



Effects of Client Centered Therapy on Bullying Behaviour among Senior Public Secondary School Students in Rivers State

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Abstract: *The study investigated the effects of Client Centered Therapy (CCT) on bullying behaviour among senior secondary school students in Rivers State, using the pre-test, post-test control group quasi-experimental research design. Two research questions and two null hypotheses were postulated to guide the study. The population consist of 145,894 senior secondary school students in the State. A sample size of 320 SS1 students possessing bullying characteristics chosen from six schools in the three senatorial zones were used for the study. The subjects were distributed equally to two experimental conditions, one control and one experimental group for comparison. The experimental group received Client Centered Therapy (CCT) while the control group received no treatment. The Adapted Olweus Bullying Questionnaire (AOBQ) was used as the outcome measure. Its face and content validities were established by test experts and guidance and counselling experts while its reliability was established through the test-re-test method using the Pearson Product Moment Correlation test which yielded a co-efficient value of 'r' 0.786. The face to face method was used for the administration of the instrument before and after treatment. Data collected was analysed using the paired sample t-test for the first hypothesis and the one-way ANCOVA for the second hypothesis using Minitab 19 statistical analysis software. All the two hypotheses were rejected. Based on the findings it was recommended amongst others that students with bullying behaviour should be exposed to the counselling modalities of CCT.*

Key words: *Bullying Behaviour, Client Centred Therapy, Guidance and counselling, Senior Secondary, and Students.*

Introduction

Bullying is an anti- social behaviour exhibited by some students in public secondary schools. It is unpleasant and unacceptable by stake holders in the business of education. Bullying is the use of force, threat, or coercion to abuse, intimidate or aggressively dominate others. The behaviour is often propelled by the following; Differences of social class, race, religion, gender, sexual orientation, appearance, behaviour, body language, personality, reputation, lineage, strength size or ability (Ericson, 2001). Bullying ranges from one-to-one individual bullying through group bullying called mobbing, the bullying in this case may have lieutenants who may seem to be willing to assist the primary bully in his or her bullying activities. Bullying culture can develop in any context in which humans interact with each other be it workplace, school, family, neighborhood etc. (Doug, 2016). No matter where it occurs or the form it takes it is not acceptable because it can drain ones emotion, erode ones self-esteem and self-concept because the bullied always live in fear and uncertainties.

Bullying can be done individually or collectively. Individual bullying can be classified into four types namely; physical, verbal, relational or emotional bullying and cyber bullying. Individual bullying is usually carried out by a single person against a target or targets (Brank, Hoetger, Hazen, 2012). Let us examine them one-by-one.

Physical bullying is done to inflict pain on somebody's body or damages on individuals' properties, stealing, shoving, hitting, and fighting. In physical bullying the main weapon the bully uses is their body when attacking their target. Physical bullying most often escalates over time and can lead to tragic ending and therefore must be stopped to prevent future or further escalation.

Verbal bullying is carried out by speaking, calling names, spreading rumors, threatening somebody and making fun of others etc. verbal bullying is one of the commonest types of bullying in secondary schools. The main weapon the bully applies is the voice. Girls uses verbal bullying than boys. However, some boys resort to verbal bullying to avoid the troubles that can come with physical bullying.

Emotional or Relational bullying; this type of bullying is carried out with the intention to hurt someone's reputation or social standing which can also link in with the techniques included in physical and verbal bullying. Relational bullying can be used as a tool by bullies to both improve their social standing and control others. Unlike physical bullying which is overt, relational bullying is covert not overt and can continue for a long time without being noticed. It is mostly carried out upon girls.

Cyber bulling is the use of technology to harass, threaten, embarrass or target another person. This includes email, instant messaging, social networking sites (such as face book, what Sapp) text messages and cell phones (Whittaker, 2016).

Collective bullying or mobbing; collective bullying tactics are employed by more than one individual against a target or targets. When collective bullying or mobbing occurs as emotional abuse in the workplace for instance, such as ganging up by co-worker,

subordinates or superiors to force someone out of the workplace through rumor, innuendo, intimidation, humiliation, discrediting and isolation. It is also referred to as malicious non sexual, nonracial/ racial general harassment (Ball, 2008).

