

## THE IMPINGEMENTS OF AGE AND PARENT'S SOCIOECONOMIC STATUS ON THE EFFICACY OF SOLUTION-FOCUSED BRIEF THERAPY IN MANAGING SOCIALLY MALADJUSTED SENIOR SECONDARY SCHOOL STUDENTS IN BENIN METROPOLIS

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**Abstract**

*This study investigated the impingements of age and parent's socioeconomic status on the efficacy of solution-focused brief therapy in managing socially maladjusted senior secondary school students in Benin metropolis. Two (2) research questions and corresponding hypotheses were tested at 0.05 alpha level. A quasi-experimental design using pre-test, post-test, non-equivalent control group was adopted. The study had a sample of seventy two (72) students in SSII class was drawn from two (2) selected schools. The multi-stage sampling technique was adopted to draw samples across four stages and two (2) schools emerged as the treatment and control group with thirty eight (38) and thirty four (34) participants respectively. The School Social Maladjustment Questionnaire (SSMQ) was the instrument used for both the pre-test and post-test. The reliability coefficient index of 0.85 was obtained. The data collected were analysed, using mean, standard deviation and two way ANOVA statistics. The findings showed that there are no treatment interaction effects by age and parents socio-economic status of social maladjustment mean scores of adolescents in public senior secondary schools ( $p > 0.05$ ). Based on the findings, the study concluded that solution-focused brief therapy was effective in managing socially maladjusted secondary school adolescents, but there was no interaction effect of age and parent's socioeconomic status on the treatment outcome. The study recommended that the therapy should be used on larger population of participants and academic class level for a re-validation of its effective outcome*

**Keywords:** Adolescents, Age, Parent's Socioeconomic Status, Social Maladjustment, Solution-Focused Brief Therapy (SFBT) and Students.

## Introduction

The developmental transition from conception to adulthood could be faced with various degrees of challenges. These various stages have adolescent as one of its phase. This is the transition stage between childhood and adulthood and **could occur between twelve (12) or thirteen (13) years and early twenties**. The aforementioned period is characterized by egocentric behaviours, attitude problems, struggle for independence and the search for identity. It involves changes in personality, physical, intellectual, social and emotional development. According to Egbochuku and Igbineweka (2014), **the adolescence** period is a pivotal developmental stage for establishing patterns of behaviours that can last a lifetime. The outcome of these behaviours could be influenced by the age, peers, role of parents, school and its environment as well as the teachers.

During adolescents, changes in personality, physical, intellectual, social and emotional development could alter the behavioural expectations. This period of adolescent are faced with many issues such as adjustment, and decision making could be difficult and this could result problems (Asiyai, 2012). The growth aspect in adolescent shows signs of maturation where the primary and secondary sex organs that relate to reproduction become very visible and some may start to detach from their parents and make new friends. Evident in this period is higher intellectual ability than that of children, being able to think in terms of what might be true, rather than just in terms of what they see is true, explorations of risky life styles, being able to deal with abstractions, test hypothesis and see infinite possibilities. According to Egbochuku and Toyin (2019), some of the key issues that can have an impact on the adolescent social development are: self-esteem, accepting one's muscular changes, gender role, gaining emotional independence from rights, peer pressure and depression among others. The enormous roles of society and school stakeholders in guiding these adolescents cannot be overemphasized, yet some do not have the right skills to handle these developmental changes and could lead to maladjustment of adolescents (Oliha & Audu, 2009).

Maladjustment is the inability to react successfully and satisfactorily to the demands of one's environment, interpersonal relationships and stress of daily living (Jacobs 2017). Irrespective of the race, ethnic and religious affiliation, exposure to rough activities in social networks, media networks, electronic and printed media such as violent movies, internet, peers activities among others have also been perceived to contributed to the issues of maladjustment especially among in-school adolescents and some may want to imitate such behaviours (Jeromel, 2013). According to Busse and Yim, (2013), there are has two categories of maladjustment, these includes intrinsic and extrinsic. Intrinsic maladjustment refers to the disparities between the needs, motivations and evaluations of an individual, and the actual reward gained through experiences. Extrinsic maladjustment on the other hand, refers to the failure in responding to the cultural, social and societal expectations or norms in a given environment. This is also known as social maladjustment.

