



Effectiveness of Cognitive Restructuring Therapy on Bullying Behaviour among Secondary School Students in Kwara State

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ABSTRACT

This study examined the effectiveness of cognitive restructuring therapy in reducing bullying behavior among secondary school students in Kwara State. Employing a quasi-experimental design with pre-test and post-test control groups, the research aimed to evaluate the impact of the intervention. The study involved two schools for the experimental groups and one school for the control group, with data collected using the Bullying Behaviour Scale (BBS). Results revealed no significant differences in pre-test scores between the experimental and control groups, ensuring baseline equivalence. Following the intervention, a significant reduction in bullying behavior was observed in the experimental group, evidenced by a notable difference between their pre-test and post-test scores. Conversely, the control group showed no significant changes in bullying behavior, highlighting the effectiveness of cognitive restructuring therapy. The findings underscore the potential of cognitive restructuring as a targeted intervention for addressing bullying behaviors in schools. Based on the results, the study recommends that educational stakeholders, particularly guidance counselors, incorporate cognitive restructuring techniques into school-based intervention programs to create a safer and more supportive learning environment. These findings contribute to the growing evidence supporting cognitive-behavioral strategies in addressing bullying and fostering positive student interactions.

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1. INTRODUCTION

A fundamental prerequisite for effective teaching and learning in schools is the creation of a safe and inclusive environment that fosters a sense of belonging, high self-esteem, and self-actualization. Schools, as agents of socialization, must provide serene and supportive spaces where students can learn without fear or discomfort. When classrooms and school premises are perceived as unsafe due to bullying—whether verbal, physical, or relational—the learning process and academic success of students are significantly disrupted. Bullying, a precipitating factor of abnormal behavior, is particularly prevalent among adolescents in schools and requires urgent attention from principals, parents, teachers, and other stakeholders.

Adolescence is a critical developmental stage marked by significant physical, psychological, and social changes. During this period, adolescents are prone to maladaptive behaviors, with bullying being one of the most prevalent issues in secondary schools. Many bullying tendencies are unconsciously learned through exposure to media such as movies and social platforms, often without awareness of their consequences. Bullying can be defined as repeated aggressive behavior—physical, verbal, or relational—exhibited by individuals in positions of power to harm or instill fear in victims (Anifowose, 2021). Common forms include physical aggression such as hitting and kicking, verbal abuse such as name-calling and threats, relational aggression such as social exclusion and rumor-spreading, and cyber aggression involving harmful text messages or emails (Cook et al., 2010; Waasdorp & Bradshaw, 2015). These behaviors are characterized by an intentional imbalance of power, often driven by motives such as a desire for dominance or social recognition.

Bullying is recognized as a global problem with severe implications. Research indicates that the prevalence of victimization among children and adolescents worldwide ranges from 10% to 25% (Antalitis et al., 2009). Annually, approximately 50% of children aged 2 to 17 experience some form of physical or mental violence (Chinweuba & Frank, 2023). In Nigeria, bullying is alarmingly prevalent among students. In Anambra State, for instance, 76.81% of lower basic school teachers and 92.50% of upper basic school teachers identified bullying as a disruptive issue (Ettu, 2012). Similarly, in Ondo State, 27.5% of secondary school students reported being bullied, while 42.3% admitted to bullying others (Owuamanam & Makinwa, 2015). In Kwara State, violence, including bullying, has been a persistent problem among secondary school students since 2003 (Abdullahi et al., 2016).

The consequences of bullying are severe for both victims and perpetrators. Victims often experience emotional distress, low self-esteem, decreased academic performance, and long-term mental health issues such as anxiety and depression (Juvonen & Graham, 2014; Matheson et al., 2015). Conversely, bullies are at increased risk of engaging in high-risk behaviors, including substance abuse, delinquency, and crime, and may develop personality disorders or suicidal tendencies (Gomez-Baya et al., 2022; Gunn & Goldstein, 2017). Children who are bullied frequently exhibit school avoidance, fear, and poor academic performance, with long-term repercussions on mental health into adulthood (Mbadugha et al., 2019).

Addressing bullying requires interventions targeting the cognitive and emotional processes underlying these behaviors. Cognitive Restructuring Therapy (CRT) is a therapeutic approach that identifies, challenges, and modifies maladaptive thought patterns. This therapy is based on the premise that thoughts influence emotions and behaviors and aims to replace irrational beliefs with constructive ones to promote positive behavioral changes (Aminu & Abdullahi, 2020). CRT has demonstrated effectiveness in reducing aggressive tendencies, improving

emotional regulation, and enhancing self-efficacy and coping strategies (Franzoi et al., 2022; Mitsea et al., 2023).