Generally, bullying is often seen as an aggressive behaviour colloquially and within aggressive literature. Bullying behavior is both aggressive and negative. Venden Bos in Givens (2009) defines bullying as persistent, threatening and aggressive behaviour directed towards others especially those who are smaller or weaker. The bully enjoys the act of bullying while the bullied suffers the pain.

Bullying behaviour is a great concern to parents, teachers and other stakeholders, if not corrected at the secondary school stage bullies may act violently in adult life, become maladjusted and breed maladjusted individuals in the society. The researchers think that counselling strategies if well applied can remedy bullying behaviours in secondary schools. The techniques of Client Centered Therapy (CCT) was applied to help bullies realize self and resort from bullying behaviour to a positive one. The researchers as counsellors provided a positive environment, unconditional positive regard empathy and congruence as demanded by the therapy to aid clients who are bullies to realise self for a positive change in behaviour.

Statement of the Problem

Students' involvement in bullying has attracted several attentions from researchers and education stakeholders such as parents, school management, teachers, Government and others. It is an issue of great concern, bullying behaviour does not only affect the victims but the perpetrators, their families, schools, and society at large. Increase in bullying behaviour has led to drop in test scores, because those bullied are most often afraid of school attendance and may not be emotionally stable to learn effectively to pass test and exams due to low school attendance, frustration, depression and other unpleasant activities that does not promote teaching and learning in schools. The school climate is negatively affected by bullying behaviour of students because students who are directly involved in bullying problem will not find the school environment conducive for learning due to aggression and hostility in the school environment.

Students involved in bullying behaviour have been reprimanded, flogged and punished because it is not a pleasant behaviour but the behaviour keep persisting in the school system Okosun (2010). Bullying is a significant problem in the school system that cannot be ignored or allowed to persist because it disrupts learning and drains a significant proportion of mental health and family resources. Victims of bullying are unhappy, anxious, frustrated and may suffer physical injuries, low self-concept, and low-self-esteem and may find it difficult to concentrate on their studies because of the bullying they experience. They sometimes may stay away from school because of fear of the bullies. These situations may lead to health problems, poor academic performance, ultimately failure among victims (Mazur, Tabak, Zawadzka, 2017). On the other hand the bullies tend to experience depression, engage in suicidal tendencies and other unpleasant activities. If not corrected they are likely to act violently in their adult life and become maladjusted individuals who will further breed maladjusted individuals as parents. Bullying behaviour may attract dislike and rejection from peers which may turn a bully to a recluse. This situation may

make them suffer low academic achievement and risk-taking behaviour. Students who engage in bullying behaviour are at risk for criminal arrest, school dropout and physical violence.

Looking from the angle of the victim of bullying and the perpetrator no gains can be counted, both the bullied and the bully stand a risk of suffering school dropout, low test scores and other consequences. The problem is, can Client Centered Therapy be used successfully to curb bullying behaviour among secondary school students in Nigeria, having been used successfully in advanced countries like America and others? Consequent upon this problem the researchers decided to investigate the effects of Client Centered Therapy (CCT) on bullying behaviour among students in secondary schools in Rivers State, Nigeria. This is the problem of this study.

Purpose of the Study

The purpose of this study was to investigate the effects of Client Centered Therapy on bullying behaviour among Senior Public secondary school students in River State and specifically,

1. To determine the effects of Client Centered Therapy on bullying behaviour of senior public secondary school students in Rivers state as indicated by the pre-test and post-test mean scores of the experimental group.
2. To determine the effects of the treatment (CCT) on bullying behaviour of students when the pre-test and post-test mean scores of the experimental group are compared to that of the control group.

Research Questions

The following research questions were formulated to guide the study

- (1) What is the effect of Client Centered Therapy on bullying behaviour of students as measured by the Pre-test and Post-test mean scores of the experimental group?
- (2) What is the effect of Client Centered Therapy on bullying behaviour of students in Rivers State when the pretest and posttest mean scores of the experimental and control groups are compared?

