

**EFFICACY OF BRIEF COGNITIVE BEHAVIOUR THERAPY
AND PSYCHOEDUCATION ON PSYCHOLOGICAL DISTRESS
AMONG ADOLESCENTS IN OYO-EAST, OYO STATE,
NIGERIA**

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SEPTEMBER, 2024

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BY

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**A THESIS SUBMITTED TO THE SCHOOL OF POSTGRADUATE
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PSYCHOLOGY, COLLEGE OF LEADERSHIP AND
DEVELOPMENT STUDIES, COVENANT UNIVERSITY, OTA,
OGUN STATE, NIGERIA**

SEPTEMBER, 2024

ACCEPTANCE

This is to attest that this thesis is accepted in partial fulfilment of the requirements for the award of the degree of Doctor of Philosophy in Psychology in the Department of Psychology, College of Leadership and Development Studies, Covenant University, Ota, Nigeria.

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Professor Akan B. Williams
(Dean, School of Postgraduate Studies)

Signature and Date

DECLARATION

I, **EZE, SYLVESTER EZECHINYERE (20PBB02348)** declare that this research was carried out by me under the supervision of Prof. Gboyega E. Abikoye and Dr. Sussan O. Adeusi of the Department of Psychology, College of Leadership and Development Studies, Covenant University, Ota, Nigeria. I attest that this thesis has not been presented either wholly or partially for the award of any degree elsewhere. All sources of data and scholarly information used in this thesis are duly acknowledged.

EZE, SYLVESTER EZECHINYERE

Signature and Date

CERTIFICATION

We certify that this thesis, titled '**EFFICACY OF BRIEF COGNITIVE BEHAVIOUR THERAPY AND PSYCHOEDUCATION ON PSYCHOLOGICAL DISTRESS AMONG ADOLESCENTS IN OYO-EAST, OYO STATE, NIGERIA,**' is an original research carried out by **EZE, SYLVESTER EZECHINYERE (20PBB02348)** of the Department of Psychology, College of Leadership and Development Studies, Covenant University, Ota. The research was carried out under the supervision of Prof. Gboyega E. Abikoye and Dr. Sussan O. Adeusi. We have examined and found this work acceptable as part of the requirements for the award of a Doctor of Philosophy (PhD) degree in Psychology.

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DEDICATION

I dedicate this thesis to the glory and praise of God the Father, the Son, and the Holy Spirit. I also dedicate it to loving memory of my parents, the late Pa. Anthony Eze, the late Mrs Mary O. Eze and the late Miss Victoria Ubiaza. May their gentle souls continue to rest in peace of Jesus Christ, Amen.

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LIST OF ABBREVIATIONS

BCBT:	Brief Cognitive Behaviour Therapy
CBT:	Cognitive Behaviour Therapy
CDC:	Centre for Disease Control and Prevention
CDS:	Centre for Disease Control
DASS:	Depression Anxiety Stress Scale
DSM:	Diagnostic Statistical Manual
IPT:	Interpersonal Psychotherapy
JSS:	Junior Secondary School
M:	Mean
MHC-SF:	Mental Health Continuum-Short Form
MSPSS:	Multidimensional Scale of Perceived Social Support
NASN	National Association of School Nurses
NBS	National Bureau of Statistics
NCS-A:	National Comorbidity Survey-Adolescent Supplement
PE:	Psychoeducation
PsyEd:	Psychoeducation
REBT:	Rational Emotive Behaviour Therapy
SD:	Standard Deviation
SSS:	Senior Secondary School
SSRI:	Selective Serotonin Reuptake Inhibitors
TCA:	Tricyclic Antidepressant
UNICEF:	United Nations International Children Emergency Fund
WHO:	World Health Organization

ABSTRACT

Psychological distress refers to a state of emotional suffering or discomfort, typically marked by symptoms of depression and stress, with anxiety being the most prevalent mental health problem commonly experienced by adolescents. Despite these symptoms and their associated negative outcomes, such as suicide, adult mental disorders, health loss, and disability, there is a paucity of evidence-based psychological treatments, especially in low-income countries with high rates of adolescent psychological distress. Previous studies have focused on cognitive-behavioural therapy and treated psychoeducation as an adjunct treatment. This study investigated the prevalence of psychological distress and examined the efficacy of brief cognitive-behavioural therapy and psychoeducation as mono-therapy in reducing psychological distress symptoms among adolescents. Adopting a survey design and the pre-test post-test control group experimental design, data were obtained from four secondary schools in the Oyo-East Local Government Area by administering a study questionnaire comprising age, gender, family type, parents' marital status, school class, perceived social support, and the Depression, Anxiety, and Stress Scale (DASS-21). A total of 465 participants—238 males (51.2%) and 227 females (48.8%) with a mean age of 13.28 (SD = 1.89)—were involved in the study's first phase. Using the ballot technique, 72 participants were randomly assigned to two experimental groups (A, B) and a control group (C) with 24 participants per group. Given the psychological distress mean score of 30.62 (SD = 21.3) and above as the cut-off point, 6 participants from each of the four schools were matched in each of the study groups in the second phase of the study. A prevalence rate of 51.61% was revealed among the participants using DASS-21 as a measure of psychological distress symptoms. Utilizing SPSSv23, the study found that age, female gender, polygamous family type, parents' marital status (divorced), school class, and perceived social support significantly contributed to psychological distress among adolescents { $R = 0.273$, $R^2 = 0.075$, $F(6, 456) = 6.13$, $p < 0.05$ }. The study further revealed that after participants in experimental group B received psychoeducation treatment for six weeks, there was a significant reduction in psychological distress symptoms ($t(22) = 8.77$, $p < 0.05$). Also, after a six-week exposure period, brief cognitive-behavioural therapy treatment was found to be significantly effective in reducing psychological distress symptoms ($t(20) = 6.94$, $p < 0.05$). Additionally, psychoeducation and brief cognitive-behavioural therapy were both equally effective after exposing psychologically distressed participants to the same number of treatment sessions. After a one-month follow-up period, the treatment effects of psychoeducation and brief cognitive-behavioural therapy were maintained with an effect size of 0.24 ($r = 0.60$). Findings from this study revealed an obvious increase in the number of adolescents suffering from psychological distress. Adopting psychoeducation as mono-therapy and brief cognitive-behavioural therapy in schools would reduce distress prevalence and prevent further vulnerability among adolescents. Schools may endeavour to incorporate psychoeducation and brief cognitive-behavioural skills into the curriculum. Further studies may require investigating prevalence among non-rural resident adolescents and considering a longer follow-up period to ascertain the efficacy of psychoeducation treatment.

Keywords: *Adolescents, cognitive behaviour therapy, psychoeducation, psychological distress*

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