBT	14	64.71	6.60	40.71	3.05
IPT	14	68.29	7.45	40.29	2.70
CG	14	66.36	5.14	65.57	4.65

Table 1 showed the mean and standard deviation scores on dependent personality disorder (DPD) of students exposed to motivational interviewing (MIT), solution focused based therapy (SFBT) and inter personal therapy (IPT) and of those in the control group in the pre and post treatment administration. The means response scores to dependent personality disorder (DPD) of the students in the MIT,

SFBT, IPT groups and of those in the control group in the pre-treatment administration are respectively 66.00, 64.71, 68.29 and 66.36, while their standard deviations respectively are 8.74, 6.60, 7.45 and 5.14. Also, the mean response scores to dependent personality disorder of students exposed to MIT, SFBT, IPT and of those in the control group are 39.57, 40.71, 40.29 and 65.57 respectively, while their respective standard deviations are 3.93, 3.05, 2.70 and 4.65 in the post treatment administration. The reduced mean rating scores in the post treatment administration indicates the reduction of the dependent personality disorder of the students as a result of MIT, SFBT and IPT treatments. This has therefore shown the effects of MIT, SFBT and IPT in the reduction of DPD.

Hypothesis One: The mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFBT), Inter Personal Therapy (IPT) and control in the pre and post treatment assessment do not differ significantly

Table 2: ANCOVA F-ratio for Test of Significance of the Differences between the Mean Rating Scores on Dependent Personality Disorder of Participants Exposed to MIT, SFBT, IPT and Control in the Pre- and Post-Treatment Administration

Tests of Between-Subjects Effects					
Dependent Variable: Post Treatment Admin					
Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	6840.999 ^a	8	855.125	63.701	.000
Intercept	776.625	1	776.625	57.853	.000
PreTreatmentAdmin	59.071	1	59.071	4.400	.041
Treatment	6775.386	3	2258.462	168.240	.000
Gender	.091	1	.091	.007	.935
Treatment * Gender	5.055	3	1.685	.126	.945
Error	630.929	47	13.424		
Total	128744.000	56			
Corrected Total	7471.929	55			

a. R Squared = .916 (Adjusted R Squared = .901)

Table 2 shows the ANCOVA F-ratio for test of significance of the difference in the mean response scores of the students exposed to MIT, SFBT, IPT treatments and those in the control group in the pre and post treatment administrations. Since the calculated F-ratio as indicated in the table is greater than the critical F-ratio (168.240 > 2.76) and p-value is less than the significance level of 0.05, the null hypothesis one is rejected. Hence, the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFBT), Inter Personal Therapy (IPT) and control in the pre and post treatment assessment differ significantly. Therefore this analysis revealed that students who were exposed to MIT, SFBT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced when compared to the mean response to DPD of their counterparts in the control group.

Research Question Two: What are the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to MIT and SFBT in the post treatment assessment?

Table 3: Differences in the Means and Standard Deviations of all the Participants Exposed to MIT and SFBT in the Pre- and Post-Treatment Administration

		Pre-Treatment Administration		Post-Treatment Administration	
Group	n	\bar{X}	Std	\bar{X}	Std
MIT	14	66.00	8.74	39.57	3.93
SFBT	14	64.71	6.60	40.71	3.05
Mean Differences		1.29	2.14	-1.14	0.88

Table 3 shows the mean and standard deviation rating scores on dependent personality disorder of students in the MIT and SFBT groups in the pre and post treatment administration. The mean rating scores of the students in MIT and SFBT groups in the pre-treatment administration are respectively 66.00 and 64.71, while their respective standard deviations are 8.74 and 6.60. The mean difference in the pre-treatment administration is 1.29. This mean difference was taken care of by ANCOVA and the students mean scores which served as the covariate for ANOVA was made equal. Similarly, the mean response to MIT and SFBT in the post-treatment administration are respectively 39.57 and 40.71, while their respective standard deviations are 3.93 and 3.05. The mean difference between MIT and SFBT is -1.14. This indicates that the mean response to DPD of the students exposed to MIT reduced more than the mean response to SFBT of the students exposed to SFBT in the post treatment administration.

Hypothesis Two: The mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to MIT and SFBT in the post treatment assessment do not differ significantly

Discussion of Findings

The result of the study showed differences in the pre-treatment administration results of the students in the MI, SFT, IPT and the control groups. These differences provided basis on which it could be assumed that both the treatments and control groups had an equivalent entry dependent personality disorder (DPD) at the commencement of the treatment. The ANCOVA F-ratio was used to make these entry scores equal, such that it could be assumed that the students in the four groups had equal dependent personality disorder.

The findings of the study revealed that the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MI), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the pre and post treatment assessment differ significantly. The students who were exposed to MI, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced at posttest when compared to the mean response to DPD of their counterparts in the control group. The results of this study found that MI, SFT and IPT counselling techniques are significantly effective in the treatment of DPD among students. The mean rating score of the students in the control group did not reduce from its initial value in pre-treatment

administration. This means that the significant difference observed in the test of hypothesis one was as a result of the treatments effects. This is in line with the findings of Okoro (2013)^[42] and Iwu and Ohia (2009) who found significant improvement in the DPD symptoms of the students.

