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DIFFERENTIAL EFFECT OF COGNITIVE RESTRUCTURING TECHNIQUES IN THE MANAGEMENT OF ANTISOCIAL PERSONALITY DISORDER AMONG ADOLESCENTS IN OWERRI MUNICIPAL, IMO STATE, NIGERIA

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ABSTRACT: *This study investigated the efficacy of Cognitive Restructuring Techniques in the management of Antisocial Personality Disorder among Adolescents in Owerri municipal. Seven research questions guided the study while seven null hypotheses were formulated and tested at 0.05 level of significance. The design was a quasi-experimental which adopted pretest post-test and control group method. Sixty five (65) participants were identified and assigned into four experimental groups of Confrotation Techniques, Corrective Information Techniques, Rational Emotive Theraphy and the Control Groups. Two sampling techniques of purposive and simple random of balloting without replacement were employed. A researcher developed instrument-Adolescent Antisocial Personality Disorder Inventory (AASPDI) was used at pretest as AASPDI – A, at posttest as reshuffled AASPDI – B and at follow up test reshuffled AASPDI- C. The data obtained before and after treatments were analyzed using mean statistic, standard deviation, paired t-test two way ancova and effect size. The result of the findings showed that there were statistically significant differences in the treatment groups and control group at both post and follow up tests. The treatment groups improved greatly. Educational implications and limitations of the study were discussed, some recommendations were made and suggestions for further studies were highlighted. Summary and conclusion of the study were equally made.*

KEYWORDS: antisocial, personality disorder, cognitive restructuring, confrontation technique, corrective information technique, rational emotive therapy

INTRODUCTION

Instances abound in the manifestation of antisocial personality disorder as a pervasive and persistent disregard for morals, social norms, the rights and feelings of others. Every person's personality is unique. However in some cases, a person's way of thinking and behaving can be destructive both to others and to the person himself or herself. Antisocial personality disorder is a mental health condition in which a person has a long term pattern of manipulating, exploiting or violating the rights of others.

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According to Bressert (2016), antisocial personality disorder is characterized by a long standing pattern of disregard for other people's rights, often crossing the line and violating those rights. A person with ASPD often feels little or no empathy toward other people and does not see the problem in bending or breaking the law for their own needs or wants. They tend to be callous, cynical and contemptuous of the feelings, rights and sufferings of others. They may have an inflated and arrogant self-appraisal, for example, feel that ordinary work is beneath them or lack a realistic concern about their current problems or their future and may be excessively opinionated, self-assured or cocky. Antisocial personality disorder according to American Psychiatric Association (2013) is diagnosed when a person's pattern of antisocial behaviour has occurred since fifteen years although only adults of eighteen years and above can be diagnosed with this disorder.It consists of the majority of these symptoms:exploiting, manipulating or violating the right of others, lack of concern, regret or remorse about other peoples' distress; behaving irresponsibly and showing disregard for normal social behaviours; having difficulty in sustaining long term relationship; being unable to control one's anger; lack of quit or not learning from their mistakes; blaming others for problems in their lives; and repeatedly breaking the law.

Hagan (2010) citing Farrington found out that individuals with antisocial personality disorder often are divorced, abuse alcohol/drugsare, anxious, depressed, unemployed, homelessness and criminal behaviours. However, some individuals with this disorder rise to high positions of power in society by becoming masters of manipulation and deceit.In Mayo Clinic (2016), Antisocial Personality Disorder is put in the cluster B of personality disorder and described as disregard for other's needs or feelings, persistent lying, stealing, using aliases, conning others, recurring problems with the law, repeated violation of the rights of others, aggressive, often violent behaviours; disregard for the safety of self and others, impulsive behaviour, consistent irresponsible lack of remorse for behaviour.