Null Hypotheses

The following null hypotheses were formulated to give direction to the study.

- H₀₁:** There is no significant difference in the effects of Client Centered Therapy on bullying behaviour of student in Rivers State as indicated by the pretest and post-test mean scores of the experimental group.
- H₀₂:** There is no significant difference in the effects of Client Centeed Therapy on bullying behavior of students in Rivers State when the pre-test and post-test mean scores of the experimental group are compared to that of the Control Group.

Theoretical Review

This study is anchored on Client Centered Therapy, its other names are 'Self-Centered Approach', 'Rogerian Approach' 'Person Centered Approach or 'Non-Directive Counselling. The theory was propounded by Carl Rogers mainly to serve the American situation (Uwe, 2016). As the name suggests client centered theory is based on the client's ability to take initiative and solve his/her problems. Rogers disagreed with Freud's emphasis on the past, but believes that present situations are responsible for the client's problems.

Carl Rogers explains that three conditions are important in creating the therapeutic relationship. They are:

Empathy: This implies that the counsellor should perceive the client's problem as his/her own. The counsellor should be able to see the client's problem the way the client sees it. The counsellor should equally convey an understanding of client's situation by showing willingness to assist.

Congruence: The counsellor should be genuine, truthful, honest and unadulterated in his/her relationship with the client. Counsellor should be straight forward while relating with the client.

Unconditional Positive Regard: The counsellor should accept the client as he/she is and render the necessary therapy. Counsellor should accept the client unconditionally without passing judgment. The counsellor should not discriminate against any client based on race, wealth, educational level, gender etc.

The counsellor should therefore provide these conditions which will help the client to psychologically heal himself/herself. Counsellor should create the condition for the client to grow. Providing these conditions is like the gardener who does not make the seed to grow but provides the conditions for it to do so.

The Rogerian approach views man as good, rational, constructive, realistic, sociable and capable of becoming whatever he/she wants to be. Man can become good with adequate psychological climate. Rogers therefore views man as the determinant of his/her destiny. Man is good and can only become evil due to the society and the influence of the environment. If the proper environment is provided, man can actualize his/her potentials and solve his/her problems.

The client is expected to take responsibility for his/her own actions. Client is to lead the counselling session and take initiative at solving his/her problem. The client does not rely on any person to prescribe solution to his/her problem but takes active part in the counselling session in order to solve his/her problem.

The counsellor is to provide a conducive environment, which will enable the client to be active and solve his/her problem. The counselor, therefore, plays a dominant role in the counselling process.

Empirical Review

A quasi-experimental study conducted by Kennedy (2008) investigated the effects of individual counselling on the social adjustment of registered widows in Rivers State. The study utilized rational emotive behavior therapy and client-centered approach as counselling modalities for the study. The study utilized the purposive sampling technique to draw out 60 widows who composed the sample. They were placed in 4 experimental conditions with 15 members in each group. Group 1 benefited from Rational Emotive Behaviour Therapy, Client Centred Therapy, Group 2, Client-Centred Therapy, group 3, a combination of Rational Emotive Behaviour Therapy and Client Centred Therapy and group 4 was the control group. The outcome measure was the adapted social adjustment scale. Mean and standard deviation were used to answer the research questions while the independent t-test and Analysis of variance (ANOVA) were used to test the null hypotheses. Results indicated that the treatment factors Rational Emotive Behaviour Therapy, Client Centred Therapy and a combination of Rational Emotive Behaviour Therapy and Client

Centred Therapy produced significant mean difference between the experimental and the control group. This means Rational Emotive Behaviour Therapy, Client Centred Therapy and a combination of both were found effective in counselling.

Odoemelum (2000) conducted a quasi-experimental study among 28 physically handicapped secondary school students in Afikpo urban of Afikpo North Local Government Area of Ebonyi State. The study used Rational Emotive Behaviour Therapy and Client Centred Therapy to improve self-concept. The result shows that the experimental groups with individual and combined treatment factors had an improved self-concept over the control group which had no counselling. The study also revealed that Rational Emotive Behavior Therapy and Client Centred Therapy were effective none of them was significantly more effective than the other.

