

**THERAPEUTIC EFFECT OF TRAUMA-FOCUSED INTERVENTION IN THE
MANAGEMENT OF DEPRESSIVE SYMPTOMS AMONG UNIVERSITY
SPILLOVERS IN NORTH WEST, NIGERIA**

By

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Abstract

The purpose of this study was to examine the effectiveness of Trauma-focused Intervention in the management of depressive symptoms among university spillovers in North West, Nigeria. Pretest-post test control group quasi-experimental design with 2x2 factorial matrix was used in the study. Two federal universities (Kano and Zaria) were randomly selected and assigned to experimental and control groups. Sixty participants who have spillover records participated in the study. The respondents were measured with relevant adopted standardized scales (scales of psychological well-being = 0.72 and depressive symptoms 0.88) and the data obtained was analyzed using Analysis of Covariance (ANCOVA) statistical analysis. Three research hypotheses were formulated and tested at 0.05 level of significance. The result showed that there was significant of treatment on university spillovers depressive symptoms ($F_{(2,47)} = 82.224, p < .05, \eta^2 = .681$), there was no significant main effect of psychological well-being on university spillovers depressive symptoms ($F_{(2, 47)} = .133, p > .05, \eta^2 = .002$) and there was no significant interaction effect of treatment and psychological well-being on university spillovers depressive symptoms ($F_{(2, 47)} = .044, p > .05, \eta^2 = .001$). in view of these findings, the study stressed that the spillover students should be trained on the effective usage of this interactions (trauma-focused interaction), Counselling and educational psychologists should intensify their effort to organize seminars/conferences on the implications of this intervention and moderating variables (that is psychological well-being among others) as they interact with university spillovers not only in the university but also in their day to day activities.

Keywords: Trauma-Focused Intervention, Depressive Symptoms, University Spillovers, Psychological Well-being

Introduction

University education in Nigeria has grown into a complex system in terms of size, student enrolment, programmes, management and the manpower required for its effectiveness, coupled with the financial requirements for its sustainability. Priority is given to university education because of its role in the production of high-level manpower needed for sustainable social and economic development of the nation regardless of the financial implications (Agboola & Adeyemi, 2012). Ordinarily, education managers are supposed to make use of the limited resources available to achieve the education objectives. They are thus not expected to utilize more resources above the allocated ones. If the resources used to accomplish education objectives are more than those allocated for these, it implies that there is wastage in the education system. According to UNESCO (1976), wastage in education can be described as student's attrition and grade repetition. While attrition is the withdrawal of student from the university, repetition is a situation where a student remains in the same class in subsequent year (that is spillover), has to be

taught the same thing using the same facilities and other resources. It is worthy to note that when a student withdraws from the university, the cost of his/her education up to that level would be wasted. Such student will relapse into illiteracy. It is also of note that in Nigeria, normal year to be spent in the university is four (4) in humanities and social sciences, and five (5) years in the cases of law, engineering and so forth.

Spillover students therefore, refer to the undergraduate university final year students that could not graduate at normal time due to one reason or the other, and therefore will attempt the class for another year. Ibrahim (2016) conceptualize university spillovers as final-year undergraduate university students that could not graduate at the stipulated years owing to one reason or the other, and therefore, they will attempt the level in another year. In addition, Oyetakin and Odunlayo (2013) opine that spillover in the university is inability of a student to obtain his/her school certificate at the normal time for any reason, which is also regarded as wastage. The National Universities Commission according to Abiodun and Owoeye (2011) agreed that the problem of spillover can only be tackled with the improvement of the quality of the academic staff thus insisting that PhD would be the minimum teaching qualification in all Nigeria universities by 2009. However, many academics see the problem of spillover as manifestation of the grave negligence which the system has suffered over two decades. Several factors however, have been advanced to causes of spillover in Nigerian universities; such include the student factor, lecturer factor, societal factor, family factor and the governmental infrastructural problem (Ibrahim, 2016). Ajayi (2006) identify lecture's quality and quantity, method of teaching, attitude and commitment, university learning environment, lecturer/student ratio, unstable university calendar, lack of school guidance, as well as counselling services as institutional variables that account for spillover among final year university students. The poor academic performance has been attributed to lack of adequate and necessary facilities, poor study habit and psychological adjustment problem such as, test anxiety, stress, depression and student's lack of financial support (Ibrahim, 2016).

