EFFECT OF COGNITIVE RESTRUCTURING ON DELINQUENT BEHAVIOUR AMONG ADOLESCENTS IN BORSTAL TRAINING INSTITUTE, BARNAWA, KADUNA STATE, NIGERIA

BY

Bahago Theophilus ANYIO,

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING
FACULTY OF EDUCATION AHMADU BELLO UNIVERSITY,

ZARIA.

AUGUST, 2015

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BY

Bahago Theophilus ANYIO, B.Sc. (Ed.) GEOGRAPHY (ABU)
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A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE STUDIES, AHMADU BELLO UNIVERSITY, ZARIA IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A MASTER DEGREE IN EDUCATIONAL PSYCHOLOGY,

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY AND COUNSELLING, FACULTY OF EDUCATION,

AHMADU BELLO UNIVERSITY,

ZARIA.

AUGUST, 2015

DECLARATION

I declare that this thesis titled; The Effect of Cognitive Restructuring on Delinquent Behaviour among Adolescents in Borstal Training Institute, Barnawa, Kaduna has been carried out by me in the Department of Educational Psychology and Counselling and to the best of my knowledge has not been produced and presented for the award of a degree or diploma at this or any other institution. All quotations and citation made in the work has been fully acknowledged in the reference pages.

Sign_____ _____

Bahago Theophilus ANYIO Date

CERTIFICATION

This thesis entitled; Effect of Cognitive Restructuring on Delinquent Behaviour among Adolescents in Borstal Training Institute, Barnawa, Kaduna meets the requirements governing the award of degree of masters of Education Psychology (M.Ed. Educational Psychology) of the Ahmadu Bello University, and is approved for its contribution to knowledge and literacy presentation.

_____ _____

Dr. Aisha Mohammad Date
Chairman, supervisory committee

_____ _____

Dr. Hadiza Tukur Date
Member, supervisory committee

_____ _____

Prof. Musa Balarabe Date
Head of Department (HOD)

_____ _____

Prof. K. Bala Date
Dean, Post graduate school

DEDICATION

This study is dedicated to my parents; Mr. & Mrs. Stephen K. Anyio and my Beloved wife; Mrs. Agatha Theophilus Anyio for their enduring love and support. I love you all.

ABSTRACT

This study investigated the effect of cognitive restructuring on Delinquent Behaviour among adolescents in Borstal training Institute, Barnawa, Kaduna State, Nigeria. The study employed a quasi experimental, non-equivalent control group, pre-test-post-test design. The population of the study was 364 inmates out of which 40 inmates were purposively sampled and used for the study. The instruments used for Data Collection was Conduct Disorder Scale (CDS) and Inmates Therapeutic Technique Questionnaire (ITTQ). Research question and hypotheses were analysed using mean, standard deviation and t-test. These hypotheses where drawn for this study and the findings reveal that significant difference exist between those in the experimental and control group in their aggressive (P=0.05, t=1.96), Hostility (P=0.30, t=1.96) and theft delinquent behaviour (P=0.000, t=1.96) after exposure to cognitive restructuring treatment technique respectively. It was recommended among others that psychologist and those in the helping profession be encouraged to use cognitive restructuring technique to serve as corrective measures for delinquent adolescents. The study will serve as a reference point for parents, teachers, owners of delinquent homes and the government.

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TABLE OF CONTENTS

		Page
Title Page	- - - - - - - - -	i
Declaration	- - - - - - - - -	ii
Certification	- - - - - - - - -	iii
Dedication	- - - - - - - - -	iv
Abstract	- - - - - - - - -	v
Acknowledgement	- - - - - - - - -	vi
Table of contents	- - - - - - - - -	vii
List of table	- - - - - - - - -	xi
Operational definition of terms	- - - - - -	xii

CHAPTER ONE: INTRODUCTION

1.1	Background to the study - - - - - -	1
1.2	Statement of the problem - - - - - -	3
1.3	Objectives of the study - - - - - -	5
1.4	Research Questions - - - - - - -	5
1 .5	Research Hypotheses - - - - - - -	6
1.6	Basic Assumptions - - - - - - -	6
1.7	Significance of the study - - - - - -	6
1.8	Scope and Delimitation - - - - - -	8

CHAPTER TWO: REVIEW OF RELATED LITERATURE

2.1	Introduction - - - - - - - -	9
2.2	Conceptual Framework - - - - - -	9

2.2.1 Concept of Adolescence - - - - - - 9
2.2.2 Nature and Types of Offences Committed by Adolescent - - 12
2.2.3 Causes of Adolescent behaviour - - - - - 16
2.2.4 Concept of Delinquent Behaviour - - - - - 28
2.2.5 Common behaviour associated with delinquent behaviour - - 29
2.3 The Borstal Training Institute - - - - - - 37
2.3.1 Objectives of the Institution - - - - - - 38
2.3.2 The Procedure for Admission - - - - - - 39
2.3.3 The History of Remand Institutions - - - - - 39
2.4 Cognitive Restructuring - - - - - - 42
2.4.1 Elements of Cognitive Restructuring - - - - - 50
2.4.2 Some Contradictions of Cognitive Restructuring - - - 51
2.5 Theoretical Frame Work - - - - - - 52
2.5.1 Aaron Beck Cognitive Delinquent Theory - - - - 52
2.5.2 Erik Erikson's Psychosocial Theory -- - - - - 54
2.5.3 Sigmund Freud's Psychoanalytic Theory - - - - 56
2.5.4 Carl Rogers Humanistic Theory - - - - 58
2.5.5 Social Learning Theory - - - - - - 61
2.6 Response to Treatment - - - - - - 63
2.7 Review of Related Studies - - - - - - 65
2.8 Summary - - - - - - - - 76

CHAPTER THREE: METHODOLOGY

3.1 Introduction - - - - - - - - 78
3.2 Research design - - - - - - - 78

3.3 Population - - - - - - - - 79

3.4 Sample and sampling technique - - - - - 79

3.5 Control of Intervening Variables -- - - - - 80

3.6 Treatment Procedures - - - - - - - - 81

3.6.1 Pre-treatment Sessions - - - - - - - 82

3.6.2 Treatment Sessions - - - - - - - - 82

3.6.3 The Control Groups - - - - - - - - 83

3.7 Instrumentation - - - - - - - - 84

3.7.1 Validity of the instruments - - - - - - 84

3.7.2 Reliability of Instrument - - - - - - 85

3.8 Procedure for data collection. - - - - - - 86

3.9 Cognitive Restructuring Treatment Sessions - - - - 86

3.10 Procedure for data Analysis - - - - - - 98

CHAPTER FOUR: RESULTS AND DISCUSSION

4.1 Introduction - - - - - - - - 99

4.2 Data presentation - - - - - - - - 99

4.3 Answers to research questions - - - - - 103

4.4 Testing of Research Hypotheses - - - - - 105

4.5 Summary of major findings - - - - - - 109

4.6 Discussion of findings - - - - - - 109

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction - - - - - - - - 112

5.2 Summary - - - - - - - - 112

5.3 Conclusion - - - - - - - - 113

5.4 Recommendations - - - - - - - 113

5.5 Suggestions for further studies - - - - - 115

References - - - - - - - - 116

Appendices A - - - - - - - - 124

Appendix B - - - - - - - - 131

Appendix C - - - - - - - - 137

Appendix D - - - - - - - - 149

LIST OF TABLES

Table 4.2.1: Distribution of inmates by their treatment groups - - 99

Table 4.3.1 Descriptive mean statistics on difference in the effect of cognitive restructuring on Aggression behaviour among adolescents exposed to the treatment (experimental) and those in the control group 103

Table 4.3.2 Descriptive mean statistics on difference in the effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment (experimental) and those in the control group. - 104

Table 4.3.3 Descriptive mean statistics on difference in the effect of cognitive restructuring on Theft behaviour among adolescents exposed to the treatment (experimental) and those in the control group - 105

Table 4.4.1: paired sample t-test statistics on the difference between Protest and post test scores on Aggressive behaviour among adolescents exposed to the treatment of cognitive restructuring. - - - - 106

Table 4.4.2: paired sample t test statistics on the difference between Pretest and post test scores on Hostility behaviour among adolescents exposed to the treatment of cognitive restructuring. - - - - 107

Table 4.4.3: paired sample t test statistics on the difference between Pretest and post test scores on theft behaviour among adolescents exposed to the treatment of cognitive restructuring. - - - - - 108

treatment of cognitive restructuring. - - - - - 116

Operational Definition of Terms

In this study, the following terms were operationally defined as follows:

Adolescence: This is the period of life ranging from ages 16-21 during which individuals make the development transition from childhood to adulthood

Delinquent Behaviour: This is a problem characterized by a consistent pattern of harming others or their property, or breaking major accepted rules or standard of behaviour.

Cognitive Restructuring: Refers to the process of replacing cognitive distortions with thoughts that are more accurate and useful

Aggression behaviour: This refers to a range of behaviour that can resulting both physical and psychological harm to oneself, others or objects in the environment.

Theft behaviour: This is the felonious taking and removing of personal property with intent to deprive the rightful owner of it

Hostility behaviour: This refers to an adolescent who is verbally abusive and unfriendly to others in threatening.

Borstal training institute: This is an institution I which young deviants are kept to bring bear every good influence which may establish in the adolescents that will to lead a good and useful life on discharge.

CHAPTER ONE

INTRODUCTION

1.1 Background to the Study

Delinquent behaviour is a serious problem that occurs in adolescence. Adolescents with this behaviour may display a pattern of disruptive and violent behaviour and have problems following rules (Hinshaw & Lee, 2003). It is not uncommon for adolescents to have delinquent-related problems at some time during their development. However, the behaviour is considered to be a delinquent when it is long-lasting and when it violates the rights of others, when it goes against accepted norms of behaviour and disrupts the child's or family's everyday life (Hinshaw & Lee, 2003; Goldberg, 2012)

It is also noted that an adolescent progresses through stages of biological development as well as changes in psychological and social functioning. Developing proper emotions and controlling them is very essential during adolescence. Meeting social demands as well as eliminating the damaging effects of the emotions on attitudes, habits, behaviour and physical well-being, as well as control of emotions, is essential. Control does not mean repression but learning to approach a social situation with a rational attitude and repression of those emotions which are socially unacceptable.

When an individual reaches adolescence, he/she knows what type of behaviour is expected of him or her and which behaviour are unacceptable. Adolescents however misbehave from time to time for a variety of reasons. Perhaps, they feel that they need to assert their own independence or they wish to test the limits imposed on them. Sometimes, adolescents misbehave because they are experiencing internal distress, anger, frustration, disappointment, anxiety, or hopelessness. There are also those whose

behaviour is consistently of concern to others. In such cases, the adolescents‘ behaviouris clearly outside the range of what is considered normal or acceptable. Perhaps, most alarming is that many of them show little remorse, guilt, or understanding of the damage and pain inflicted on people by their delinquent (Pruitt, 2000).

The future of any nation is largely determined by the well-being of adolescents. Dealing with adolescents has always been a challenge for both parents and helping professionals. Delinquent behaviours typically develop in childhood and adolescence. While some delinquent issues may be normal, those who have delinquent behaviours develop chronic patterns of aggression, defiance, open refusal to laws or regulations, disruption and hostility. Adolescents‘delinquents can cause problems at home or school and can interfere with relationships. Adolescents with behaviour problem may develop personality behaviours, depression, or bipolar behaviour as adults (Richard-Harrington, 2008).

Adolescents‘delinquent behaviour may include: lying, smoking, use of alcohol and or drugs, involvement in early sexual activity, skipping school and having higher than average risk of suicide. Adolescents may also have other mental, emotional or delinquent behaviours like attention-deficit hyperactivity behaviour (ADHD), oppositional defiant behaviour (ODD) among others (Hinshaw & Lee, 2003; American Academy of Child and Adolescent Psychiatry, 2010).

Delinquent as one of the major constructs in this study is a problem characterised by a consistent pattern of harming others or their property, or breaking major accepted rules or standards of behaviour. Individuals must be developmentally able to understand and follow the standards of delinquent in order to be considered as having delinquent behaviour (Evans, 2012). According to APA (2000), delinquent behaviour is defined as a repetitive and persistent pattern of delinquent that violates the rights of others or in which

major age-appropriate societal norms or rules are violated. The symptoms of the behaviour fall into four main subscales or dimensions: aggression to people and animals, destruction of property, deceitfulness, and serious violation of rules (Frick & Nigg, 2012). Frick, Stickle, Dandreaux, Farrell & Kimonis (2005) are of the opinion that delinquent is an important psychiatric behaviour for a number of reasons which are closely related to criminal and violent delinquent that is associated with problems in adjustment across the lifespan.

Adolescents with delinquent often view the world as a hostile and threatening place (Evans, 2012). Friends and family members become upset with their misdelinquent and become more irritated when they do not show remorse or guilt over their actions (Evans, 2012). Based on the mentioned causes of delinquent behaviour, it is obvious that adolescents with delinquent behaviours will not just hurt themselves but also hurt others. Parents, caregivers and society at large report cases of adolescent delinquent or delinquent behaviour to juvenile courts, remand or correctional homes or centres but these measures are not sufficient in correcting delinquent behaviour. Different psychological interventions like cognitive restructuring, thought-stopping, self management, reinforcement, punishment, modelling and family therapy are some of the measures put in place by professional counsellors and psychologists to treat or correct delinquent (Obalowo, 2004; Edelson, 2004; Aderanti & Hassan, 2011).

In this study, cognitive restructuring is the treatment intervention to be used.

1.2 Statement of the Problem

Many rapid and turbulent changes in contemporary living have brought adolescents face to face with problems and decisions, and conditions over which adolescents and their parents have little or no control and which have made growing up today vastly different from that of ancient times. Oniyama & Oniyama (2001) reported

that social, emotional and psychological problems plague the Nigerian adolescents due to neglect from parents or caregivers, coupled with the desire for independence by the adolescents which they hardly have access to. Inability of parents or caregivers to fit into the world of the adolescents gets the latter frustrated, unhappy and they eventually develop inappropriate behaviour which cause problems to themselves and the larger society. During childhood, children are dependent on their parents because of their lack of experience and submissive nature while parents protect and direct them, but when adolescence is reached, these roles change. Adolescents seek individuality, try to assert their independence while parents on the other hand resist the latter‘s autonomy. The struggle between parents and adolescents for these changes often leads to disobedience, arguments, conflicts and rebellion on the part of the adolescents especially when they are forcefully brought under adult control.

Nigerian students with delinquent behaviour engage in deviant behaviour such as aggression, peer cruelty, fighting, bullying or threatening others, rioting, stealing, truancy, substance abuse, raping, smoking, lateness, violation of rules and regulations, vandalization of school properties, among other things. It was also reported that the prevalence of delinquent behaviour among Nigerian adolescents has increased in the last three years in terms of frequency of recorded delinquent crimes and the number of adolescents involved.

Adolescents with delinquent behaviour not only affect themselves, their families and schools negatively but also the society at large. Increase in adolescents‘ delinquent behaviour has led to a leap in chaos, behaviourliness, destruction of lives and property, armed robbery, terrorist activities, kidnapping, oil bunkering, and many more evils. The Nigerian government established Remand Homes (now Special Correctional Centres), Approved Schools and Juvenile Courts to address these delinquent behaviours in

adolescents but mere admission of the latter is not sufficient to reduce or eradicate the delinquent behaviour. For adolescents with delinquent behaviour to be helped, there is, therefore, the need to expose them to counselling interventions in order for them to become responsible individuals to themselves and their parents, good students at school and worthy ambassadors of the nation as a whole. Various delinquent modification techniques like cognitive restructuring, self management and token economy among others have been used to treat rebelliousness, behaviourliness, depression, anxiety, gambling, attention deficit hyperactivity behaviour and other disruptive delinquents.

It is in the light of this persistence wrong doing of our adolescents that this studies therefore will investigate the ways in which cognitive restructuring is effective to reform and rehabilitate the adolescents remanded in custody

1.3 Objectives of the study

The main objectives of this study are:

1) To determine the effect of Cognitive restructuring on aggressive behaviour among adolescents exposed to the treatment and those in the control group.
2) To determine the effect of cognitive restructuring on hostility behaviour and those in the control group
3) To determine the effect of cognitive restructuring on theft behaviour among adolescents exposed to the treatment and those in the control group.

1.4 Research Questions

In the light of the above, the following research questions were raised:

1. What is the effect of cognitive restructuring on aggressive behaviour among adolescents exposed to the treatment and those in the control group?
2. What is the effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment and those in the control group?

3. What is the effect of cognitive restructuring on theft behaviour among adolescents exposed to the treatment and those in the control group?

1.5 Research Hypotheses.

From the above questions, the following null hypotheses will be tested.

1. There is no significant difference in the effect of cognitive restructuring on aggressive behaviour among adolescents exposed to the treatment and those in the control group.
2. There is no significant difference in the effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment and those in the control group.
3. There is no significant difference in the effect of cognitive restructuring on theft behaviour among adolescents exposed to the treatment and those in the control group.

1.6 Basic Assumptions

1. It is assumed that cognitive restructuring would be effective in the treatment of delinquent behaviour in Borstal training institute Barnawa, Kaduna.
2. It is assumed that there is difference in the effect of cognitive restructuring in aggression behaviour, hostility behabiour and theft behaviour.

1.7 Significance of the Study

The knowledge and research on cognitive restructuring can serve as a useful tool to clinicians, teachers, and the community in that it will enable them to understand the origin and spread of delinquent in order to provide preventions, interventions and treatment programmes. This study will benefit practicing and upcoming counselling professionals those in the helping profession in the following ways:

For best practices, psychologists and counsellors through this study will be more enlightened on the most effective intervention for treating delinquent. For instance, if cognitive restructuring is effective, it will assist psychologists and counsellors to use the intervention on any of their clients exhibiting delinquent. Professional counsellors, psychologist, parents and people in other related fields will also be enlightened on the likely factors that can cause delinquent in human being especially in adolescents and proffer solutions to combat delinquent behaviour for the nation at large to have glorious future leaders. The findings from this study are expected to enable counsellors to help adolescents to build self-esteem, teach them new skills and healthy ways to behave.

Psychologists can develop preventive measures for parents or caregivers on how to reduce and probably eradicate deviant delinquents among adolescents in our communities. Through counselling, campaigns, seminars, presentations and workshop, psychologists and counsellors can expose the dangers of delinquent to the general public, encourage caregivers and parents to adopt good rearing styles, serve as good models, establish a good rapport with their children most especially as they approach the stage of stress and storm (adolescence), and promptly check any maladaptive delinquent shown by their children.

Teachers in various educational levels will also benefit from this study. It will enhance their understanding on how to inculcate discipline in the students, serve as model, and report case(s) of aggression, truancy, violation of rules, disturbances of affect, and significant distress which are pointers to delinquent. Social workers can also leverage on the findings of the study by offering qualitative help to individuals, parents and family members that come for assistance.

Government at various levels will also benefit from this study because it will enable her to promulgate laws that will promote good delinquent in the society, provide necessary facilities or amenities for the people and put necessary sanctions in place when laws are behaviour.

The study would impact on adolescents in custody to understand their delinquent behaviours and consciously reconstruct their thinking pattern towards good delinquent pattern to correct their delinquent behaviour which will enable them to be useful to themselves, their families and the society thereby reducing the rate of atrocities committed in the society. The study is also significant for future participants with delinquent that will be exposed to the intervention techniques.

1.8 Scope and Delimitation

This study focuses mainly on the adolescents in detention in borstal training school in Barnawa, Kaduna. The variables investigated are juvenile delinquents kept in the school by which it is meant, children who have committed various criminal offences, but cannot for reasons of their ages are send to normal prisons as adults.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Introduction

For a research work to be reliable and be of good quality it must be rooted in the past efforts and findings in the relevant areas by scholars. In this chapter, the reviews of relevant literatures are discussed under these broad headings: Conceptual framework, Theoretical framework and Empirical framework. The areas of discussion will be: adolescence, delinquent behaviour, delinquent behaviour, cognitive restructuring, socio-economic status, Delinquent, Nature and types of offences committed by delinquents, cause, factors, Borstal training institute, objectives of the institution, treatment technique and History of juvenile delinquency treatment institution.

2.2 Conceptual Framework

The Nigerian nation has over the time design policies aimed at addressing the problem of delinquency before the attainment of independence in 1960, the colonial administration enacted laws of juvenile delinquency justice administration. Virtually all the regions established remands homes and centres to deal with the issues of juvenile delinquency. The central government was not left out of this arrangement. There was one juvenile centre put in place by the colonial government in Nigeria which never took off until 1962 after the nation's independence in 1960. It is named the borstal training institute and is located in Barnawa Kaduna state.

2.2.1 Concept of Adolescence

The origin of the word adolescence is from the Latin verb 'adolescere', which means, "to grow up." It can be defined as the transitional stage of development between

childhood and full adulthood, representing the period of time during which a person is biologically adult but emotionally not at full maturity. It represents the period of time during which a juvenile matures into adulthood (Ogunlade & Olasehinde, 1995; Gesinde, 2001; Merriam-Webster Learners Dictionary, 2012). Mosby's Dental Dictionary (2008) defines adolescence as the period of development between the onset of puberty and adulthood. This period is generally marked by the appearance of secondary sex characteristics, usually from 11 to 13 years of age, and spans the teen years, terminating at 18 to 20 years of age with the completion of the development of the adult form. During this period, the individual undergoes extensive physical, psychological, emotional, and personality changes.

Kipke (1999), defines adolescence as the period of life ranging from ages 10-24, during which individuals make the developmental transition from childhood to adulthood. Adolescence is characterized by marked physical, emotional and intellectual changes, as well as changes in social roles, relationships and expectations, all of which are important for the development of the individual and provide the foundation for functioning as an adult. The development of healthy adolescents is a complex and evolving process that requires: supportive and caring families, peers and communities; access to high quality services (health, education, social and other community services); and opportunities to engage and succeed in the developmental tasks of adolescence.

Scholars have different age range for adolescence. But most importantly, going through different definitions psychologists group this stage of development into three: early (11-14); middle (15-17); and late (18-21) Green Palfrey (2000). The Center for Disease Control and Prevention, on the other hand, defines the age range for adolescents as 10-19 and refers to 20-24 year olds as young adults, but often group adolescents and young adults are grouped together. Steinberg (2011) affirms that a broad way of defining

adolescence is the transition from child-to-adulthood which happens to vary drastically in time between cultures. In some countries, such as the United States, adolescence can last nearly a decade, but in other countries, the transition - often in the form of a ceremony - can last for only a few days.