Social Maladjustments therefore, could be referred to as the inability to adjust and react successfully to social interactions, failure to communicate and acknowledge one another positively (Reynolds & Kamphaus, 2015). Socially maladjusted students are the kinds of adolescents that have difficulty taking responsibility for their actions, know the rules but still continue to want to violate them and have very little or no remorse. Their behaviour is self-designed to manipulate the situation for selfish need. Notable signs and symptom of school social maladjustments are

academic indifferences, disruptive behaviours, antisocial behaviours, aggression against teachers and students. To ameliorate these challenges, therapists engage maladjusted pupils in psycho-educational treatments. The therapeutic outcomes during psychotherapy could be influenced by several factors but for the purpose of this study, age and parent socioeconomic status (PSES) were examined and investigated.

According to Audu and Oaikhena (2018), there are divergent opinions about the influence of certain variables on the treatment outcome, some are age, sex, peer influence, media, motivations among others. Cort, et al. (2012), further posited that the age and parent socio-economic status are continuous variables that reveals the inequalities in access to the distribution of resources. The age of an individual is the length of existence extending from the beginning to any given time. This factor of the individual plays a very important role in school learning and behaviour. Some psychologists have argued that the period of 0-8 years of life appears to be the best in terms of both learning and behaviour modification (Rothon, et. al. 2011). Children within this age bracket could appear to be the most submissive and obedient to school and societal rules and regulations. However, as they grow into adolescence, some tend to behave in ways that are considered unacceptable. Youngsters between the ages of 8 – 14 begin to confide less in parents and more in their peers who influence their decision making and what behaviour to adopt (Asiyai 2012). According to Eke (2014), unacceptable and offensive behaviours tend to peak in late adolescence and then drop off in early adulthood. In a study on the relationship between age and social maladjustment, Animasahun and Aremu (2015), found that the increase in age of participants is often times reflected in increase in rate of delinquency. The inference is that, as adolescents grow older, they tend to have more courage to try out new things, more criminal and rebellious behaviours increases.

Another influencing factor is the parent's socioeconomic status, this is a combination of social and economic factors of an individual's parents. Although maladjusted behaviours could be less exclusively a phenomenon of lower socioeconomic status, but some characteristics of low-class culture might promote delinquency and social maladjustment. According to Boe, et al. (2014), parental monitoring of adolescents is important in determining whether an adolescent becomes socially maladjusted or not. Furthermore, Hosokawa & Katsura (2017), posited that parents with lower socioeconomic status often find it difficult to provide the necessary financial and material aids for their children's education, hence such children are often sent out of school for failure to pay fees, lack of writing materials, school uniforms and others. This could cause such children to lose focus, develop low self-esteem and indulge in irresponsible behaviours.

Conger et al. (2010), in a study found that children living in poverty lack many advantages such as poor nutrition, health and medical provisions, inadequate living environment, overcrowded and inadequate schools, fewer or no place to do their homework. Due to their disadvantage as they grow older their interest and performance in school could lag, they may become bored, angry, picking and lashing out on their parents, school and society at large. Low socio-economic status is a recurring factor in the incidence and prevalence of crime and abuses (Duru, et. al. 2014).

## **Statement of Problem**

In schools, during academic hours, some lessons could be taught with less concern for the emotional stability of the students thus, leaving no room for improvement on their situation. This lack of concern may result in frustration which may lead to social maladjustment among student. Adjustments within the school settings are actions taken to meet the needs and enable all students participate in education. This could be at the whole-school, classroom or individual student level. However, individuals that doesn't have these characteristics or is not consistently meeting the listed criteria could be diagnosed or described as socially maladjusted.