The American Psychiatric Association (2000) defines antisocial personality disorder cluster B as: a pervasive pattern of disregard for and violation of the rights of others occurring since age fifteen years as indicated by three or more of the following:Failure to confirm to social norms with respect to lawful behaviours as indicated by repeatedly performing acts that are grounds for arrest; deception as indicated by repeatedly lying, use of aliases or concerning others for personal profit or pleasure, impulsivity or failure to plan ahead; irritability and aggressiveness as indicated by repeated physical fights or assaults; reckless disregard for safety of self or others; consistent irresponsibility as indicated by repeated failure to sustain consistent work behaviour or honour financial obligations; lack of remorse as indicated by being indifferent to or rationalizing having hurt, mistreated or stolen from another.

According to the National Institute for Health and Care Excellence (NICE, 2015) antisocial personality disorder is characterized by a diminished capacity for remorse and poor behavioural controls. They are dauntless, venture some, intrepid, bold, audacious, daring, reckless, fools, hardy, impulsive, heedless, unbalanced by hazard, and pursues perilous ventures. These individuals are easily bored and seek activities that will excite them. They could be brutal assaults, murderes, sky diving pranks, doing dares and putting one's life at risk. The violent activities such as murder and assault are not necessarily sadistic in nature but more of a rash or thrill for the perpetrator. They are reckless and bold individuals who have no regard for their own safety or the safety of others. People with antisocial personality disorder exhibit traits of impulsivity, high negative emotionality, low conscientiousness and associated

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behaviours including irresponsible and exploitative behaviour, recklessness and deceitfulness. Continuing, NICE indicates that people with ASPD present unstable interpersonal relationships, disregard for the consequences of their behaviours, a failure to learn from experience, egocentricity, a disregard for the feelings of others, a wide range of interpersonal and social disturbances, counorbid depression, anxiety, alcohol and drug misuse. The key features of antisocial personality disorder are impairment in the ability to form positive relationship with others and a tendency to engage in behaviours that violate basic social norms and values. People with this disorder are cold and callous, gaining pleasures by compelling with and initiating everyone and any one. They can be cruel and malicious, commit violent criminal offenses against others including assault, murder and rape much more frequently than do people without the disorder. Millon (2000) observes that ASPD often insists on being seen as falters and are dogmatic in their opinions. However, when they need to, people with ASPD can act gracious and cheerful until they get what they want. They then may revert to being brash and arrogant. A prominent characteristic of ASPD is poor control of impulses. People with this disorder have a low tolerance for frustration and often act impetuously with no apparent concern for the consequences of their behaviours. They often take chances and seek thrills with no concern for change. They are easily bored and restless, unable to endure the tedium of routine or to persist at the day – to day responsibilities of marriage or a job. Continuing Millon said that ASPD is characterized by a pervasive pattern of disregard for or violation of the rights of others, an impoverished moral sense or conscience is often apparent as well as a history of crime, legal problems and or impulsive and aggressive behaviour. They tend to drift from one relationship to another or often are in lower status jobs and low level of education. The individuals must be at least eighteen years. In childhood, these individuals usually have oppositional defiant disorder towards parents and teachers which develop into conduct disorder (Delinquency) in adolescence.

In adulthood, individuals with ASPD become more antagonistic. They show an exaggerated sense of self – importance, insensitivity towards the feelings and needs of others and callous exploitation of others. Their increase manipulation, callousness, deceitfulness and hostility repeatedly put them at odds with other people.

Antisocial personality Disorder tends to ‘act out’ tensions and problems rather than worry them out. Their apparent lack of anxiety and guilt combined with the appearances of sincerity and candor may enable them to avoid suspicion and detection for stealing and illegal activities. They often show contempt for those they are able to take advantage of the ‘marks’.