Historical perspectives such as those offered by Kett (1977) and Hine (1999) stress the fact that adolescence as a developmental period has varied considerably from one historical era to another. Due to its ever-changing nature, it is impossible to generalize about issues such as the degree to which adolescence is stressful, the developmental tasks of the period, or the nature of intergenerational relationships. One group of theorists, referred to as inventionists, argue that adolescence is entirely a social invention, and that the way in which life cycle is divided into stages is nothing more than a reflection of the political, economic and social circumstances in which we live. According to this group, although puberty has been a feature of development for as long as humans have lived, it was not until the rise of obligatory education that we began treating adolescents as a distinct group (Bakan, 1972). Miller (2011), spoke about two cultures - the cultures of science and humanities, which state that most scientists know little about modern age. He also stated that in the past things were different.

According to Larson & Richards (1991), peer groups are especially important during adolescence. It is a period of development characterized by a dramatic increase in time spent with peers and a decrease in adult supervision (Brown, 1990; 2004). Adolescents associate with friends of the opposite sex much more than in childhood and tend to identify with larger groups of peers based on shared characteristics (Eder, 1985). Peer groups offer members the opportunity to develop various social skills, such as empathy, sharing and leadership. Peer groups can have positive influences on an individual, for instance on academic motivation and performance, but they can also have

negative influences and lead to an increase in experimentation with drugs, drinking, vandalism, and stealing. Susceptibility to peer pressure increases during early adolescence, peaks around age 14, and declines thereafter (Steinberg & Monahan, 2007).

According to Maier (2012), adolescents experience physical, social, cognitive, moral, delinquent as well as personal and emotional development. The rate at which adolescents experience changes will vary depending on gender, genetics, environmental and health factors.

2.2.2 Nature and Types of Offences Committed by Adolescence

Most of the problem carried out by adolescent is related to the use of drugs and alcohol. Kail, R.V. & Cavanaugh, J.C. (2004) states that among their social set-up and also part of their exploratory delinquent associated with growing up. Kazdin (1993) also observe that between the ages of 13-19 years, the adolescent child wants to get independence and do things such as smoking, drinking, being aggressive etc.

a. Drug addiction/ Abuse:

Royce, a. Singleton Jr., Wolfson, A.R. (2009) state that addiction is a state of periodic or chronic intoxication detrimental to the individual and society. They later state that addiction is produced by the consumption of repeated drugs. The addict has an overpowering desire or need to continue to take the drugs and will obtain it by any means which includes stealing of money to obtain such drugs, breaking into pharmacy shops and engaging in violent activities in the process.

b. Alcoholism

Alcohol is said to be the mother of all offences, because ones an individual is intoxicated, he/she is out of his/her senses and can commit any sort of offence. Barron *et*

al (2001) argues that excessive consumption of alcohol by youths is associated with delinquent ascribed as either self- defeating or self -distracting due to its devastating effects.

Bryant and Zimmerman (2002) confirm that over one million adolescents abuse alcohol which constitutes 3-4 % teenagers in America. Therefore, alcohol abuse among adolescent is a social problem. The religious prohibition of intoxication covers all kinds of drinks and drugs which change a person's mental state and delinquent. It includes wine, beer, spirit, and other forms of alcohol drinks. Other includes opium and cocaine which are some of the causes and nature of delinquent.

c. **Stealing**:

Stealing is a delinquent, which is commonly found among adolescents. It is the act of taking someone's property without permission. Segun (1985) list some common example of stealing among students which include taking money from parent's purse (wallet), taking books and articles and various items from the school stores etc. Barron et al (2001) is of the opinion that it is important for parents and adults in authority to differentiate between the two types of stealing. He submits that stealing situation takes place when a child experiences a special kind of need and he / she is subject to temptation. Although most children manifest situational stealing a few times while they are growing up, chronic stealing is when the child looks for and set up opportunities to steal. Casual factors in chronic stealing include strong aggressive tendencies and desire to own an item beyond the financial resources of the family. In psychoanalytic terms, the child who is a regular thief has underdeveloped super ego.

d. Vandalism

It is an illegal practice and deliberate destruction of public and private properties done delinquent's children to satisfy their selfish interest. It is again done by defacement or mutilation. Some vandalism includes breaking down of school properties, destruction of records, mutilation of school properties such as desks, and writing on the walls in the classroom or in the hostels.

e. Pre-marital sex

This is simply sex before marriage and is common among adolescents. Such pre-marital sex causes unwanted pregnancy, and sometimes leads to abortion and subsequently may drop out of school by both male and female involved. Martin, A., Linfoot, R. & Stephenson, J. (1999) explains that pre-marital sex among adolescent leads to teenage unwanted pregnancy and early marriages. Teenage pregnancy could be complicated and could lead to urinary tract infection, Vasco Virginal Fistula (VVF) which may lead to protracted labour and even death. Martin *et.al* (1999), affirms that many adolescent female are in pre-marital sex for reasons which include the quest for money, passion employment, and casual friendship. Some factors leading to this are seductive books, pornographic films and young ladies mode of dressing among others.

f. Truancy

Truancy is another act of delinquent found among secondary school students. Truancy is an act of being absent from school without the permission of the school authority. Bryant and Zimmerman (2002) distinguish between occasional or situational and chronic truancy. Situational truancy is a delinquent problem because most children decide to stay away from school or play at least once or twice in a term, while chronic truancy is the one

that leads to complete withdrawal from school. Such truancy he observes seems to be on the rise in most schools. Segun (1985) who investigate on the factors contributing to moral indiscipline among students submits that pattern of chronic truancy often start at the elementary level of learning. According to him males are more likely to be truant than the females. Datesman (1975) state that casual factors in truancy include lack of parental interest in school, single parenting, lack of academic ability or preparation, boredom and fear of threatening peers.

g. Murder

So many cases in our society are committed by the youth. Sometimes these acts are carried out to achieve some other objectives.

h. **Rape**

This is an act involving using force to have sexual intercourse with the opposite sex. In Nigeria today, it is common practise among students in tertiary institutions.

i. Fighting and brutality

This perhaps, is one of the commonest delinquent delinquents. Fighting whether among peers on the street or school has been a perpetual problem of adolescent.

j. Prostitution

This is commonly associated with girls. There had been media reports of girls aged between fourteen and seventeen engaged in commercial sex activities (UNICEF: 1997)

k. Cultism

This is a delinquent ravaging our educational system, particularly the tertiary education sector. Sometimes their activities are seen in secondary schools.

l. Incorrigibility

It is a delinquent in which children refuse to be corrected in extreme disobedience to parents.

2.2.3 Causes of Adolescent behaviour

In the search for the causes of juvenile delinquency, a number of factors have been found to be responsible (Crow, 1999; Sandhu, 2000; Cloward and Ohlin 1998) and few others. These causes have either been attributed to the society, (Benice 2001, Sandhu 2000), family (Mccord and Cord 1968, Haskell 1997, Nachan 1979), School (Crow 1999) individuals (August 1960 and Krisberg 1978) and socio-economic, (Bartoflas and Miller, Havingurst and Negarteen 1967).

Society

Most sociologists (cohen 1997, Cloward 1999 and Donald 2001) stated that delinquency is caused by the society. They believed that the sources of delinquency are bedded in the social process. To them, the society as it is in structured exerts pressure on some individuals to be delinquent, that is, when the society reacts severely to even minor deviations, it gives the individual a deviant identity. Thus, it drives certain individuals away from the main stream of life, and these individuals re forced to seek belongingness in delinquent gangs. It is on this ground that Cloward and Oholin (1998) argued that, if opportunity is not available by legitimate means boys will hang together in delinquent groups to seek legitimate means of achieving their goals. According to their perspective, delinquency is generated by the reaction of other people and society.

Yemi (1982) maintained that "everybody is a product of his society, if the society itself is lacking, then the adolescent is likely to behave rudely thereby making him to be

delinquent". In his own view, therefore, the society is the cause for delinquent delinquent or that delinquency is a social making.

Crow (1999) agreeing with Yemi (1982) said that community apathy is the contribution to delinquency through permitting of commercially run questionable dance halls, gambling devices, beer parlours, advertisement encouraging, use of cigarettes, alcohol and the like. Thus he is saying that there is a. general lack of adequate recreational facilities for the youth.

The Family/Home

The family is said to be the first and the chief socialising agent for the child and it sets the foundation for delinquent patterns. Once a wrong delinquent pattern is set by the parents, the child is likely to be delinquent. Thus children are to be taught morals and parents too should serve as models (Sandhu 2000, Mc.Cord and Corti W. 1968).

Supporting Sandhu, Crow (1999) stated that each child needs careful and patient guidance of his delinquent from birth onwards. This means that - adults carry the responsibility of providing the kind of training that will serve children's needs as well as the needs of others with whom young people associate. He maintained that the child needs supervision of his delinquent to the extent that, some of his desires or immediate wants should not be left unsatisfied at all moments. Who are his immediate associates. It is his parents. Thus Crow clearly said, it is the duty of parents and teachers to set good examples. Once these needs are not satisfied, he maintained that the child is likely to be delinquent.

Crow argued that parents should accept their rightful share of the responsibility for the spread of juvenile delinquency, since most parents today do not provide the kind of training that will serve their children's needs.

Hakell (1974) and Nachan (1979) are of the view that, the home ii the cause of delinquency. They argued that, generally, when the family fails to perform its function or coordinate social life, it becomes ineffective a a social control agent, and delinquent delinquent may therefore result. Nachan further explained that since the family is the first group to which the child belongs, it is of decisive importance in developing conformity, though the child may gradually be influenced by other agencies.

Accepting the family as one of the factors that causes juvenile delinquency, Ajanaku (1989) explained that some parents are in the habit of over pampering their children and the result of over pampering is that children become enemies of peace in the society. When they are enemies of peace, they are seen as delinquents.

Still on the home as cause of juvenile delinquency, Glueck (2001) and Cohen (1990) see divorce as a cause. They stated that a break-down in family control may lead to recruitment into gangs.

In his own contribution to the causes of delinquency, Okon (2001), explained that adolescents need parental love and guidance. An adolescent who feels, rejected may become anxious or rebellious and resort to misdelinquent (theft, truacy, bullying) as a means of finding love. He therefore, warned that parents should resist divorce.

Hover (1959) held that relinquishment by the father of his rightful place as head of household is a basic cause of delinquency. He asserted that discipline has been allowed to fall into bad repute in the home.

Glueck and Glueck (1962) in their study of 1,000 delinquents concluded that the home conditions of many delinquents tends to be characterized by such factors as unwholesome parental attitudes, inadequate supervision because of broken homes and poor delinquent models.

In their own contribution to the cause of delinquency, McCord and Haward (1963) agree with Glueck and Glueck (1962) that the home is a cause of delinquency. In their explanation they said that there are homes of little understanding which cannot effect morals into children thereby making them delinquents. They also argued that poor quality of family life worked by lack of food, proper recreation and medical care can make the home unattractive to the child. In this case, instead of bringing his playmates into the home, he may follow them and beyond the supervision eyes of the parents which makes the child to deviate from the norms and laws of the society, thus becoming delinquent.

Those who view the home as a cause of delinquency feel that the family is the first group to which the child belongs. It is of decisive importance that the parents should teach him morals and conformity, although he (child) may gradually be influenced by other agencies like the school, church, mosque and others.

Family Socio-Economic Status

Socio-economic status (SES) is evaluated as a combination of factors including income, level of education, and occupation. It is a way of looking at how individuals or families fit into society using economic and social measures that have been shown to impact the individuals' health and well being (Boskey, 2009). APA (2013) confirmed that socio-economic status is commonly conceptualized as the social standing or class of an individual or group which is often measured as a combination of education, income and

occupation. Examinations of socio-economic status often reveal inequities in access to resources, plus issues related to privilege, power and control. Socio-economic status is typically divided into three categories, high SES, middle SES, and low SES to describe the three areas a family or an individual may fall into. When placing a family or individual into one of these categories any or all of the three variables (income, education, and occupation) can be assessed.

Income refers to wages, salaries, profits, rents, and any flow of earnings received. Income can also come in the form of unemployment or workers compensation, social security, pensions, interests or dividends, royalties, trusts, alimony, or other governmental, public, or family financial assistance. Wisdom Supreme (2008) revealed that income can be looked at in two terms, absolute and relative. Absolute income is the relationship in which as income increases, so do consumption, though not at the same rate. Relative income describes a person or family‘s savings and consumption based on the family‘s income in relation to others. Income is a commonly used measure of SES because it is relatively easy to figure for most individuals.

Education also plays a role in income. Median earnings increase with each level of education. The report of APA (2007) as conveyed in the chart indicated that the highest degrees, i.e. professional and doctoral degrees, make the highest weekly earnings while those without a high school diploma earn less. Higher levels of education are associated with better economic and psychological outcomes (that is more income, more control, and greater social support and networking). Education plays a major role in skill sets for acquiring jobs, as well as specific qualities that stratify people with higher SES from lower SES.

Occupational status as one component of SES encompasses both income and educational attainment. Occupational status reflects the educational attainment required to

obtain the job and income levels that vary with different jobs and within ranks of occupations. Additionally, it shows achievement in skills required for the job. Occupational status measures social position by describing job characteristics, decision making ability and control, as well as psychological demands on the job.

Demarest, Reisner, Anderson, Humphrey, Farquhar & Stein (1993) conclude that a family's socio-economic status is based on family income, parental education level, parental occupation, and social status in the community. Families with high socio-economic status often have more resources to promote and support their young children's development while families with middle and low socio-economic status do not have such resources.

The School

School condition generates a high rate of educational failure and alienation. This sense of failure and exclusion, according to Sandhu (2000) and Robert and Benice (1967), in turn, leads to delinquency. In their own view, they seem to disagree with those who see the home as the key cause of delinquency. Still on school Havighur and Negarteh (1967:333) maintained that most delinquents have a history of low or failing school grades." Crow (1965) emphasized school failure as a cause for delinquency too, when he said "most delinquents show a history of dislike for school and they are apt to be truants." (p.318) He explained that when they are questioned their answers seem to place emphasis upon factors such as inability .to master the subjects of study, with consequent discouragement and retreat from embarrassing classroom experience; harsh and unsympathetic treatment of teachers lack of opportunities for play and recreation and illegal attention of children from school on the part of parents.

Ajanaku (1982) did not see parents as the only cause of delinquency, but also teachers and governments as responsible for delinquency. The teacher he said, are never any good example today. Instead one find a teacher in a school befriending his student.

On the government as a cause of juvenile delinquency, he said, there is lack of employment. When one is idle, especially the adolescent, he has to be aggressive, thus indulging in delinquent.

The Individual

Contrary to the sociologists (that talk of society, school and family) the psychoanalysts placed emphasis on individuals than the group as the cause of delinquency and attribute delinquency to particular body type. Hatcher (1978) explained that these people or theorists based their work on the work of Sigmud Freud. The theory, he said assumes that delinquent is caused or influenced to a great extent by early experiences in life.

Therefore, a person who commits crimes or has other deviant delinquent patterns is said to do because of faulty parent-child relationship. This theory views criminal delinquent mostly inherited components that are largely unchangeable except for long—term psychoanalytic intervention.

According to Freud "we are all born with social instincts which are sexually aggressive in nature. If these social instincts are properly tamed and trained, we become social beings; otherwise we remain a social individual. Proper socialization requires the proper parent-child love relationship. Thus a close friend of Freud (August Aichiord 1960) asserts that behind every act of manifest delinquency, there is latent delinquency. What he is saying is that seeds do not spread into actual delinquency unless the contributory conditions are present.

To them if one is delinquent, the blame should be on the inborn social instincts which were never socialized during childhood. This theory seems to agree with environment as a contributory factor to juvenile delinquency, as it talks of socialization.

Both the psychoanalysts and sociologists learn to believe that delinquency is a learned delinquent acquired during the process of socialization and interaction.

Krisberg and Austin (1978) stress biological factors as responsible for delinquency. They recognise the complex interaction between heredity and environment, which together explain human delinquent. They believed that delinquency is a natural phenomenon.

Other Causes of Adolescent problem

Social class and sub—cultural differences in value frequently may cause lower—class children especially from minority groups, to behave in the ways that cause them to be judged as deviant by members of the majority culture (Medinnus and Johnson 1969).

According to Crow (1965) the problem of juvenile is so complex that there is no one cause. However, he said that it seems to be rooted in the home, school, community, church, mosque and the court.

Urbanization has been viewed as another cause of delinquency. Adekunle (1976) on his own part, feels that urbanization is one of the causes of delinquency. Therefore, he explains that crime is a correlate of development and what facilitates crime is urbanization because there is the pursuance of individual wealth rather than reliance on community or family land and that the insecurity of being on your own in the urban setting in place of social psychological support previously given by the family does not exist. The anomity of urban existence and the consequent lessening of family group

pressure towards conformity with regard to delinquent norm is the order of the day. To him, therefore, as a nation develops it experiences a corresponding increase in the magnitude of crime.

Lack of acquiring reflective thinking about normal delinquent says Durojaiye (1976), leads to or causes delinquency. He explains that the child needs to think and reason about why certain modes of delinquent are socially and ethically acceptable while others are not. A child's delinquent, he said, must be deliberately performed with the welfare of others in mind. When this is not done, it becomes destructive reflective thinking which makes the wrongdoer to justify his bad delinquent.

All the causes of delinquency as given above fall under two theories; that is biological factors and social theory. Those who stress the biological factors a responsible for delinquency recognise the complex interaction between the heredity and environment, while the social theorists generally believe that delinquency is a learned delinquent during the process of socialization or interaction.

Physical Development in Adolescents

Physical development/change is a primary characteristic of adolescents. Preteens will experience growth spurts, changes in skeletal structure, muscle and brain development, as well as sexual and hormonal development. Gender differences play a role in which these changes occur. For girls, physical changes begin to happen at about age 12, while boys typically begin to see changes at about age 14. Jenkins (2007) affirms that during adolescence, the changes that occur in girls are:

- Girls may begin to develop breast buds as early as 8 years old. Breasts develop fully between ages 12 and 18.

- Pubic hair, armpit and leg hair usually begin to grow at about age 9 or 10, and reach adult patterns at about 13 to 14 years.
- Menarche (the beginning of menstrual periods) typically occurs about 2 years after early breast and pubic hair appear. It may occur as early as age 10, or as late as age 15. The average age of menstruation is about 12.5 years.
- Girls have a rapid growth in height between ages 9.5 and 14.5, peaking at around age 12.

While changes in boys are:

- Boys may begin to notice that their testicles and scrotum grow as early as age 9. Soon, the penis begins to lengthen. By age 16 or 17, their genitals are usually at their adult size and shape.
- Pubic hair growth - as well as armpit, leg, chest, and facial hair -- begins in boys at about age 12, and reaches adult patterns at about 15 to 16 years.
- Boys do not start puberty with a sudden incident, like the beginning of menstrual periods in girls. Having regular nocturnal emissions (wet dreams) marks the beginning of puberty in boys. Wet dreams typically start between ages 13 and 17, with the average at about 14.5 years.
- Boys' voices change at the same time as the penis grows. Nocturnal emissions occur with the peak of the height spurt.

Social Development in Adolescents

Socialization is another characteristic of adolescents, as they begin to socialize more with their peers and separate themselves from their family. During childhood, children have a loyalty to their adult role models, such as parents or teachers. However, during adolescence, this loyalty shifts, making them more loyal to their friends and peers. For adolescents, self-esteem is largely dependent on their social lives. Girls tend to stick

to small groups of close friends, while boys build larger social networks. Adolescents are highly aware of others and how they are perceived during this stage (Martins, Carlson & Buskist, 2007; Maier, 2012).

Cognitive Development in Adolescents

Changes in cognitive processes are characteristic during adolescence. Individuals at this stage experience more thinking, reasoning and abstract thoughts. Adolescents develop more advanced language skills and verbalization, allowing for more advanced communication. Abstract thought allows adolescents to develop a sense of purpose, fairness and social consciousness. Adolescents also decide how moral and ethical choices will guide their delinquents during this time. Cognitive processes are affected by overall socialization, meaning that adolescents will develop differently during this stage based on the individual factors (Woolfolk, 2010; Maier, 2012).

Personal and Emotional Development in Adolescents

Adolescence is a time when emotions begin to run high (Maier, 2012). Parents or care givers may begin to notice argumentative and aggressive delinquents due to sudden and intense emotions. Adolescents are also characteristically self-absorbed. They are preoccupied with themselves because they are beginning to develop a sense of self, but they are also scrutinizing their own thought processes and personalities. Possibilities begin to look endless during adolescence leading some in their teens to become overly idealistic. They further believe that their thoughts and feelings are unique, doubting that others could possibly understand what they are experiencing.

Moral Development in Adolescents

Gabel (2012) states the following as features of moral development of an adolescent:

- Often shows compassion for those who are downtrodden or suffering and have a special concern for animals and environmental problems.
- Are moving from acceptance of adult moral judgments to development of their own personal values. (Nevertheless, they tend to embrace values consistent with those of their parents).
- Are capable of and value direct experience in participatory democracy.
- Are greatly influenced by adult role models who will listen to them and affirm their moral consciousness and actions as being trustworthy role models.
- Are increasingly aware of and concerned about inconsistencies between values exhibited by adults and the conditions they see in society.

Delinquent Development in Adolescents

Encarta Dictionary (2009) defines delinquent as the way in which a person, organism, or group responds to a specific set of conditions. Persons react to various stimuli or inputs, whether internal or external, conscious or subconscious, overt or covert, and voluntary or involuntary. Guez & Allen (2000) defines delinquent as a way an individual behaves or acts that is, the way an individual delinquents himself or herself. Human delinquent can be common, unusual, acceptable, or unacceptable. Humans evaluate the acceptability of delinquent using social norms and regulate delinquent by means of social control. The sudden and rapid physical changes that adolescents experience make them very self-conscious, sensitive, and invariably affect their delinquent.