However, researchers have linked many problems to spillover and these include but not limited to depression, suicide ideation, social stigma, rejection, loneliness, kidnapping and certificate forgery. Despite the efforts of person's concerned, the problems still persist (Ishita & Jayanti, 2015). The consequences of lack of intervention for spillover students have resulted in frustration, terrorism, social withdrawal, trauma-related shame, school dropout, and in some instances suicide. The alarming increase in students' suicide ideation, suicide behaviour and death by suicide, especially among psychological distress and low self-efficacy students has led to unrest and is a source of worry to lecturers, parents, guardians and other stakeholders in education. It is amazing that a student that came to ivory towers to learn so as to make him/her self and humanity better would end up terminating his life in a most brutal and wicked manner. The university ground is a hallowed centre for perfection and arena for promotion of good ethics and not a place where evil acts, like suicide should be conceived. The World Health Organization reported that about million people die of suicide annually; suicide is now one of the leading causes of death among those aged 15-44 and the second leading cause of death in 10-24 years age group (Maymunah, 2013). A number of Nigerian universti students have taken their own lives as a result of spillover cases.

Three critical incidents point to the need to focus on the Nigerian university students' attitude to spillover and effective counselling modality for dealing with such a problem. The first incident was the case of a particular student (name withed) who was a final-year student of Business Administration of a particular university in Lagos State, who committed suicide by hanging himself two days after he was reportedly caught cheating while sitting for his final examinations. He left what could be regarded as suicide note, through his facebook post. Another painful one was the case of a young boy (name withed) from one of the second generation university in south-south Nigeria, who hanged himself at the hockey

pitch on the campus owing to spillover. The third incident was the case of a medical student from one of the state university in north central, who also committed suicide after receiving the news of his withdrawal from university after spending 10 years in a medical school. These are just few of the cases of suicide among university spillover students in Nigeria. Ekpo (2015) avers that a student from one of the south-east university spent 12 years studying a 4 years course because of her refusal of sexual advances from an official. However, the student was rescued by Independent Corrupt Practices and Other Related Offences Commission (ICPC).

Aremu (2000) observes that academic failure is not only frustrating to the students and the parents; its effects are equally grave on the society in terms of dearth of manpower in all spheres of the economy and politics. In addition, experience of spillover in the university can be traumatic. For some students, this can lead to maladaptive behaviours, such as drug abuse, armed robbery, forgery, kidnapping and terrorism. Students who become spillover may also develop fear of recurrence of failure and may decide to drop out, which eventually may lead to additional trauma that can trigger memories and reactions of previous traumatic experiences. However, research evidence is very scanty on how to manage depressive symptoms of spillover university students. This has made it imperative to fill the gaps observed in this field of research.

Psychological well-being as a moderating variable in this study refers to feeling fine with respect to constructive emotion, satisfaction, happiness, gladness development, being socially engaged, self-assurance, self-reliance, buoyancy, and social relations. It also relates to functioning, which includes having a goal in life, having control, and satisfying social relations. However, psychological disorder is reported to be caused by traumatic events that are outside the range of usual human experiences including (but not limited to) depression, loneliness, phobia, panic, spillover, social anxiety, violent and personal assault. Chorpita (2007) suggests that, when people experience a feared stimulus they often encounter symptoms of panic such as increased adrenaline. Some people respond very positively when they encounter ambiguous situations; whereas, others respond very negatively to similar situations. Those who are more likely to perceive ambiguous situations as threat are likely to have higher levels of negative effect which at times result to depressive symptoms (Chorpita, 2007).