Behaviours such as rampant examination malpractices of all shades, increased cases of truancy, students' dropouts, destruction of school properties, manhandling of school staff, nonchalant attitudes to classwork, inability to cope with school rules and regulation, poor student-student and student-teacher relationships among others are prominent characteristics that portrays school social maladjustments among adolescent student and this could affect participation and performance in school as well as the world of work. Some of these behaviours could be motivated by self-gain, survival skills and inappropriate concern for their behaviours and its effects on others. This may be highly valued within a small subgroup, but which may not be within the range of culturally permissible behaviours. Sometimes the maladjustment takes the form of acting out responses to frustrations and failed attempt in trying to solve their problems through adjustment techniques which causes conflicts with the value system held by others. For instance in a classroom, some pupil could be reserved, withdrawn, enjoys solitary and rarely express their feelings directly through undue anxiety and irrational fears, while others could be disruptive, inattentive, bullying and antisocial towards others especially in the school environment.

Available literature and observation point to the fact that social maladjustment behaviour among in-school adolescents are on the increase. This could be because students frequently disobey their teachers, violate the school rules and regulations, and bully their fellow pupils steal, render abusive words on others, come late to school, they look dirty, failure to do homework, coming to school in an un-recommended school uniform to mention but few. According to the 37th Annual report on the implementation of Individual with Disability Education Act (IDEA, 2015) students with behavioural problems such as social maladjustment do not meet the eligibility criteria for special education. These students do not receive the help they need despite their many behavioural problems, leaving classroom teachers and school administrators struggling to deal with them. These adolescents have deviated from the norms and are looked upon as exhibiting maladjusted behaviour; and the researcher seems worried that if appropriate measure is not taken, it will affect the national development and the development of Edo State in particular. The problem of this study therefore, is to determine the extent to which age and parent's socioeconomic status impinges socially maladjusted adolescent's treatment outcome during solution-focused brief therapeutic process under comparable conditions in Benin Metropolis.

In a bid to changing adolescent student's perception towards social maladjustment, the field of educational psychology adopts strategies, skills, techniques and therapies. One of such therapies or skills is Solution-Focused Brief Therapy (SFBT). Solution-Focused Brief Therapy (SFBT) was developed in the 1980s by Steve de Shazer and Insoo Kim Berg. They expanded upon the findings of Watzlawick et al. (1974), who believed that the attempted solution would often perpetuate the problem, rather than solving it and that an understanding of the origins of the problem is not

(always) necessary. Solution-Focused Brief Therapy (SFBT) proposes; that development of a solution is not necessarily related to the problem, the client is the expert, if it is not broken, do not fix it, if something works, continue with it and if it does not work, do something else (de Shazer 1985).

Solution-Focused Brief Therapy (SFBT) is suitable and have shown effectiveness for a wide variety of clients, with diverse problems, varying from alcohol abuse (Spilsbury 2012), test anxiety (Egbochuku & Igbineweka 2014; Aihie & Igbineweka 2018), posttraumatic stress disorders (Iranmehr 2017), personality disorders and psychosis (Kim & Franklin 2015), to Depression, (Habibi et al. 2016). SFBT is also suitable in application with children and adolescents (Kramer et al. 2014), to groups (Egbochuku et. al. 2017), internalizing disorder (Schmit et. al. 2016), in working with mentally handicapped clients (Zhang et al. 2015), perceived somatic and cognitive difficulties (Cepukiene & Pakrosnis 2011), in management of behaviour problems (Hsu et. al., 2021), self-regulation (Rooholla and Shiva 2012) and sexual disorder (Trepper et. al. 2010). This study therefore, zeroed down specifically on the impact of age and parents socio-economic status on the managing social maladjustments behaviours among students in public senior secondary schools in Benin Metropolis a gap this study intends to fill.