Antisocial personalities are irresponsible and impulsive in behaviour, as well as low frustration tolerance. They generally have a callous disregard for the rights, needs and wellbeing of others. They are typically chronic liars and have learned to take rather than earn what they want. They are prone to thrill-seeking and deviant and unconventional behaviours, they often break the law impulsively and without regard for the consequences. They seldom forgo immediate pleasure for future gains and long range goals. They live in the present without realistically considering either past or future. External reality is used for immediate personal gratification. They are unable to endure routine or to shoulder responsibility, they frequently change jobs. Antisocial personalities have the ability to put up “a good front” to impress and exploit others, projecting blame onto others for their own socially disproved behaviour. According to Black (2016) antisocial personality disorder is exhibited through rejection of

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authority and inability to profit from experience. Antisocial individuals behave as if social regulations do not apply to them. Frequently they have a history of difficulties with educational and law enforcement authorities. Yet, although they often drift into criminal activities, they are not typically calculating professional criminals. Despite the difficulties they get into and the punishment they may receive, they go on behaving as if they will be immune from the consequences of their actions. Black (2016) indicates that antisocial personalities are unable to maintain good interpersonal relationships. Although initially they are able to win the liking and friendship of other people, they are seldom able to keep close friends. Irresponsible and egocentric, they are usually cynical, unsympathetic, ungrateful and remorseless in their dealings. They seemingly cannot understand love in others or give it in return. Continuing Black (2016) said that the antisocial personality disordered individuals are unconscientiously careless, irresponsible and disorderly people, frivolous and undependable. They lack clear life goals and the motivation to pursue them. They are antagonistic, unfriendly that are manifested in irritability and aggressiveness (frequent verbal abuse and inappropriate expressions of anger, carelessness and irresponsibilities that are manifest in callous/lack of empathy (a lack of feelings towards others, cold, contemptuous and inconsiderate, pathological lying, conning/manipulative (uses deceit or cheat others for personal gains, lack of remorse or guilt and suffering of others, failure to accept responsibility for own actions, parasitic lifestyle (exploitative, financial dependence on others), promiscuity (numerous brief, superficial sexual affairs; lack of realistic, long-term goals; impulsivity; irresponsibility (repeated failure to fulfill or honour commitments and obligations), early behaviour problems before age thirteen years, are juvenile delinquency (criminal behavioural problems between the ages of (13-18), many short-term martial relationships (lack of commitment to a long-term relationship), criminal versatility (diversity of criminal offences, whether or not the individual has been arrested or convicted), high risk of divorce, child abuse or neglect, unstable or erratic parenting ,squandering money needed for child care. There are certain social skills that are essential for healthy social functioning. Individuals with antisocial personality disorder lack the essential social skill of respect, responsibility and honesty. They lack co-operation/generosity and kindness and they lack chastity and caution, they lack control of anger.

On the other hand, the American Psychiatric Association (2013) in their own diagnosis identified the following as characteristics of Antisocial Personality Disorder: failure toconform to social norms**,**deceitfulnessimpulsivity**,** irritability and aggressiveness lack of remorse, consistent irresponsibility, reckless disregard for safety of self and others.

Four of these symptoms fall in the interpersonal realm (failure to conform to social norms , irresponsibility, deceitfulness and indifference to the welfare of others), one in behavioural realm (recklessness), one in the cognitive domain or realm (failure to plan ahead); and finally one in the mood domain (irritability and aggressiveness. (Millon& Davis 1996). Moffitt andCaspi (2001) Compared childhood risk factors of male and female adolescents portraying childhood onset and adolescent onset antisocial personality behaviour which influences deviant behaviour in individuals. This study showed a male-to-female ratio of 10:1 for those experiencing childhood onset delinquency and 15:1 for adolescent onset delinquency. Moffitand Caspi (2001) hypothesized that life-course-persistent antisocial behaviour originates early in life, when the difficult behaviour of a high-risk young child is exacerbated by a high risk-social environment.

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Nowadays, many adolescents engage in behaviours and activities that are criminal and reasons for arrest. There are reports in the facebook, daily newspapers, magazines and daily occurrences within the neighbourhood of adolescents who are manifesting increased violence, disorderliness, drunkenness, disrespect for constituted authorities, abuse of other people's rights, sheer recklessness, arm robbery, harassment, intimidation, truancy, school dropout, kidnapping, raping, killings and many more. It is painful that our young ones, some as young as thirteen years old are involved in the vices. History has it that these individuals at adult age are often divorced, abuse alcohol/drugs anxious, depressed, unemployed, homeless, and irresponsible parents and citizens. It is believed they could be helped using the cognitive restructuring techniques of corrective information technique to treat their antisocial personality disorder at the post-follow up stages of treatment.