In a related development, Fung, Gersteein, Chain and Hutchison (2013) conducted a study on the effectiveness of cognitive behavior therapy on reducing aggressive bullying behavior among Hong Kong secondary school students taking into cognizance the potential importance including content targeting types of aggression through a screening procedure 63 high risk proactive bullies were selected for the study in a population of 5,025 students and were randomly assigned to treatment groups. A significant MANOVA was discovered with 46 participants, proactive, reactive, verbal and physical bullying scores were compared before treatment and at four follow up assessment after treatment. Proactive, reactive and physical bullying decreased from pretest to one year follow up suggestion that cognitive behavior therapy was effective in reducing aggressive bullying behaviors of students.

In yet another study carried out to examine the effect of some therapies in the prevention programme for bullying and physical violence, Gusmoes et al (2017) conducted a randomized controlled trial with 6637 7th- and 8th-grade students in 72 public schools in 6 Brazilian cities. Baseline data were collected from both intervention and control groups prior to programme implementation. Follow-up data collection was performed 9 and 21 months later. Generalized estimating equations were used to evaluate changes in the reporting of receiving or practising bullying and physical violence over time. The programme was found to reduce the likelihood of receiving bullying, particularly in the stratum of girls (and not boys) aged 13-15 years at the 9-month follow-up time point. The effect was not sustained at 21 months. There was no significant effect for practising bullying and for receiving or practising physical violence.

Methodology

Research Design

The study utilized the pretest, posttest control group quasi-experimental design. This design allows for results gotten from experimental and control groups to be genuinely compared using pretest and post-test as well as experimental and control groups; that were not constituted by random assignment of the subjects. The utmost condition that require the use of quasi-experimental research according to Kpolovie (2010) is when full randomization cannot be functional to control all known and unknown extraneous variables required for true experimentation.

The researchers are convinced that this present study was most appropriate with the use of quasi experimental research because students were not randomly assigned to experimental conditions but were treated in their intact schools.

The study was conducted in Rivers State of Nigeria one of the 36 states of the federation.

Population for the Study

The target population of this study consist of all the senior secondary school students in Rivers State of Nigeria for 2019/2020 academic session. As at the time of this study, the total number of senior public secondary students in Rivers State stands at 145,894 (one hundred and forty-five thousand eight hundred and ninety-four students (Source: Rivers State Senior Secondary Schools Board).

Sample and Sampling Techniques

The simple random sampling technique which ensures that every member is given an equal and undisrupted chance of been selected was used to select six schools from the three senatorial zones of the state for the study, two from each zone. The adapted Olweus Bullying Questionnaire was administered to all the SS1 students in the selected schools and 330 students who possess the characteristics of bullying behaviour were identified and used for the study. Students in three schools were assigned to the treatment group and three were assigned to the control group.

Instrument for Data Collection

The instrument employed to obtain data for the study was adapted from a standardized bullying questionnaire developed by Olweus to measure the degree of bullying behavior among students. It was adapted and renamed 'Adapted Olweus Bullying Questionnaire' (AOBQ) to make it suitable for local use with 18 self-report items in relation to bullying behaviour on a scale of 1-5 . The original instrument developed by Olweus was not used as it was in its original form, this therefore calls for validation and reliability processes.

Validity of the Instrument

Face and content validities were ensured to determine the validity of Adapted Olweus Bullying Questionnaire (AOBQ), the following method was adopted.

Face Validity of Adapted Olweus Bullying Questionnaire (AOBQ)

To establish the face validity of Adapted Olweus Bullying Questionnaire (AOBQ) three copies were given to three experts in the field of Educational psychology/guidance and counselling from the University of Port Harcourt and Rivers State University in Rivers State, to study the instrument and indicate what it appears to measure superficially. The experts confirmed that the instrument is a true measure of bullying behavior which means the instrument has good face validity and was accepted by the researchers as meeting its superficial value after effecting the corrections and suggestions made.