Most spillover students get depressed at one time or the other, because of their educational challenges and their academic confront which can put a strain on some of them. Notably for some students, depression is real and ever present problem, and for such students, life can become a living nightmare. Depression however, is a mood disorder that influences every aspect of one's daily life. This illness affects all segments of the population in given socio-economic group: children, adults, and elderly. It affects the body, mood and thoughts. Specifically, it affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. It controls the body, mind, behaviour, emotional state and can even determine the ability to maintain relationships (Busari & Eniola, 2014). Schwartz and Sagi (1995) pointed out that depression is a state of mind and body characterized by change in mood towards being miserable, worried, discouraged, irritable, unable to feel emotion, fearful, despondent, and hopeless or down in the dumps. Depression is said to have a relationship with academic performance (Busari, 2012). Most spillover students exhibited indices of depression which includes: persistence sadness, discouragement, lost of self-worth and interest in daily activities. True depression teens are often difficult to diagnose because normal adolescent behaviour is marked by both up and down moods. These moods according to Busari (2012) may alternate over a period of hours or days. Depression has an effect on spillovers especially in the university academic achievement; moreover, research has indicated that depressed mood is negatively related to academic achievement (Ibrahim, 2016).

Trauma focused-intervention is designed principally to reduce the cognitive and behavioural avoidance strategies that dominate the experience of clients with psychological disorders such as avoidance of thoughts and feelings related to the traumatic event and avoidance of situations and context that trigger painful memories of the trauma. Not only affect psychological wellness and quality of life, but also thwart healing and recovery from trauma (Watts, Schnurr, Mayo, Young-Xu, Weeks & Friedman, 2013). This therapy is designed to reduce negative emotional and behavioural responses and correct maladaptive beliefs and attributions related to traumatic experiences. This therapy has been proven effective for youth exposed to variety of traumatic events and has received the strongest empirical support from studies with abused children, (Saunders, Berliner, & Hanson, 2003). This therapy can be used within an individual, family, group, office and school based settings. Researchers in the fields of anxiety disorders and sexual assault concurred that trauma focused-intervention also leveraged learning and information processing theories to develop theory of fearful responding and applied it to psychological in-balance, (Foa, Huppert & Cahil, 2006).

However, Elizabeth and Raymond, (1997) explain that, most recommended treatment for anxiety disorder (e.g., specific phobia, generalized anxiety disorder, panic disorder, and obsessive-compulsive disorder) is trauma focused treatment. Botella (2004) concurs that; trauma focused-intervention has emerged as a novel tool for counselling persons experiencing specific phobias. It also comforts well with people battling with emotional-processing issues that (that is, psychopathology) affect human systems, the responses are maladaptive (Foa & Kozak, 1986)

The component of trauma-focused intervention include: emotional identification processing and regulation; anxiety management; identification and alteration of maladaptive cognitions; and enhancing interpersonal communication and social problem solving. This therapy is very effective in enhancing parent-child relationships, students/teacher ratio, and students/students relationships by promoting positive interactions, reducing negative relations, and using effective behaviour management skills. (Kholenberg, Kanter, Bolling, Parker, & Tsai, 2002). Trauma-focused intervention appears to be a viable intervention for managing depressive symptoms in spillover university students due to its well reported efficacy in removing irrational fears and thought deformations which affect academic performance. Researchers have linked many variables to increase or decreases depressive symptoms, such factors include: psychological well-being (Bandura, 1997; Koeske & Kirk, 1995); academic self-efficacy, (Dickerson & Taylor, 2000); school climate (Pajares, 1996; Pajares & Miller, 1994) and socio-economic status (Dhooper, Royce & Wolf, 1990). This study therefore, explored psychological well-being as moderation variable. The objective of this study was on the effectiveness of trauma-focused intervention on depressive symptoms among university spillovers in North West, Nigeria.

Purpose of the Study

The main purpose of this study was to investigate the effectiveness of trauma-focused intervention in the management of depressive symptoms among university spillovers in North West, Nigeria. Specifically the study:

- i. Examined the effect of trauma focused-intervention on the university spillovers' depressive symptoms
- ii. Investigated the effect of psychological well-being on the university spillovers' depressive symptoms
- iii. Find out the interaction effect of trauma-focused intervention and psychological well-being on the university spillovers' depressive symptoms

Hypotheses

- i. There is no significant main effect of trauma-focused intervention on the university spillovers' depressive symptoms
- ii. There is no significant main effect of psychological well-being on the university spillovers' depressive symptoms
- iii. There is no significant interaction effect of trauma-focused intervention and psychological well-being on the university spillovers' depressive symptoms

Methodology

The study adopted the pre test- post test, control group quasi-experimental design with 2X2 factorial matrix. In essence, the row consists of trauma focused intervention and the control. The row was crossed with psychological well-being varied at two levels (High and Low). This represented in the table 3.1.