### **Significance of the Study**

The increasing rate of academic indifferences, antisocial, disruptive and undisciplined behaviours among adolescents is on the increase. This could predispose them to behavioural problems and poor academic performance among others. Therefore this study focused on the impingement of age and parent's socio-economic on the efficacy of solution-focused brief therapy in managing socially maladjusted senior secondary school students in Benin Metropolis, Edo State of Nigeria.

### **Research Questions**

The following research questions were raise to guide this study:

1. Is there an interaction effect of treatment by age on the social maladjustment mean scores of adolescent at post-test?
2. Is there an interaction effect of treatment by parent socioeconomic status on the social maladjustment mean scores of adolescent at post-test?

### **Hypothesis**

The following hypothesis would be tested at 0.05 level of significance:

1. There is no significant interaction effect of treatment by age on the social maladjustment mean scores of adolescent at post-test.
2. There is no significant interaction effect of treatment by parent socioeconomic status on the social maladjustment mean scores of adolescent at post-test.

### **Methodology**

The quasi-experimental design with pre-test, pot-test and non-equivalent control group was adopted for this study. The independent variable of the study was Solution-Focused Brief Therapy and the control group; while the dependent variable is managing of Socially Maladjusted students.

**Table 1: Demographic Distribution of Public Senior Secondary Schools in, Benin Metropolis. Edo State**

LGA	Public Senior Sec. Schools	Total Enrolment	Male	Female
Egor	13	6,108	3,157	2,944
Ikpoba-Okha	20	14,523	7,145	7,378
Oredo	14	23,801	7,164	16,637
<b>TOTAL</b>	<b>47</b>	<b>44,432</b>	<b>17,466</b>	<b>26,959</b>

Source: Edo State Post Primary Education Board. Department of Statistics, Ministry of Education, Iyaro, Benin City (2021).

The sample for this study consists of seventy-two (72) students in SSII class, drawn from two (2) selected mixed public senior secondary schools in Benin Metropolis. The multi-stage sampling technique was adopted to draw the seventy-two (72) samples across four stages. At stage one, schools in the three local government areas were selected for adequate coverage. At stage two, random sampling was used to select a mixed public senior secondary school from each local government area; making a total of three schools in the metropolis. At the third stage, two mixed public senior secondary schools were selected purposively from the three earlier selected schools. At the final stage, the participants for the experimental group were identified students who are socially maladjusted in their intact class. The experimental group was treated with solution-focused brief therapy and the control group was given placebo.

### **The Instrument**

The research instrument for data collection for the study is a standardized questionnaire, titled School Social Maladjustment Questionnaire (SSMQ) adapted from: Peralta-Sánchez, et al., (2009). The instrument has six (6) sub-categories which includes aggressive behaviour against peers (bullying), academic indifferences, aggression against teachers, disruptive behaviours, antisocial behaviours / serious violence and teacher to student aggression. The instrument was modified by the researcher and consists of two sections; A and B. Section A of the instrument consists of respondents' demographic information which includes name of school, age, sex and parents' socioeconomic status. While section B consists of twenty-four (24) items used to elicit information on school social maladjustments. The respondents indicated the extent to which these items helped on a five-point Likert scale from Always: 5 points, often: 4 points, rarely: 3 points, occasionally: 2 point to never: 1.

### **Reliability of the Instrument**

The internal consistency of the instrument was determined by using Cronbach's Alpha statistics. The instrument was administered to twenty (20) respondents in one of the mixed public senior secondary schools in Benin Metropolis which was not part of the sample but was part of the population. The reliability analysis yielded an index of 0.85. The obtained coefficient signifies that the instrument is reliable.

## Procedure

The participants were pre-tested with School Social Maladjustment Questionnaire (SSMQ) with a base line score. Thereafter, the experimental group was exposed to Solution-Focused Brief Therapy Treatment through psycho-education for six (6) weeks with two (2) sessions per week for forty (40) minutes. The researchers showed empathy, built confidentiality, emphasized and encouraged participants through token economy during the treatment period. The research instrument was re-administered on the participants. Data collected were subjected to Mean, Standard Deviation and two way ANOVA.