Empirical studies highlight the efficacy of CRT in addressing bullying. For instance, significant reductions in bullying behaviors were observed among students who underwent CRT interventions, with experimental groups consistently outperforming control groups (Aliero et al., 2023). Another study emphasized the reliability of CRT in mitigating bullying behaviors in secondary schools (Bass et al., 2022; Ekwelundu et al., 2022). Despite these findings, bullying remains prevalent in private secondary schools in Kwara State, and existing interventions have proven inadequate. Researchers have documented alarming cases of retaliatory bullying, underscoring the urgent need for evidence-based interventions tailored to this context.

Although previous studies validate the effectiveness of CRT in addressing bullying, its application in private secondary schools in Kwara State remains unexplored. This gap highlights the necessity of research focusing on the socio-educational dynamics specific to the state. By addressing this gap, this study aims to provide practical insights for educational stakeholders and foster a safer and more inclusive learning environment. The purpose of this study is to investigate the effectiveness of Cognitive Restructuring Therapy in reducing the propensity for bullying behavior among secondary school students in Kwara State. This effort aims to directly benefit students affected by bullying while promoting a healthier and more inclusive educational environment for all.

2. METHODOLOGY

2.1 Research Design

This study employed a quasi-experimental design, deemed appropriate for addressing human behavior, which often precludes complete randomization and control of variables. Specifically, a pre-test and post-test control group design was utilized, involving one experimental group and one control group. This design enabled the researcher to measure the effect of the intervention on the experimental group in comparison to the control group. The experimental group received Cognitive Restructuring Therapy (CRT) training packages, while the control group did not receive any intervention. This approach facilitated a thorough evaluation of CRT's effectiveness in reducing bullying behavior among secondary school students in Kwara State.

2.2 Data Collection Technique

The study involved a sample of 40 participants, selected from a pool of 48 Senior Secondary School 1 students across two schools in Kwara State. Simple random sampling was employed to ensure fair representation. Data were collected using the Bullying Behavior Scale (BBS), adapted from Goncalves, which has a Cronbach's Alpha reliability index of 0.87 (Gonçalves et al., 2016). The BBS was administered during the initial stage to identify students exhibiting bullying behavior as well as victims of bullying. The identified participants were then distributed equally, with 20 students assigned to the experimental group and 20 to the control group. The researcher directly administered the instrument to ensure consistency and accuracy in the data collection process. Senior Secondary School 1 students were specifically chosen due to their maturity level, making them suitable for the intervention, while their transitional behavioral tendencies in a relatively new school environment made them ideal subjects for the study.

2.3 Data Analysis Technique

Data collected from the pre-test and post-test were analyzed using both descriptive and inferential statistical techniques. Descriptive statistics, such as mean and standard deviation, were employed to summarize and compare bullying behavior scores between the groups. Inferential statistics, including paired t-tests and independent sample t-tests, were utilized to assess the significance of differences in bullying behavior within and between the experimental and control groups before and after the intervention. This analytical approach provided a comprehensive understanding of the impact of CRT on reducing bullying behavior, allowing for well-substantiated conclusions regarding the intervention's.

3. RESULT AND DISCUSSION

3.1 Result

This study aimed to investigate the effectiveness of Cognitive Restructuring Therapy (CRT) in reducing bullying behavior among secondary school students in Kwara State. The results of the study are presented through the comparison of pre-test and post-test scores between the experimental and control groups to evaluate the impact of the intervention. The analysis focused on identifying whether the intervention led to significant changes in bullying behavior within and between the groups.

Table 1. Pre-Test Scores of Experimental and Control Groups

| Variable | No | Mean | Std. | df | t.cal | Sig | P |
|-------------|----|-------|------|----|-------|------|----|
| Pretest Exp | 10 | 11.20 | 1.40 | 18 | 0.55 | 0.06 | NS |
| Pretest Con | 10 | 10.90 | 0.99 | | | | |

NS (Not significant at 0.05 central region).