Stevenson & Larson (1996) and Kilmartin (1994) are of the view that some delinquent exhibited by adolescents is typical, but when not—normal or socially unacceptable it serves as a warning sign for more serious or future problems. Typical delinquent of adolescents are: more attachment to their friends and preference for

spending quality time with them, going against parental decisions when contrary to those of their friends. They see denial of their desires as challenging their rights and good choices. Delinquents that are not normal in adolescents include:

- Stealing: take something unlawfully or to take something that belongs to somebody else, illegally or without the owner's permission.
- Staying out all night.
- Open defiance and/or refusal to follow rules
- Hanging out with a dangerous crowd or peer.
- Coming home drunk or high.
- Getting arrested.
- Anxiety or sadness that never seems to go away.
- Being physically abusive to others or destructive in the house.
- Being verbally abusive, intimidating or threatening.
- Obsessing about weight and/or dramatic changes in eating habits.
- Constant need to argue, even over small things.
- Passing the blame for everything – never taking any responsibility for their actions etcetera.

Increased persistence in delinquents that are not normal in adolescents is simply referred to as delinquent behaviour.

2.2.4 Concept of Delinquent Behaviour

Delinquent Behaviour is a disruptive type of behaviour in which a child routinely violates the personal rights of others and shows no care for others‘property (Barclay & Hoffman, 1990; Clarizo, 1997; American Psychiatric Association, 2000; Dodge, 2000; PubMed Health, 2011). Baker and Scarth (2002), define delinquent behaviour as a persistent pattern of antisocial behaviour in which the rights of others are violated or in

which major social rules are broken. According to Young (1999), the term antisocial as it is used in psychiatry and psychology means delinquents that violate social norms and are harmful to other persons or to society. Antisocial delinquents fall roughly into two broad categories: delinquents that are overtly harmful to others e.g. violence, theft and delinquent that are harmful to others or to society through neglect or irresponsibility.

Delinquent behaviour is a common childhood psychiatric problem that has increased incidence in adolescence. It is more often diagnosed in boys than girls and affects approximately five percent of the population under 15 years of age in the United Kingdom. Delinquent behaviour is frequently associated with adverse psychosocial environments, including unsatisfactory family relationships (family conflict), poverty, drug addiction and alcoholism in parents and failure at school. Its distinction from emotional behaviour is well validated, while its separation from hyperactivity is less clear and there is often overlap (Streuning, 1993; PubMed Health, 2011).

For a diagnosis of delinquent behaviour to be confirmed, a variety of signs and symptoms must be observed. At least one of these must be prevalent for a period of at least six months (American Psychiatric Association, 2000).

2.2.5 Common Behaviours associated with delinquent behaviour

Common behabiour associated with delinquent behaviour include:

- Aggression to people and animals: often bullies, threatens, or intimidates others, often initiates physical fights, has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife gun), has been physically cruel to people, has been physically cruel to animals, has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery), has forced someone into sexual activity (Baker & Scarth, 2002).

- Vandalism and or Destruction of property: has deliberately engaged in fire setting with the intention of causing serious damage, has deliberately destroyed others' property (vandalism).
- Deceitfulness or theft: has broken into someone else's house, building or car, often lies to obtain goods or favours or to avoid obligations (i.e., "cons" others), has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without, breaking and entering; forgery)
- Serious violation of rules: often stays out at night despite parental prohibitions, beginning before age 13 years, has run away from home overnight at least twice while living in parental or parental surrogate, home (or once without returning for a lengthy period), is often truant from school, beginning before age 13.

a. Aggression as subset of delinquent behaviour

The term aggression comes from the Latin word aggression, meaning attack. In psychology, the term aggression refers to a range of delinquents that can result in both physical and psychological harm to oneself, others or objects in the environment (Kendra, 2013). Aggression, in its broadest sense, is delinquent, or a disposition, that is forceful, hostile or attacking. Aggression can also be defined as the physical or verbal delinquent intended to harm. Aggression may occur either in retaliation or without provocation that is either directed outwardly towards another person or directed inwardly by self mutilation. Social science and delinquent science define aggression as an intention to cause harm or an act intended to increase relative social dominance. The classification of and dimensions of aggression depends on whether the aggression is verbal or physical, mental or emotional. The types of aggressive delinquents include name calling, gossiping, mockery, shouting, swearing, abusive phone calls, racial or sexual comments, harassment, emotional abuse, hitting, kicking, threatening gestures and so forth. Aggression can serve

different purposes such as: to express anger and hostility, to assert dominance, to intimidate or threaten, to achieve a goal, to express possession, a response to fear, a reaction to pain, and to compete with others (Kendra, 2013). Aggression varies in individuals, but can be identified with physical or emotional reactions such as sweating, rapid heartbeat, rapid breathing, clenched fists, clenched teeth and jaw, frustration, restlessness and anxiety.

The causes of aggression are so numerous. Some scholars believe that delinquents like aggression may be partially learned by watching and imitating the delinquent of others. Alao (1982) and Akert, Aronson and Wilson (2005) concluded that mass media have some effects on aggression. The cause of aggression can also be broken down into several groups: mood issues, psychotic illnesses, problem with cognition (for instance mental retardation and autism), disruptive delinquent (ADHD), organic reasons (frontal lobe damage) or certain type of epilepsy, stressors in their situation. Furthermore, potential causes of human aggression are broken homes, racism, poverty, chemical imbalances in the brain, sexual repression and frustration (Schechter, Gross, Willheim, McCaw, Turner, Myers, Zeanah & Gleason, 2009)

Malcolm Tatum (2013), describe the causes of aggression as follows:

- Medication: Sudden changes in delinquent are sometimes attributable to medication. Both prescription and over-the-counter medications can cause a normally balanced personality to suddenly become both aggressive and somewhat combative. This is especially true with medications that are used to treat depression, schizophrenia, or other types of psychological issues. Some anti-seizure medications may also trigger a sudden increase in aggression.
- Presence of some type of disease or brain behaviour: Aggressive delinquent can also stem from the presence of some type of disease or brain behaviour. People

with autism or some form of mental retardation may exhibit this delinquent in spurts, while appearing docile in between explosions of anger. Also, people suffering with epilepsy are also more likely to become aggressive. When the individual suffers with Attention Deficit/Hyperactivity Behaviour (ADHD), the delinquent may develop out of sheer frustration, especially if the ADHD has not been diagnosed and the individual has no idea why these sudden moods of aggressive delinquent occur.

- Aggression can also occur when an individual is recovering from some type of addiction. For example, people who stop using tobacco products often feel agitated and may exhibit short tempers, impatience, and other manifestations of aggressive delinquent as the body goes through withdrawal. When recovery from addiction is the root cause for these tendencies, using some type of medication to calm the body while it adjusts to the new set of circumstances will often soothe the tendency to engage in the negative delinquent and allow the individual to begin enjoying life once more.
- Injuries to the brain can also lead to the development of aggression. Severe trauma on the head that causes the brain to bounce within the skull may lead to bruising that, in turn, affects the brain‘s production of different types of neurotransmitters. The end result is that the individual is overcome with intense feelings of anger and is likely to lash out at anyone within a relatively close vicinity. Often, the delinquent will fade as the brain begins to heal, especially if medication is taken to help compensate for the imbalance of neurotransmitters.
- Emotional traumas can also lead to fits of anger. The death of a loved one, the loss of a job, or the diagnosis of a life-threatening illness can often create an emotional imbalance that is partly manifested by bouts of aggressive behavior. Therapy,

along with medication, can often help move the healing process along, and help the individual recover from the trauma. As the healing progresses, the episodes will likely occur less frequently, while also becoming shorter and less intense.

- Jarret (2013) reported that ―human aggression has been blamed on many things, including broken homes, poverty, racism, in-equality, chemical imbalances in the brain, toy guns, TV violence, sexual repression, sexual freedom, overpopulation, alienation, bad genes, and original sin. However, virtually all of these potential causes have one thing in common: "Unfulfilled human needs and desire".
- Gender is a factor that plays a role in both human and animal aggression. Males are historically believed to be generally more physically aggressive than females from an early age (Maccoby, & Jacklin, 1974; Coie, & Dodge, 1997). There is evidence that males are quicker to aggression and more likely than females to express their aggression physically (Bjorkqvist, Lagerspetz, Osterman, 1994). When considering indirect forms of non-violent aggression, such as relational aggression and social rejection, some scientists argue that females can be quite aggressive although this is rarely expressed physically (Archer, 2004; Card, Stucky, Sawalani & Little, 2008).

b. Vandalism/Destruction of property as subset of delinquent behaviour

The term vandalism or destruction of property is often used interchangeably. Vandalism is an act of hostility directed at a victim. The US Department of Justice defines vandalism as – wilful or malicious destruction, injury, disfigurement, or defacement of any public or private property, real or personal, without the consent of the owner or persons having custody or control (Middleearthnj, 2012). George (2013) defines vandalism as the intentional and malicious destruction of or damage to the property of another. Vandalism takes on many forms; it can include slashing someone's tires, salting

lawns, cutting trees without permission, egg throwing, spray painting on the side of commercial trucks or buses, as well as spraying graffiti on the walls or signs on a freeway. It can include smashing mail boxes, placing glue into locks, ransacking a property, flooding a house by clogging a sink and leaving the water running and breaking somebody‘s car windows or throwing blocks through the windows of someone‘s residence. The damage can be to both public and personal property. In many cases, vandalism is committed by minors, who are working in groups of two or more.

Vandalism is a common form of juvenile crime, with the peak period for committing property crimes ranging between the ages of fifteen and twenty-one. In the United States, adolescent vandalism, including destruction of school property, costs millions of dollars in damages each year. Vandalism is also a frequent gang-related crime. A significant amount of graffiti is the product of gangs, claiming their supposed – territory and warning other gangs to stay away. Gang-related graffiti can be seen painted across signs, buildings, freeways, buses and other walls. Cohen (1973) describes six different types of vandalism:

1. Acquisitive vandalism (looting and petty theft).
2. Tactical vandalism (to advance some end other than acquiring money or property – such as breaking a window to be arrested and get a bed for the night in a police cell).
3. Ideological vandalism (carried out to further an explicit ideological cause or deliver a message).
4. Vindictive vandalism (for revenge).
5. Play vandalism (damage resulting from children‘s games).
6. Malicious vandalism (damage caused by a violent outpouring of diffuse frustration and rage that often occurs in public settings).

Matthew (2004) corroborates that Cohen's original typology of vandalism was improved upon by Mike Sutton whose research led him to add a seventh sub-type of vandalism named Peer Status Motivated Vandalism (PSMV). PSMV is vandalism that is motivated by the desire to acquire or maintain peer status. This type of vandalism is more often committed in groups than alone. The pain of vandalism is usually felt by everybody in the society. To repair or replace items or facilities destroyed cost something to individuals whose property got damaged or the society as the case may be. The resources that could have been used to buy or maintain other things are diverted because of vandalization. To reduce or eliminate the rate of vandalism all hands must be on deck. Parents, teachers and caregivers need to pay close attention on their adolescents, give quality guidance, keep them busy and encourage them to invest their energy in productive engagements. There is the need for government at all levels to make and enforce laws that will serve as a deterrent or restrain on vandalism in the society.

c. Deceitfulness or Theft as subset of delinquent behaviour

Deceitful means having a tendency or disposition to deceive while theft is the act of stealing. Merriam-Webster Dictionary (2013) defines theft as the felonious taking and removing of personal property with intent to deprive the rightful owner of it. Theft is synonymously used with larceny, stealing, and robbery. There cannot be a case of theft without an act of deceit; the two acts are strongly related. Kansas Statutes (2009) described theft as any of the following acts done with intent to deprive the owner permanently of the possession, use or benefit of the owner's property:

i. obtaining or exerting unauthorized control over property;

ii. obtaining by deception control over property;

iii. obtaining by threat control over property; or

iv. obtaining control over stolen property knowing the property to have been stolen by another.

Deceitfulness/theft is a common anti-social delinquent in adolescents. Different factors such as discontentment, greed, poverty, lack of education, weak moral standard, bad models, peer influence, ineffective laws, weak security and psychological problems make up for an increase in the act of deceitfulness/theft. Reasons for adolescents'deceitfulness/theft include: the desire to belong, to avoid harassment, to avoid punishment, avoid doing a chores and so forth.

d. Serious Violation of rules as subset of delinquent behaviour

Violation is an act of disobedience. Violation of rule simply mean an act of disobeying principles governing delinquent, that is an authoritative principle set forth to guide delinquent or action. APA (2000) describes serious rule violations to include:

- frequently staying out at night against parents' wishes beginning before age 13,
- running away from parents overnight twice or more or once if for an extended period and
- engaging in frequent truancy beginning before the age of 13.

Likely causes of serious rule violation include: dysfunctional family, poor parenting practices, coercion and hostile communication patterns in the family, history of maltreatment, peer pressure, wrong model(s), covetousness and passion for freedom. Adolescents may also engage in delinquents harmful to themselves such as smoking and tobacco use, alcohol use, substance abuse and engaging in unprotected sexual activities. Persons with delinquent behaviour diagnosis may vary in symptoms and delinquents. Disturbance in delinquent always result in clinically significant impairment socially, academically or occupationally.

2.3 The Borstal Training Institute

It was established by borstal institution and remand centres act of 1960 but took off in 1962. The act empowers higher court to commit juvenile in conflict with the law and beyond parental control to borstal training institute for a period of three (3) years in custody and on arrival, the delinquent would be placed under observation for three (3) months in which psychologists from the psychology department would be attending to them time to time. It also made provision of one year probation after discharge. The age bracket for the admission according to the act is 16-20 years and mainly males. It has a capacity to accommodate about 208 students as at today 12-04-2013 it accommodate a total of 364 students due to incessant juvenile delinquency in the society. Students could be admitted from all over the federation.

Services provided by the institution include;

i. Recreational activities

ii. Chaplaincy and Islamic services

iii. Psychological services

iv. Medical services

v. Welfare(social)services

vi. Guidance and counselling services

The principal is a chief superintendent of prisons. He is assisted by a vice principal who is a superintendent of prison. There is a head for each department who coordinate the activities of their respective department.

The other staff are specialist in performing their respective key functions of the department have obtained either a university degree, diploma or the Nigerian certificate in education (NCE) in their respective areas of specialisation.(Borstal records, 2013)

2.3.1 Objectives of the Institution

The borstal training institution was established with the following objectives in focus:

1. To avoid criminalising and penalising a young person for delinquent that does not cause serious damage to the development of the person or harm to others.

2. It is to bring to bear every good influence which may establish in the inmates the will to lead a good and useful life on discharge. That is character remoulding toward reformation, rehabilitation and reintegration of the discharge of students.

The policy trust and measures involve:-

a. Provision of opportunities in particular educational and vocational opportunities to meet the diverse needs of young person as well as provide a supporting direction for safeguarding the development of all young person's especially those who are not able to pass through the process of formal educational institutions and are in need of special care and protection.

b. The program of the centre is designed in such a way that members of the society and the families of persons on admission at the centre works hand in hand with the institutional personnel to ensure that young person are routed to acceptable delinquent standards and norms.

c. The overall interest of the young person is the main reason for any official intervention in the well-being of young persons. The individual take part in deciding any programme that will help him to make positive adjustment.

d. The right and the interest of the young person are given premium in the effort to safeguard their well-being and development.

e. The awareness that is labelling a young person as "deviant" or delinquent often a times lead the person to internalizing such delinquent pattern. This knowledge guide handlers to ensure that impression is not formed.

2.3.2 The Procedure for Admission

On arrival at the institution, an inmate antecedents are taken after which he is taken to the observation centre. He is kept there for three (3) months while in the observation unit, the institutions social workers comprising of psychologist and house officers interact with him on a daily basis. He is further interrogated in order to have insights on the causes of the young person's antisocial disposition. Using the principle of individualism, the young person is assisted to discover his potentials in terms of the vocational and other powerful empowerment programme he will indulge in. After three months, the boy is assign to a house where he will declare his vocational and therapeutically intentions. Olusola, (2011).

2.3.3 The History of Remand Institutions.

Remand institutions, according to Sandhu (1977), traced their origin to the house of reuse first founded in gland in 1935. The early superintendents of these houses were very harsh disciplinarians.

The first institutions for the treatment of young offenders was established at a small village named Borstal outside Rochester in Kent, England more than 50 years ago. Hence the name Borstal is being associated with the system of training over the last half century.

This training was inspired and improved upon by an English man, Alex Patterson who later became a Commissioner at Prisons Headquarters in the United Kingdom. He withdrew the young men from the hardened criminals and placed them in the houses of refuge. These houses of refuge were considered capable of manning children away from corrupting influence. The houses were supposed to train and rehabilitate young offenders to charge and spark the reform of the whole society. Thus manual work, games, physical education, mental education and carefully planned in series of rewards were used.

In America, delinquents were whipped and even executed during the 18th century. Then in the 19th century, came the development of the penitentiary and the house of refuge. These were followed by the reformatory and training schools. The founders of these institutions had a strong belief that it was going to be effective.

They also thought of these institutions as instruments of reform not only of the offender but of the entire society (Bortollas and Miller 1978). The establishment of the institution did not however, stop in England and America but exploded to even Nigeria, which was a British colony, by Sir James Robertson the then Minister of the Federation in 1958.

Ahire in Keiseka (1981) to buttress the above establishment of the Borstal Institution wrote that by December 1958 the regional government in Nigeria had enacted laws to bring about separate legal machinery for handling of juvenile cases. This law, he

said was cited and short titled “The children and Young Persons Law” this law laid down the substance and procedure of running the affairs of juvenile justice system.

The major provision of that law was the provision for the custody of juvenile in need of “Care and Protection”. This category include orphans or deserted children; children neglected or ill-treated by those having custody of them; destitute children or those whose surviving parents are imprisoned; those whose parents are criminals or drunks, to mention but a few. For this category of juveniles, the law court was empowered to either commit them to the care of a fit person or to commit them to an approved institution or order their parents or guardians to exercise proper guardianship or place them under the supervision of social welfare officers.

It was based on the above law that the country established institutions for treating delinquents. Though there are differences in the establishment of juvenile courts, all State Capitals have provided institution for treating delinquents. In Kaduna for example the Borstal Training Institute serves all other states of the federation for helping reform adolescent delinquents through vocational training.

The introduction of Borstal Institution in Nigeria does not mean that the Nigerian culture had no methods of treating or handling the juvenile delinquents in their various communities. In my home town (Kagoro) methods like flogging, stooping, denial of food etc, were used to correct the young delinquents. With changes or introduction of western education, the most stubborn among them were sent to live with school teachers, ministers of God or native doctors since some people associated juvenile delinquency with evil forces. Grass cutting and fogging were encouraged in schools.

At the establishment of Borstal, the Federal Government of Nigeria paid a better attention to the courses offered; this is because there were equipments and materials for practical work to enable inmates learn. The turnout for the school was very impressive and worthwhile.

Initially, the institution was built to house only 120 boys but today there are about 450 boys. It was also established for the purpose of reforming adolescent juvenile delinquents. Thus, it operates on continuous basis without terms and holidays. The graduation date for an inmate is the day he successfully completes three years from the date of his admission.

General formal grammar type of education is not offered accept for a few who may eventually qualify to register for the General Certificate of Education (G.C.E.). Skills are taught to enable them become artisans later in life. An inmate is required to learn a trade; building, electricity, painting, welding, photography, plumbing or tailoring.

2.4 Cognitive Restructuring:

Cognitive restructuring refers to the process of replacing cognitive distortions with thoughts that are more accurate and useful. Cognitive restructuring has two basic steps:

a. Identifying the thoughts or beliefs that are influencing the disturbing emotion;

b. Evaluating them for their accuracy and usefulness using logic and evidence, and if warranted, modifying or replacing the thoughts with ones that are more accurate and useful.

Cognitive restructuring in cognitive therapy is also seen as the process of learning to refute cognitive distortions, or fundamental “faulty thinking” with the goal of replacing

one's irrational, counter-factual beliefs with more accurate and beneficial ones, The cognitive restructuring theory holds that people are directly responsible for generating dysfunctional emotions, and their resultant delinquents, like stress, depression, anxiety, and social withdrawal, and that we humans can get rid of such emotions and their effects by dismantling the beliefs that give them life. Because one sets unachievable goals — 'Everyone must love me; I have to be thoroughly competent; I have to be the best in everything" - a fear of failure results. Cognitive restructuring then advises individuals to change such irrational beliefs and substitute them with more rational ones: "1 can fail. Although it would be nice if I excel, I don't have to be the best in everything." (Ellis, 2011).

Cognitive restructuring and the disputing of dysfunctional or irrational beliefs of people who have emotional and delinquent disturbances date back to the ancient times, particularly early Asian Greek and Roman Philosophers who took to constructivist view of humans. A contemporary of the period called Epictetus concluded that people are disturbed not by the events that happen to them, but by their views of these events. (Jane & Steven 2003).

Terms like 'reframing' 'idea repairs' are all used to refer to cognitive restructuring. It is a therapy that was popularized by Albert Ellis. Ellis argued that the primary causes of human distress are not unconscious impulses as opined by psychoanalysis, but that certain irrational beliefs are the causes of such delinquent problems (Ogechiesere, 2002) Ellis did not however claim to have initiated the CBT as he declared as follows;

> *I was not the first therapist to use what becomes known as Cognitive Behaviour Therapy (CBT) since a few practitioners such as Herzberg*

> *(1945) and Salter (1949) had employed aspects of it previously. But I seem to have been the main Therapist to create Systematic Cognitive Restructuring which I called Disputing Irrational Beliefs. (Jane & Steven 2003)*

Beck (1979), explains how a cognitive therapist can help a client to think and act more realistically and adaptively about his problems and thus reduce the symptoms of the delinquent that deserves to be changed. Beck emphasized that cognitive techniques aim at delineating and testing the client's specific misconceptions and maladaptive assumptions. This approach consists of specific learning experiences designed to change the clients' unwanted delinquent.

This technique was adopted in this work for the cognitive restructuring of delinquents in the experimental group. These learning experiences are:

i. Monitoring his negative, automatic thoughts;

ii. Recognizing the connections between cognition, effect and delinquent;

iii. Examining the evidence for and against his distorted automatic thoughts (thereby challenging the distorted cognition);

iv. Substituting more reality-oriented interpretations for these biased cognitions;

v. Learning to identify and alter the dysfunctional beliefs which predispose him to distort his experience.