**Hypothesis 1:** There is no significant interaction effect of treatment by age on social maladjustment mean score of adolescents at post-test.

**Table 2:** Descriptive in Mean and Standard Deviation of Social Maladjustment Mean Scores of Adolescents at Post-test by Group and Age Categories

Group	Age	Mean	Std. Deviation	N
Treatment	12-14yrs	37.00	5.29	5
	15yrs and above	36.24	7.22	33
	Total	36.34	6.94	38
Control	12-14yrs	57.80	19.11	5
	15yrs and above	53.90	15.03	29
	Total	54.47	15.42	34

Table 2 contains the descriptive statistics of Mean and Standard Deviation of Socially Maladjusted Adolescents Mean Scores at Post-test by Group and Age Categories. For the treatment group: Those between 12-14 years of age (N=05, mean =37.00 and Standard Deviation =5.29). 15yrs and above (N=33, mean =36.24 and Standard Deviation =7.22) while the Control Group, those between 12-14 years of age (N=05, mean =57.80 and Standard Deviation =19.11). 15yrs and above (N=29, mean =53.90 and Standard Deviation =15.03).

**Table 3:** Two Ways ANCOVA Result of Difference in Social Maladjustment Mean Scores of Adolescents at Post-test (Group by Age)

Source	Type III Sum of Squares	df	Mean Square	F	Sig. (.p-value)
Corrected Model	5967.940 <sup>a</sup>	4	1491.985	10.456	.000
Intercept	6626.647	1	6626.647	46.440	.000
Pre-test	3.171	1	3.171	.022	.882
Group	3162.076	1	3162.076	22.160	.000
Age	49.815	1	49.815	.349	.557
Group * Age	22.365	1	22.365	.157	.693
Error	9560.380	67	142.692		
Total	160699.000	72			
Corrected Total	15528.319	71			

a. R Squared = .384 (Adjusted R Squared = .348)

Table 3 shows that the *F-value* value of .157 for the Treatment by Age interaction. The *F-value* is not significant ( $p > 0.05$ ). Hence, the null hypothesis is hereby retained. This implies that irrespective of the age categories of the participants the treatment affected them in the same way.

**Hypothesis 2:** There is no significant interaction effect of treatment by parents' socioeconomic status on social maladjustment mean score of adolescents at post-test.

**Table 4:** Descriptive in Mean and Standard Deviation of Social Maladjustment Scores of Adolescents at Post-test by Group and PSES

Group	PSES	Mean	Std. Deviation	N
Treatment	Low	38.20	2.95	5
	Average	35.56	8.56	18
	High	36.67	5.80	15
	Total	36.34	6.94	38
Control	Low	61.00	2.83	2
	Average	57.38	16.90	21
	High	47.73	11.69	11
	Total	54.47	15.42	34

Table 4 contains the descriptive statistics of Mean and Standard Deviation of Socially Maladjusted Adolescents Mean Scores at Post-test by Group and PSES. For the Treatment Group: Low PSES (N=05, mean =38.20 and Standard Deviation =2.95). Average PSES (N=18, mean =35.56 and Standard Deviation =8.56) and High PSES (N=15, mean =36.67 and Standard Deviation =5.80). While the Control Group, Low PSES (N=02, mean =61.00 and Standard Deviation =2.83). Middle PSES (N=21, mean =57.38 and Standard Deviation =16.90) and High PSES (N=11, mean =47.73 and Standard Deviation =11.69).

