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THE EFFECTIVENESS OF IQ, BEHAVIORAL AND PSYCHOLOGICAL THERAPIES ON ADOLESCENT AGGRESSION IN SECONDARY SCHOOLS IN TARABA STATE, NIGERIA

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Abstract
This study aimed to investigate the impact of IQ, Behavioral, and Psychological Therapies on Adolescent Aggressiveness within Secondary Schools in Taraba State, Nigeria. The study focuses on the complex phase of adolescence marked by identity conflicts and external influences such as parental methods, socioeconomic status, religious views, and peer impact, all of which lead to violent behavior. Using a quasi-experimental approach with a factorial framework, the study includes independent variables (behavior treatment, social learning therapy, socioeconomic status, parenting styles) as well as the dependent variable (aggressiveness). Samples of 280 adolescents from secondary schools in Taraba state were randomly chosen from the population. The design involves cognitive restructuring and behavioral rehearsal treatments, with gender, socio-economic status, and parenting styles. Research hypotheses were evaluated at a significance level of 0.05. Data were analyzed using both descriptive and inferential statistical approaches. The results reveal a substantial variance in levels of aggression. The findings highlight the impact of parenting styles and socio-economic status on aggression. Aggression does not differ significantly by gender, parental socioeconomic level, parenting methods, age, educational background, or length of stay in correctional facilities. A recommendation was provided to develop intervention schemes customized to the specific needs of adolescents across various age ranges, taking into account the observed clustering of participants.

Keywords: Behavioral, Aggression, Adolescent, Secondary School.

INTRODUCTION

Adolescence is a critical developmental period characterized by considerable physical, emotional, and social changes. This time is frequently associated with themes such as identity building, creating peer relationships, and promoting independence. Aggression can sometimes be an inefficient coping style in reaction to adolescent pressures and uncertainty. Young people facing such issues may exhibit disruptive and violent conduct while attempting to comply with society norms (Steinberg, 2018). While behavioral issues are usual during development, persistent aggression becomes a worry when it infringes the rights of others, contradicts established behavioral norms, and disrupts the individual's or family's everyday routines (Goldberg, 2012). The phrase "adolescence" comes from the Latin word adolescere, which means development or maturity (Oladele, 1994; Martins, Carlson, and Buskist, 2007). Adolescence is defined differently by psychologists, with some referring to it as the transitory period between infancy and maturity, while others highlight the physical, mental, and social changes that occur throughout this era. This transition covers both biological and social elements, ranging from puberty to the commencement of adulthood, which normally occurs between the ages of 10 and 19, according to the World Health Organization (WHO, 2018).

Berk (2017) opined that adolescence is characterized by bodily growth as well as changes in psychological and social functioning. Proficient emotional regulation is critical throughout this period, which includes meeting social demands while mitigating negative emotional effects on attitudes, actions, and physical well-being. Emotional management entails taking a reasonable approach to social situations and controlling improper emotions . At the heart of teenage growth is the ability to regulate emotions effectively, including handling social expectations and negotiating emotional challenges. While some misbehavior is common as teenagers explore boundaries and establish their independence, continuous aggressiveness without regret or empathy suggests underlying mental distress (Pruitt, 2000). Such conduct can be triggered by a variety of emotions, including annoyance, disappointment, or worry, posing issues for both the individual and their support network. Adolescent well-being is critical for society's future success since unresolved behavioral difficulties can continue into adulthood, potentially leading to long-term mental health concerns (Richard, 2008). Furthermore, adolescents with behavioral problems have an impact not only on themselves and their local surroundings, but also on wider society issues such as violence and criminal conduct.

To solve these challenges, Nigerian authorities have built facilities such as Rehabilitation Centers, Approved Schools, and Juvenile Courts to treat adolescent behavioral disorders. However, simply enrolling in these institutions is insufficient in addressing the fundamental causes of aggressiveness. Counseling-based therapeutic treatments have an important role in developing personal accountability, academic accomplishment, and constructive social participation among adolescents (Aderanti and Hassan, 2011). Cognitive restructuring, self-regulation, and value-added approaches have been shown to be effective in regulating disruptive behaviors and fostering positive outcomes. Given this environment, the purpose of this study was to investigate the effects of IQ, behavioral, and psychological therapy on aggressiveness among adolescents in secondary schools in Taraba State. This research

endeavor aims to contribute to the development of evidence-based methods for promoting healthy adolescent development in Nigeria by researching the efficacy of counseling approaches in treating aggressiveness.