The study further revealed that there is no significant difference in the mean scores of students exposed to MI and the mean scores of those exposed to SFT. This means that the two treatment techniques are equally effective in the treatment of DPD among students. The overall result revealed that SFT was more effective than MI but the test of hypothesis showed that this difference was not significant. The students in the MI and SFT had equal significant improvement (reduction) on students dependent personality disorder (DPD). This shows that both MI and SFT can be used to treat students with dependent personality disorder among secondary school students. These findings are contrary to the findings of Anyanwu (2012)^[3] who found that students exposed to MI had their DPD problem reduced more than those exposed to SFT.

The study in its findings also revealed that the mean rating scores on dependent personality disorder of all the students in the MI and IPT in the pre and post treatment administration do not differ significantly. The mean difference showed that the mean scores of the students in IPT group was higher in the post-treatment administration than that of the students in the MI group. This indicates that MI had more effects in reducing the dependent personality disorder (DPD) of the students after treatment. However, the test hypothesis revealed that this mean difference was not significant and as such can be ignored. Hence, one can say that MI and IPT had equal improvement (reduction) on students' dependent personality disorder (DPD). These findings are in line with the findings of Anyanwu (2012)^[3] and Amadi (2015)^[1] who found that MI and IPT had equal effects on students' disorder.

Recommendations

The following recommendations have been proffered based on the findings and implications of the study.

1. There is need for school counselors to undergo some training on behaviour modification therapies based on motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT) through workshops, seminars and conferences which the government can assist in organizing.
2. School guidance counselors should recognize that gender is not a significant factor in the manifestation of dependent personality disorder among students and therefore should not be biased in planning treatment programme for the students in secondary schools.
3. Curriculum planners, educational psychologists, and guidance counselors should plan a programme of intervention based on the principles of motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT).
4. There is need to identify DPD victims early for modification based on motivational interviewing (MI) solution focused therapy (SFT) and interpersonal therapy (IPT).
5. School guidance counselors should feel free to employ any of the behaviour modification therapies (motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT))

in the treatment some behaviour disorders in the school since their effects did not differ significantly.

Summary and Conclusion

The researcher investigated the effects of Motivational Interviewing, Solution Focus Based and interpersonal Therapies on the Dependent Personality Disorder among senior secondary students. The main purpose of this study is to determine the effects of Motivational Interviewing, Solution Focus Based and interpersonal Therapies on the Dependent Personality Disorder among senior secondary students. The researcher posed seven research questions and formulated seven hypotheses to guide the study.

The researcher reviewed literatures under the subheading major concepts of the study, theoretical framework and review of empirical studies. The major concepts reviewed are personality disorder, dependent personality disorder, associated conditions of dependent personality disorder, effects of dependent personality disorder in adolescents, solution focused brief therapy, motivational interviewing therapy, principles of motivational interviewing, interpersonal therapy, adolescence, social transition in adolescence, common problems in adolescents and gender. The theoretical framework focused on the following theories; the psycho-dynamic theory; the cognitive theory; the humanist theory; and behaviourist theory.

The study adopted quasi experimental research which will adopt a pre-test treatment post-test control group design. The area of the study is Imo State of Nigeria. The population of the study is 419 senior secondary school students in the area of the study. The sample size for this study was 56 subjects, 28 males and 28 females. The three sampling techniques adopted are balloting by replacement, purposive and cluster sampling. The instruments used for data collection are Dependent Disorder Identification Questionnaire for Teachers (DPDIQT) and Dependent Disorder Identification Questionnaire (DPDQ) developed by the researcher. The instruments were validated by two specialists in Guidance and Counseling and three specialists in Measurement and Evaluation. The reliability coefficients of 0.78 & 0.810 were obtained for DPDIQT and DPDQ respectively using Cronbach alpha technique. The research questions were answered using mean and standard deviations, while the hypotheses were tested using ANCOVA F-ratio at 0.05 level of significance.

The major findings of the study are: The mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the pre and post treatment assessment differ significantly. The students who were exposed to MIT, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced when compared to the mean response to DPD of their counterparts in the control group; there is no significant difference in the mean score of students exposed to MIT and the mean score of those exposed to SFT. This means that the two treatment techniques are equally effective in the treatment of DPD among students; the mean rating scores on dependent personality disorder of all the students in the MIT and IPT in the pre and post treatment administration do not differ significantly; there is no significant difference in the mean score of students exposed to SFT and the mean score of those exposed to IPT.

This means that SFT and IPT treatment techniques are equally effective in the treatment of DPD among students; the mean rating scores on Dependent Personality Disorder (DPD) of the male and female participants exposed to MIT, SFT, IPT and control in the Pre and post treatment assessment do not differ significantly; the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the post treatment and follow-up assessment differ significantly. Therefore this analysis revealed that students who were exposed to MIT, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced further in the follow-up administration when compared to the mean response to DPD of their counterparts in the control group; the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the post treatment and follow-up assessment do not differ significantly.

Based on the findings of the study, the researcher made the following recommendations. There is need for school counselors to undergo some training on behaviour modification based on motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT) through workshops, seminars and conferences which the government can assist in organizing; school guidance counselors should recognize that gender is not a significant factor in the manifestation of dependent personality disorder among students and therefore should not be biased in planning treatment programme for the students in secondary schools; curriculum planners, educational psychologists, and guidance counselors should plan a programme of intervention based on the principles of motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT); school guidance counselors should feel free to employ any of the behaviour modification therapies (motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT) in the treatment some behaviour disorders in the school since their effects did not differ significantly.

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