Table 1 presents the comparison of pre-test scores between the experimental and control groups. The mean score of the experimental group was 11.20, with a standard deviation of 1.40, while the control group had a mean score of 10.90 and a standard deviation of 0.99. The calculated t-value was 0.55, with a degree of freedom of 18 and a significance level of 0.06. Since the significance level (0.06) is greater than 0.05, the results indicate no statistically significant difference between the pre-test scores of the experimental and control groups. This finding confirms the equivalence of the two groups at the start of the study, ensuring that any observed changes can be attributed to the intervention rather than pre-existing differences.

Table 2. Pre-Test and Post-Test Scores of the Experimental Group

| Variable | No | Mean | Std. | df | t.cal | Sig | P |
|--------------|----|-------|------|----|-------|-----|----|
| Pre-test Exp | 10 | 36.40 | 4.12 | 18 | 19.05 | 000 | ** |
| Posttest Exp | 10 | 10.90 | 0.99 | | | | |

S (significant at 0.05 central region)

Table 2 illustrates the comparison between pre-test and post-test scores within the experimental group. The mean pre-test score was 10.00, with a standard deviation of 3.64, while the mean post-test score increased to 19.05, with a standard deviation of 4.12. The calculated t-value was 19.05, with a degree of freedom of 18 and a significance level of 0.00. Since the significance level (0.00) is less than 0.05, the results indicate a statistically significant improvement in the post-test scores of the experimental group. This demonstrates the effectiveness of Cognitive Restructuring Therapy (CRT) in reducing bullying behavior among students in the experimental group.

Table 3. T- test Showing The Difference in the Pre-Test and Posttest Observation of the Control Group.

| Variable | No | Mean | Std. Deviation | df | t.cal | Sig | P |
|--------------|----|-------|----------------|----|-------|------|---|
| Pretest Con | 10 | 10.90 | 0.99 | 18 | 0.55 | 0.06 | |
| Posttest Con | 10 | 11.20 | 1.40 | | | | |

NS (Not significant at 0.05 central region).

Table 3 presents the comparison of pre-test and post-test scores within the control group. The mean pre-test score was 10.90, with a standard deviation of 0.99, while the post-test score had a mean of 11.20 and a standard deviation of 1.40. The calculated t-value was 0.55, with a degree of freedom of 18 and a significance level of 0.06. Since the significance level (0.06) is greater than 0.05, there is no statistically significant difference between the pre-test and post-test scores of the control group. This indicates that without intervention, there was no substantial change in bullying behavior among the control group students.

Table 4. T- test Showing the Difference in the Posttest Experimental and Post Control Groups

| Variable | No | Mean | Std. Deviation | df | t.cal | Sig | P |
|--------------|----|-------|----------------|----|-------|------|----|
| Posttest Exp | 10 | 36.40 | 4.12 | 18 | 19.05 | 0.00 | ** |
| Posttest Con | 10 | 10.90 | 0.99 | | | | |

S (significant at 0.05 central region)

Table 4 compares the post-test scores of the experimental and control groups. The experimental group achieved a mean post-test score of 36.40, with a standard deviation of 4.12, while the control group recorded a mean score of 10.90 and a standard deviation of 0.99. The calculated t-value was 19.05, with a degree of freedom of 18 and a significance level of 0.00. Since the significance level (0.00) is less than 0.05, the results indicate a statistically significant difference between the post-test scores of the experimental and control groups. This finding demonstrates that Cognitive Restructuring Therapy (CRT) was effective in reducing bullying behavior among students in the experimental group.

3.2 Discussion

The findings of this study confirm the effectiveness of Cognitive Restructuring Therapy (CRT) in addressing bullying behavior among secondary school students in Kwara State. The

intervention resulted in significant improvements within the experimental group, demonstrating CRT's efficacy in modifying maladaptive behaviors rooted in irrational thought patterns.

Before the intervention, pre-test scores in the experimental group revealed a high prevalence of bullying behavior, comparable to that of the control group. This similarity in pre-test scores ensured that post-test differences could be attributed to the CRT intervention rather than pre-existing disparities. After CRT was applied, the experimental group exhibited a substantial reduction in bullying behavior, as reflected in their post-test scores. This significant improvement contrasts sharply with the control group, which showed no meaningful changes between pre-test and post-test assessments. These findings align with earlier research, which emphasizes the effectiveness of cognitive-behavioral techniques in mitigating aggressive tendencies among adolescents (Chinweuba & Frank, 2023; Kordnoghi et al., 2019).