Objectives

This study seeks to evaluate the influence of IQ, behavioral, and psychological therapy on aggression levels among secondary school students in Taraba State. Thus, the objectives include:

1. Analyze the distinctions between respondents exposed to cognitive behavior, behavioral therapy and general psychological well-being among Secondary School in Taraba State.
2. Examine how gender, parental socioeconomic status and parental life style impact adolescent aggressiveness in Secondary school in Taraba State.

Research Questions

Given the circumstances, the study proposes the following hypotheses:

1. What differences exist between cognitive behavior therapy, behavioral therapy and general psychological well-being among Secondary School in Taraba State?
2. To what extent do gender, parental socioeconomic status and parental life style affect the effectiveness of cognitive behavior and behavioral therapies in managing adolescent aggressiveness in Secondary School in Taraba State?

Research Hypothesis

The following null research hypotheses were tested in this study:

Hypothesis one: There is no significant difference on the efficacy of cognitive behavior therapy against behavioral therapy in treating aggressiveness among secondary school students in Taraba State.

Hypothesis two: There is no significant difference of gender, parental socioeconomic status and parental life style in the management of adolescent aggressiveness among respondents in secondary schools in Taraba state.

Theoretical Framework

Cognitive Behaviour Therapy (CBT): psychologists Aaron Beck and Albert Ellis pioneered in the 1960s (Gale Encyclopedia of Medicine, 2008). It is a significant psychotherapy perspective that integrates cognitive and behavioral theories of human behavior to address difficulties such as normal and abnormal development, emotion, and psychopathology (Jellesma, 2020). CBT emphasizes the 'now and now' and breaking down overwhelming situations into manageable parts thoughts, emotions, bodily feelings, and actions. Individuals adopt problematic thought and behavior patterns throughout time,

according to the treatment, and understanding these patterns can lead to good adjustments (Brown & Iyengar, 2008).

Psychosocial Theory: Erik Erikson devised the psychosexual phases, which outline eight stages of human development from infancy to late adulthood. The fifth stage, Identity vs. Role Confusion, is especially important throughout adolescence since it marks the shift from childhood to adulthood. This stage entails developing an identity in the face of societal expectations, and its resolution helps to faithfulness and a healthy sense of self (Kail & Cavanaugh, 2004; Wright, 1982).

Social Learning Theory: Albert Bandura's notion, that aggressiveness is learnt via observation, contradicts the innate aggression concept. Live models, spoken instructions, or symbolic representations can all be used to facilitate observational learning (Anderson, 2004; Sincero, 2012). The General Aggressiveness Model (GAM) broadens the social learning viewpoint by highlighting environmental and personal elements that influence aggressiveness (Robert, Nyla, & Donn, 2009).

Behavioural Rehearsal: a social learning theory strategy that includes introducing individuals to new behavioral patterns via demonstrations and role play in order to remediate maladaptive behaviors learnt from incorrect models or vicarious reinforcement (Davidson & John, 1994).

Methodology

The research design involves a quasi-experimental approach with a factorial framework. The study's population consists of 66,984 adolescents from 281 secondary schools. The sample size is 280 selected purposively. Instruments include the Socio-Economic Scale and Parenting Style Scale. The data will be analyzed using descriptive statistics (frequency counts, percentage and measures of central tendency) and inferential statistics (ANOVA, regression analysis, and t-test). The one-way ANOVA tests hypotheses related to aggression prominence, parental socioeconomic status, and the effects of behavioral and psychological therapies. Regression analysis explores the difference in parental parenting styles among adolescents with aggression. The hypotheses are tested at a 0.05 significance level.

Results

1) Demographic Data

This section presents the description of the participants of the study in frequency counts and percentages.

Table 1: Distribution of Participants by Sex.

