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INTERVENTION OF RATIONAL EMOTIVE BEHAVIOURAL THERAPY (REBT) ON AGGRESSIVE BEHAVIOUR OF CHILDREN WITH INTELLECTUAL DISABILITIES IN NSUKKA COMMUNITY

Adene Friday Mamudu; Offordille Eberechukwu Edmund & Ahmed Sadiq
Department of Educational Foundations
Faculty of Education, University of Nigeria, Nsukka

Abstract
The study investigated effect of rational emotive behavioural therapy on aggressive behaviour among children with intellectual disabilities in Enugu state.. The study adopted the pre-test, post-test control group quasi-experimental research design. Two research questions and two null hypotheses guided the study. The population for the study was 58 participants who met the criterion for selection. WHOQOL-BREF & Disabilities Module - ID Version prepared by DIS QOL Group (2011), was used in identifying children with intellectual disabilities and researchers made questionnaire titled; Children Aggressive Assessment Scale (CAAS) adapted from Buss-Perry Scale for Aggressive Behaviour (BSAB) was used to collect data for this study. Mean and standard deviation was used in answering the research questions while ANCOVA was used to test the null hypotheses at 0.05 level of significance. The data analyzed revealed that, there was a significant effect of REBT technique in reducing aggressive behaviour among children with intellectual disabilities. Based on the findings, it was recommended that; Aggressive children should be encouraged to receive psychotherapeutic programme like REBT and other therapies that have the efficacy of reducing or removing in totality every form of behavioural problems. Counsellors should be well equipped in this area of using this therapeutic skill. Also, Parents, significant others, stakeholders in the school, and adult members of the family should be encouraged to maintain and live a peaceful and healthy family relationship.

Keywords: Aggressive behaviour, rational emotive behaviour therapy, children, intellectual disabilities

Introduction

An effort to accommodate all children in school, most especially in Nigeria primary school, irrespective of their physical, intellectual, social, emotional , linguistic or other conditions, the policy of inclusive education was promulgated. This policy enshrined every form of disable learner to be given equal opportunity to learn effectively, including children with intellectual disabilities. Intellectual disability (ID) is a general deficit in cognitive functioning that develops during childhood (World Health Organization, WHO, 1992), characterized by impaired behavioural functioning. The birth of a child with ID has significant psychological implications, limiting such a child in adaptive behaviour which comprises three skills (conceptual skills, social skills and practical skills), and it develops on or before the age of 18.2 (American Association on Intellectual and Developmental Disabilities, 2013). However, the severity of the disability is determined by the socio-cultural environment the child finds him or herself (O'Hara & Bouras, 2007). They often experience a higher incidence of various disorders compared with children without disabilities, which may result in social incompetence and relatively poor health conditions in adulthood (Allerton, Welch, & Emerson, 2011). Thus, literature have showed that

children with IDs find it difficult to sit up, crawl or walk later than other children; learn to talk later or have trouble speaking; understanding social rules; seeing the consequences of their actions; solving problem; thinking logically. Researchers like Kotch, Lewis, Hussey, English, Thompson, Litrownik, Runyan, Bangdiwala, Margolis and Dubowitz,(2008), opined that a child that has low intelligence quotient is likely to adopt aggressive behaviour to resolve conflict that naturally would have been amenable to mental manipulation. In line with their assertion, other researchers opined that some children with disabilities use different compliance mechanisms such as aggression in response to their problems (Chen, Huang, Chang, Wang, &Li, 2010; Hockenberry, Wilson, &Rogers, 2016),