**Table 5:** Two Ways ANCOVA Result of Difference in Social Maladjustment Mean Scores of Adolescents at Post-test (Group by PSES)

Source	Type III Sum of Squares	Df	Mean Square	F	Sig ( <i>p-value</i> )
Corrected Model	6694.823 <sup>a</sup>	6	1115.804	8.210	.000
Intercept	5893.858	1	5893.858	43.369	.000
Pre-test	4.216	1	4.216	.031	.861
Group	3231.142	1	3231.142	23.776	.000
PSES	390.131	2	195.066	1.435	.245
Group * SES	481.384	2	240.692	1.771	.178
Error	8833.496	65	135.900		
Total	160699.000	72			
Corrected Total	15528.319	71			

a. R Squared = .431 (Adjusted R Squared = .379)



Table 5 shows that the *F-value* value of 1.771 for the Treatment by PSES interaction. The *F-value* is not significant ( $p > 0.05$ ). Hence, the null hypothesis is hereby retained. This implies that irrespective of the PSES of the participants the treatment affected them in the same way.

## Discussion

The testing of hypothesis three shows that the null hypothesis “There is no significant interaction effect of treatment by age on social maladjustment mean scores of adolescents at post-test” is accepted; where the computed *F-value* = .157 significant at *p-value* = .693. When the *p-value* compared with alpha ( $\alpha$ ) = .05 the *p-value* is greater, therefore the hypothesis that says “there is no significant interaction effect of treatment by age on the post-test mean score of the socially maladjusted adolescent” is accepted. This implies that the age of the participants do not influence the treatment, it is equally effective for participants of all age. Consequently, there is no treatment by age interaction effect in managing socially maladjusted adolescents in Benin metropolis. This goes to show the effectiveness of the treatment for all ages of adolescents whether early or middle aged. The findings of this study is supported by Egbochuku & Igbineweka (2014) and Rooholla & Shiva (2012). This confirmed that psychotherapist help their clients develop awareness and bring about changes in their behaviour, feelings and thinking irrespective of their age.

The testing of hypothesis four which states that “There is no significant interaction effect of treatment by parents’ socioeconomic status on social maladjustment mean scores of adolescents at post-test.” had the descriptive statistics of Mean and Standard Deviation for the Treatment Group: Low SES (N=05, mean =38.20 and Standard Deviation =2.95). Average SES (N=18, mean =35.56 and Standard Deviation =8.56) and High SES (N=15, mean =36.67 and Standard Deviation =5.80). While the Control Group, Low SES (N=02, mean =61.00 and Standard Deviation =2.83). Average (N=21, mean =57.38 and Standard Deviation =16.90) and High SES (N=11, mean =47.73 and Standard Deviation =11.69). The computed *F-value* value of 1.771 was obtained for the Treatment by SES interaction. The *F-value* is not significant ( $p > 0.05$ ). Hence, the null hypothesis is hereby retained. This implies that irrespective of the SES of the parents of the participants the treatment affected them in the same way. This implies that Parent Socio-economic Status of the participants do not influence the treatment; it is equally effective for all participants irrespective of the socio-economic status of their parents. This agrees with the findings of Cort, et al., (2012), Delgadillo, et al., (2016) and Audu & Oaikhena (2018) who found no effects of parents’ socioeconomic status on psycho-education and psychological treatments.

## Conclusion

From the results and discussions, the following conclusions were reached:

1. There was no significant difference in the treatment by age interaction effect as regards social maladjustment among adolescents in public senior secondary schools in Benin metropolis. This showed that the treatment is not age range biased.
2. There was a non-significant difference in the treatment by parent’s socio-economic status interaction effect as regards social maladjustment in public senior secondary schools in Benin metropolis. This showed that the treatment is not parent’s socio-economic biased, meaning its effective for both male and female.

## Recommendations

The study showed that some public senior secondary school students are socially maladjusted; SFBT was efficacious in managing socially maladjusted public senior secondary school students. Therefore, Special attention should be given to socially maladjusted pupil when making eligibility decisions. Specifically, there was no interaction effect of age and parent socioeconomic status on the treatment outcome. Therefore, eligibility criteria for special education should be well defined and enforced both as an act and as a law to empower teachers, counselling psychologists, curriculum and educational planners. That contemporary training and workshops should be incorporated as part of the counselling activities. This would aid the easy application of these new trends in the counselling profession such as emerging therapies to clients.

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