Sex	Frequency	(%)
Male	140	50
Female	140	50
Total	**280**	**100**

Source: Field survey 2024

Table 1 indicates that one hundred and forty (140) were male constituting fifty percent (50%) and the same numbers of female participants were involved, all being a total of 280 participants

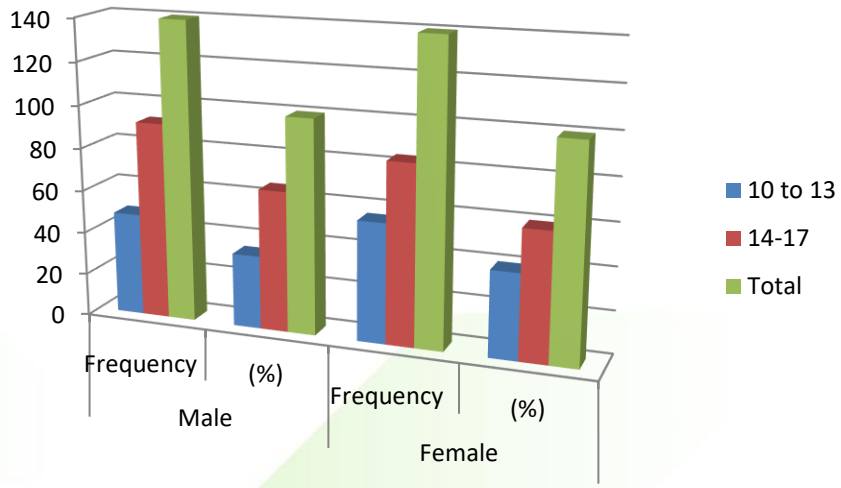

Figure 1: Distribution of Participants Age by Sex

The age distribution of participants is shown in figure 1, 10 to 13-year-olds: There were 104 participants, accounting for 37.14% of the sample. 14-17 year old age group, There were 176 participants, accounting for 62.86% of the sample. The chart shows that a sizable fraction of participants are between the ages of 14 and 17. Gender-specific analysis reveals: Females (10-13 years): 24 participants, accounting for 53.3% of the total. Males (10-13 years): 34 participants (75.6%), demonstrating a larger male participation in this age group. The statistics show a significant concentration of individuals aged 14 to 17. It also shows a larger male presence among participants aged 10-13 when compared to females in the same age range. For a complete understanding of the gender distribution in this category, more information on boys aged 14-17 is required.

Table 2: Participants' Educational Level Variation by Sex.

Educational Level	**Male**		**Female**		**Total**	
	Frequency	(%)	Frequency	(%)	Frequency	(%)
JSS 1-3	69	49.29	81	57.86	150	53.57
SSS 1	31	22.14	24	17.14	55	19.64
SSS 2 -3	40	28.57	35	25.00	75	26.79
Total	**140**	**100**	**140**	**100**	**280**	**100**

Source: Field survey 2024

In Table 2, a gender distribution study finds significant differences across educational levels. Specifically: JSS 1-3: 81 female participants, accounting for 57.86% of the total. There were 69 male participants, accounting for 49.29% of the total. Senior Secondary School 1: 31 male

participants, accounting for 22.14% of the total. There were 24 female participants, accounting for 17.14% of the total, and Senior Secondary School 2-3: 40 male participants, accounting for 28.57% of the total. 35 women participated, accounting for 25.00% of the total.

The data highlights gender differences in educational attainment. Junior Secondary School 1-3 has a larger proportion of female students than male students. In Senior Secondary School 1, the tendency reverses, with more boys than females enrolling. Similarly, male students outweigh female students at Senior Secondary School 2-3. These data offer insight on gender distribution throughout educational levels, suggesting variances that may deserve additional inquiry into variables influencing gender ratios at each school level

Table 3: Participants' Levels of Aggression

Inept Behavior	**1st Level**		**2nd Level**		**3rd Level**		**4th Level**	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Aggression	121	43.21	143	50.36	55	19.64	90	32.14
Hostility	84	30.00	76	27.14	172	61.43	92	32.86
Rule Violation	75	26.79	63	22.50	53	18.93	98	35.00
Total	**280**	**100**	**280**	**100**	**280**	**100**	**280**	**100**