Table 3.1: A 2X2 Factorial Matrixes for Enhancing Depressive symptoms

<i>Treatments</i>	<i>Psychological Well-Being</i>				
	High (B ₁)		Low (B ₂)		
TFI (A ₁)	n = 4	n = 9	n = 5	n = 12	n=30
CG (A ₂)	n = 7	n = 3	n = 15	n = 5	n=30
Total	n = 11	n = 12	n = 20	n = 17	n=60

Key: TFI = Trauma-focused Intervention, CG = Control Group.

Population

The population for the study comprised all university spillovers in the various federal universities in North West, Nigeria. North West Nigeria consists of Kaduna, Kano, Katsina, Kebbi, Jigawa, Sokoto and Zamfara States.

Sample and Sampling Technique

Sixty spillover university students participated in the study. The simple random sampling technique was used to select two federal universities (Kano and Zaria) in the North West, Nigeria. (Thirty from each university) that had spillover records were randomly selected across the various faculties. Participants were randomly assigned to TFI (Kano) and Control (Zaria) groups.

Instrumentation

Scale of Psychological Well-Being (SPWB)

Scale of Psychological Well-Being by Ryff (1989), which was designed to measure the construct of psychological well-being, was adapted and used to measure the participants' psychological well-being in order to group them into high and low. This scale consists of the following six dimensions: Self-Acceptance, Positive Relations with others, Autonomy, Environmental Mastery, Purpose in life, and Personal Growth. It is an eighteen-item scale with responses anchored to 6-point Likert scale ranging from "1 = strongly disagree" to "6 = strongly agree". The estimates of reliability and validity had been reported in the studies on young adults through older adults (Ryff, 1989; Ryff & Keyes, 1995). The Cronbach alphas for the six dimensions in this study were .85 (Self acceptance), .82 (Positive Relations with Others), .78 (Autonomy), .69 (Environmental Mastery), .78 (Purpose in Life), and .73 (Personal Growth). Seven (7) items were reversed-keyed items (1, 4, 8, 15, 16, 17 and 18). The instrument was revalidated and cronbach alpha value of .72 was obtained after trial testing the instruments on ten (10) sampled spillover students, who did not form part of the participants for the study.

Depressive Symptoms

The depressive symptom was measured using the responses to the Beck depressive inventory. The respondents of the study were asked to answer each of the questions expressing their current feeling. The internal consistency for the instrument ranges from 0.79 – 0.95 with mean of 0.86 (Beck, Steer & Garbin, 1988). The Beck et al. (1988) standardized questionnaire scores are defined as follows: Symptom-free or normal (0-15), Mild depression (16-30), Moderate depression (31-46), Severe depression (47-63). The instrument was, however, re-validated and the Cronbach alpha value of .88 was obtained after trial testing the instruments on ten (10) sampled spillover students, who did not form part of the participants for the study.

Inclusion Criteria

The following criteria were used in selecting the participants for the study:

- i. Participants for the study were spillover students who registered for the current academic session
- ii. They were willing to participate in the study

Procedure for Data Collection

The study was carried out in four phases: pre-session activities, pre-test, treatment and post-test. At the pre-session, activities included the recruitment and assignment of participants to the experimental and control group. Advertisement was made to request for participants in selected university. A preliminary meeting was organised to familiarise with the interested participants and solicit their willingness to participate in the study. Participants in the experimental group only were exposed to eight sessions of treatment. Each session spanned for an average of 60 minutes (an hour). Though the control was not treated, they were exposed to other counselling programmes. The pre-test was administered following the conclusion of the programme.

Control of Extraneous Variables

Extraneous variables are those factors or attributes that may affect the outcome of the experimental study aside from the skill trainings to be employed. The researcher guarded against effects of such variables through the following; appropriate randomisation of participants into the intervention and control groups; adherence to inclusion criteria and effective use of the 2X2 factorial matrix design. The analysis of Covariance (ANCOVA) statistical tool that was used equally took care of likely extraneous variables.