Aggression can be seen as the act of taking up an attitude undesired by the environment, which forces another person to adopt his/her requests and exhibits hostile behaviours that are aimed at damaging and hurting another person (Başaran,2000; Deptula & Cohen, 2004; Dodge,Coie, &Lynam, 2006; Kırkıncıoğlu, 2003; Tremblay,Gervais, & Petitclerc,2008). Aggressive behaviours are behaviours that are antagonistic in nature interactively, considering the children's reactions, the type of activity and the antecedent and consequent events of the behaviours (Tremblay,2008).Aggressive behaviour is one of the behaviour problems observed in children as an externalized behaviour problems. Children that exhibit lack of empathy are fearless and more prone to these externalize aggressive behaviour. Researchers like Vieira, Mendes, & Guimarães (2010) have come to a conclusion that, aggressive children manifest a very strong need for social recognition as one of the deficiency needs in human hierarchy of needs according to Abraham Maslow; they would like to be considered as important individuals, socially well accepted, different, and rebellious by their classmates. In other words, researchers like Liu, Lewis, & Evans, (2013) suggest that the desire for popularity, leadership, and power leads to the involvement of many children in manifesting aggressive behaviours, which in turn provide them the opportunity to construct the social reputation they desire. In fact, it has been documented that aggressive children normally manifest some degree of negative attitudes to constituted authorities like the law enforcement agencies (police, road safety, drug law enforcement agency, Civil Defense etc) and towards the school system and their teachers (Amanda and Monica, 2004). Some internalized behavior problems are introversion and shame (Merrell, 2003; Stacks &Goff, 2006). It has also been observed from several researchers studies that aggressive behaviour is one of the behavioral problems most frequently manifested in school children (Goldstein, Arnold, Rosenberg, Stowe, & Oritz, 2001; Furniss, Beyer, & Guggenmos, 2006; Kandır, 2000; Petermann, Helmsen, & Koglin, 2010). These imply that there is a growing rate of national and international studies on aggressive behaviour, especially in recent years, when children aggression has been considered an important health problem all over the world (Amin, Behalik, & El Soreety, 2011). This growth indicates a tireless search by psychologists, educators and health professionals to understand aggressive behaviour and violence as a phenomenon, as well as the investigation of its nature and origins and the most adequate methods to attenuate, prevent and even eliminate these behaviours from social life (Bandeira & Hutz, 2012; Borsa, Souza, &Bandeira, 2011; Hanish, Sallquist, DiDonato, Fabes, & Martin, 2012; Williams & Araújo**,** 2010).

Many researchers have categorized aggressive behaviours into three, which are verbal, physical and indirect aggression (Amin, Behalik, &El Soreety, 2011; Ramirez, 2010; Tremblay, 2008; Tremblay,Gervais, &Petitclerc,2008; Tremblay &Nagin, 2005). Verbal aggression involves the use of threatening words which are aimed at frightening or

annoying others. In many cases, the use of verbal aggression is often followed by physical aggression. Physical aggression includes direct contact, such as beating, slapping, kicking, biting, pushing, capturing and pulling which triggers violence in the school setting and indirect aggression involves situations such as gossip, exclusion, remaining silent and sabotage. Regrettably, children with intellectual disabilities in Nsukka community have been observed and identified to manifest some forms of these aggressive behaviours like in the use of abusive language, anger tantrums, quarreling and fighting that are disruptive during the classroom teaching and learning process, which are inimical to their learning process, their teachers(professional well-being) as well as other children in the classroom.