Source: Field survey 2024

The information presented in Table 3 offers valuable insights into the distribution of levels of aggressiveness among adolescents in secondary schools. It is crucial to highlight that while aggressiveness emerged as the most common concern, there were instances where particular individuals exhibited different mental health conditions, underscoring the intricate nature of challenges faced by adolescents. The data delineates a specific category consisting of adolescents who exhibited varying degrees or levels of aggressive conduct (143 participants, 50.36%). The substantial representation within this group signifies the prevalence of violent behaviors within the community under investigation. A notable percentage of the participants demonstrated hostility (76 participants, 27.14%), characterized by feelings of unfriendliness, anger, or opposition. This indicates that, in addition to general aggressiveness, a significant portion manifested behaviors associated with hostility. The combined display of hostility and aggressiveness (92 participants, 32.86%) by nearly one-third of the participants suggests a simultaneous occurrence of these two behavior types in a considerable number of individuals, possibly pointing towards a more intricate manifestation of mental health issues. Another considerable cluster exhibited aggression without concomitant hostility (90 participants, 32.14%). This distinction underscores the diverse nature of aggressive behaviors, which can manifest in various forms and degrees. Interestingly, no instances of deceit or theft activities were reported by any individuals, as indicated in the table. This absence may shed light on specific issues or conditions that were not prevalent among the studied population. To conclude, Table 3 emphasizes not only the pervasiveness of aggression but also the nuanced complexity of mental health issues among adolescents. The categorization of distinct

behaviors aids in a more comprehensive understanding of the challenges faced by this cohort, paving the way for targeted interventions and support services.

Table 4: Participants' Parenting Style and Aggression

Parenting Style	Degree of Aggression						Total	
	Mild		Moderate		Severe			
	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Authoritative	75	69.44	88	57.14	10	55.56	173	61.79
Authoritarian	16	14.82	38	24.68	5	27.78	59	21.07
Permissive	17	15.74	28	18.18	3	16.67	48	17.14
Total	**108**	**100**	**154**	**100**	**18**	**100**	**280**	**100**

Table 4 presents a cross-tabulation depicting the parenting styles of participants alongside their diverse levels of aggression. It is noteworthy that the authoritarian parenting style emerges as the predominant type across all three aggression levels. For instance, in the category of Mild Aggression, 75 participants (69.44%) adhere to an authoritative parenting style, whereas 16 participants (14.82%) lean towards an authoritarian approach, and 17 participants (15.74%) opt for permissive parenting styles. Moving on to Moderate Aggression Severity, we observe that the authoritarian parenting style is favored by 88 participants, constituting 57.14% of the total, while 38 participants (24.68%) adhere to authoritarian parenting, and 28 participants (18.18%) follow a permissive style. As for Severe Aggression, the authoritarian parenting style is favored by 10 participants (55.56%), authoritarian parenting by 5 participants (20.78%), and permissive parenting by 3 participants (1.67%). The data indicates that the authoritative parenting style consistently attracts the highest number of participants across all aggression levels. Those with authoritative parenting tend to demonstrate mild aggressiveness in majority, and they constitute the largest portion of individuals with moderate to severe aggression. Conversely, participants with authoritarian and permissive parenting styles display varying degrees of aggressiveness, with the authoritarian style being prominently represented in moderate aggression and the permissive style in mild and severe aggression. This research provides insights into the correlation between parenting approaches and the level of hostility exhibited by participants.

Table 5: Participants' Parental Socioeconomic Status and Aggression by Sex.

Sex	Socio-Economic Status	Degree of Aggression			Total
		Mild	Moderate	Severe	
Male	Low	23	15	2	40
	Medium	65	16	0	71
	High	17	2	0	19
	Total	**105**	**33**	**2**	**140**
Female	Low	37	8	1	46
	Medium	59	25	1	85
	High	1	8	0	9
	Total	**97**	**41**	**2**	**140**

Table 5 examines the correlation between the participants' aggressive behavior and their parental socioeconomic status and gender. Male participants originated from affluent households in 19 cases (13.57%), while female participants resided in high socioeconomic status residences in 9 instances (6.23%). It is noteworthy that the majority of male participants, specifically 71 individuals (50.74%), hailed from a moderate socioeconomic background. Conversely, 40 male participants (28.57%) had poor socioeconomic backgrounds, whereas 46 female participants (32.86%) fell into this category. As per the results, 85 participants (60.71%) were affiliated with households possessing a moderate socioeconomic standing. The data in Table 5 discloses that 40 participants belonged to low socioeconomic status households, 71 to moderate socioeconomic status households, and 19 to high socioeconomic status households. Upon assessing the aggression levels of individuals from impoverished backgrounds, it was found that 23 individuals exhibited mild aggression, 15 showed moderate levels of aggression, and 2 demonstrated severe violent behavior. The highest occurrences of mild (65) and moderate (16) aggression were observed among individuals hailing from middle socioeconomic class households.