Data Analysis

Analysis of Covariance (ANCOVA) is the major statistical tool that was employed in this study. The multiple classification Analysis (MCA) was also used in this study to determine the directions of differences and significance identified.

Results

The results are presented in sequence according to the hypotheses stated for the study.

Hypothesis 1: There is no significant main effect of Trauma-focused intervention on university spillovers' depressive symptoms

Table 1: Summary of 2X2 Analysis of Covariance (ANCOVA) showing the significant main and interactive effect of Treatment Group and Psychological Well-being among Spillover Students

Source	Sum of Squares	DF	Mean Square	F	Sig.	Partial Eta Squared	Remark
Corrected Model	41175.214 ^a	12	3431.268	26.260	.000	.804	Corrected Model
Intercept	10038.719	1	10038.719	76.828	.000	.499	Intercept
Pre-score	768.296	1	768.296	5.880	.018	.071	Pre-score
Main Effect							Main Effect
Treatment	21487.486	2	10743.743	82.224	.000	.681	21487.486
Psychological Well-bein	17.23	1	17.327	.133	.717	.002	17.23
Main Effect							Main Effect
Treatment	21487.486	2	10743.743	82.224	.000	.681	21487.486
Psychological Well-bein	17.23	1	17.327	.133	.717	.002	17.23

Source	Sum of Squares	DF	Mean Square	F	Sig.	Partial Eta Squared	Remark
Corrected Model	41175.214 ^a	12	3431.268	26.260	.000	.804	
Intercept	10038.719	1	10038.719	76.828	.000	.499	
Pre-score	768.296	1	768.296	5.880	.018	.071	
Main Effect							
Treatment	21487.486	2	10743.743	82.224	.000	.681	S
Psychological Well-bein	17.23	1	17.327	.133	.717	.002	NS
2-Way Interactions							
Treatment *Psych well	11.517	2	5.759	.44	.957	.001	NS
Error	275038.000	60					
Total							
Corrected Total	51236.400	59					

(R Squared = .804, Adjusted R Squared = .773) *Significant at 0.05

The table 1 showed that there was significant main effect of treatment on spillover students' depressive symptoms ($F_{(2, 47)} = 82.224$, $P < .05$, $\eta^2 = .681$). This implies that there is a significant impact of the treatment in the group test scores on depressive symptoms of spillover student. Therefore, the null hypothesis stated that there is no significant main effect of treatment on spillover students' depressive symptoms was rejected. For further clarification on the margin of differences between the treatment group and the control group, a Multiple Analysis (MCA) which shows the comparison of the adjusted mean was computed and the result is as shown in the table 2.

Table 2: Multiple Classification Analysis (MCA) showing the direction of the differences of the treatment Group, psychological well-being and Depressive Symptoms of Spillover Students

<i>Variable + Category</i> <i>Grand Mean = 49.87</i>	<i>N</i>	<i>Unadjusted</i> <i>Deviation</i>	<i>Eta</i>	<i>Adjusted</i> <i>Deviation</i>	<i>Beta</i>
Treatment					
TFI	30	16.23		13.22	
	30	-27.14	.809	-25.60	.759
	60	-1.76	.081	-.14	.006
Multiple R Squared		.747			
Multiple R		.864			

From table 2, the mean scores of the treatment and control groups are: trauma-focused intervention (Grand Mean $(49.87 + 16.23) = 66.10$ and Control (Grand Mean $(49.87 - 27.14) = 22.73$ respectively.

The implication is that, trauma-focused intervention ranked highest (Grand Mean = 66.10), followed by the control group (Grand Mean = 22.73). This indicates that trauma focused intervention is effective in managing depressive symptoms among university spillovers.

Hypothesis 2: there is no significant main effect of psychological well-being on university spillover' depressive symptoms

Table 2 showed that there was no significant main effect of psychological well-being on spillover students' depressive symptoms ($F_{(1, 47)} = .133$, $P > .05$, $\eta^2 = .002$). Hence, the null hypothesis was accepted.