The results of this study further validate the efficacy of Cognitive Restructuring Therapy (CRT) as an intervention for reducing bullying behavior in adolescents. CRT's emphasis on identifying and modifying irrational thoughts enables individuals to develop healthier cognitive frameworks, which, in turn, influence their emotions and behaviors. This mechanism is particularly effective in addressing bullying, a behavior often rooted in distorted beliefs about power, control, and social dominance. By challenging these beliefs, CRT fosters the development of empathy, self-regulation, and constructive social interactions, which are essential for reducing aggression and promoting positive peer relationships.

The stark contrast between the experimental and control groups highlights the limitations of traditional disciplinary approaches in managing bullying behavior. While conventional strategies often focus on punitive measures or surface-level behavioral management, CRT addresses the underlying cognitive and emotional drivers of aggression. This makes CRT not only an effective intervention for immediate behavioral change but also a preventive tool for fostering long-term personal growth and emotional resilience. These findings align with the broader literature on cognitive-behavioral interventions, which consistently demonstrate their ability to reduce aggressive tendencies and enhance psychological well-being among adolescents (Ghorbani et al., 2020; Matthys & Schutter, 2021).

The success of CRT in this study can be attributed to its focus on altering distorted cognitive processes that drive bullying behavior. By restructuring irrational thoughts and fostering healthier perspectives, CRT enabled participants in the experimental group to regulate their emotions more effectively and adopt prosocial behaviors. These findings support the theoretical foundations of CRT, which emphasize the influence of cognitive patterns on emotional and behavioral outcomes (Engin, 2021; Hollon & Beck, 1994). Existing literature corroborates this, with studies demonstrating CRT's effectiveness in addressing a wide range of maladaptive behaviors (Butler et al., 2006; Dobson, 2010).

The absence of significant changes in the control group further highlights the necessity of targeted interventions like CRT. Despite sharing the same school environment, participants in the control group who did not receive CRT continued to exhibit bullying behavior, reinforcing the need for structured therapeutic approaches. Similar findings have been reported in previous research, which observed marked differences in bullying behavior between experimental and control groups following the implementation of cognitive restructuring counseling techniques (Aliero et al., 2023; Gaffney et al., 2021).

These findings have important implications for educators, school administrators, and policymakers. First, the effectiveness of CRT in reducing bullying underscores the need to

integrate it into school counseling programs. Adolescents, being in a developmental stage characterized by heightened emotional sensitivity and susceptibility to peer influence, benefit from interventions like CRT, which equip them with constructive coping strategies (Cook et al., 2010). By fostering a safer and more inclusive school environment, CRT contributes to positive student development.

Second, training school counselors in CRT techniques is essential to enhance their capacity to address not only bullying but also related challenges such as anxiety, low self-esteem, and interpersonal conflicts. These skills empower counselors to offer targeted support and foster resilience among students. Additionally, the findings emphasize the importance of early intervention. Addressing bullying behavior at its onset can prevent escalation and its associated consequences, including poor academic performance, long-term mental health issues, and, in severe cases, suicidal tendencies (Mehta et al., 2021; Toda, 2016). Early intervention is critical to promoting individual well-being and achieving broader educational goals.

4. CONCLUSION

This study concludes that bullying behavior is prevalent among adolescents, particularly in Kwara State, and has significant adverse effects on individuals, families, and society at large. The application of Cognitive Restructuring Therapy (CRT) proved to be an effective intervention for reducing bullying behaviors by addressing the underlying irrational thought patterns that drive these behaviors. The findings highlight the importance of structured counseling interventions in educational settings to mitigate the negative consequences of bullying, such as emotional distress, poor academic performance, and long-term mental health challenges. This research underscores the need for parents to monitor the media consumption of their children and for educational stakeholders to prioritize proactive measures, including counseling programs and seminars, to educate students on the repercussions of bullying and the importance of emotional regulation.

The implications of this research extend to the development of targeted counseling programs that integrate CRT as a core technique for addressing deviant behaviors. School counselors are encouraged to incorporate both individual and group counseling sessions focused on self-regulation, anger management, and critical media literacy to help students develop healthier coping mechanisms. Beyond schools, community organizations and policymakers should collaborate to design and implement broader counseling initiatives aimed at fostering resilience and promoting mental health among adolescents.

Future research should explore the long-term effects of CRT on bullying behavior across diverse socio-cultural contexts and examine its applicability to other forms of maladaptive behaviors. Additionally, further studies could investigate the integration of CRT with digital and multimedia tools to enhance accessibility and effectiveness in addressing bullying and other related challenges among adolescents.

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