These demonstrated aggressive behaviours may also indicate conditions such as intermittent explosive disorder (IED) or a conduct disorder (Kostelnik,2010). IED, refers to a behavioural condition that typically presents in the teenage or secondary school years, is categorized in the diagnostic and statistical manual of mental disorder fifty edition (DSM-5) as an impulse control disorder. This condition is often indicated by extreme expressions of anger, disproportionate to the situation that may become uncontrollable rage. While conduct disorder, is a condition that generally begins in adolescence, as listed in the *DSM-5* under attention-deficit and disruptive behaviour and is characterized in part by physical and verbal aggression, destructive behaviour, and cruel behaviour toward humans and animals. With this worrisome situation many researchers have suggested the use of rational emotive behavior therapy in reducing aggressive behaviours. Because, aggressive behaviour can be managed having the knowledge that it is not a transferable trait but learned (Ekechukwu, 2018). Ekechukwu (2018) further stated that, aggression has emotional characteristics that could be managed by Rational emotive behavioural therapy (REBT).Thus, rational emotive behavour therapy (REBT) could be exposed to children with aggressive behaviour on how to overcome such behaviour and improve on their daily living as well as reducing the perception of behaviours that are inimical to learning in the school system for better life ahead.(Ellis, 1994) This is because primary school children' core thoughts stand in the way of making the changes that will help them have a better life (Melinda, 2019). To that end, rational emotive behaviour Therapy is one of the therapies that help children change such stressful thoughts of aggressive behaviours that could lure them into violence act. REBT is a kind of therapy that looks at the philosophic bases of emotional problems (Ellis & Becker, 1982). In the view of REBT responding to life troubling events like aggressive behaviour, can activate a set of irrational thoughts and beliefs that can breed the development of violent act that could lead to posttraumatic depression disorder (PTDD) for children and others (Blayney et al., 2016; Ellis, 2001a,2001b). It is a therapy used in addressing unpleasant emotions and maladaptive behaviours by learning techniques to solve immediate and future problems as they unfold (Mahfar et al., 2014). REBT theory is of the view that people sometimes are faced with events or situation that will activate Irrational thoughts and Beliefs (ITBs) which could result to unhealthy emotions (e.g., anxiety, aggression, guilt) and dysfunctional behaviors; whereas, such events or situation can as well activate Rational Thoughts and Beliefs (RTBs) that could result to healthy emotions and functional behaviors (Maclaren, et al., 2016; Wood et al., 2017). Recent studies have shown the efficacy of REBT in reducing aggression (Ekechukwu,2018).

Another evidence about REBT program is its efficacy in disputing negative thoughts among clients (Mahfar, Aslan,, Noah, Ahmad, &Jaafar, 2014), including those negative thoughts of children with aggressive behaviours. Eseadi, Ezurike, Obidua and

Ossia (2017) in one of their studies noted that one important thing about REBT is that it gives opportunity to group members to interact about their problems as well as allowing the members and their leader in giving feedback and possible suggestions that could offset certain behavioural problems.. In so doing, participants of REBT programme are encouraged to put into extinction such upsetting experiences that are likely to breed aggressive behavior through irrational thoughts and beliefs and put on rational thoughts and beliefs that will instigate a healthy emotional, cognitive and behavioural functioning (Corey, 2016; David et al., 2010).Corey (2016) further stated that the most important aspect of REBT is that it is capable of changing human beliefs and philosophies, thereby initiating radical change of their state of mental health. Thus, the thought of inadequacy, worthlessness, hopelessness, self-blame and pessimism are symptoms of aggression which students with intellectual disabilities could be struggling with that interfere with their normal functioning. Such negative thought triggers aggressive behaviour. In this study, REBT is targeted to help children with intellectual disabilities who engage in aggressive behaviour restrain from it and behave or manifest rationally accepted behaviour. The manifestations of these aggressive behaviours may be seen to be gender based.

Gender is the categorization of physical and biological characteristics based distinctions of human beings into males and females (Odo , 2012). It is perceived in terms of the social roles assigned to males and females in the society, which influence their individual identities and behaviours (Nnachi, 2010). The researchers' then perceived gender as the societal distinction which identifies males and females in terms of the assigned social roles in the environment. Previous studies have indicated that male manifest aggressive behaviours more than female in some countries of the world. Lortyer, Tavershina and Saanyil (2018) carried out a study on assessment of gender differences on aggressive behaviour among undergraduates in Markudi, Benue State and found out that male had greater manifestation of physical aggression than female while female had greater manifestation of verbal aggression. In another study, carried out by Wakoli (2019) on manifestation of aggressive behaviour based on gender in secondary schools in Bungima,Kenya found a higher rate of aggression manifestation among boys more than girls by 8.0749 units. The researchers may what to know whether such differences in aggression manifestation among primary school children in this part of Nigeria are obtainable. As a moderating variable, this study, tries to find out the intervening influence of gender on the manifestations of aggressive behaviours in the study area.