Hypothesis 3: There will be no significant interaction effect of treatment and psychological well-being on university spillovers' depressive symptoms

Hypothesis 3: There will be no significant interaction effect of treatment and gender on students' Mathematics learning gains

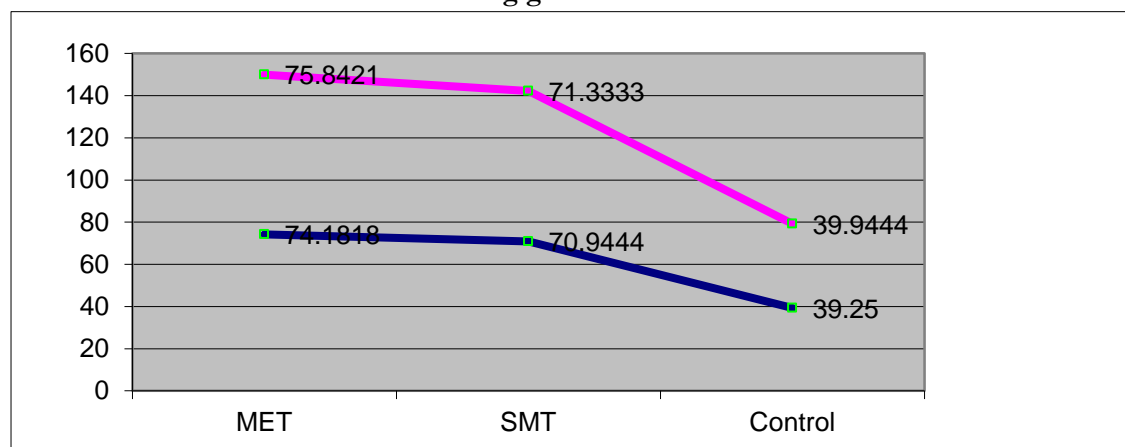


Figure 1: Lack of interaction effect of Treatment and Psychological Well-being on Spillover Students' Depressive Symptoms

Table 2 showed that there was no significant interaction effect of treatment and psychological well-being on spillover students' depressive symptoms ($F_{(2, 47)} = .044$, $P > .05$, $\eta^2 = .001$). Hence, the null hypothesis was accepted. This is further illustrated in figure 1. This demonstrates that psychological well-being did not significantly moderate the effectiveness of the treatment in managing spillover students' depressive symptoms.

Discussion

The result on hypothesis 1 indicated that there was significant main effect of treatment on university spillovers depressive symptoms. The result further demonstrated that experimental group (Trauma-Focused Intervention) has the highest mean than control group. By implication, trauma-focused intervention is effective in managing depressive symptoms among university spillovers. The results also provided support for the use of therapeutic approach in the management of depressive symptoms among university spillovers so as to improve their academic performance and their educational gain. The data showed reduction in the level of symptoms of depression as a result of the treatment programme. It was revealed that the group exposed to experimental conditions indicates grand mean-score of (66.10) as against the control group with grand mean score of (22.73). This result concur with the findings of previous researchers (Cohen, Mannarino & Deblinger, 2003; Daskzan, 2004; Busari & Eniola, 2014) who opine that application of therapeutic approach reduced depressive symptoms and elevated individual well-being. Ibrahim (2016) also investigated the effectiveness of functional psychotherapy in enhancing psychological well-being with sample of university spillovers in Nigeria. He however found a significant and positive relation among functional analytic psychotherapy and psychological well-being, indicating that university spillover that had high psychological well-being performed significantly better than their counterparts who had low psychological well-being. Research with high school students has also documented consistent findings that trauma focused intervention plays a vital role in significantly and positively affecting academic achievement.

The result of hypothesis 2 indicated that there was no significant main effect of psychological well-being on university spillovers depressive symptoms. This denotes that there is no significant difference in the psychological well-being of university spillovers and depressive symptoms. In line with this finding, research on psychological well-being, life satisfaction, happiness and subjective well-being indicate that people with depressive symptoms exhibit psychological disfunctioning. Seroczynski and Maxwell (2000) opines that adult who experience depression may also lacks skills in various domains, acceptance by sighted mates, and may suffer from impaired memory.

The result of hypothesis 3 demonstrated that there was no significant interaction effect of treatment and psychological well-being. This demonstrates that psychological well-being did not significantly moderate the effectiveness of the treatment in managing u university spillovers depressive symptoms.