Research Hypothesis

Hypothesis one: There is no significant difference on the efficacy of cognitive behavior therapy against behavioral therapy in treating aggressiveness among secondary school students in Taraba State.

Table 6: Analysis of Variance of Cognitive Behavior Therapy against Behavioral Therapy in treating Aggressiveness among Secondary School Students in Taraba State.

Source of Variation	Sum of Squares	Mean Squares	F Value	F Critical	Sig.
Between Groups	4876.822	2333.411	48.712	3.89	0.05
Within Group	4964.333	60.150			

Table 6 shows the findings of an ANOVA comparing the efficacy of Cognitive Behavior Therapy (CBT) and Behavioral Therapy (BT) in treating aggression among secondary school students in Taraba State. This identifies the causes of variability in the data. The sum of squares measures the overall variance within each group. The value for "Between Groups" is 4876.822, whereas Within Group is 4964.333.The Mean Squares represents the average variance within each group. The value for between groups is 2333.411, whereas the value for "within group" is 60.150. In this situation, the F value is 48.712. This is the critical value of F as determined by the F-distribution table for a certain significance level and degrees of freedom. It helps to establish if the resulting F value is statistically significant. The F critical value is 3.89 at a significance level of 0.05 and with the provided degrees of freedom. The F value of 48.712 is more than the critical F value of 3.89, showing a significant difference in the means of the two therapy groups (CBT and BT) for treating aggressiveness in secondary school students. The significance level of 0.05 implies that the probability of achieving such a result by chance is less than 5%, which is typically regarded as statistically significant.

Based on these findings, we can conclude that Cognitive Behavior Therapy and Behavioral Therapy are statistically significant in terms of their effectiveness in treating aggression among secondary school students in Taraba State. This is analogous to Martin's (2020) results in In-depth: Cognitive Behavioral Therap.

Hypothesis Two: There is no significant difference of gender, parental socioeconomic status and parental life style in the management of adolescent aggressiveness among respondents in secondary schools in Taraba state.

Table 7: Analysis of Variance (ANOVA) of Participants Gender, Parental Socioeconomic Status and Parental Life Style in the Management of Adolescent Aggressiveness among respondents in Secondary Schools in Taraba state.

Source	Sum of Squares	Mean Square	F-V	F Critical	Sig.
Between	172.515	85.758	1.298	4.24	0.310
Within	1617.851	59.920			

Table 7 presents the findings of an analysis of variance (ANOVA) that looked at the influence of participants' gender, parental socioeconomic position, and parental lifestyle on the management of adolescent aggression among secondary school students in Taraba State. This indicates the sources of variation in the data. Sum of Squares represents the total variation within each group. For Between, it's 172.515, and for "Within," it's 1617.851. Mean Squares is the average variation within each group. For "Between," it's 85.758, and for "Within," it's 59.920. The F value of 1.298 is less than the critical F value of 4.24, indicating that there is no significant difference between the groups in terms of participant gender, parental socioeconomic status, and parental lifestyle in managing adolescent aggressiveness among Taraba State secondary school respondents. The significance level of 0.310 is higher than the standard threshold of 0.05, indicating that the findings are not statistically significant. As a result of these findings, we accept the null hypothesis, indicating that participants' gender, parental socioeconomic status, and parental lifestyle have no significant effect on the management of adolescent aggressiveness among Taraba State secondary school respondents. This is comparable to the findings of Mohammad *et al.* (2016) on cognitive behavioral therapy for the treatment of adult obesity.

Discussion

This paper presents the findings of studies on adolescent's aggressiveness in secondary schools in Taraba State. The key findings include:

Age distribution analysis showed that the majority of participants were between 14 and 17 years old, representing 62.86% of the sample. In particular, gender differences showed that male participation was higher in the 10-13 age groups. Differences in educational attainment by gender: Analysis of educational attainment reveals gender differences across academic

levels. Females predominate in JSS 1-3 and males outnumber females in SSS 1 and SSS 2-3. This indicates the need to study the factors affecting gender relations at different levels of education.