Regrettably, aggressive behaviour among children with intellectual disability in the area of study, often result in fighting, destruction of school property, disruption of classroom teaching and learning, rioting and sometimes lead to closure of some private and public schools. Such ugly situations also affect the teaching profession. Psychologists, counsellors, teachers and other stakeholders in the community wondered how effective teaching and learning could take place in such environment. In spite of the measures put in place to correct these abnormal behaviours, such as innovative teaching strategies that take care of inclusive classroom, effective counselling and other punitive measures, manifestations of these aggressive behaviours persist. It is based on these worries that the researchers sought to employ the use of REBT to help in reducing the aggressive behaviours of children with such intellectual disabilities. Therefore, the problem of this study put in question form is: what is the effect of REBT on aggressive behaviour of children with intellectual disabilities in Nsukka education zone?

Purpose of the Study

This study aimed at investigating the effect of REBT on aggressive behaviour of children with intellectual disabilities in Nsukka Education Zone. Specifically, the study sought to;

1. determine the intervention of rational emotive behavioural therapy (REBT) in reducing aggressive behaviour among children with intellectual disabilities
2. examine the influence of gender on aggressive behaviour of male and female children with intellectual disabilities exposed to REBT

Research Questions

The following research questions guided the study;

1. What is the effect of rational emotive behavioural therapy in reducing aggressive behaviour among children with intellectual disabilities?
2. What is the influence of gender on aggressive behaviour of male and female children with intellectual disabilities exposed to REBT?

Hypotheses

Ho_1: There is no significant difference between the aggressive mean scores of children with intellectual disabilities expose REBT and those not

Ho_2: There is no significant influence of gender on aggressive behaviour of male and female children with intellectual disabilities exposed to REBT

Methods

The study used a pretest- posttest control group design**.** The population for the study consisted of all the 58 children in the community who met the criterion for the study**.** The pretest was conducted before the exposure of REBT in order to acquire the baseline data using WHOQOL-BREF & Disabilities Module - ID Version prepared by DIS QOL Group (2011), and the Children Aggression Assessment Scale (CAAS) adapted from Buss-Perry Scale for Aggressive Behaviour (BSAB) which where validated by three expert in University of Nigeria Nsukka. Thereafter the CAAS was subjected to an internal consistency reliability using cronbach alpha statistics and 0.78 reliability index was obtained. The WHOQOL-BRIEF & Disabilities was used in identifying children with intellectual disabilities. It is a 39-item self-report scale that measures one's health and intellectual disability in terms of emotions, self-concept, and personal development. It is a tree point scale of "Not at all", "Moderately" and "Totally". The WHQOL-BREF & Disabilities Module has five clusters. The first cluster, addresses the participant personal data like name; gender, age, home location, living circumstances/support, education, health status, disability status, occupation and the rate of income. The second cluster, addresses two questions pertaining the participants life and health generally, over the last two weeks. The third cluster, addresses twenty six (26) questions about how the participants felt about things; how much they are able to do certain things and how satisfied they are in various aspects of their life endeavours for the past two weeks. For example, Do you feel your life has meaning? *Like, do you feel your life is important and has a purpose?* The fourth cluster, addresses one general question pertaining the participants disability. The fifth cluster has twelve (12) questions that addresses how the participants felt about certain things; how much those things applied to them, like "Do you feel that some people treat you unfairly" and how satisfied they are about various aspect of their life over the past two weeks. For example, "Do you make your own choices about your day to day life? Like where to go; what to do; and what to eat.