Content Validity of Adapted Olweus Bullying Questionnaire (AOBS)

Content validity of Adapted Olweus Bullying Questionnaire (AOBQ) was determined in two phases. In phase one three copies of the instrument was given to three other experts from the departments of Educational psychology/guidance and counselling in the three universities in Rivers state.

At the second phase, improved copies of the Adapted Olweus Bullying Questionnaire (AOBQ) which went through the first phase was also given to other experts in the same field in the three universities in Rivers state to indicate the degree of suitability or relevance of the items of the instrument to measure bullying behavior of students. This was

done to confirm the judgment of the earlier three all their corrections and criticism were taken into cognizance in the final draft

Reliability of the Instrument

Reliability of Adapted Olweus Bullying Questionnaire (AOBQ) was determined through the test- re-test method for a measure of stability. Twenty (25) students outside the sampled schools responded to the instrument, after one month's interval of the first administration a retest was given to the same students. The initial and re-test scores were correlated using Pearson Product Moment Correlation test and it yielded a value of 'r' 0.746 thus the reliability of Adapted Olweus Bullying Questionnaire (AOBQ) was established.

Administration of Instrument

With the help of research assistants, a pre-test was given to all the students in SS1 in the selected six schools, totalling 1,107 students from the pre-test, 330 students were identified to show significant bullying behaviours. These students were put into 2 groups in each school. Groups I constituted the experimental group while group 2 was the control group in each school. Group I was given the Client Centered Therapy (CCT) while group 2 which was the control group had no treatment.

Table 1: Group Representation

SN	Group	Treatment	Pre-test	Post-test	Number
1.	I	CCT	X	X	167
2.	II	Control	X	X	163

Methods of Data Analysis

All the research questions were answered using mean and standard deviations. Hypotheses 1 was analysed using the paired sample t-test while hypothesis 2 was analysed with one-way ANCOVA at 0.05 level of significance. The analysis was carried out using Minitab 19 statistical analysis software.

Experimental Procedure

The experimental procedure was divided into three stages.

Stage 1 – Pre-test Administration

The researcher administered the Adapted Olweus Bullying Questionnaire (AOBQ) to every member of the population selected for the study in SS 1 in the six selected schools in their respective schools to determine those fit for the study.

Stage 2 – Scoring of the Pre-test

The researcher scored the responses of students on each item on Adapted Olweus Bullying Questionnaire (AOBQ) to determine students with bullying behaviour. Thirty-one out of 90 points on the Adapted Olweus Bullying Questionnaire (AOBQ) was the cut off for bullying behaviour thus students with 31 points and above were identified as students with bullying behaviour.

Stage 3 – Placement of Subjects into Experimental and Control Groups

The researcher separated students with bullying behaviour disorder that is those who scored 31 points and above from the other students who scored below 31 points. Those

who scored 31 points and below were exempted from the study while those with bullying behaviour were placed into experimental and control group through ballot system thus, two (2) groups were formed in each school, one treatment group and one control group were formed for the experiment, students were treated in their respective schools.

Treatment Procedure will be divided into Three Phases as follows;

Phase 1 – Pre-treatment phase. At this stage base line data for judgement was collected from both experimental and control groups through the outcome measure.

Phase 2 – Treatment Phase. The researchers commenced treatment (counselling sessions) one hour once a week for six weeks in their respective schools while the control group received no treatment for purpose of comparison.

Phase 3 – Post Treatment Phase. After treatment the researchers waited for two weeks to elapse before administering the post-test to both the experimental and control group for comparison.

Results

Research Question 1: what are the effects of Client Centered Therapy on bullying behaviour of students in Rivers State as indicated by their pretest and post-test mean scores?

Table 2: Pretest and Posttest Mean Scores/Standard Deviation of Experimental Group (CCT)

Treatment Method	Group	N	Mean	Difference	Std. Dev
Client Centered Therapy	Pre Test	167	53.56	17.74	3.57
	Post Test	167	35.81		3.30

Table 2: shows the pretest and post test scores of experimental group (CCT), the table shows that the pretest mean score was 53.56 with a standard deviation of 3.57 while the posttest mean score was 35.81 with a standard deviation 3.30, leading to a mean difference of 17.74. This suggests that Client Centred Therapy (CCT) had an effect on bullying behavior of students there is an obvious decline in bullying behavior as indicated by the pretest and posttest mean scores.