Albert & Ellis, (2012) outlined the following as the model of the basic steps in cognitive restructuring therapy:

1. Identification of problematic cognitions which is otherwise known as “automatic thoughts” (ATs)., which are dysfunctional or negative views of’ the self world or future;

2. Identification of the cognitive distortion in the ATs;

3. Rational disputations of the ATs;

4. Development of rational rebuttal to the ATs.

Beck (cited in Szentagotai, 2005) describes cognitive restructuring process when he says it involves:

a. Identifying maladaptive cognitions;

b. Modifying maladaptive cognitions;

c. Assimilating adaptive cognitions.

Unfortunately, maladaptive thinking patterns are sometimes so strong and automatic prior to therapy that they tend to persist until new thinking habits become stronger and more general through practice.

Cognitive restructuring, in combination with other techniques, has been used successfully in other parts of the world to reduce anxiety in many people, from trauma victims to students suffering from test anxiety to diabetes-related issues. Sharf, (2004) asserts that there are a variety of techniques employed in cognitive therapeutic relationships. 1-le says that Freeman, (1987) describes fifteen different techniques. He summarized the basic ones, which include the following:

a) Understanding Idiosyncratic Meaning: Words can have different meanings from different people, depending on their automatic thoughts and cognitive schemas, That is why it is not enough for therapists to assume that they know what the client means by certain words. The therapist should be able to instantly clarify what the client means by certain words.

b) Challenging Absolutes: Clients often make generalized absolute statements that are biased. Such statements include: Nobody, Everybody, I can never, All the time, etc. It is often helpful for the therapist to question or challenge the absolute statement so that the client can present the statement more accurately.

c) Reattribution: Sometimes clients attribute responsibilities for situations or events to themselves when they do not actually have any control or responsibility for the event. They put the blame on themselves which makes them feel guilty or even depressed about what they did not do. Reattribution attempts to challenge and replace this distorted thought with a more rational one.

d) Libelling of distortion: Labelling the types of cognitive distortions to the knowledge of the client helps in reducing the distorted thoughts. This will also help the client understand t0 the distorted thoughts can prevent him from achieving his goals.

e) Looking at a normal situation as catastrophic: Clients magnify events by negatively

painting the events, ideas or their outcomes. To say that ‘ill fail that exam my life is finished’ is magnifying the failure. The therapist attempts to make the clients see the failure within its own limits.

f) Challenging all-or-nothing thought: This is a perfectionist idea. In the passing of exam, the client sees anything below excellent grade as a failure. The therapist makes the client understand that it is not scoring everything in the exam that shows one's worth. Even with average grades one could still progress.

g) Listing Advantages and Disadvantages By listing the advantages and disadvantages of a distorted thought, the client is able to see for himself how illogical his thought is and must: be ready to replace it with a more rational belief.

h) Cognitive Rehearsal: Here, the client is made to imagine the situation or idea in which he has the distorted thought. He is first made to imagine the event with its negative outcome, and then later with its positive consequences.

Ellis developed the Rational Emotive Delinquent Therapy (REBT) and Cognitive Delinquent Therapy (CBT) and ABC theory of neurotic disturbances. The first two therapies explained that if people are confronted with adversities that interfere with their goals and purposes; they can choose to have functional or rational beliefs that will encourage them to create healthy emotional and delinquent consequences. But if they choose to have irrational beliefs, these will help them to produce unhealthy feelings and delinquents. Ellis further added that being constructivist (innately and by social learning), they are able to "think about their thinking and even think about thinking about their thinking." Therefore they can therapeutically choose to change their irrational beliefs to more rational self helping beliefs. Ellis (cited in Jane & Steven 2003) also outlined the people that can benefit from cognitive restructuring or disputing of irrational beliefs as he says it may help psychotherapy clients who are convinced by their therapists or by themselves that:

a) Their emotional-delinquent dysfunction is partly the result of irrational and unrealistic and illogical thinking;

b) They can constructively change their irrational beliefs to rational beliefs and will then function significantly better. They persist in emotional (strong) feeling and (delinquently) acting against their dysfunctional beliefs.

c) Their irrational and dysfunctional thinking includes strong emotional and delinquent components.

d) They automatically and unconsciously can effectively adopt new philosophy that will tend to make them less disturbed and keep them from seriously disturbing themselves in the future.

The basic idea of cognitive restructuring is that peoples' emotions and delinquents can be greatly affected by what they think. If people can consciously change their habits of what they say about themselves, they can make themselves happier or more productive or can accomplish any of several changes. Sometimes people do blame worthy things, and it is quite normal to get angry with these things. Sometimes, when something very bad is in danger of happening, some fear is appropriate. If we do things that hurt other people, it is quite appropriate to feel guilty. All these stimuli are normal in life. But if we perceive them wrongly and record them wrongly in our cognition, then such cognition is bound to make us behave equally wrongly. Therefore in changing the delinquent, we would need to change the cognition first: The good thing is that there are some ways of changing the unwanted delinquents as human beings have the capacity for rewriting their cognition.

Cognitive restructuring may therefore be seen as giving a disturbed individual more control over his own thought, feeling and delinquent but certainly not an attempt to eliminate all bad feelings which is not a good idea, not even a healthy option. Strayhorn, (2003) classified the events he encountered in his life into the following classes:

i. The things that he himself did;

ii. The things that someone else did;

iii. The things that neither himself no someone else did but an act of God;

iv. A mixture of all these classifications.

The responses to either of these classifications of events could be in either or all of the following:

i. Awfulizing;

ii. Getting down on oneself;

iii. Blaming someone else;

iv. All of the three above.

In using CBT for cognitive reconstruction, the therapists guide the clients through the process of becoming more aware of what they are telling themselves and help them to evaluate themselves, and when appropriate, to modify their own thinking. In essence, the therapist teaches the client a process that will help him distinguish distorted thinking from more accurate and useful thinking. CBT emphasizes that this is best done as a collaborative process in which the client is assisted in taking the lead as much as possible. The therapist refrains from assuming that the client's thoughts are distorted and instead

attempts to guide the client with questions that encourage the client to make their own discoveries. Bingelli (2003) asserts that clients are also encouraged to engage in this process on their own during their time between sessions by using a written format. Cognitive restructuring, in combination with other techniques, has also helped patients struggling with Post Traumatic Stress Behaviour, Body Dysmorphic Behaviour (BDD), Substance Abuse Habits (SAH) and Non-generalized Social Phobia (NGSP).

2.4.1 Elements of Cognitive Restructuring

Ellis (cited in Jane & Steven 2003) gave the following as the key elements of cognitive restructuring:

a) Show clients the ABC of REBT. Show them how adversities (As) alone do not lead to their disturbed delinquent consequences (Cs) but that they personally contribute

   to their Cs by engaging in strong and persistent beliefs (Ps) about their As. Thus A x

   B = C

b) Particularly show clients that when they disturb themselves (at point C) they have powerful RBs that largely consist of flexible preferences as well as strong lBs that are largely of absolutistic, rigid musts, should and other demands.

c) Show clients how to think, feel and act against their rigid delinquents with a number of cognitive, emotive and delinquent techniques which interrelates with each other.

d) Show clients how to specifically dispute their delinquents realistically and empirically,

logically, juristically or pragmatically. Particularly show them how to change their rigid, absolutistic demands on themselves, other people and world conditions to flexible, workable preferences.

e) Show clients that when they actively and persistently dispute their delinquents they can create an effective new philosophy that includes strong rational coping statements

that can help them to feel better and stay better.

2.4.2 Some Contradictions of Cognitive Restructuring

Despite the relative efficacy of cognitive restructuring, critiques of the therapy have observed some contradictions with it, which include:

a) Some individuals with severe thought behaviours may take cognitive restructuring and may become so absorbed in analyzing and changing their beliefs that they sidetrack themselves from other useful techniques of the therapy.

b) Individuals who are rigidly convinced that changing their delinquents cannot have any effect on their feelings may refuse to try to do so or may waste their time and energy by trying only half-heartedly.

c) People with abysmal self deprecation may severely blame themselves for trying to

use this technique and falling.

Clients with abysmal low frustration tolerance may find it too hard to try and may give up on it.

2.5 Theoretical Frame Work

There were various theoretical foundations to assist in giving an in-depth explanation of this study. Six theories were explored namely: Cognitive Delinquent Therapy (CBT), Psychosocial Theory, Psychoanalytic Theory, Humanistic Theory, Social Learning Theory and Social Stratification. Each of these theories bestowed adequate insight into different segments of the study. For instance, cognitive delinquent therapy was explored to buttress cognitive restructuring while psychosocial theory provided detailed information on the identity crisis in the stage of development in adolescents.

Psychoanalytic theory also provided explanations to likely causes and or origin of adolescent problems with the humanistic theory shedding light on the importance of one‘s environment, and the need for the ideal self and real self to be at congruence for mental health. Furthermore, social learning theory assisted to explaining issue of adolescent problems that emanate from observational learning while social stratification enlightened on the issue of parental socio-economic status examined in the study.

2.5.1 Cognitive Delinquent Theory

Cognitive Delinquent Theory was pioneered by psychologists Aaron Beck and Albert Ellis in the 1960s (Rachman, 1997; Gale Encyclopedia of Medicine, 2008).

Cognitive Delinquent Therapy is one of the major orientations of psychotherapy (Roth and Fonagy, 2005) and represents a unique category of psychological intervention because it derives from cognitive and delinquent psychological models of human delinquent that include for instance, theories of normal and abnormal development, and theories of emotion and psychopathology. Cognitive Delinquent Theory combines cognitive and delinquent therapies, and involves changing the way you think (cognitive) and how you respond to thoughts (delinquent). The Theory focuses on the 'here and now'

instead of focusing on the cause of the issue, and breaks overwhelming problems into smaller parts to make them easier to deal with. These smaller parts can be described as thoughts, emotions, physical feelings and actions. Each of these has the ability to affect the other, for instance, the way you think about things can affect how you feel emotionally and physically, and ultimately how you behave. It is based on the principle that individuals learn unhelpful ways of thinking and behaving over a long period of time. However, identifying these thoughts and how they can be problematic to feelings and delinquents can enable individuals to challenge negative ways of thinking, leading to positive feelings and delinquent changes. It is possible for the therapy to take place on a one-to-one basis, with family members or as a group depending on the issue and how the individual feels most comfortable.

The cognitive component in the cognitive-delinquent psychotherapies refer to how people think about and create meaning about situations, symptoms and events in their lives and develop beliefs about themselves, others and the world. Cognitive Theory uses techniques to help people become more aware of how they reason, and the kind of automatic thoughts that spring to mind and give meaning to things. Cognitive interventions use a style of questioning to probe for peoples' meanings and use this to stimulate alternative viewpoints or ideas. This method is called 'guided discovery', and involves exploring and reflecting on the style of reasoning and thinking, and possibilities of thinking differently and more helpfully. On the basis of these alternatives people carry out delinquent experiments to test out the accuracy of these alternatives, and thus adopt new ways of perceiving and acting. The overall intention is to move away from more extreme and unhelpful ways of seeing things to more helpful and balanced conclusions. The Theory can be useful for dealing with issues such as: anger, anxiety, depression, drug or alcohol problems, eating behaviours, obsessive-compulsive behaviour, phobias, post-

traumatic stress behaviour, sexual and relationship problems (Driessen and Hollon, 2010; Matusiewicz, Hopwood, Banducci and Lejuez, 2010; Murphy, Straebler, Cooper and Fairburn, 2010; Otte, 2011; Seligman and Ollendick, 2011). The emphasis on cognitive or delinquent aspects of therapy can vary depending on the issue at hand. For example, the emphasis may be more towards cognitive therapy when treating depression and the emphasis may be more towards delinquent therapy when treating obsessive compulsive behaviour. Ellis Theory is practical; hence it is likely to work best when used in treating a specific issue per time as it focuses on particular problems and how to overcome them. The Theory stressed that sessions may consist of a number of activities, including: Coping skills, Assessments, Relaxation, Challenging certain thoughts, Thought stopping, Homework projects, and Training in communication (Longmore and Worrell, 2007; Foa, 2009, Sobola, 2011, Salman, Esere, Omotosho, Abdullahi, and Oniyangi 2011).

2.5.2 Psychosocial Theory

Erikson developed psychosocial theory from Freud's psychosexual stages of human development (Kail amd Cavanaugh, 2004). The psychosocial

development as articulated by Erik Erikson explain eight stages through which a healthily developing human should pass from infancy to late adulthood and eventually to death. In each stage the person confronts, and hopefully masters, new challenges. Each stage the theory postulates must build on the successful completion of earlier stages. The challenges of 45 stages that are not successfully completed may be expected to reappear as a problems in the future implies the psychosocial theory. The stages of life according to Erik Erikson are:

i. Hope: Trust vs. Mistrust (From birth to age 1)

ii. Will: Autonomy vs. Shame and Doubt (age 1 to 3)

iii. Purpose: Initiative vs. Guilt (age 3 to 6)

iv. Competence: Industry vs. Inferiority (age 7 to 11)

v. Fidelity: Identity vs. Role confusion (Adolescence 12- 19 years)

vi. Love: Intimacy vs. Isolation (young adult 20 to 34 years)

vii. Care: Generativity vs. Stagnation (35 to 65years)

viii. Wisdom: Ego Integrity vs. Despair (Old age or 65 to Death).

Stage five of the psychosocial stages of development (Identity vs. Role confusion) whose virtue is fidelity is very relevant to this study. This stage of development signifies the adolescent stage. As adolescents make the transition from childhood to adulthood, they ponder on the roles they will play in their adult world. Initially, they are apt to experience some role confusion (mixed ideas and feelings) about the specific ways in which they will fit into society and may experiment with a variety of delinquents and activities. Erikson is credited with coining the term "Identity Crisis" (Gross, 1987). Each stage that came before and that follows has its own 'crisis', but even more so now, for this marks the transition from childhood to adulthood. This passage is necessary because "Throughout infancy and childhood, a person form so many identifications. But the need for identity in youth is not met by these"(Wright, 1982). This turning point in human development seems to be the reconciliation between 'the person one has come to be' and 'the person society expects one to become'. This emerging sense of self will be established by 'forging' ahead of past experiences with anticipations of the future. In relation to the eight life stages as a whole, the fifth stage corresponds to the crossroads.

Adolescents "are confronted by the need to re-establish (boundaries) for themselves and to do this in the face of an often potentially hostile world" (Stevens,

1983). This is often challenging since commitments are requested before particular identity roles are formed. At this point, one is in a state of 'identity confusion', but society normally makes allowances for the youths to "find themselves," and this state is called 'the moratorium' (when a person can freely experiment and explore what may emerge as a firm sense of identity, an emotional and deep awareness of who he or she is) Stevens (1983). Dependent on this stage is the ego quality of fidelity. This is the ability to sustain loyalties freely pledged in spite of the inevitable contradictions and confusions of value systems (Stevens, 1983). Ego identity enables each person to have a sense of individuality while role confusion is the inability to conceive oneself as a productive member of one's own society and this is a great danger. The inability of an adolescent to resolve the crisis at this stage will lead to infidelity which is a pointer to adolescent onset of delinquent behaviour.

2.5.3 Psychoanalytic Theory

Sigmund Freud theorized that the developmental stages of infancy and early childhood chart human lives in ways that are difficult to change (Encyclopedia of Psychology, 2005). Freud's psychoanalytic theory demonstrates the idea that aggression is an innate personality characteristic common to all humans and that delinquent is motivated by sexual drives. According to the Freudians, criminal delinquent results from various dysfunctions. This includes faulty ego (in which the individual has problem with learning from experience, coping with frustration and insecurity and assessing social reality). Faulty or inadequate superego (in which the individual does not feel remorse or wrong doing), deviant superego (where the individual has failed to internalize conventional standards of delinquent and sees nothing bad in his delinquent) and undeveloped or restraining Id (in which the individual allows free outlets for aggressive and sexual drives instead of restraining it by the ego or superego). These imbalances may

lead to development of criminal delinquent (delinquent behaviour) or mental illness (Osinowo, 2005).

Freud believed that most adult neuroses could be attributed to a fixation developed during one of these stages of early life. The psychosexual stages of development are: Oral, Anal, Phallic, Latency and Genital. According to Freud, there is a crisis which must be worked through at each stage. If the crisis is not properly worked out, the person could become fixated at that stage of development (Woolfolk, 2010). Fixations are seen in adulthood as child-like approaches to gratifying the basic impulses of the Id. At the oral stage for instance, a child could either be orally aggressive (chewing gum and the ends of pencils, etc) or orally passive (expressed in smoking, eating, kissing, or oral sexual practices). Oral stage fixation might result in a passive, gullible, immature, manipulative personality. In Anal stage, fixation at either anal retentive (Obsessively organized, or excessively neat) or anal expulsive (reckless, careless, defiant, disorganized) has its repercussion. The consequences of psycho-logic fixation across the other three psychosexual stages are: Frigidity, aggression, impotence, sexual unfulfilment, unsatisfactory relationships, high or low self-esteem, over-ambitious. Adolescent delinquent/delinquent behaviour (aggression, hostility, early sexual activity, behaviourliness, rebelliousness or defiance, among others) can evolve from fixation at any of the psychosexual stages of development. Defence mechanisms are psychological strategies in psychoanalytic theory which reveals the role on the unconscious mind to manipulate, deny, or even distort reality. Healthy persons normally use different defences throughout life (Altruism, anticipation, humour, sublimation, thought suppression, introjections, and identification). An ego defence mechanism becomes pathological only when its persistent use leads to maladaptive delinquent such that the physical and or mental health of the individual is adversely affected. Displacement and Rationalization

(making excuses) are examples of defence mechanism that can be found in the adolescent with delinquent behaviour.

Displacement is the shift of sexual or aggressive impulses to a more acceptable or less threatening target; redirecting of emotion to a safer outlet; separation of emotion from its real object and redirection of the intense emotion toward someone or something that is less offensive or threatening in order to avoid dealing directly with what is frightening or threatening. An adolescent that experiences frequent abuse physical or otherwise from parent or caregiver may express such delinquent to his mate or junior colleague and this act will be tagged delinquent behaviour after consistent repetition.

2.5.4 Humanistic Theory

The Humanistic theory is a psychological perspective which rose to prominence in the mid-20th century in response to the psychoanalytic theory of Sigmund Freud and the delinquentism of Skinner. The theory is sometimes referred to as a "third force," as distinct from the two more traditional approaches of psychoanalytic and delinquentism. This theory emphasizes on an individual's inherent drive towards self -actualization and creativity (Aileen and Milne 2003). The theory acknowledges that an individual's mind is strongly influenced by ongoing determining forces in both their unconscious and conscious world around them, specifically the society in which they live. The focus of the humanistic perspective is on the self, and this view argues that individuals are free to choose their own delinquent, rather than reacting to environmental stimuli and rein forcers. Here, issues dealing with self-esteem, self-fulfilment, and needs are paramount. Carl Rogers as a major spokesman in humanistic psychology rejected the deterministic nature of both psychoanalysis and delinquentism and maintained that people behave as observed because of the way they perceive their situation. "As no one else can know how

we perceive, we are the best experts on ourselves, (Rogers, 1959, 1969; McLeod, 2007). Rogers (1959) believed that humans have one basic motive that is the tendency to self-actualize (that is to fulfil one's potential and achieve the highest level of 'human-beingness'. Like a flower that will grow to its full potential if the conditions are right, but which is constrained by its environment, so people will flourish and reach their potentials if their environment is good enough.

Rogers sees people as basically good or healthy or at the very least, not bad or ill. In other words, he sees mental health as the normal progression of life, and he sees mental illness, criminality, antisocial delinquents and other human problems, as distortions of that natural tendency. The entire theory is built on a single - force of life which he called ―the actualizing tendency. It can be defined as the built-in motivation that is present in every life-form to develop its potentials to the fullest extent possible. Rogers believed that all creatures strive to make the very best of their existence and are not just concerned with survival (Rogers, 1951 and Gladding, 1988). Rogers (1959) held that human infants possess the following traits:

- Whatever an infant perceives is that which is defined as reality by the infant. An infant's perception is an internal process of which no one else can be aware.
- All infants are born with a self-actualizing tendency that is satisfied through goal directed delinquents.
- An infant's interaction with the environment is an organized whole, and everything an infant does is interrelated.
- The experiences of an infant may be seen as positive or negative based on whether such experiences enhance the actualization tendency.

- Infants maintain experiences that are actualizing and avoid those that are not.

Human problem is as a result of negative socialization, conditioned positive regards (Children accepted by parents when good‘& rejected when bad‘; development of view: I ought to be good‘, I have to be good‘; loose of touch with our true nature that is, real self-actualizing tendency; and development of an Ideal self: whom we feel we should be). Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency while the concept of actualizing tendency implies that there is an internal, biological force to develop one's capacities and talents to the fullest. The ideal self and real self-involve understanding the issues that arise from having an idea of what you wish you were as a person, and having that which does not match with whom you actually are as a person (incongruence). The ideal self is what a person believes that he should be, as well as imbibing what their core values should be. The real self is what is actually played out in life (Gladding, 1988; Corey, 1990 & Aileen Milne 2003).

The problem of delinquent behaviour can be seen as a product of the inability of the ideal and real selves to be at congruence and also as a result of negative environment (or socialization) that an individual is exposed to. For a person to "grow", there is the need for an enabling environment that should provide them with genuineness (openness and self-disclosure), acceptance (being seen with unconditional positive regard), and empathy (being listened to and understood). Without these, relationships and healthy personalities will not develop as they should, just as a tree will not grow without sunlight and water (McLeod, 2007). In the humanistic and reflective theory of Rogers (1963), he suggested that parents use therapeutic skills of empathy to understand a child‘s needs and feelings. Parents should employ empathy to understand a child‘s needs and or feelings

and reflect back on what they are feeling in order to help them grow in awareness and understanding.

2.5.5 Social Learning Theory

Social learning theory disagrees with psychoanalytic theory which believes that humans are innately aggressive and that frustration automatically leads to aggression. Social learning theory is of the perspective that people learn within a social context. Such learning‘s are facilitated through concepts which include modelling and observational learning (Ormrod, 1999). According to Social Learning theory, models are an important source for learning new delinquents and for achieving delinquent change in institutionalized settings (Henry & Charlenz, 1982). Anderson (2004), Robert, Nyla & Donn (2009) and Mae Sincero (2012), reported that social learning theory is derived from the work of Albert Bandura which proposed that observational learning can occur in relation to three models:

i. **Live model** – in which an actual person is demonstrating the desired delinquent

ii. **Verbal instruction** – in which an individual describes the desired delinquent in detail, and instructs the participant in how to engage the delinquent

iii. **Symbolic** – in which modelling occurs by means of the media, including movies, television, Internet, literature, and radio. This type of modelling involves a real or fictional character demonstrating the delinquent.