The Children Aggressive Assessment Scale (CAAS) has three clusters which address physical aggression, Verbal aggression and *relational aggression* .To be included in the study, the participants met the conditions of aggressiveness. The researchers also took account of criteria slated in Diagnostic and Statistical Manual of Mental Disorders-V during the recruitment exercise. Participants who met the inclusion characteristics mentioned above were enrolled for the study; those who were not associated with the characteristics mentioned above were not part of the study. As part of exclusion criteria, we also excluded participants whose scores on SAAS are low. At the end 58 eligible participants were selected and randomly assigned to the REBT group and the control group. A simple randomization procedure was conducted in which the participants were asked to deep their hands inside a plastic bucket full of wrap white papers, in each of these papers contained a write up First Group (FG) for treatment group or Second Group (SG) for control group. The random assignment produced a total of 29 participants for REBT and 29 participants for the control condition. The treatment process was based on the REBT intervention package developed by the researchers. Participants in the REBT group were exposed to 20 sessions, each lasted for 50 min. Sessions were held twice in a week for weeks 1–8 and sessions were held once for weeks 9–12. At the end of the intervention, a posttest was administered to both groups (time2). The basic rules of the therapy were explained to the participants and the rationale behind the use of REBT and its ADCDE model. Thereafter, the major goals of REBT were discussed with the participants. From weeks 1–4, the therapists introduced the treatment by adopting the conceptualization of aggression incorporating stress-related issues that cut across physiological, psychological, and socio-cultural basis based on the information gathered from the participants during the therapists' field work, which served as their assessment. Secondly, the therapists built a therapeutic relationship with the participants by empathizing with them, making sure that the group members interact with each other as they share their past experiences together. Also, the therapists made sure that all the participants are treated equally. The therapists educated the participants about the REBT model as well as eliciting their expectations for the therapy and finally, made the participants to understand the nature of their problems and the necessary steps to take for total recovery of wellbeing throughout the psychotherapy process. In sessions 2–8 each problem from the list was approached based on the ABC (DEF) model of REBT. From weeks 5–8, the therapists use the REBT techniques in decreasing the participants' irrational thoughts and beliefs that has the symptoms of aggression and encouraged their irrational thoughts and beliefs that will bring about well-being, as well as encouraged the participants by guiding the participants' perception on how to relate problems that have similar features of irrational thoughts and beliefs. From weeks 9–12, at this point, the therapists prepared the participants for the task of becoming their own future therapist by exposing them to the various techniques (Cognitive, Behavioural and Emotive) responsible for changing their thoughts and belief patterns as well as discussing personal problems and relapse strategy the participants will adopt and how it will decrease their aggressive symptoms. After the active engagement sessions and post assessment, the researchers and the participants met for third time for follow-up assessment. The assessment took place after three months of posttest and lasted for three months, that is between September to November 2019.The data collected were analyzed using means and standard deviation to answer the research questions while Analysis of covariance (ANCOVA) was used for testing the hypotheses at $p<0.05$ level of significance.

Results

Research Question One: What is the effect of REBT on aggressive behaviour of children with intellectual disabilities?

Table 1: Mean and standard deviation of aggressive behaviour ratings of children with Intellectual disabilities exposed to REBT and those not exposed

Group	Pre-test			Post-test		
	N	Mean	SD	Mean	SD	Mean Loss
Experimental	29	48.02	.23	16.2	.08	-33.0
Control	29	51.04	.24	45.4	.20	-6.0

Data in Table 1 shows that children with intellectual disability who were exposed to REBT had mean aggressive score of 16.2 with a standard deviation of 0.08 at the post-test while those that were not so exposed had mean aggressive rating of 45.4 with a standard deviation of 0.20. Mean loss aggressive behaviour scores of -33.0 and -6.0 for the two groups respectively imply that the children with intellectual disability who were exposed to REBT had lower aggressive behaviour mean difference than their counterparts. The posttest standard deviation of .08 and .20 for the experimental and control group respectively, imply that there is a higher variation in the children rating of the control than the ratings of the experimental group. To further determine the effect of REBT on aggressive behaviour of children with intellectual disability and to test hypothesis 1, analysis of covariance was done. Data are presented in table 2.