Research Question 2: what are the effects of Client centered Therapy on bullying behaviour when the pre-test and post-test mean scores are compared to that of the control group?

Table 3: Pretest and Posttest Mean Score of Experimental group (CCT) and Control Group

Groups	N	Pre Test Mean	Std. Dev	Post Test Mean	Std. Dev	Mean Difference
Experimental Group (CCT)	167	53.56	3.57	35.81	3.30	17.74
Control Group	163	53.84	3.50	54.18	3.29	0.34

Table 3 shows the pretest and post test scores of experimental group (CCT) and the control group, the table shows that the pretest mean score for the experimental group was 53.56 with a standard deviation of 3.57 while the post-test mean score was 35.81 with a standard deviation of 3.30, leading to a mean difference of 17.74, while for the control group the pretest mean score was 53.84 with a standard deviation of 3.50 while the mean of the post test score was 54.18 with a standard deviation 3.29, leading to a mean difference of 0.34. This result shows that the Client Centered Therapy was effective in treating bullying behaviors of students when compared to the control group.

Hypothesis one: There is no significant difference in the effect of Client Centered Therapy on bullying behavior of student in Rivers State as indicated by their pretest and post-test mean scores.

Table 4: T-test table of Pre-test and Post Test Scores for Experimental Group (CCT)

Treatment Method	Groups	Df	T- value	P value
Client Centered Therapy	Pre-test	165	-47.19	0.00*
	Post-test			

The mean difference is significant at 0.05*

Following table 4 a paired sample t-test was carried out to determine if there was a significant difference in the effect of Client Centered Therapy on bullying behaviours of students in Rivers State as indicated by their pretest and post-test mean scores, the hypothesis was tested at 0.05 level of significance. The result of table 5 was $t(165) = -47.19$, $p = 0.00$. This result is significant as the p value of 0.00 is less than the 0.05 level of significance. This suggests that there is a significant difference in the effects of Client Centered Therapy on bullying behaviors of students in Rivers State as indicated by their pretest and post-test mean scores. Hence the null hypothesis was rejected.

Hypothesis 2: There is no significant difference in the effects of Client Centered Therapy on bullying behaviors of students in Rivers State when their pre-test and post-test mean scores are compared to that of the control group.

Table 5: One way ANCOVA Results for Experimental Group and Control Group

Analysis of Covariance						
Source	DF	Adj SS	Adj MS	F-Value	P-Value	
Pre Test	1	3.3	3.3	0.31	0.580	
Treatment Method	1	27814.6	27814.6	2557.48	0.000	
Error	327	3556.4	10.9			
Lack-of-Fit	35	405.5	11.6	1.07	0.363	
Pure Error	292	3150.9	10.8			
Total	329	31394.9				

a. R Squared = 0.887 (Adjusted R Squared= 0.886)

Following table 5, the observed difference was further subjected to an ANCOVA analysis to test for the significant effect of Client Centered Therapy on bullying behaviors of students in Rivers State as determined by the comparison with the control group. The result of the ANCOVA analysis showed in table 5 was $f(1, 327) = 2557.48, p = 0.00$. This result is significant as the p value of 0.00 is less than the 0.05 level of significance. This suggests that there was a significant effect of Client Centered Therapy on bullying behaviors of students in Rivers State as determined by the comparison with the control group. Hence the null hypothesis is rejected.

Discussion of Findings

The main objective of this study was to investigate the effects of Client Centred Therapy on bullying behaviour among senior secondary school students in River State. Several behavioural therapies have been found by various researchers to correct certain dysfunctional behaviours. Client Centered Therapy techniques are suggested for the treatment of bullying behaviour of senior public secondary school students in Rivers State. The discussion of the findings of this study is based on the results emanating from the research questions and test of hypotheses and its place in existing literature and previous studies. The first finding of the study indicated on tables 1 and 4 shows that there was a significant difference that existed in the pre- test and post-test mean scores of bullying behaviour among secondary school students in the treatment group. The calculated pre-test mean scores in bullying behaviours of the experimental group dropped significantly after the application of Client Centred Therapy (CCT).