There is convincing evidence from Bandura‘s famous-Bodo Doll studies that violent and or aggression, the main ingredient of delinquent behaviour, is a learned delinquent. People who observe others behaving in aggressive ways (and this includes watching aggression and violence on television, movies and video games) are more likely

to demonstrate the aggressive delinquents they have witnessed. The adolescent who witnesses aggressive delinquents at home, such as physical fighting, pushing, and shoving, is at an increased risk for developing delinquent behaviour. An adolescents with delinquent behaviour often live in families in which there is a high level of conflict that takes physical form (Robert, Nyla & Donn, 2009; Shuttleworth, 2012). Robert, Nyla & Donn (2009) reveal that General Aggression Model (GAM) is a newer framework which is an improvement of the social learning perspective. According to this theory, a chain of events that may ultimately lead to overt aggression can be initiated by two major types of input variables namely: situational factors (factors relating to the current situation-some kind of provocation or insult, exposure to other people behaving aggressively either real or in the media) and personal factors (factors relating to the people involved- individual differences across people, including traits that predispose some individuals aggression). Modern theory of aggression (General Aggression Model) recognizes the importance in aggression of learning, various eliciting input variables, individual differences, affective states, and especially, cognitive processes.

In other to correct the consequence of wrong model in individuals, social learning theory put up the technique of delinquent rehearsal whereby persons with wrong behaviour pattern(s) will be exposed to new delinquent patterns which will be aided by demonstrations and role play by the therapy (Davidson & John, 1994). Delinquent rehearsal was one of the principles that social learning theory was based on and it simply promotes acting out delinquent to learn and refine old delinquent patterns. That is, rehearsing new and good delinquent to correct old and bad delinquents that are caused by wrong models or vicarious reinforcement.

2.6 Response to Treatment

Response to treatment is the most significant way of assessing the significance of the treatment. Does the adolescent delinquent go back to the delinquent after treatment? Many authors and researchers have expressed different views about relapse to reformation and rehabilitation of delinquents. While others see its treatment failure, others (Patterson and Hidore, 1997) see it as recovering process. Buttressing the procedural nature of relapse in treatment. Hidore (1997) argued that "cure" is mostly misapplied to a "recovered" drug dependence person. Recovery is not a static condition, it is an ongoing process. Abnormal delinquent like drug addiction or dependence according to Patterson, is a lifestyle that can be altered but not completely removed. It is unlike paracetamol that can be said to cure headache, but dealing with predisposing and mental disturbances involve providing maximum relief from problem but not removing all problems and the process of training the patient in techniques for better handling of this problems. A similar view was shared by Rogers (1951).

Response to treatment to delinquent behaviour occurs when attitudinal and delinquent reverts to the ones similar to those exhibited when the person was actively a delinquent. Response to treatment can occur at any time it is more like likely earlier in the recovery process. At this stage attitude and habits needed to maintain sobriety, skills required to prevent relapse and identify with positive peers are not firmly entrenched (Patterson 2005).

Delinquent intervention takes place in a contrived (unnatural) environment. This is advantageous in therapy because removal from familiar environment which are usually replete with drugs using cues, enhances the learning of new ways of reacting to these cures. But there is high rate of relapse on returning home. These according to Habot are

serious criticism because among heroines addicts, for example; anxiety, depression, sociopathic delinquents and alcoholism are often present. This problem needed to be treated together with the suppression of drug addictions.

Emphasis have also been on total abstinence, but Joan (1994), argued that the question for the counsellor or therapist is never" How can I make him stop? The only productive focuses she said were for the counsellor or therapist is "How can I create an atmosphere in which he is better able to choose sobriety for himself?

Allen and santrock (1993) argues that; addressing delinquent problem whenever the patient is receiving treatment de-stigmatise behaviours and demystifies recovery from other deviant delinquent as well. And that "success" for person with dual behaviours includes lengthening period of mental stability and sobriety, and/or less severe episode of relapse from either or both behaviour outcome.

Bartollas (1990), reported that self-control requires will power in which people use energy and strength to overcome a temptation. He added that when will power gets tapped out, a person could become venerable to impulsive delinquent such as alcohol abuse, drug abuse among others. Long-term abstainers showed considerable amount of creativity in devising alternative for alcoholism, promiscuity, drug addiction, prostitution among others. Some discovered some artistic talent and pursue it, others engage in different endeavours: carpentry, welding and other skill acquisition, family commitments, living in "dry areas" or even in the treatment "centre" have help those that strongly wanted to quite alcoholism (Alexaner, *et al*, 2000). Concluded that research might help explain why some people are more vulnerable than others to delinquent relapse. Their energy must have been used elsewhere in stress management for example.

This study will however provide answers to this controversy. What will have been responsible for relapse? Could it be related to lack of resources for care lack of provider availability, inefficient or inappropriate therapeutic approach, failure to inadequately asses and diagnose mental health problems or that they do not invest enough energy or there is no response to treatment among delinquent children?

2.7 Review of Related Studies

Delinquent behaviour represent a significant concern for both society and the juvenile justice system (Lober, Farrington, Petechuk 2003) to understand reasons how one can help rehabilitate juvenile delinquents. Researches must develop into uncovering some of the reasons why children resort to acts of delinquency at such a young age.

Adolescent suffer from lack of parent care. The lack of parental care could precipitate the young person involvement in crime (Segun1985). A typical example is the "almajiri system of education" in the northern state of Nigeria. This system of education exposes adolescent to various evils. McCord (1959) observed that person that has well developed personalities are seen to exhibit traits of confidence and can handle issues with greater maturity. Jumare (1996), in his study of young person involvement in crime in urban areas, observed that there are two major categories of crimes. Isah (1995) opines that parents and guidance sent out their children or housemaid to hawk due to poverty. The survey found out that such children and young persons are exposed to sexual abuse. Isah (1995) attributed Nigerian youth involvement in delinquent to economic problems. While Lovel (1975) states that delinquent act are caused by factors like inadequate religious instruction, peer group influence, frustration, poverty, the type of school attended and the home in which one lives.

Bunmi (1985), argued that inadequate parental training is responsible for the adolescent involvement in delinquent behaviour. She argued that parents have a responsibility to bring up their children in a very responsible manner. Bello (1981) observes that the corrupt delinquent of leaders and school administrator can negatively influence adolescent behaviour. He asserted that most of the acquired character and values of the adolescent are fashioned after those of their teachers and other figure heads.

Oblunwuvim (1990) pointed out that delinquent have been influenced and ruined by western ideas. He said that criminal ideas are transmitted by the media. He cited pornographic films.

Danzing (1975) in his writing on "children and their care taker" said that adolescent status offenders by nature tend to have more family trouble than their counterparts who are involved in crime. This position is further supported by Cohen (1975) who found lower class youth lacking in self-esteem. Jones (1986) opines that the criminal delinquents of children result from emotional deprivation. He went further to say that for a child to exhibit normal emotional and social delinquent, such a child needs an emotionally stabled and satisfying relationship with his parents. What happens in some cases is that, these children and young person's suffer the emotional deprivation and hence seek for other ways of satisfying themselves.

Ezenwanyi (1985) ascerts that promotion of juvenile delinquency arises from social and emotional disturbances. These disturbances could be caused by lack of basic and economic needs such as food, love, freedom, acceptance and so on. According to him the needs are necessary for a healthy personality to evolve. A critical assessment of the social backgrounds of young people involve in crime show that adolescent of poor percentage are more likely to commit conventional crime. The socio-economic

background of the parents or guidance is likely to be responsible for their involvement in the crime. This is born out of the fact that the children from such homes are forced to device a means of survival. This analysis fits Merton's (1949) theory of goals and means which state that deviant delinquents are caused through adoption of certain means to achieve specific goals.

Yahaya (1998) identifies the absence of the teaching of moral values in Nigeria schools as a correlated of juvenile delinquency. He went further to say that there has been a decline in discipline on the part of teachers. According to him, it is difficult to reconcile the expected realities of the teaching of moral values and ethics with the practice in Nigeria schools.

West (1967) ascerts that defective discipline contributes to delinquency in adolescents. Comer (1980) is of the opinion that children brought up in a home where the family head is extraordinary strict may decide to run away from home if they cannot cope with such hostility. Such children form gang of thugs and eventually get incorporated in the circuit of hardened criminals.

Juvenile delinquency is a major problem that affects American youths. Child delinquents represent a significant concern for both society and the juvenile justice system (Lober, Farrington, Petechuk (2003). To understand reason how one can help rehabilitate juvenile delinquents researchers must dwell into uncovering some of the reasons why children resort to act of delinquency at young age. Child delinquency is an enduring and troubling phenomenon that requires more research and the effort of a broader community to be fully understood and addressed. For example, children who are in environment such as poverty stricken neighbourhood where children are exposes to

other young children, adolescents and adults committing criminal activities are more likely to emulate such delinquent.

Juvenile delinquency is a problem that has been occurring at younger ages with the younger ages within society at higher rate and more frequently. One may begin to look at other factors that may trigger reasons why younger children are resorting to delinquency. As stated in the original study of from (Kazdin and Kendall 1998) understanding the early emergence of problem delinquent may help in the creation of earlier, effective intervention for preventive child delinquency. Lober, Farrinton, Petechuck (2003). For this reason, the issue of understanding re-occurring and persistent problems in delinquent of children is essential to pointing out some of the risk factors that lead to juvenile delinquency.

Additionally many risk factors are interrelated that affect the reasons why some children commit delinquent act at young ages. Early antisocial delinquent, family characteristics are important predictors of early onset offending (Lober, Farrington, Petechuck, 2003). Prior research suggests that peer associations are the most important proximate cause of juvenile delinquency (Payne and Cornwell, 2007). As stated in the original study delinquented by (Coie and Miller Johnson, 1995) youth who associate with deviant peers are like to be arrested earlier than youth who do not associate with such peers. Going back to the control theory by Hirchi (1969) if a juvenile delinquent has stronger social bonds that are negative and perpetuate committing criminal deviant acts the juvenile delinquents is more likely to be influenced to participate in deviant acts with peers who engage in it as well.

Juvenile delinquency is a huge issue that has to be addressed because it is becoming more visible and accepted in today's society. Juvenile delinquency is a

complex trend that must be critically dissected to begin to understand specifically all the reasons why children turn to delinquency.

Empirical Studies

Delinquent Behaviour

According to Doll (1996), one of the most frequently diagnosable psychiatric behaviours in children is delinquent behaviour. He affirms that delinquent behaviour encompasses a class of chronic, severe antisocial delinquent that typically begins in early childhood and extends into adulthood (Robins &Ratcliff, 1979). Academically, children that exhibit these problematic delinquents usually are difficult to teach in the traditional classroom environment, resulting in poor academic performance. They often times present learning disabilities and attention deficit hyperactivity behaviour (ADHD). Research also shows that delinquent behaviour which is antisocial delinquent is related to truancy and dropout rates. Adolescents diagnosed with delinquent behaviour also appear more susceptible to alcohol and substance abuse (Short & Shapiro, 1993). The significance of delinquent behaviour results in part from the fact that it constitutes one of the most frequent bases for referral of children and adolescents for psychological and psychiatric problems, criminal delinquents, and social maladjustment by the time they become adults (Kazdin, 1995). In addition, research has shown that the characteristics of this behaviour can be passed on as antisocial delinquent in offspring, forming a cyclical pattern (Kazdin, 1995). Short and Shapiro (1993) provide a comprehensive view of the epidemiology of delinquent behaviours as well as an examination of the personal, family, school, and peer effects. It was noted that delinquent behaviours differ from other childhood challenges due to the antisocial delinquent, the chronicity of such delinquent as well as the impairment of functioning of those exhibiting such delinquent. This behaviour

tends to exist in a stable form with continual development into adulthood. Examination of the collaboration of personal, family, school and peer components provide information on the complex of delinquent behaviour as well as an avenue for providing interventions. Personal characteristics and features, such as irritability, aggressiveness, and cognitive difficulties, are crucial for identifying markers for the onset of antisocial delinquent. The perpetuation of these characteristics is mitigated by experiences with parents, school and peers. Each of these components can intensify or minimize the extent to which antisocial delinquents are developed. Parent and family effects can range from familial stress to member criminality or psychopathology to discipline practices. Additionally, the quality of parent-child interactions can create, inadvertently encourage, or negate antisocial delinquents.

Various types of family dysfunction contribute to the formation of delinquent behaviours in children. Frick (1993) explores three types of family dysfunction as well as implications for studying models that depict family causal relationships with delinquent behaviour. Parental adjustment, marital situation, and socialization processes are shown as influential. Parental adjustment is examined over three domains: depression, substance abuse and antisocial behavior. Although not directly related, parental depression may contribute to adjustment problems in children, which may lead to delinquent difficulties. Substance abuse in isolation does not place the child at risk for delinquent problems. However, when determining the relationship of substance abuse, it is important to recognize the broader implications of subsequent parental delinquents and interactions with children. Unlike depression and substance abuse, research has shown a direct relationship between parental antisocial delinquent and the manifestation of similar delinquent practices in children. The relationship of family dysfunction can be viewed from a three causal type relationship: mediational, bi-directional and third-variable where

the family may directly influence the development of a delinquent behaviour, the child's antisocial delinquent may attribute to the family's dysfunction or an unrelated variable may negatively affect the family and child. These models reflect the notion that parent and or family effects on childhood delinquent behaviours are correlational, and not directly causal. Previous research assumed that disruptive behaviours in general and delinquent behaviours in particular are learned delinquents. However, Comings (1997) provides empirical support, which suggests that there may be genetic influences that are responsible for this delinquent. Evidence abounds that this childhood delinquent as well as other disruptive behaviours have a strong genetic component, that are inherited by both parents, and share a number of genes in common that affect certain levels of dopamine in the brain. Dodge (2000) describes some risk factors for the onset of delinquent behaviour. These risk factors include biological factors, socio-cultural contexts, and life experiences. An example of a provided biological risk factor is that there may be a function deficit in delinquent inhibition, which can be linked to delinquent problems. However, Dodge (2000) notes that the findings that are related to the biological factors are by no means conclusive and that other factors must be recognized and explored in the development of delinquent behaviour.

Adolescents and Delinquent Behaviour

Delinquent behaviour affects 1 to 4 percent of 9- to 17-year-olds; depending on how exactly the behaviour is defined (U.S. Department of Health and Human Services, 1999). Research shows that some cases of delinquent behaviour begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing delinquent behaviour. Other factors that may make a child more likely to develop delinquent behaviour include: early maternal rejection; separation from parents, without an adequate alternative caregiver; early institutionalization; family

neglect; abuse or violence; parental mental illness; parental marital discord; large family size; crowding and poverty (Moffitt, 1993; Moffitt & Caspi, 2001; Hinshaw & Lee, 2003; Roisman, Monahan, Campbell, Steinberg, Cauffman & the Early Child Care Research Network, 2010). Evans (2012) observed that adolescents who are diagnosed with delinquent behaviour judge the world as an antagonistic and intimidating place. They may tattle on friends or blame others for the harm they have caused. They have few if any friends because of their limited interpersonal skills. Peers and family members may view them as irritating because of their indifference to their actions. They often have low self-esteem internally but externally they appear tough, cocky or self-assured.

Gender and Delinquent Behaviour

Empirical evidence by Cohen, Cohen, Kasen, Velez, Hartmark, Johnson, Rojas, Brook and Streuning (1993) has shown that sex differences exist in the age of onset of delinquent behaviour. The median age of onset for this behaviour has been found in the 8 to 10 year old range. Most boys had an onset before the age of 10, while girls had onset ranging from the ages of 14 to 16. The study of Cohen (1993) revealed that delinquent behaviour was about twice as prevalent for boys than girls. However, the prevalence for boys was highest at younger ages (10-12) and higher for girls at older ages (14-16). These results suggest that developmental trends in boys and girls differ throughout the pre-adolescence and adolescence stages and may directly impact the rates of delinquent problems for children at the school, district, and the governmental levels. The prevalence rate of delinquent behaviour worldwide is estimated between 2% to 6% among adolescents, with boys showing a higher rate of delinquent behaviour than girls.

Russo and Beidel (1994); Melgosa (1997); Paetsch and Bertrand (1997); Gidden (2004) and Agnew (2005) accounts that the prevalence of delinquent behaviour is estimated at about 2% for girls and 9% in boys. APA (1994), reports that delinquent

behaviour is more common in boys (6-16%) compared to girls (2-9%). Thus, delinquent behaviour likely occur 3 or 4 times more in boys than girls. Even though delinquent behaviour is classified as a childhood behaviour, particular delinquents may occur over the course of a life span. Generally, delinquent behaviour occurs at a higher rate for adolescents (approximately 7% for 12 to 16 year olds) than for children (4% for 4 to 11 year olds) (Kazdin, 1995; Cohen, Cohen, Kasen, Velez, Hartmark, Johnson, Rojas, Brook, and Streuning, 1993). Baker and Scarth (2002), state that there are usually differences in the type of delinquents seen in adolescent boys as against girls with delinquent behaviour. Boys tend to exhibit aggressive delinquents while girls are more likely to break social rules through offences such as truancy, lying and prostitution. These gender differences tend to disappear with more severe levels of disturbance however.

There are multiple theories that seek to explain findings that males and females of the same species can have differing aggressive delinquents. However the conditions under which women and men differ in aggressiveness are not well understood (Crews, Greenberg, & Scott, 1984). The pattern of male and female aggression is argued to be consistent with evolved sexually-selected delinquent differences, while alternative or complimentary views emphasize conventional social roles stemming from physically evolved differences (Potegal, Ferris, Herbert, Meyerhoff, and Skaredoff, 1996). Aggression in women may have evolved to be, on the average, less physically dangerous and more covert or indirect (Paus, 2005; Caramaschi, De Boer, De Vries, and Koolhaas, 2008). Generally, researches have suggested that males use more physical aggression than females while females use more verbal aggression than males. There are more recent findings that indicate that differences in male and female aggression appear at about two years of age, though the differences in aggression are more consistent in middle-aged children and adolescents. Many studies have found differences in the types of aggression

employed by males and females, at least in children and adolescents. Females between the ages of 10 and 14, around puberty age, show a more extreme rate of relational aggression compared to boys. These findings however are true for Western societies, but are not true of all cultures. In countries such as Kenya it has been found that young boys and girls have very similar rates of physical aggression (Landsford, 2012). It has been found that girls are more likely than boys to use reactive aggression and then retract, while boys are more likely to increase rather than to retract their aggression after their first reaction.

Hess and Edward (2012) observed that girls‘ show aggressive tactics which include gossip, ostracism, breaking confidences, and criticism of a victim‘s clothing, appearance, or personality, whereas boys engage in aggression that involves a direct physical and/or verbal assault. Hay (2011) is of the opinion that the difference could be due to the fact that girls‘ frontal lobes develop earlier than boys which allow them to self-restrain.

Socio-Economic Status (SES) and Delinquent Behaviour

Socio-economic status (SES) is an economic and sociologically combined total measure of a person's work experience and of an individual's or family‘s economic and social position in relation to others, based on income, education, occupation, neighbourhood and political power. When analyzing a family‘s SES, the household income, earners' education, and occupation are examined, as well as combined income, as against that of an individual, when their own attributes are assessed (National Center for Educational Statistics, 2008). Socio-economic status is typically divided into three categories, high SES, middle SES, and low SES.

According to Aneshensel and Sucoff (1996), parental SES is seen as influencing the adolescent‘s exposure to stress and access to resources, which, in turn, affects the

adolescent mental health (Depression, Anxiety, Oppositional Defiant Behaviour, and Delinquent Behaviour). This relationship exists in part, because family SES physically places adolescents within neighborhoods that vary with regard to the presence of social stressors and resources. Thus, both family SES and neighborhood are seen as affecting adolescent emotional well-being by regulating exposure to stressors and access to resources. Aneshensel and Sucoff (1996), found that youths in low socio-economic status (SES) neighborhoods perceive greater ambient hazards such as crime, violence, drug use, and graffiti than those in high SES neighborhoods. The perception of the neighborhood as dangerous, in turn, influences the mental health of the adolescents: the more threatening the neighborhood, the more common the symptoms of depression, anxiety, oppositional defiant behaviour, and delinquent behaviour.

Demarest, Reisner, Anderson, Humphrey, Farquhar and Stein (1993) and Dada, (2004) are of the view that a family's socio-economic status is based on family income, parental education level, parental occupation, and social status in the community (such as contacts within the community, group associations, and the community's perception of the family). Hausman and Hammen (1993); American Academy of Pediatrics (1995) and Carr-Hill, Rice, and Roland (1996) observed that social disadvantage, homelessness, low socio-economic status, poverty, overcrowding and social isolation are broader factors that predispose adolescents to delinquent behaviour. It seems that the longer the child has been living in poverty within the first four years of his or her life, the more prevalent externalizing delinquent problems become (Duncan, Brooks-Gunn and Klebanov, 1994). According to Graham (2004), children from large families and those living in homes where divorce or separation has occurred are at greater risk of delinquent behaviours. Children with delinquent behaviours are more likely to come from troubled neighbourhoods. Urban areas have higher rates of delinquent behaviours. Loeber, Green,

Keenan, and Lahey (1995), reported that logistic regression showed that low socio-economic status of parents among other factors predict an early onset of delinquent behaviour.

Cognitive Restructuring

Cognitive restructuring, says the American Psychological Association, means "changing the way you think" (APA 2000, Shobola, 2007; Yahaya, 2006, Salman, *et. al.,* 2011). Studies revealed that cognitive restructuring has been found to be very effective in the treatment of all forms of antisocial delinquents. Aderanti& Hassan (2011) report that cognitive restructuring is effective in the treatment of rebelliousness and behaviourliness while Obalowo, (2004) established its effectiveness in treating stealing. Findings from Aderanti& Hassan (2011) show that cognitive restructuring is more effective on females than on males 'rebelliousness and also effective on the rebelliousness of inmates from medium socio-economic backgrounds than the inmates from both low and high socio-economic backgrounds. According to Aderanti and Hassan (2011), the effectiveness of cognitive restructuring in treating rebelliousness is not a surprise, because cognitive factors play an important and well documented role in delinquent since the way people think has a controlling effect on their actions. According to psychology wiki (2012), cognitive restructuring is effective in the treatment of anger (a major construct in delinquent behaviour). It was exposed to high-anger drivers and it helped to keep them calm and collected. Also, cognitive restructuring has shown great beneficence in the pre-release preparations of criminals, reducing recidivism and depressed persons.