Hypothesis one: There is no significant difference in the mean aggressive behaviour scores of children with intellectual disabilities exposed to REBT and those not exposed.

Table 2: Analysis of Covariance of the effect of REBT on aggressive behaviour of children with intellectual disabilities

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	.649[a]	4	.162	3.558	.015
Intercept	1.296	1	1.296	28.391	.000
Pre aggressive behaviour	.094	1	.049	1.074	.096
Group	10.094	1	10.094	12.044	.002
Gender	.043	1	.043	.933	.320
Group * Gender	.143	1	.143	3.143	.085
Error	1.597	35	.046		
Total	330.353	58			
Corrected Total	2.247	57			

a. R Squared = .289 (Adjusted R Squared = .208)

Table 2 shows that the probability associated with the calculated value of F (12.044) for the effect of REBT on aggressive behaviour of children with intellectual disabilities is 0.002. Since the probability value of .002 is less than the .05 level of significance ($p < .05$), the null hypothesis was rejected. Thus, there is a significant difference in the mean

aggressive scores of children with intellectual disabilities exposed to REBT and those not exposed in favour of the experimental group.

Research Question 2: What is the influence of gender on aggressive behaviour of children with intellectual disabilities?

Table 3: Mean and standard deviation of aggressive behaviour ratings of male and female children with intellectual disabilities

Gender	Pre-test			Post-test		
	N	Mean	SD	Mean	SD	Mean difference
Male	25	69.3	.17	41.3	.08	0.28
Female	33	20.3	.30	20.3	.17	0.10

Data in table 3 reveals that male students with intellectual disabilities had mean aggressive score of 41.3 with a standard deviation of 0.08 at the post-test while their female counterparts had mean aggressive score of 20.3 with a standard deviation of 0.17 Mean differences of 0.28 and 0.10 for male and female children respectively indicate that male children had higher mean aggressive behaviour than their female counterparts. To further determine the influence of gender on aggressive behaviour of children with intellectual disabilities, and to test hypothesis 2, analysis of covariance was done. Data are presented in table 2 above.

Hypothesis 2: The influence of gender on aggressive behaviour of children with intellectual disabilities in Nsukka community is not significant.

Data in table 2 above shows that the probability associated with the calculated value of F (.933) for the influence of gender on aggressive behavior of children with intellectual disabilities is 0.320. Since the probability value of .320 is greater than the .05 level of significance ($p > .05$), the null hypothesis was accepted meaning that the influence of gender on aggressive behavior of children with intellectual disabilities in the area of study is not significant

Discussions

The result shows that children exposed to Rational Emotive Behavioural therapy had lower mean score in their aggressive behaviour than those who were not exposed. The hypothesis tested revealed a significant effect of REBT in reducing aggressive behaviour of children with intellectual disabilities in the study area. This implies that children with intellectual disabilities exposed to REBT(Experimental group) had their aggressive behaviour reduced than those in the control group. This also implies that REBT could be a veritable tool for the reduction of aggressive behaviour among children with intellectual disabilities as well as other categories of children. The finding of this study is in support of Ekechukwu (2018) who carried out a study on the efficacy of REBT and cognitive restructuring behaviour therapy CBT on aggressive behaviour of secondary school students in Rivers state and found out that REBT was significant in reducing the students' aggressive behaviour. The study also revealed difference in the mean aggressive behaviour score of male and female children indicating that male manifest aggressive behaviour more than female in the study zone. The finding of the study is in support of the study carried out by Wakoli (2019) in Kenya which reported that male students manifest aggressive behaviour more than the female students.

Conclusion

Having seen the findings of this study, the researchers concluded that this study validated previous studies on the efficacy of rational emotive behavior therapy on aggressive behavior of children in general and other related problems. Hence, we suggested for replication of this study using population from other cultural background, location and determinism.

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