Based on the outcome of the corresponding hypothesis a significant difference existed in the pretest and post-test mean scores on the effectiveness of Client Centered Therapy on bullying behavior of student in Rivers State as indicated by the result on table 4. It further highlights the effectiveness of the Client centered therapy in the reduction of bullying behavior. First, this result is a reflection of the theoretical opinion of Rogers (1961) who viewed man as being capable of resolving problems that hinder his personal growth and therefore regarded bullying behaviour as disturbances in awareness or undue restriction on existence. This result also confirms the observation found in Kennedy (2008) who affirmed the effectiveness and success of the Client Centred Therapy (CCT) in the reduction of bullying behavior. Odoemelam (2000) also gave credence to this result as he substantiated that the use of the Client-Centred Therapy was effective in reducing undesirable behaviour among in-school adolescents.

The second finding of the study indicated on table 3 answering research question 2 and table 5 showing tested hypothesis 2 shows that there was no significant difference in the pre-test scores of bullying behaviors of both the experimental and control group while the post- test mean scores of bullying behaviour as indicated by the results of both the experimental and control groups of students in Rivers State showed a significant difference. This implied that there was major disparity in bullying behavior patterns of both the control and experimental group. This difference shows the effectiveness of CCT treatment procedures administered on the experimental group. This finding corroborates that of Kennedy, (2008), Eremie et al (2020), Olta and Odoemelam in Kennedy (2008). They all

found CCT treatment modalities to be effective on different life issues over the control group when compared.

Conclusion

Based on the result of the study, it was concluded that Client Centered Therapy was very effective in reducing bullying behaviour among students in Rivers State. This was evident in the significant drop in the post-test mean scores of the experimental group after the treatment was administered. Again, the control group when compared to the experimental group showed consistent bullying behaviour at post-test while the treatment group showed significant reduction in bullying behaviour. This simply indicates the gains of the application of the treatments factor CCT on bullying behaviour.

Recommendations

The following recommendations are made based on the findings of the study:

1. Secondary school students with bullying behaviour should be exposed to the Counselling modalities of Client Centered Therapy. Based on this recommendation, all secondary schools in the state should have functional Counsellors to effectively cater for the needs of students.
2. Professional Counselling bodies like the Association of Professional Counsellors in Nigeria (APROCON), Counselling Association of Nigeria (CASSON) should continuously train and re-train their members with the practical techniques of Client Centered Therapy to enable them utilize it effectively for their job.

Limitation of the Study

This research was not without limitations; this study like any other research has suffered some grey areas despite the success it recorded. In course of carrying out this study, the researchers encountered the following limitations amongst others which may/ may not have affected the generalization of the study.

Firstly, the counselling process generally needs a serene environment and some schools employed for the study do not have counselling laboratories due to the absence of professional counsellors and as such counselling took place in classrooms, occasionally students come in to distract the counselling process.

Secondly, there was paucity of adequate empirical studies on client centred therapy and bullying behaviour, this affected the volume of literature review on empirical studies as past works were found to be limited in supporting the findings derived from the study.

Implication to Counselling

The implication here is that bullying behavior of students which can pose danger to the lives of students, deter their studies and inhibit their progress can be redirected from negative to positive or healthy outcome through the intervention of Client Centered Therapy as revealed by the study. The outcome of this study has significant implication for counsellors, students, teachers, stakeholders and school management. The study which revealed that Client Centered Therapy, proved effective on bullying behaviour of students implies that Client Centered Therapy enables students shift from problem-oriented behaviour to a positive oriented endeavour. It also implies that individuals are capable of

working effectively with counsellors to shift from a problem-oriented behaviour to a healthy and positive one for a meaningful living that can enhance a better future. Conclusively, it can be said that CCT intervention strategies are actually helpful in redirecting negative and unhealthy behaviour patterns to positive and desirable life style for a better living.

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