2.8 Summary

This chapter reviews the nature and types of offences committed by Adolescents, rehabilitative programs of borstal training institute, objectives of the institute as well as

procedure for admission. It also cover some selected studies that have being carried out in this area by some selected scholars. Predisposing factor where also reviewed as: gender, cultural acceptance/attitude to adolescent issues, low social economic status; lack of love/inadequate parental care, broken homes and large family size; peer group, illiteracy ignorance, frustration/unemployment, curiosity, depression.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

In this chapter, a general outlook of the research methodology adopted in this study is outlined. The research design adopted, the population, sample and sampling procedures, and the research instruments are all explained. The validity of the research instruments, their administration, data collection procedures and data analysis procedures, are also discussed.

3.2 Research Design

The research was carried out using quasi-experimental design; Pre-test-Post-test control group. The quasi-experimental design involves the manipulation of one or more independent variables, but there was no random assignment of subjects to conditions (Kolo, 2003). This is because the study would cover fewer participants under control condition. The study took account of pre-post-test design with both treatment group and a control group. This was considered appropriate because the research involve treatment and control groups respectively. The experiment group were exposed to cognitive restructuring, while the control group was exposed to the school traditional method of treatment. The design is symbolically presented follows:

Figure 3.1: Pre-test-Post-test Control Group design

O_1 X_1 O_2

O_3 O_4

Key:

O_1 and O_3 refer to the observation before commencement of experiment (pre-test).

O_2 and O_4 refer to the observation after commencement of experiment or treatment (post-test).

X_1 refer to the treatment variable.

3.3 Population

All the inmates of Borstal Training Institute, Barnawa Kaduna form the population of the study. In other words, the population is made up of all the inmates from the two (2) departments of the institution which include; Educational and vocational departments. According to Borstal records (2013) the total population of inmates in custody as at 2013 is three hundred and sixty four (364). The population comprises of students of different age category, ethnic and religious background.

3.4 Sample and sampling techniques

As earlier stated, the population of the study is made up of all the inmates in custody at the Borstal Training Institute, Barnawa, Kaduna. However, it would not be feasible to cover all the population of the inmates due to the size. Against the background, the researcher will draw the sample purposely from Educational and vocation departments. The total number of inmates in the two departments is three hundred and sixty four (364). 40 of the inmates meet the research diagnostic criteria for delinquent behaviour. 40 inmates would randomly assigned. 20 would randomly assigned into the experimental group (Cognitive Restructuring) and the control group.

3.5 Control of Intervening Variables

Being a quasi-experimental research design, where the researcher did not have total control over the population of the study, it was clear that other compounding or intervening variables could also come up. The variables were those that could prevent the researcher from completely attributing the observed changes in the dependent variables to the effects of the independent variables on them.

Since the aim of the researcher was to consider the exact effects or otherwise of the independent variable on the dependent variable and to further generalize the effects, it was necessary to control the intervening variables effectively. The major anticipated intervening variables of the study were: Medium of communication, Test-retest effects otherwise called test wiseness, Experimental mortality, and Experimental and Control group interaction.

a) **Medium of Communication:** With the falling standards of education, it was anticipated that many of the students in the target population may not fully understand the treatment session. The researcher therefore had to personally read the items to the students and also entertained questions to be sure that they fully understood the questions. Additional explanations on each of the items were also given in the local language (Hausa) in order to fully understand the treatment session.

b) **Test-retest Effects:** When the same test is used in pretest and posttest, it is likely that the familiarity with the pretest may affect the participant's response in the posttest. The researcher therefore effectively controlled this by personally administering the treatment. It was also expected that the time span between the

pretest and posttest will take about Eight weeks and would have significantly weakened this intervening variable. Within this period, treatments were carried out in the experimental group, while the control group is engaged in some discussions which were meant to serve as placebo treatment.

c) **Experimental Mortality:** It was possible that while the experiment lasted, some of the subjects might withdraw especially as they were told from the beginning that

their participation was voluntary. To control this, the researcher sampled more subjects than required right from pretest. At the end of the treatment process, posttest of the first twenty inmates in each group would be in the analyses.

d) **Experimental and control group interaction:** The researcher deliberately and as much as possible, kept the two groups in each department separate. This was aimed at preventing the control group from knowing the participation of the experimental group after the pretest. That as why the control group was not left idle but was engaged in discussions on issues irrelevant to the variables in the study.

3.6 Treatment Procedures

The researcher will cautiously apply treatments in the experimental groups of the departments sampled. Since we had one technique for the treatment, each department had a group for treatment and a control group. Official permission was first sought by the researcher from the principal, Borstal training institute, Barnawa, Kaduna.

3.6.1 Pre-treatment Sessions

i. **First Visit.** The researcher visits the Institute for the purpose of meeting the principal and the Guidance and Counselling department. Request was made to the institute for permission to see all inmates in custody and administer the pretest.

ii. **First Interaction.** This was the interaction between the researcher, school Guidance and Counselling officers and all inmates in each of the departments. It served as an introduction where inmates were informed about the mission or the researcher. This was however not too detailed in the aspect of the enquiry in order not to affect the inmates responses in the pretest. The interaction lasted for about one hour in each department.

iii. **Administration of the Pretest.** Shortly before the commencement of the treatment session, the Conduct Disorder Scale (CDS) and inmate therapeutic technique questionnaire (ITTQ), instrument was be administered as the pretest. It had the unique purpose of identifying the severity of Delinquent Behaviour and Socio-Economic status of inmates. The administration of the test would also last for about 20 minutes.

3.6.2 Treatment Sessions

Each of the treatments lasted for eight sessions and each session took between 25 to 30 minutes. Two groups were treated, one in each department, and in each department there is a control group, which did not received any treatment. Monday to Wednesdays is scheduled for treatment of cognitive restructuring group, while Thursdays were scheduled for discussions with the control group. The sessions commenced before their normal classes and rounded off after about Eight weeks.

3.6.3 The Control Groups: No Treatment

In order to keep the control groups tinder watch, the researcher continued meeting with the group while the treatment in the experimental groups lasted. Group discussions with participants in the control groups were organized on areas that did not have any relationship with the topic of the research that is, the traditional method of treatment. The topics included the following:

1. The evils of corruption:
2. Denial of meal:
3. Nationalism:
4. Corporal punishment:
5. Physical training and keeping fit:
6. Vulnerability and risks in drug abuse;
7. The dangers of premarital sex;
8. The importance of avoiding punishment;
9. General discussions on topics discussed earlier
10. Round up discussions and administration of posttest.

The topics was discussed at the peripheral level. Caution was taken not to discuss details that may influence changing in delinquent. The researcher considered the discussion of these topics as a kind of placebo treatment because the participants might have believed that they were receiving treatment although the topics was completely

irrelevant to the dependent variables. The topics were supposed to keep the control group busy and not to effect any change of the unwanted delinquent.

3.7 Instrumentation

The instruments that was utilized in the research are two which are:

i. Conduct Disorder Scale (CDS),

ii. Inmate Therapeutic Technique Questionnaire (ITTQ)

3.7.1 Validity of the instruments

Conduct Disorder Scale (CDS)

Conduct Disorder Scale (CDS) was designed by James E. Gilliam in 2002. The CDS is preferred in this study because it is an efficient and effective instrument for evaluating students that are exhibiting severe delinquent problems and may have Delinquent Behaviour. Furthermore, it provides standard scores for use in identifying students with Delinquent Behaviour. The 40 items that are on the CDS depicts the specific diagnostic delinquents that are characteristic of persons with Delinquent Behaviour. These items comprise four subscales representing the core symptom clusters that are necessary for the diagnosis of Delinquent Behaviour which include: Aggressive Delinquent, Hostility, Deceitfulness and Theft, and Rule Violations. The CDS is applicable to individuals ‘that are between ages 5 through 22, exhibiting unique delinquent problems. Items on the subscales have strong face validity because they are based on the diagnostic criteria for Delinquent Behaviour that were published in the Diagnostic and Statistical Manual of Mental Behaviours, Fourth Edition-Text Revision (DSM-IV-TR) (Gilliam, 2002).

Inmate Therapeutic Technique Questionnaire (ITTQ)

This instrument is user designed questionnaire. It has three sections. The first section contains seven bio-data variables of age, mode of entry, educational level, programme of study, years spent in the institute, parental socio-economic background and place slept before brought into the institute. The section contains eighteen questions in delinquent offences factor questionnaire each with option of strongly agree, agree, disagreed and strongly disagreed carrying points of 4,3,2 and 1 respectively. The last section contains twenty-two questions on inmate treatment evaluation form (IEF) each with options of agreed or disagreed. Ten copies each of the two set of instruments were thus distributed to inmates who when not among the selected for the final study but show similar characteristics in almost all respects. These questionnaires were distributed and personally retrieved by the researcher.

3.7.2 Reliability of Instrument

The data thus collected from the pilot study were statistically analysed for purpose of reliability co-efficient. The Cronbachs reliability coefficient was used. Consequently, reliability co-efficient of alpha level of 0 .904 was obtained for the Conduct Disorder Scale (CDS).

In the same vein reliability co-efficient of alpha level of 0. 705 was obtained for the Inmate Therapeutic Technique Questionnaire (ITTQ).

Both reliability co-efficient were considered adequate for the internal consistencies of the instruments. This was a confirmation of test of reliability by Spiegel, (1992). and. Stevens, (1996). According to them an instrument is considered reliable if it lies between 0 and 1, and that the closer the calculated reliability coefficient is to zero, the

less reliable is the instrument, and the closer the calculated reliability co-efficient is to 1, the more reliable is the instrument. This therefore confirms the reliability of the data collection instrument used as fit for the main work.

3.8. Procedure for data collection.

The questionnaire were distributed to the selected samples i.e. inmates in educational and vocational department. The data collection exercise lasted for Eight weeks. The distribution of the questionnaire was done by the researcher with the aid of some research assistants and collected immediately to minimize the rate of questionnaire mortality after which the data were sorted out for computation.

3.9 Cognitive Restructuring Treatment Sessions

Cognitive restructuring is a set of techniques for coming more aware of our thoughts and for modifying them when they are distorted or are not useful. Cognitive restructuring as a treatment technique in this study is directed towards helping adolescents to restructure their thinking and delinquent.

TREATMENT PACKAGE

WEEK ONE

Session one: General orientation to the programme

OBJECTIVES:

The researcher set to achieve the following objectives:

a. To familiarize participants with the entire treatment sessions

b. To create a delinquentive atmosphere for discussion sessions

c. To help client recall problem from the past.

d. Role play their past delinquent problem giving reasons to their actions

Step I:

The introduction of selves by both the inmates and the researcher thereby establishing a researcher relationship with the inmates.

Step II:

The researcher then explains to the inmates what cognitive restructuring is and how it can be used to minimize delinquent.

Step III:

The goals of the whole treatment session was set collectively between the researcher and the inmates.

Step IV:

The researcher then asked the inmate to defined and identify some delinquent problems known to them.

Step V:

The researcher and participants deliberated on the problems stated and identified.

Step VI:

The researcher and participants role played some of the Negative delinquent identified and comparing with their reasons for the said delinquent.

Assignment:

List other ten (10) negative delinquent of adolescents known to you.

The session would end with words of appreciation and encouragement to participants to attend the next session.

WEEK TWO:

Session Two: Basic term and concepts in cognitive restructuring

Objectives: The objective for this session will be used to:

a. Give the clients time to defend his thoughts and beliefs.

b. Help the participant accept responsibility for his delinquents

c. Restructure their thinking and thereby alter their delinquent

To achieve this stated objectives the researcher welcomed the participants to the second session of the cognitive restructuring skill training therapy. The participants were also introduced to cognitive restructuring as a process of changing subconscious thoughts. The intent is to bring a person to the full implication of negative statement about one's self.

Step I:

The researcher gives the client a very warm reception for them to feel at home and be relaxed for the collaborative session to commence.

Step II:

The researcher then reminds the client about the homework given to them the previous session. They are then asked to mention their negative thoughts.

Step III:

The researcher picked the thoughts one by one and requested the client to explained what he means and how he feels with reasons to be a delinquent.

Step IV:

By way of feedback, the researcher listened and expressed emphatic feelings while the client also explained their feelings about the thoughts.

Step V:

While expressing his emphatic feeling, the researcher explained what the therapy can do to help provide an environment for collaborative efforts between him and the client to change the unwanted delinquent.

The researcher makes reference to prominent individuals in the society who engage in good delinquent or delinquent and therefore were able to attain great heights. Participants would also be led to make contributions, in the form of questions(s) observations (s) and answers.

Assignment:

What are some of the ways of combating Negative behaviour?

This session ended with appreciation and encouragement of participants to attend the next session.

WEEK THREE:

Session three: The researcher tests the validity of the clients' beliefs or thoughts.

Objectives:

a. To identify the negative automatic thoughts of the clients.

b. To understand how automatic thoughts can trigger unwanted delinquent.

c. To monitor the negatives thoughts of the clients

Step I:

The researcher welcomes the clients to another treatment session

Step II:

The researcher gave the client a very warm reception for them to feel at home and be relaxed for the collaborative session to commence.

Step III:

The researcher then reminds the client about the homework given to them the previous sessions. They are asked to mention their negative thoughts.

Step IV:

The researcher then picked the thoughts one by one and request the client to explain what he means and how he feels.

Step V:

The researcher listens and expresses his emphatic feelings while the client explains his feelings about the thoughts.

Step VI:

While expressing his emphatic feelings, the researcher explained what the therapy can do to help provide an environment for collaborative efforts between him and the client to change the unwanted behaviour.

Step VII:

The researcher then closed the session by giving the client some homework by attaching these negative thoughts with the behaviour they cause him to exhibit.

WEEK FOUR

Session four: Writing to journal thoughts and situations that occurs daily and review of assignment.

Objectives:

To establish peculiar behaviour(s) evident from the assignment that was submitted, role-play the present behaviour(s) and enlighten the participants on the harm of negative thoughts.

Step I:

The researcher kick –start the session by welcoming participants into another treatment session.

Step II:

Review of the last session was done, questions were asked and answers provided and the assignment collected.

Step III:

Good and bad behaviour were highlighted.

Step IV:

Bad behaviour such as aggression destruction of property or vandalism, deceit or theft, and serious violation of rules was discouraged while good behaviour such as being submissive, docile constructive, truthful and obedient or respectful encouraged and role-played during the session.

Step V:

Outstanding personalities in the society were cited by the researcher to serve as role models to the participants.

Step VI:

The researcher role- played some desirable behaviour and contributions harvested from the participants.

Step VII:

The researcher asked participants to keep a journal (A notebook for daily recording of behaviours) of all the activities during the sessions. The purpose of the journal is to spell out the set goals and proffer how to achieve these. Every accomplished goal (s) are to be ticked daily.

This session ended with the participants being appreciated and encouraged to attend the next session.

WEEK FIVE

Session five: Overcoming negative behaviours through the principle of cognitive restructuring / guided discovery.

Objectives:

a. To empower participants with strategies of cognitive restructuring such as self – awareness self –regulation re-construction of thoughts. self statement or self-talk and self- monitoring to combat negative delinquent.

b. To guide the client to positively think of better alternatives to their challenged distorted thoughts

c. To help participants learn how to challenge their distorted thoughts identified in the previous sessions.

Step I:

As usual, the researcher welcomed the clients into another sessions of the therapy.

Step II:

The researcher leads clients in recapitulating on the previous sessions and success achieved so far.

Step III:

Having discussed the negative thoughts in previous sessions, the researcher defined what a normal and positive thinking is, as against a distorted thought.

Step IV:

The researcher seeks the co-operation of the client then begins to challenge the distorted thoughts presented by the client by picking each thought and exposing its faults.

Step V:

The researcher then guides the client in selecting substitute positive thoughts. That is negative thoughts will be exposed and substituted with more realistic thoughts.

Step VI:

The researcher then offered his support to the client appreciating the kind of collaborative sessions they have had.

Step VII:

The client asked if they have any observation to make on the progress made so far.

The session will end with appreciation and encouragement of participants to attend the next session.

WEEK SIX:

Session Six: Continue therapeutic intervention / modelling

Objectives:

To role play desirable behaviours and create opportunities for real situations. That is both good and bad behaviours.

Step I:

The researcher started the session by praising the participants for the high level of co-operation that they have exhibited so far.

Step II:

The previous session was reviewed and observations were deliberated upon.

Step III:

Both the researcher and participant role played good and bad behaviours.

Step IV:

Participants also role played among themselves and constructive criticisms of behaviours was encouraged, while insisting that the person is not criticized.

Step V:

Members of the group were observers to show consideration, respect and due recognition of other persons.

Step VI:

In the process of role playing, observers were asked to make suggestions on verbal and non-verbal behaviours that would be apparent.

This session ended with appreciation of the participants as well as giving them a home work.

Assignment:

Write out your goal(s) for the week and tick as each is attained.

WEEK SEVEN

Session Seven: Emphasis on the benefit of cognitive restructuring therapy for adequate restoration of expected behaviours outcome.

Objectives: To review participant journal and assignments

Step I:

The session commenced with a word of welcome from the researcher and was be followed by the review of the last session.

Step II:

The assignment was collected and answers were discussed. Participants who participated actively were rewarded.

Step III:

The researcher intensified his teachings on the important of cognitive restructuring therapy as against the unpleasant consequences of negative behaviour if left unattended to or not treated.

Step IV:

The session came to a close with the encouragement of participants to continue to practice the strategies that has been learnt so far.

WEEK EIGHT:

Session Eight: General evaluation of cognitive restructuring skill training and systematic positive reinforcement.

Objectives: To provide a pleasant reinforcement or reward for performing a desirable behaviour.

Step I:

A welcome address by the researcher kick-started the session.

Step II:

The participants further engaged with the techniques of thoughts reconstruction, self-talk and self-monitoring among other strategies that they were encouraged to practice.

Step III:

The participants were asked to explain and role-play good and bad behaviours.

Step IV:

Participants were encouraged to ask questions, make comments and share personal experiences learnt so far in all the previous sessions.

The session came to an end by rewarding participants with a token reinforcement. Of either biscuits, a pair of uniform or shoe for participating actively during the sessions.

WEEK NINE:

Session Nine: Wrap up and re-administration of instruments that is; delinquent Conduct Disorder Scale (CDS) inmate therapeutic questionnaire (ITTQ).

Step I:

The researcher appreciated the participants for their dedication and co-operation from the beginning of the cognitive restructuring skill training.

Step II:

Again participants were reminded and encouraged to practice the learnt behaviours. This is in order to experience a total victory over the plagues of negative behaviours.

Step III:

Revision and re-administration of instruments.

3.10 Procedure for data Analysis.

This study made use of statistical tools to analyze and interpret the data collected. Thus, the data obtained by the researcher were analysed using the Statistical Package for Social Sciences (SPSS). The use of descriptive statistics was employed i.e. mean and standard-deviation for answering the research questions and data presentation. Whereas' inferential statistics: independent and paired T-test were used for testing the null hypotheses at 0.05 level of significance.

CHAPTER FOUR

RESULTS AND DISCUSSION

4.1 Introduction

This chapter presents analysis of the data obtained from the study. The chapter answered the research questions using descriptive statistics of mean, standard deviation and standard errors.

The research hypotheses were tested using inferential statistics of independent T-test. The basis for rejection or acceptance of the hypotheses is 0.05 level of significance. The chapter is therefore organized according to the following sub-headings: Introduction, Data presentation, Answers to research questions, Hypotheses testing, Summary of major findings, and discussions.

4.2 Data presentation

Table 4.2.1: Distribution of inmates by their treatment groups

	Frequency	Percent
EXP	20	50.0
CONT	20	50.0
Total	40	100.0

The inmates were classified into two groups. A total of 2 0 or 50.0% were grouped in the experimental group that were exposed to the treatment while the remaining 20 or 50.0% were classified into control group.

Distribution of Inmates by Age

Age	Frequency	Percent
between 16 and 17	3	7.5
between 18 and 20	17	42.5
from 21 and above	20	50.0
Total	40	100.0

On the age of the inmates under study, only 3 or 7.5% are between 16 and 17 years old as against 17 or 42.5% that fall within the age range of and ab18 and 20 years and the rest 20 or 50.0% are fall within age range of 21 and above.

MODE OF ENTRY /ADMISSION INTO THE INSTITUTE

	Frequency	Percent
Through the court of law	6	15.0
by my parents	34	85.0
Total	40	100.0

According to the table above, 6 or 15.0% of the inmates gained entry/admission into the institute through the court of law and the remaining 34 or 85.0% was through their parents. This implies that an over whelming majority of the inmates mode of entry/admission into the institute was through their parents.

Highest level of education before being brought into the institute

Level of education	Frequency	Percent
Junior secondary 1-3	3	7.5
senior secondary 1-3	34	85.0
did not attend formal sch at all	3	7.5
Total	40	100.0

On their highest education before being brought to the institute, 3 or 7.5% of hem had Junior secondary school 1 – 3 qualification while 34 representing 85.0% had senior secondary 1-3 qualification and he rest 3 or 7.5% did not attend any formal school at all before being o the institute. This shows that most of the inmates had senior secondary 1-3 qualification prior to their being brought to the institute.

Reformation programme of study

Programme of study	Frequency	Percent
Educational	27	67.5
Vocational	13	32.5
Total	40	100.0

The students according to their reformation programme of study shows that 27 representing 67.5% are in Educational reformative programme while the rest 13 or 32.5% are in the vocational reformative programme.

How many years have you spent so far in this institute?

Years spent	Frequency	Percent
0-1 yrs	11	27.5
1-2 yrs	10	25.0
2-3 yrs	19	47.5
Total	40	100.0

On the number of years spent by the inmates at the institute, 11 of them representing 27.5% have spent less than or one year while 10 or 25.0% have spent between 1 – 2 years and the rest 19 or 47.5% have spent between 2 – 3 years in the institute.

Before you were brought into this institute, where do you use to sleep at night?