Conclusion

The purpose of this study was to find out the effects of the application of therapeutic effect of trauma-focused intervention in the management of depressive symptoms among university spillovers in North West, Nigeria. The study used psychological well-being as moderator. Training programmes was carried out, relevant data were as well collected and analysed using appropriate statistical methods. Trauma-focused intervention was effective in managing depressive symptoms exhibited by the participants; consequently, application of this therapy will assist in managing depressive symptoms of university spillovers, if this strategy is properly employed on this group of students.

Recommendation

Based on the findings in this study, the following recommendations were made;

- i. School counsellors and educational psychologists should be saddled with the responsibilities of explaining the symptoms and the mechanisms of depression to the clients especially the university spillovers so that, they can readily understand how to foster reassurance confidence and high self-esteem
- ii. Counselling and Educational psychologists should intensify their effort to organize seminars/conferences for the students on depressive symptoms and its implications to academic performance, especially at the university level.
- iii. Counselling/Educational psychologists should use in addition to other counselling interventions, trauma-focused intervention in boosting psychological well-being among university spillovers. This will help the Counselling/Educational psychologists in reducing the rate of maladaptive behaviours in our university system.
- iv. The public and private universities should endeavour to provide enabling environment for the staff and students of the schools. This will help in enhancing the achievement motivation of the students and invariably improve students' academic performance.

References

- Abiodun, O. and J.O. (2011). Casual Attributions and Affective Reaction to Spillover among Undergraduate in Premier University of Education. *European Journal of Scientific Research*. 52, 3. 406-412.
- Adeyemi, J.K. and Ajayi I. A. (2006). Analysis of Cost of spillover students' wastage in a Nigeria university. *International studies in Educational Administration*. 34, 1,
- Adeyemi, T. O. (2012). Schools Variables and Internal Efficiency of Secondary Schools in Ondo State, Nigeria. *Journal of Educational and Social Research*, 2, 3, 205-214
- Agboola, B. M. And Adeyemi J. K. (2012). Analysis of private education in selected Nigerian university. *JORIND*. 10, 3.
- Aremu, A. O. (2000). Academic performance 5 factors inventory. Ibadan: Stirling-Horden Publisher
- Bandura, A. (1997). Self-efficacy: The exercise of control. New York, NY: W. H. Reeman/Times Books/Henry Holt and Co.
- Beck, A. T, Steer, R. A, and Garbin, M. G. (1988). Psychometric properties of the Beck depression inventory: Twenty-five years of evaluation. *Clin. Psycho. Rev.*, 8: 77-100.
- Botella, C. (2004). Virtual reality and psychotherapy. *Study Healthy Technology Information*. 99, 37-54.
- Busari, A. O. (2012). Evaluating the relationship between gender, age, depression and academic performance among adolescents. *Scholarly Journal of Education*. Vol. 1 (1), Available online at [http:// www.scholarly-journals.com/SJE](http://www.scholarly-journals.com/SJE)
- Busari, A. O. Eniola, M.S. (2014). Psychotherapeutic approach in the management of depressive symptoms on cognitive task performance among the physically challenged students of rehabilitation centre, Ibadan, Nigeria. *The Anthropologist: International Journal of Contemporary and Applied Studies on Man*. 10 (1): 25 -30
- Chorpita, B.F. (2007). *Modular Behavioural Therapy for Childhood Anxiety Disorders*. New York: Guildford Press
- Cohen, J. A., Mannarino, A.P., and Deblinger, E. (2003). Child and parent. *Trauma-Focused Cognitive Behavioural Therapy Treatment Manual*. Unpublished manuscript
- Daskzan, J. (2004). Prevalence of test-anxiety and its related to academic problems. Research Centre of Organization Education in Kurdistan Province.
- Dhooper S.S., Royce D.D. and Wolfe L. C. (1990). Does social work education make a difference? *Social Work*, 35 (1): 57-61.
- Dickerson, A. and Taylor M. A (2000). Self-limiting behaviour in women. *Group and Organizational Management*, 25 (2): 191-210
- Ekpo, N. (2015). Nigerian bulletin: *Trending News and updates*. www.nigerianbulletin.net