Levels of aggression: Table 3 provides an overview of the prevalence of levels of aggression among adolescents. It is important to note that a significant proportion displayed hostility and aggression, demonstrating a complex picture of mental health problems. The lack of reported cheating or theft indicates a specific problem or disease that is not common in the study population.

Parenting style and aggression: Table 4 shows the relationship between parenting style and level of aggression. Authoritarian parenting style consistently showed the highest expression across all levels of aggression. This indicates a relationship between parenting style and the intensity of hostility between participants. Parental Socioeconomic Status and Gender Aggression: shows the relationship between socioeconomic status, gender and parental aggression. Although the majority of male participants came from middle-class backgrounds, the socioeconomic status of female participants was more diverse. Analysis reveals subtle relationships between socioeconomic status, gender, and levels of aggression.

Analysis of variance for treatment-exposed participants (research hypothesis one): Table 6 shows significant differences in IQ, behavior, and aggressive treatment outcomes for participants exposed to psychotherapy compared to the control group. Rejection of the hypothesis suggests that these treatments have differential effects

Analysis of variance for aggression treatment by gender, parental socioeconomic position, and parental lifestyle (research hypothesis two): Table 7 shows that there were no significant differences in aggression treatment by gender, parental socioeconomic position, and parental lifestyle.

Contribution to Knowledge

The paper presents the findings of many studies on adolescents aggressiveness in secondary schools. The key findings include.

i. This study provides insight into the intersection of gender and educational level. The disparate gender rates in schools highlight the need for targeted interventions at all educational stages.
ii. A detailed analysis of levels of aggression, including hostility and cooperative aggression, will enrich our understanding of the complex nature of adolescent mental health problems. It provides insight into specific problems that may not be present in study subjects without certain behaviors, such as cheating or stealing.
iii. Research on parenting style and its association with levels of aggression adds to our growing knowledge of the role of family dynamics in adolescent behavior. The consistent association of authoritarian parenting style with the greatest representation suggests the importance of specific parenting approaches in promoting or reinforcing adolescent aggression.

iv. Examining the relationship between parental socioeconomic status, gender, and aggression may provide insights. Understanding how these factors intersect can provide a more complete picture of the challenges adolescent face.
v. This study found significant differences in IQ, behavior, and aggressive treatment outcomes between participants exposed to psychotherapy compared to a control group. By rejecting the hypothesis of no differences, this study contributes to the understanding of the differential effects of these treatments on adolescent aggression.
vi. This study contributes to a broader knowledge base on youth aggression by providing a clearer understanding of the multifaceted nature of youth aggression, identifying contributing factors, and providing insights for tailored interventions and further research.

Recommendations

Based on the results presented in the study on adolescent aggressiveness, the following recommendations are made:

i. Develop intervention programs that are tailored to the specific needs of adolescents in different age groups, considering the observed concentration of participants in the 14-17 age range.
ii. Design gender-specific strategies, particularly addressing the higher male participation to promote healthy behavior and prevent aggression.
iii. Implement school-based initiatives that address the intersection of gender and educational levels. Consider targeted interventions to create a supportive environment for both male and female students across different academic stages.
iv. Launch parental education programs to raise awareness about the impact of parenting styles on adolescent behavior. Emphasize the benefits of authoritative parenting in fostering positive outcomes and mitigating aggression.
v. Design socioeconomic support programs that recognize the diverse socioeconomic backgrounds of participants. Provide resources and assistance to families with low and medium socioeconomic status to address potential contributing factors to aggression.
vi. Establish comprehensive mental health services in schools and communities to address the multifaceted nature of adolescent mental health challenges. Offer counselling and support services that acknowledge the co-occurrence of hostility and aggression, providing tailored interventions for different manifestations of mental health issues.
vii. Explore further the differential impacts of IQ, behavioral, and psychological therapies on aggression. Conduct additional research to identify specific components of each therapy that contribute to positive outcomes.
viii. Encourage active parental involvement in therapeutic interventions. Collaborate with parents to ensure a consistent and supportive environment at home, reinforcing the positive effects of treatment. Engage with the community to raise awareness about adolescent mental health issues and reduce the stigma associated with seeking help. Foster open communication to promote a supportive community environment

ix. Advocate for policies that support mental health awareness and interventions in schools. Collaborate with educational authorities to integrate mental health education into school curricula.

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