	Frequency	Percent
At home	24	60.0
Neighborhood	2	5.0
Street	2	5.0
rented apartment	2	5.0
guest house	1	2.5
with my friends	9	22.5
Total	40	100.0

On where they sleep before they came to the institute, 24 or 60.0% said they sleep at home with their parents while 2 (5.0%) sleep in neighborhood, another 2 (5.0%) slept in the street while another 2 (5.0%) slept in rented apartment as against 1 or 2.5% that

slept in guest house and the rest 9 or 22.5% slept with their friends. This shows that majority of them numbering 24 or 60.0% slept at home before coming to the institute.

4.3 Answers to research questions.

Research Question One: What is the effect of cognitive restructuring on aggressive behaviour among adolescents exposed to the treatment and those in the control group?

Table 4.3.1 Descriptive mean statistics on difference in the effect of cognitive restructuring on Aggression behaviour among adolescents exposed to the treatment (experimental) and those in the control group.

Treatment Groups	N	Mean	Std. Deviation
Post test Experimental	20	7.8000	3.39659
Post test Control	20	15.6500	7.13239
Pretest Experimental	20	10.2500	3.12671
Pretest Control	20	15.8500	6.76115
Total	80	12.3875	6.36942

The descriptive statistics showed the mean aggressive bahaviour scores of the four groups to be 7.80000, 15.6500, 10.2500 and 15.8500 of post test experimental, post test control, pre-test experimental and pre-test control respectively. This shows that students aggression behaviour score has significantly reduced to the minimum after being exposed to the treatment of cognitive restructuring. This shows that there might be a significant effect of cognitive restructuring on aggressive behaviour among adolescents exposed to the treatment and those in the control group.

Research Question two: What is the effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment and those in the control group?

Table 4.3.2 Descriptive mean statistics on difference in the effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment (experimental) and those in the control group.

	N	Mean	Std. Deviation
Post test Experimental	20	7.9500	3.84537
Post test Control	20	16.7500	8.15556
Pretest Experimental	20	10.2000	4.70834
Pretest Control	20	16.5500	7.49368
Total	80	12.8625	7.31868

The descriptive statistics showed the mean Hostility bahaviour scores of the four groups to be 7.9500, 16.7500, 10.2000 and 16.5500 of post test experimental, post test control, pre-test experimental and pre-test control respectively. This shows that students Hostility behaviour score might have significantly reduced to the minimum after being exposed to the treatment of cognitive restructuring.

It can be concluded that there is effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment and those in the control group?

Question three: What is the effect of cognitive restructuring on Theft behaviour among adolescents exposed to the treatment and those in the control group?

Table 4.3.3 Descriptive mean statistics on difference in the effect of cognitive restructuring on Theft behaviour among adolescents exposed to the treatment (experimental) and those in the control group.

Theft behaviour	N	Mean	Std. Deviation
Post test Experimental	20	35.4500	6.64494
Post test Control	20	39.7500	6.26498
Pretest Experimental	20	41.4500	6.08255
Pretest Control	20	39.5000	6.17721
Total	80	39.0375	6.56119

According to the descriptive statistics the mean Theft bahaviour scores of the four groups are 35.4500, 39.7500, 41.4500 and 39.5000 of post test experimental, post test control, pretest experimental and pretest control respectively. This shows that students Theft behaviour score has significantly reduced to the minimum after being exposed to the treatment of cognitive restructuring. This implies that there might be a positive effect of cognitive restructuring on Theft behaviour among adolescents exposed to the treatment and those in the control group.

4.4 Testing of Research Null Hypotheses

Hypothesis One: This null hypothesis state that there is no significant difference in the effect of cognitive restructuring on Aggressive behaviour among adolescents exposed to the treatment (experimental) and those in the control group.

Table 4.4.1: paired sample t test statistics on the difference between Pretest and post test scores on Aggressive behaviour among adolescents exposed to the treatment of cognitive restructuring.

Aggressive behaviour disorder	**N**	**MEAN scores**	**STD.DEV**	**Df**	**t calculated**	**P (sig)**
Posttest Aggressive	20	7.8000	3.39659	19		
Pretest Aggressive	20	10.2500	3.12671		9.200	0.000

P calculated < 0.05 t calculated > 1.96 at df 19

According to the paired sample statistics above, significant difference exist between the pretest and post test scores in aggressive behaviour among students exposed to the treatment of cognitive restructuring.

This is because the calculated *p* value of 0.000 is less than the 0.05 alpha level of significance and the calculated t value of 9.200 was found to be higher than 1.96 t critical at df 19. Their mean aggressive behaviour were 7.8000 and 10.2500 after and before exposure to cognitive restructuring respectively with a mean difference between the two to be 2.4500.. This implies that their aggressive behaviour after exposure to the treatment has significantly reduced compared to before the treatment. Therefore the null hypothesis which states that there is no significant difference between the pretest and post test scores in aggressive behaviour among students exposed to the treatment of cognitive restructuring, is hereby rejected.

Hypothesis two: This null hypothesis state that there is no significant difference in the effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment (experimental) and those in the control group.

Table 4.4.2: Paired sample t test statistics on the difference between Pretest and post test scores on Hostility behaviour among adolescents exposed to the treatment of cognitive restructuring.

Hostility behaviour disorder	**mean**	**N**	**MEAN scores**	**STD.DEV**	**Df**	**t calculated**	**P (sig)**
Posttest Hostility		20	12.3500	7.71130	19		
Pretest Hostility		20	13.6750	6.74209		2.259	0.030

P calculated < 0.05 t calculated > 1.96 at df 19

According to the paired sample statistics above, significant difference exist between the pretest and post test scores in Hostility behaviour among students exposed to the treatment of cognitive restructuring.

This is because the calculated p value of 0.030 is less than the 0.05 alpha level of significance and the calculated t value of 2.259 was found to be higher than 1.96 t critical at df 19. Their mean Hostility behaviour were 12.3500 and 13.6750 after and before exposure to cognitive restructuring respectively with a mean difference between the two to be 1.3250. This implies that their Hostility behaviour after exposure to the treatment has significantly reduced compared to before the treatment. Therefore the null hypothesis which state that there is no significant difference between the pretest and post test scores in Hostility behaviour among students exposed to the treatment of cognitive restructuring, is hereby rejected.

Hypothesis three: This null hypothesis state that there is no significant difference in the effect of cognitive restructuring on Theft behaviour among adolescents exposed to the treatment (experimental) and those in the control group.

To test this hypothesis, the pretest and the post test theft behaviour scores of students exposed to the treatment were compared using the paired sample t test analysis.

Table 4.3.3: paired sample t test statistics on the difference between Pretest and post test scores on theft behaviour among adolescents exposed to the treatment of cognitive restructuring.

Theft mean behaviour disorder	**N**	**MEAN scores**	**STD.DEV**	**Df**	**t calculated**	**P (sig)**
Post-test Theft	20	40.7500	6.34844	19		
Pre-test Theft	20	42.7000	6.49777		9.233	0.000

P calculated < 0.05 t calculated > 1.96 at df 19

According to the paired sample statistics above, significant difference exist between the pre-test and post test scores in Theft behaviour among students exposed to the treatment of cognitive restructuring.

This is because the calculated p value of 0.000 is less than the 0.05 alpha level of significance and the calculated t value of 9.233 was found to be higher than 1.96 t critical at df 19. Their mean theft behaviour were 40.7500 and 42.7000 after and before exposure to cognitive restructuring respectively with a mean difference between the two to be 1.9500. This implies that their theft behaviour after exposure to the treatment has significantly reduced compared to before the treatment. Therefore the null hypothesis

which state that there is no significant difference between the pre-test and post test scores in theft behaviour among students exposed to the treatment of cognitive restructuring , is hereby rejected.

4.5 Summary of the major findings

1. Significant difference exist in the effect of cognitive restructuring on Aggression behaviour among adolescents exposed to the treatment (experimental) and those in the control group (t=9.200, P=0.00). This shows that students aggression behaviour score has significantly reduced to the minimum after being exposed to the treatment of cognitive restructuring.
2. Significant difference exist in the effect of cognitive restructuring on Hostility behaviour among adolescents exposed to the treatment (experimental) and those in the control group. (t=2.259, P=0.030) This shows that students Hostility behaviour score has significantly reduced to the minimum after being exposed to the treatment of cognitive restructuring.
3. Significant difference exist in the effect of cognitive restructuring on Theft behaviour among adolescents exposed to the treatment (experimental) and those in the control group. (t=9.233, P=0.000). This shows that students Theft behaviour score has significantly reduced to the minimum after being exposed to the treatment of cognitive restructuring.

4.6 Discussion of findings

This section presents the discussion of findings of this research. The findings of this study revealed that significant differences exist in the effect of cognitive restructuring on aggression behaviour among adolescents exposed to the treatment in favour of the experimental group. This implies that cognitive restructuring technique is effective in

improving positive behaviour among the inmates. The findings of their study is in line with the result obtained by Aderanti & Hassan (2011) who found that cognitive restructuring is effective in the treatment of rebelliousness and behaviourliness while Obalowo, (2004) established its effectiveness in treating conduct disorder in adolescents.

It was also presented by Geenberg & Scott, (1984), that there is a positive effective of cognitive restructuring on aggressive behaviour. Similarly, Abbeen M. (2003) examined the moderating influence of cognitive restructuring on aggressive behaviour among secondary school students and the result disclosed that cognitive restructuring is effective.

The findings of null hypotheses two revealed that significant differences exist in the effect of cognitive restructuring on Hostility behaviour. This study is in agreement with the findings of Yahaya (2006) which revealed that cognitive restructuring is effective in the treatment of hostile behaviour and it helped to keep adolescents calm and has shown great beneficence in the pre-release preparations of criminals, reducing recidivism and depressed persons. The findings corroborated the definition of conduct disorder (APA, 1994; 2000) as a repetitive persistent pattern of behaviour in which the person violates the basic rights of others or violates major age-appropriate societal norms or rules. It was stated that three of the criteria or symptoms must be present over a period of twelve months. These – the participants in the study met satisfactorily (Loeber, Green, Lahey, Frick & McBurnett, 2000).

The findings of the null hypotheses three revealed that significant differences exist in the effect of cognitive restructuring on theft behaviour in favour of the experimental group. The findings of this study is in line with the result obtained by Bakan D. (1972) that lack of involvement as well as poor monitoring and supervision of

children activities strongly predicted antisocial behaviours. (Leober & Stouthamer – Leober, 1986, Murray & Farrington, 2010) also suggested in their research on a adolescents and crime that parents of children with antisocial behaviours were likely to be less positive, more permissive and inconsistent, and use more violent and critical disciplines. In an influential review Rutter, Giller & Hagell (1998) concluded that antisocial behaviour are associated with theft/stealing, critical, punitive and coercive parenting. In addition, Aderant & Hassan (2011) affirmed that conduct disorder development in young children is as a result of parents who model violence and antisocial behaviour or reward selfish and theft behaviour.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presents the summary of the entire research work, conclusions drawn from the study and recommendations. Suggestions for further studies were also presented in the chapter.

5.2 Summary

This study was structured into five chapters in order to effectively carry out this research. Chapter one presented the background and purpose of the study, the statement of problem and research questions, including the four hypotheses formulated for the study, scope and limitations. In line with the research objectives, the study is significant as psychologists and counsellors will find it useful in their professional duties, including students and parents will find the outcome interesting.

In the sampling technique, 40 of the inmates meet the research diagnostic criteria for delinquent behaviour. 40 inmates were therefore randomly assigned. 20 will be randomly assigned into the experimental group (Cognitive Restructuring) and the control group.

Statistical analysis and interpretation of the findings from the analysed data were presented in chapter four. Finding showed that there was a commendable decrease in the participants' delinquent behaviour when the pre – test and post – tests results were

compared which simply reflected the effect of cognitive restructuring technique that was used.

5.3 Conclusion

This study investigated the effect of cognitive restructuring in Delinquent Behaviour among adolescents in Borstal Training Institute, Barnawa, Kaduna State, Nigeria. It has been observed that Cognitive Restructuring is very effective in the treatment of delinquent behaviour. The adolescents are peculiar individuals, as they stand midway between childhood and adulthood; hence they are not liable when involved in delinquent behaviour. It is therefore, the responsibility of the parents schools and government at all levels (local, state and federal) to play their expected roles to promote good conduct in adolescents. This is more so when we remember that they are the future of the society.

From the findings of this study, it can be concluded that the participants that were exposed to cognitive restructuring therapy performed better in their Aggressive, Hostility and Theft delinquent behaviour after and before exposure to treatment than those in the control group.

5.4 Recommendations

From the study, the following recommendations are proffered based on my findings:

1) The findings of the study indicate that significant difference exist in the effect of cognitive restructuring on Aggression behaviour among adolescents exposed to the treatment (experimental) and those in the control group. The researcher therefore, recommends that psychologist and those in the helping profession be

encouraged to use the technique (cognitive restructuring) in reducing delinquent behaviour not only among inmates in custody but among secondary school students.

2) The findings also reveal that significant difference exists between the pr-test and post-test scores in aggressive behaviour among students exposed to the treatment of cognitive restructuring; it is recommended that the technique (cognitive restructuring) could be used to treat or correct other behavioural challenges.

3) The significant difference exist in the effect of cognitive restructuring on hostility behaviour among adolescents exposed to the treatment (experimental) and those in the control group, it is therefore recommended that cognitive restructuring could also be used to treat Attention Deficit Hyperactivity Disorder (ADHD) among adolescents.

4) The findings also reveal that significant difference exist between the pre-test and post-test scores in hostility behaviour among students exposed to the treatment of cognitive restructuring; it is therefore recommended psychologist should endeavour to explore the effectiveness of other behavioural modification techniques on delinquent behaviour of children and adolescent alike.

5) The findings also reveals that significant difference exist in the effect of cognitive restructuring on theft behaviour among adolescents exposed to the treatment (experimental) and those in the control group; the researcher therefore recommends that further studies should incorporate past treatment evaluation and follow-up by engaging participants that will be available for the post-treatment evaluation and follow-up which is usually done for at least six months.

6) The findings also reveal that significant difference exist between the pre-test and post-test scores in theft behaviour among adolescents exposed to the treatment of cognitive restructuring; the researcher therefore recommends that other interventions could be used either in isolation or in conjunction with the already tested and proven one.

5.5 Suggestions for further studies

This study has enhanced expertise and more experiences was acquired. To this effect, the following are suggested for further studies.

The study is limited to only one correctional institute in Kaduna State, thus it is important to replicate this empirical study for a larger population. Similar studies could be carried out in other states of Nigeria, in regular schools, approved schools and rehabilitation centres.

Further studies should in corporate post treatment evaluation and follow-up by treatment evaluation and follow-up which is usually done for at least six months.

Psychologist should endeavour to explore the effectiveness of other behavioural modification techniques on delinquent behaviour of children and adolescents alike.

This study revealed the efficacy of cognitive restructuring on delinquent behaviour among adolescents. Other interventions could be used either in isolation or in conjunction with the already tested and proven one.

Other variables such as peer pressure, state of origin or ethnicity, marital status of parents among others could be considered as intervening variables to delinquent behaviour.

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APPENDIX A

CDS	Section III. Interpretation Guide		
	Conduct Disorder Quotient	**Degree of Severity**	**Probability of Conduct Disorder**
Conduct Disorder Scale Summary/Response form	≥ 100	Severe	Highly Probable
	85-99	Moderate	Probable
	70-84	Mild	Likely
	≤ 69	(Not Applicable)	unlikely

Section I. Identifying Information

Subject's name_____

Address_____

_____

School_____

Year Month Day

Date of CDS Rating ___ ____ ___

Subject's Date of Birth ___ ____ ___

Subject's Age ___ ____

Parents'/Guardians' Names_____

Examiner's Name_____

Examiner's Title _____

Rater's Name_____

Section IV. Profile of Scores

Standard score	Aggressive Conduct Hostility Deceitfulness /Theft Rule Violations	Conduct Disorder Quotient	Quotients	Other measures of intelligence Achievement or Diagnostic Ratings	Quotients

	20	. . . .	.	150	. . .	150
	19	. . . .	.	145	. . .	145
	18	. . . .	.	140	. . .	140
	17	. . . .	.	135	. . .	135
	16	. . . .	.	130	. . .	130
	15	. . . .	.	125	. . .	125
	14	. . . .	.	120	. . .	120
	13	. . . .	.	115	. . .	115
	12	. . . .	.	110	. . .	110
	11	. . . .	.	105	. . .	105
	10	. . . .	.	100	. . .	100
	9	. . . .	.	95	. . .	95
Section II. Score Summary						
Raw Subscales Score SS %ile SEM	8	. . . .	.	90	. . .	90
	7	. . . .	.	85	. . .	85
Aggressive Conduct ___ ___ ___ 1	6	. . . .	.	80	. . .	80
Hostility ___ ___ ___ 1	5	. . . .	.	75	. . .	75
Deceitfulness /Theft ___ ___ ___ 1	4	. . . .	.	70	. . .	70
Rule Violations ___ ___ ___ 1	3	. . . .	.	65	. . .	65
Sum of standard scores ____	2	. . . .	.	60	. . .	60
Conduct Disorder Quotient ___ ___ 3	1	. . . .	.	55	. . .	55

Section V. Response Form

Directions: Rate each item according to the frequency of occurrence. Use the following guidelines for your ratings

0 **Never Observed**-You have never seen the person behave in this manner

1 **Seldom Observed** -- Person behaves in this manner 1 to 2 times per 6-hour period.

2 **Sometimes Observed-** Person behaves in this manner 3 to 4 times per 6-hour period**.**

3 **Frequently 0bserved**-Person behaves in this manner at least 5 times per 6-hour period.

Circle the number that best describes your observations of the person's typical behavior under ordinary circumstances (i.e., in most places, with people he or she is familiar with, and in usual daily activities). Remember to rate every item. If you are uncertain about how to rate an item, delay the rating and observe the person for 6-hour period to determine your rating

The person:	**Never Observed**	**Seldom Observed**	**Sometimes Observed**	**frequently Observed**	
1. argues with adults.	0	1	2	3	
2. actively defies or refuses to comply with adults' requests	0	1	2	3	
3. deliberately annoys people.	0	1	2	3	
4. acts in a spiteful or vindictive manner	0	1	2	3	
5. is verbally abusive.	0	1	2	3	
6. creates disturbances	0	1	2	3	
7. ignores adults warnings or reprimands.	0	1	2	3	
8. starts fights.	0	1	2	3	
9. is physically cruel to others.	0	1	2	3	
10. makes demands rather than requests.	0	1	2	3	
11. attempts to physically hurt others.	0	1	2	3	Aggressive conduct raw score
12. deliberately destroys others property.	0	1	2	3	
13. is explosive		0	1	2	
		☐ +	☐ =	☐	☐
14. loses temper	0	1	2	3	
15. is angry anti resentful.	0	1	2	3	
16. shows little or no shame or quilt after being caught doing something wrong.	0	1	2	3	
17. irritates teachers and other students	0	1	2	3	
18. cruelly teases or makes fun of others.	0	1	2	3	Hostility raw score
19. is insensitive to the feelings of others.	0	1	2	3	
20. displays a negative attitude.	0	1	2	3	
21 says authority figures do not have the right to touch him	0	1	2	3	
22. says he or she doesn't care about how others feel.	☐	+ ☐	= ☐	☐	☐

23. is unconcerned about others' rights.	0	1	2	3	
24. rejects moral statements about what is right or wrong.	0	1	2	3	
2. associates with antisocial students.	0	1	2	3	
26. makes sexually abusive comments.	0	1	2	3	
27 says he or she doesn't care what happens to him or her.	0	1	2	3	
28. blames others for his or her mistakes or misbehavior.	0	1	2	3	
29. lies to obtain goods or favors or to avoid obligations	0	1	2	3	
30. steals while confronting a victim.	0	1	2	3	
31 steals without confronting a victim	0	1	2	3	
32. uses other people's property without permission.	0	1	2	3	
33 cheats on assignments, tests, or games.	0	1	2	3	
	☐	+ ☐	+ ☐	= ☐	☐

Deceitfulness /Theft raw score

34. is touchy or easily annoyed by others.	0	1	2	3	
3S. fringes on the rights of others,	0	1	2	3	
36. is uncooperative.	0	1	2	3	
37. is disobedient (breaks known rules).	0	1	2	3	
38. responds poorly to discipline.	0	1	2	3	
39. bullies, threatens, or intimidates others.	0	1	2	3	
40. has difficulty waiting for things	0	1	2	3	
	☐	☐ +	☐ +	☐ =	☐

Rule violations raw score

Section VI. Key Questions

Answer each question by circling either Yes or No arid writing a description of the behavior in question. Because the time period in which the behavior occurred is important, be sure to record the date when the behavioral episode occurred.

Has the person ever:

1. harmed someone or threatened to harm someone using a weapon (eq., bat, brick, broken bottle, knife, or gun)? Yes No

2. been physically cruel to people or animals? Yes No

3. engaged in stealing directly from a victim (e.g.. mugging, purse snatching, extortion, or armed robbery)? Yes No

4. forced someone into sexual activity? Yes No

5. engaged in physical violence (e.g., rape, assault, or homicide? Yes No

6. deliberately destroyed someone's property (e.g. deliberate fire setting with the intention of causing serious damage)? Yes No

7. deliberately destroyed someone's property in other ways (e.g., smashing car windows or school vandalism)? Yes No

8. engaged in deceitfulness or theft such as breaking into someone else's house, building, or car? Yes No

9. lied or manipulated someone to obtain goods or favors or to avoid obligations? Yes No

10. engaged in stealing items of nontrivial value without confronting the victim (e.g, shoplifting or forgery)? Yes No

11. stayed out late at night despite parent & prohibition? Yes No

12. run away from home overnight (at least twice or only once if the subject stayed away for a lengthy period of time)? (NOTE: These running away episodes are not a result of physical or sexual abuse Yes No

13. been haunt from school before the age of 13? Yes No

Section VII. Interpretations and Recommendations

Section VIII. CDS Characteristics

Description. The conduct Disorder Scale is a highly standardized instrument designed for assessment of persons with Conduct Disorder and other severe behavioral disorders. The CDS provides norm-referenced information that can assist in the diagnosis of Conduct Disorder.

Item Selection. Items on the CDS are based on the definitions of Conduct Disorder published in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition—Text Revision (DSM-IWTR; American Psychiatric Association, 2000). The items on the subscales are derived from the DSM4V--TR diagnostic criteria for Conduct Disorder

Normative Data. The (CDS was standardized on a sample of 1,040 subjects from 22 states, Six hundred forty-four of the subjects were adjudicated juvenile delinquents or had a psychiatric diagnosis of Conduct Disorder.