- Ekundayo, H. T., Konwea, P. E., and Yusuf, M. A. (2008). Towards effective time management among lectures in Nigerian Universities. *Journal of Emerging Trends in Educational Research and Policy Studies*. Vol 1 no. 1
- Elizabeth, B. and Raymond, D. (1997). Exposure-based treatment for anger problems: Focus on the feeling. *Cognitive and behavioural practice*.4, 75-98
- Foa, E. B. and Kozak, M. J. (1986). Emotional processing of fear: Exposure to corrective information. *Psychological Bulletin*, 99, 20-35.
- Foa, E. B., Hembree, E. A. and Rothbaum, B. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences: Therapist guide*. New York: Oxford University Press.
- Foa, E. B., Huppert, J. D. and Cahill, S. P. (2006). Emotional processing theory: An update. In B. Rothbaum (eds.) *Pathological anxiety: Emotional processing in etiology and treatment*. 3-24. New York: Guilford Press.
- Huppert, F. A. (2009). Psychological well-being: Evidence regarding its causes and consequences. *Applied Psychology: Health and Well-Being*, 1, 137-164.
- Ibrahim, M. (2016). Effectiveness of functional analytic psychotherapy in enhancing psychological well-being among University Spillovers in North Central, Nigeria. *Ilorin Journal of Education*. University of Ilorin. Vol. 35
- Ige, A.M. (2015). Wastage factor in universal basic education programme Implementation in Nigeria: The way out. *The online journal of counselling and education*, 4, 1, 1-12
- Ishita, C. and Jayanti, B. (2010). Perceived causes of suicide, reasons for living and suicidal ideation among students in University of Calcutta, Kolkata *Journal of the Indian Academy of Applied Psychology*.36, 2, 311-316
- Koeske, G.F and Kirk, S.A (1995). The effect of characteristics of human service workers on subsequent morale and turnover. *Administration in Social Work*, 19 (1): 15-31.
- Kohlenberg, R.J. and Tsai, M. (1995). Functional analytic psychotherapy: a behavioural approach to intensive treatment. In W. O. Donohue and L. Krasner (Eds.). *Theories of behaviour therapy. Exploring behaviour change*. 637-658. Washington: APA.
- Kohlenberg, R.J., Kanter, J.W., Bolling, M.Y., Parker, C., and Tsai, M. (2002). Enhancing cognitive therapy for depression with functional analytic psychotherapy: Treatment guidelines and empirical findings. *Cognitive and Behavioural Practice*, 9, 213-229.
- Lyubomirsky, S., Sheldon, K.M and Schkade, D. (2005). Pursuing happiness: The architecture of sustainable change. *Review of General Psychology*, 9, 111-131.
- Maymunah, K. (2013). Sadly, suicide among the youths is increasing in Nigeria: why? *Maymunahkadi.com*.
- Mineka, S., Watson, D. and Clark, L.A. (1998). Comorbidity of anxiety and unipolar mood disorders. *Annual Review of Psychology* 49, 377-412
- Oyetakin, A. I. and Odunayo, M. O. (2013). An analysis of the cost of educational wastages in Nigerian Public Universities: Efficiency in View: *Journal of Educational and Social Research MCSER Publishing, Rome-Italy*. 3, 7.
- Pajares, F. (1994). Self-efficacy beliefs in academic settings. *Review of Education Research*. -
- Riskuwa, S. (2014). Let my people go, 5000 spillover students to graduate with pass degree at UDUS. *Pulse/student/Newsletter.net*
- Robert, J.V. (2012). The role of passion in sustainable psychological well-being. *A Springer opens Journal*. <http://www.psywb.com/content/2/1/1>
- Ribitaille, C.A. (2008). Emotional intelligence and teachers: An exploratory study of differences between general and special education teachers, Ph.D. dissertation, Union Institute and University, United States-Ohio
- Ryff, C. (1989). Happiness is everything, or is it? Explorations on the meaning of psychological well-being. *Journal of Personality and Social Psychology*: 57, 1069-1081.
- UNESCO. (1976). *International Standard of Classification of Education (abridged edition)*.