Reliability. Internal consistency of the CDS was determined using Cronbach's alpha technique. Studies revealed a coefficient alpha of .96 for the entire test. This reliability coefficient is exceptionally strong and indicates that the items within the scale are very consistent in the measurement of characteristic behaviors of persons with Conduct Disorder and other serious behavioural disorders. All of the items are sufficiently reliable for contributing to important diagnostic decisions.

Validity. The validity of the CDS was demonstrated through several research studies Item analysis established that the CDS items are very consistent and discriminative, Concurrent criterion-related validity studies demonstrated that scores from the CDS can be used to discriminate subjects who have Conduct Disorder from those who belong to different diagnostic groups. Other evidence of concurrent validity was established 'by correlating scores on the CDS with scores from the Behavior Rating Profile Second Edition (Brown & Hammill, 1990) and the Differential Test of conduct and Emotional Problems (Kelly, 1990). Positive correlations were obtained between relevant subscales on these instruments and the CDS.

APPENDIX B

INMATE THERAPEUTIC TECHNIQUE QUESTIONNAIRE (ITTQ)

This is a research questionnaire designed to find out the effectiveness of cognitive restructuring technique used in the treatment of juvenile delinquents in Borstal training institute, Barnawa, Kaduna

SECTION A: BIO-DATA

Instruction please tick (√) as appropriate.

1. **AGE:**
   a. Between 12-13 [ ]
   b. Between 14-15 [ ]
   c. Between 117 [ ]
   d. Between 18-20 [ ]
   e. Between 21 and above [ ]

2. Mode of entry/admission into the institute: tick (√) in the appropriate box

a. Through the court of law [ ]
b. By my parents [ ]
c. By my Guardian [ ]
d. Others (specify) …….

3. What is your highest level of education before being brought into the institute?

a. Primary 1-6 [ ]
b. Junior secondary1- 3 [ ]
c. Senior secondary 1-3 [ ]
d. Did not attend formal school at all [ ]

4. Reformation programmed of study

a. Educational [ ]
b. Vocational [ ]

5. How many years have you spent so far in this institute?

a 0-1 years [ ]

b. 1-2 years [ ]

c. 2-3 years [ ]

6. How do you rate your parent economic status?

a. Very rich [ ]

b. Rich [ ]

c. Very poor [ ]

d. Poor [ ]

e. Farmer [ ]

7. Before you were brought into this institution, where do you use to sleep at night?

a. At home [ ]

b. Neigbourhood [ ]

c. Street [ ]

d. Rented apartment [ ]

e. Uncompleted house [ ]

f. Guest house [ ]

g. With my friends [ ]

SECTION B:

Please tick (√) as appropriate

S/N	Delinquent Offences Factor Questionnaire	Strongly Agreed	Agreed	Disagreed	Strongly Disagreed
1	I lack parental care/love				
2	I am from an unstable home				
3	I am from a single-parent				
4	I am from a polygamous home				
5	I have a poor family background				

6	I was over-pampered by my parents				
7	I am always curious				
8	I am always frustrated and depressed				
9	My parents are too autocratic				
10	I am from a broken home				
11	My friends influences me to bad behaviours				
12	My parents lack good job to take care of me				
13	I live in a clumsy environment				
14	My parents are always partial				
15	My environment lack moral conduct				
16	I lack proper guidance				
17	I am always mal-treated				
18	My father is a drug addict				

APPENDIX B *(Cont.)*

INMATE TREATMENT EVALUATION FORM (IEF)

Directions: We would like to know what the corrective thinking class was like for you. Please mark whether you agree or disagree with each of the following statements.

The responses that you provide to these questions will be kept confidential. That is, no one at this institute will know how you answer these questions.

1) The barriers to think that were taught in this class were helpful to me

   Agreed [ ] Disagree [ ]

2) The corrective to think were helpful to me

   Agreed [ ] Disagree [ ]

3) I could see how I have barriers to thinking

   Agreed [ ] Disagree [ ]

4) The group leader did a good job of giving us examples and showing us what she/he meant

   Agreed [ ] Disagree [ ]

5) Some group members did not behave well in class

   Agreed [ ] Disagree [ ]

6) The classes helped me improve the way I handle problems

   Agreed [ ] Disagree [ ]

7) Sometimes, I had trouble understanding what they were trying to teach us

Agreed [ ] Disagree [ ]

8) By using the steps I learned here, I will know how to get out of bad situations

Agreed [ ] Disagree [ ]

9) I do not think I will use these steps when I leave this facility

Agreed [ ] Disagree [ ]

10) The instructor used real life examples to demonstrate his/her point

Agreed [ ] Disagree [ ]

11) Sometimes, we role-played to practice part of the lesson

Agreed [ ] Disagree [ ]

12) I felt comfortable speaking in class

Agreed [ ] Disagree [ ]

13) The instructors seemed to like teaching this class

Agreed [ ] Disagree [ ]

14) I participated a lot in this class

Agreed [ ] Disagree [ ]

15) I had several chances to practice the skills I learned in class

Agreed [ ] Disagree [ ]

16) The instructors treated us with respect

Agreed [ ] Disagree [ ]

17) I felt that the instructor understood where I was coming from

Agreed [ ] Disagree [ ]

18) I had trouble doing the thinking reports

Agreed [ ] Disagree [ ]

19) I didn't think that this class relevant to my life

Agreed [ ] Disagree [ ]

20) I have benefited from attending this class

Agreed [ ] Disagree [ ]

21) I felt bored in this group

Agreed [ ] Disagree [ ]

22) If there is anything else you would like to say about this classes, please write it in the space provided ----------

---

Your Name: ----------

APPENDIX C

Univariate Analysis of Variance

Descriptive Statistics

Dependent Variable: Aggressive

groups	test	Mean	Std. Deviation	N
	pretest	10.2500	3.12671	20
experimental	post test	7.8000	3.39659	20
	Total	9.0250	3.45289	40
	pretest	15.8500	6.76115	20
control	post test	15.6500	7.13239	20
	Total	15.7500	6.86033	40
	pretest	13.0500	5.92236	40
Total	post test	11.7250	6.79739	40
	Total	12.3875	6.36942	80

Tests of Between-Subjects Effects

Dependent Variable: Aggressive

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	964.938[a]	3	321.646	10.913	.000
Intercept	12276.013	1	12276.013	416.498	.000
groups	904.512	1	904.512	30.688	.000
test	35.113	1	35.113	1.191	.279
groups * test	25.313	1	25.313	.859	.357

Error	2240.050	76	29.474		
Total	15481.000	80			
Corrected Total	3204.988	79			

a. R Squared = .301 (Adjusted R Squared = .273)

Estimated Marginal Means

Grand Mean

Dependent Variable: Aggressive

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
12.388	.607	11.179	13.596

T-Test hypothesis1

T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Posttest_Aggressive	7.8000	20	3.39659	.75950
	pretest_Agressive	10.2500	20	3.12671	.69915

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Posttest_Aggressive & pretest_Agressive	20	.937	.000

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Posttest_Aggressive - pretest_Agressive	-2.45000	1.19097	.26631	-3.00739	-1.89261	-9.200	19	.000

Descriptive Statistics

Dependent Variable: Hostility

groups	test	Mean	Std. Deviation	N
	pretest	10.2000	4.70834	20
experimental	post test	7.9500	3.84537	20
	Total	9.0750	4.39340	40
	pretest	16.5500	7.49368	20
control	post test	16.7500	8.15556	20
	Total	16.6500	7.73122	40
	pretest	13.3750	6.96396	40
Total	post test	12.3500	7.71130	40
	Total	12.8625	7.31868	80

Tests of Between-Subjects Effects

Dependent Variable: Hostility

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	1198.638[a]	3	399.546	10.012	.000
Intercept	13235.513	1	13235.513	331.668	.000
groups	1147.613	1	1147.613	28.758	.000
test	21.013	1	21.013	.527	.470
groups * test	30.013	1	30.013	.752	.389
Error	3032.850	76	39.906		
Total	17467.000	80			
Corrected Total	4231.488	79			

a. R Squared = .283 (Adjusted R Squared = .255)

Estimated Marginal Means

Grand Mean

Dependent Variable: Hostility

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
12.863	.706	11.456	14.269

T-Test hypo 2

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Posttest_Hostility	12.3500	40	7.71130	1.21926
	pretest_hostility	13.6750	40	6.74209	1.06602

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Posttest_Hostility & pretest_hostility	40	.877	.000

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Posttest_Hostility - pretest_hostility	-1.32500	3.70991	.58659	-2.51149	-.13851	-2.259	39	.030

Descriptive Statistics

Dependent Variable: Theft_behaviour

Groups	test	Mean	Std. Deviation	N
experimental	pretest	39.9500	10.42505	20
	post test	40.7500	6.34844	20
	Total	40.3500	8.52914	40
Control	pretest	39.7000	6.16527	20
	post test	39.7500	6.26498	20
	Total	39.7250	6.13518	40
Total	pretest	39.8250	8.45467	40
	post test	40.2500	6.24602	40
	Total	40.0375	7.38874	80

Tests of Between-Subjects Effects

Dependent Variable: Theft_behaviour

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	14.237[a]	3	4.746	.084	.969
Intercept	128240.113	1	128240.113	2267.281	.000
Groups	7.813	1	7.813	.138	.711
Test	3.613	1	3.613	.064	.801
groups * test	2.813	1	2.813	.050	.824
Error	4298.650	76	56.561		
Total	132553.000	80			
Corrected Total	4312.887	79			

a. R Squared = .003 (Adjusted R Squared = -.036)

Estimated Marginal Means

Grand Mean

Dependent Variable: Theft_behaviour

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
40.038	.841	38.363	41.712

T-test Hypothesis 3

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Posttest_Theft_behaviour	40.7500	20	6.34844	1.41955
	Pretest_Theft_behaviour	42.7000	20	6.49777	1.45295

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Posttest_Theft_behaviour & Pretest_Theft_behaviour	20	.989	.000

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	Posttest_Theft_behaviour - Pretest_Theft_behaviour	-1.95000	.94451	.21120	-2.39205	-1.50795	-9.233	19	.000

Post Hoc Tests

Dependent Variable: Aggressive		**Multiple Comparisons**			
	(I) groupings	(J) groupings	Mean Difference (I-J)	Std. Error	Sig.
Scheffe	Post test Experimental	Post test Control	-7.85000*	1.71681	.000
		Pretest Experimental	-2.45000	1.71681	.568
		Pretest Control	-8.05000*	1.71681	.000
	Post test Control	Post test Experimental	7.85000*	1.71681	.000
		Pretest Experimental	5.40000*	1.71681	.025
		Pretest Control	-.20000	1.71681	1.000
	Pretest Experimental	Post test Experimental	2.45000	1.71681	.568
		Post test Control	-5.40000*	1.71681	.025
		Pretest Control	-5.60000*	1.71681	.018
	Pretest Control	Post test Experimental	8.05000*	1.71681	.000
		Post test Control	.20000	1.71681	1.000
		Pretest Experimental	5.60000*	1.71681	.018
LSD	Post test Experimental	Post test Control	-7.85000*	1.71681	.000
		Pretest Experimental	-2.45000	1.71681	.158
		Pretest Control	-8.05000*	1.71681	.000
	Post test Control	Post test Experimental	7.85000*	1.71681	.000
		Pretest Experimental	5.40000*	1.71681	.002
		Pretest Control	-.20000	1.71681	.908
	Pretest Experimental	Post test Experimental	2.45000	1.71681	.158
		Post test Control	-5.40000*	1.71681	.002
		Pretest Control	-5.60000*	1.71681	.002

	Post test Experimental	8.05000*	1.71681	.000
Pretest Control	Post test Control	.20000	1.71681	.908
	Pretest Experimental	5.60000*	1.71681	.002

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

Aggressive

	Groupings	N	Subset for alpha = 0.05	
			1	2
Scheffe[a]	Post test Experimental	20	7.8000	
	Pretest Experimental	20	10.2500	
	Post test Control	20		15.6500
	Pretest Control	20		15.8500
	Sig.		.568	1.000

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 20.000.

Post Hoc Tests

Multiple Comparisons

Dependent Variable: Hostility

	(I) groupings	(J) groupings	Mean Difference (I-J)	Std. Error	Sig.
Scheffe	Post test Experimental	Post test Control	-8.80000*	1.99765	.001
		Pretest Experimental	-2.25000	1.99765	.737
		Pretest Control	-8.60000*	1.99765	.001
	Post test Control	Post test Experimental	8.80000*	1.99765	.001

LSD	Pretest Experimental	Pretest Experimental	6.55000*	1.99765	.018
		Pretest Control	.20000	1.99765	1.000
		Post test Experimental	2.25000	1.99765	.737
		Post test Control	-6.55000*	1.99765	.018
	Pretest Control	Pretest Experimental	-6.35000*	1.99765	.023
		Post test Experimental	8.60000*	1.99765	.001
		Post test Control	-.20000	1.99765	1.000
		Pretest Experimental	6.35000*	1.99765	.023
		Post test Control	-8.80000*	1.99765	.000
	Post test Experimental	Pretest Experimental	-2.25000	1.99765	.264
		Pretest Control	-8.60000*	1.99765	.000
		Post test Experimental	8.80000*	1.99765	.000
	Post test Control	Pretest Experimental	6.55000*	1.99765	.002
		Pretest Control	.20000	1.99765	.921
		Post test Experimental	2.25000	1.99765	.264
	Pretest Experimental	Post test Control	-6.55000*	1.99765	.002
		Pretest Control	-6.35000*	1.99765	.002
		Post test Experimental	8.60000*	1.99765	.000
	Pretest Control	Post test Control	-.20000	1.99765	.921
		Pretest Experimental	6.35000*	1.99765	.002

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

Hostility

	Groupings	N	Subset for alpha = 0.05	
			1	2
Scheffe[a]	Post test Experimental	20	7.9500	
	Pretest Experimental	20	10.2000	
	Pretest Control	20		16.5500
	Post test Control	20		16.7500
	Sig.		.737	1.000

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 20.000.

Post Hoc Tests

Multiple Comparisons

Dependent Variable: Theft_behaviour

	(I) groupings	(J) groupings	Mean Difference (I-J)	Std. Error	Sig.
Scheffe	Post test Experimental	Post test Control	-4.30000	1.99098	.207
		Pretest Experimental	-6.00000*	1.99098	.035
		Pretest Control	-4.05000	1.99098	.256
	Post test Control	Post test Experimental	4.30000	1.99098	.207
		Pretest Experimental	-1.70000	1.99098	.866
		Pretest Control	.25000	1.99098	.999
	Pretest Experimental	Post test Experimental	6.00000*	1.99098	.035
		Post test Control	1.70000	1.99098	.866
		Pretest Control	1.95000	1.99098	.811
	Pretest Control	Post test Experimental	4.05000	1.99098	.256

LSD	Post test Experimental	Post test Control	-.25000	1.99098	.999
		Pretest Experimental	-1.95000	1.99098	.811
		Post test Control	-4.30000*	1.99098	.034
		Pretest Experimental	-6.00000*	1.99098	.004
		Pretest Control	-4.05000*	1.99098	.045
	Post test Control	Post test Experimental	4.30000*	1.99098	.034
		Pretest Experimental	-1.70000	1.99098	.396
		Pretest Control	.25000	1.99098	.900
		Post test Experimental	6.00000*	1.99098	.004
	Pretest Experimental	Post test Control	1.70000	1.99098	.396
		Pretest Control	1.95000	1.99098	.330
		Post test Experimental	4.05000*	1.99098	.045
	Pretest Control	Post test Control	-.25000	1.99098	.900
		Pretest Experimental	-1.95000	1.99098	.330

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

Theft_behaviour

	Groupings	N	Subset for alpha = 0.05	
			1	2
Scheffe[a]	Post test Experimental	20	35.4500	
	Pretest Control	20	39.5000	39.5000
	Post test Control	20	39.7500	39.7500
	Pretest Experimental	20		41.4500
	Sig.		.207	.811

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 20.000.

APPENDIX D

Conduct Disorder Scale

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	9	90.0
	Excluded[a]	1	10.0
	Total	10	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.904	.910	53

Item Statistics

	Mean	Std. Deviation	N
argues with adults	.7778	.44096	9
actively defiles of refuses to comply with adults' requests or rule	1.0000	.50000	9
deliberately annoys people	1.0000	.50000	9
act in a spiteful or vindictive manner	1.0000	.50000	9
is verbally abusive	.8889	.60093	9
creates disturbances	.7778	.66667	9
ignores adults warnings or reprimands	.7778	.66667	9
starts fights	.5556	.52705	9
is physically cruel to others	.4444	.72648	9
makes demands rather then requests	.4444	.52705	9
attempts to physically hurt others	.8889	.60093	9
deliberately destroys others property	.8889	.33333	9
is explosive	.6667	.70711	9
loses temper	1.0000	.50000	9
is angry anti resentful	1.0000	.50000	9
shows little or no shame or quit after being caught doing something wrong	1.0000	.50000	9
irritates teachers and other students	.5556	.72648	9
cruelly teases or make fun of others	.6667	.70711	9
is insensitive to the feelings of others	.6667	.70711	9
displays a negative attitude	.5556	.72648	9
says authority figures do not have the right to touch him or her	.5556	.52705	9
says he or she does'nt care about how others feel	.6667	.50000	9

is unconcerned about others rights	.5556	.52705	9
rejects moral statements about what is right or wing	.5556	.52705	9
associates with antisocial students	.4444	.52705	9
makes sexually abusive statements	.5556	.52705	9
says he or she doesn't care what happens to him or her	.3333	.50000	9
blames others for his or her mistakes or behavior	1.2222	.83333	9
lies to obtain goods or favors or to avoid obligations	1.3333	.86603	9
steals while confronting a victim	1.0000	.70711	9
steals without confronting a victim	1.1111	.60093	9
uses other people's property without permission	.7778	.44096	9
cheats on assignments,tests,or games	.6667	.50000	9
is touchy or easily annoyed by others	1.2222	.44096	9
fringos on the rights of others	1.2222	.44096	9
is uncooperative	.8889	.33333	9
is disobidient(breaks known rules)	.5556	.52705	9
respons poorly to discipline	.7778	.66667	9
bullies,threatens,or intimidates others	.5556	.52705	9
has difficulty waiting for things	.8889	.78174	9
harmed some one or threatened to harm some one using a weapon(eg bat,brick,broken bottle,knife or gun)	2.3333	1.00000	9
been physiclly cruel to people or animals	2.0000	.86603	9
engaged in stealing directly from a victim(eg mugging, purse snatching, extortion or armed robbery)	2.2222	.97183	9

forced some one in to sexual activity	.7778	.83333	9
engaged in physical violence(eg rape, assault or homicide)	1.4444	.88192	9
deliberately destroyed someone's property(eg deliberately setting fire with the intention of causing serious damage)	2.0000	.50000	9
deliberately destroyed someone's property in other ways(eg smashing car window or school vandalism)	2.1111	.92796	9
engaged in deceitfulness or theft such as breaking into someone else's house, building or car	2.5556	.52705	9
lied or manipulated someone to obtain goods or favours or to avoid obligations	2.3333	.50000	9
engaged in stealing items of nontrivial value without confronting the victim(eg shoplifting or forgery)	2.0000	.50000	9
stayed out late at night despite parent and prohibition	2.1111	.60093	9
run away from home overnight(atleast twice or only once if the subject stayed away for a lenghty period of time) (NOTE:these running away episodes are not a result of physical or sexual abuse)	2.1111	.78174	9
been haunt from school before the age of 13	1.7778	.66667	9

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	1.080	.333	2.556	2.222	7.667	.365	53

Inmate Therapeutic Technique Questionnaire (ITTQ)

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	10	100.0
	Excluded[a]	0	.0
	Total	10	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.705	.646	40

Item Statistics

	Mean	Std. Deviation	N
I lack parental love/care	2.2000	1.13529	10
I am from an unstable home	2.1000	.87560	10
I am from a single-parent	2.8000	.78881	10
I am from a polygamous home	2.6000	.96609	10
I have a poor family background	1.8000	.78881	10
I was over pampered by my parents	2.2000	.91894	10
I am always curious	2.7000	.94868	10
I am always frustrated and depressed	2.7000	1.05935	10
my parents are too autocratic	2.6000	.84327	10
I am from a broken home	1.5000	.70711	10
my friends influenced me to bad behaviour	3.5000	.84984	10
my parents lack good job to take care of me	1.6000	.69921	10
I live in a clumsy environment	2.4000	.96609	10
my parents are always partial	1.6000	.84327	10
my environment lack moral conduct	2.1000	1.28668	10
I lack proper guidance	1.9000	.87560	10
I am always mal-treated	1.4000	.51640	10
my father is a drug addict	1.5000	.70711	10
the barriers to think that were taught in this class were helpful to me	1.9000	.56765	10
the corrective to think were helpful to me	1.4000	.51640	10
I could see how I have barriers to think	1.3000	.48305	10
the group leader did a good job of giving us examples and showing us what he/she meant	1.7000	.48305	10
some group members did not behave well in class	1.5000	.52705	10
the classes help me improve the way I handle problems	1.9000	.56765	10
sometimes I had trouble understanding what they were trying to teach us	1.3000	.48305	10

by using the steps I learnt here I will know how to get out of bad situations	1.7000	.67495	10
I do not think I will use these steps when I eave this facility	1.4000	.51640	10
the instructor used real life examples to demonstrate his/her point	1.7000	.48305	10
sometimes we role-played to practice part of the lesson	1.6000	.51640	10
I felt comfortable speaking in class	1.6000	.51640	10
the instructors seemed to like teaching in this class	1.6000	.51640	10
I participated a lot in class	1.8000	.63246	10
I had several chances to practice the skill I learnt In class	1.9000	.56765	10
the instructors treat us with respect	1.9000	.56765	10
I felt that the instructors where I was coming from	1.7000	.48305	10
I had trouble doing the thinking reports	1.4000	.51640	10
I didn't think that his class was relevant to my life	1.3000	.48305	10
I have benefited from attending this class	1.8000	.63246	10
I felt bored in this group	1.3000	.48305	10
if there is anything else you would like to say about this class please write it in this space provided	1.0000	.81650	10

Summary Item Statistics

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	1.848	1.000	3.500	2.500	3.500	.267	40