In the view of (Nwankwo,1995) confrontation as a cognitive restructuring technique does not mean finding faults or picking quarrels with somebody and telling him the worst of his life. In this sense, it is destructive. In behaviour modification, confrontation is a form of constructive feedback usually employed by therapists and counseling psychologist. Confrontation is designed to "give clients a point of view different from their own so that they can see themselves and their behaviours as others view them. It is not proper when clients do not know or care that their behaviours are inappropriate, or are unaware of its consequences. Shertzer and stone, and Carhuff as cited in Nwankwo (1995) defined confrontation as telling it like it is, by pointing out the discrepancies between what clients say and do, how they say they are and how they look or by calling attention to the fact that the reality of a given situation is different from the way clients present it.

Lipack (2012) indicates that confrontation therapy is used to confront a person on his or her behaviour, attitude and beliefs. The purpose of this technique is to help the person to take ownership for their behaviour and to urge them to be honest with themselves and their environment. Confrontation is a means by which the therapist, honestly and without fear or favour, points out to the client the disruptive way he is behaving , the way other people see such behaviour and the client himself, and the need to behave in desirable manner . Confrontation is therefore used to reveal to the client his assets and deficit or strengths and weaknesses with reference to a particular behaviour. It is a form of meaningful, purposeful and constructive tearing down of the client in order to bring about changes in behaviour in the desired direction. Confrontation is a therapeutic technique constituting the act of facing or being made to face one's own attitude and shortcomings, the way one is perceived, and the consequences of one's behaviour or of causing another to face these things. Conformation therefore can be used to accelerate or decelerate behaviours of clients in both individual and group therapy.

According to Mather, & Goldstein (2001), at times this technique works for people who need someone to make them personally responsible for their lies or other detrimental behaviours. Often in counseling programmes, we therapists are taught to be sympathetic, empathic, understanding, and nurture people towards the goal of self-realization of their mental health issues. The confrontational method is really the opposite of what many therapists are taught. In the view of Sawa&Sawa (1988), the confrontational approach usually results in instructing people about what they are doing, telling them how they should be acting to correct the negative behaviour and making constructive judgment about them. It lives no room for empathy, softness and understanding. This method is useful for people who want someone to

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be honest with them and tell them about their behaviour and show them that they are not being truthful. Lipack continued that this method works with individuals who are looking to be confronted so that they can come to terms with the reality of their disruptive lives. In analytic psychotherapy, confrontation is always directed at the clients resistance and defences never against the clients true self. A gentle but precise and well-timed remark can amount to a major confrontation. To be effective, it has to emanate from the therapist's care for the client, from her determination to hold and help him. The personality of the therapist and the strength of her rapport with the client are central factors in a successful confrontation. The resistance should be confronted persistently at the beginning of the treatment until a breakthrough is achieved. To work on the real issues far out weights any residual resistance. The most common defenceare confronted one after the other. First, any intellectualization, then regressive, helplessness and distancing. Finally the therapist fires a major confrontation. She makes the client see that if he carries on with his defensive moves, he will sabotage the treatment. Although confrontation is a description of what the client is doing and how the other members appear to be responding to it, it is often seen as a reinforce or a punisher by some clients. In later case, such clients may discontinue with therapeutic services. Therapists are usually advised to be careful and tactful in the use of confrontation. Although no systematic documentation of clinical experimental result of confrontation has been made, practicing counselors and other clinicians have pointed to its effectiveness in reducing descriptive behaviours in both group and individual counseling settings. Lipack (2012) pointed the principles of confrontation.

> The therapist gets the client/s to experiences literally what goes on; the client defines with concrete examples what he means with his expressions; the client describes his internal reactions to certain events; changing from exploration to challenge to confrontation should be a gradual process; when the defences are powerful and have become a personality traits or ego-syntonic, the therapist has to confront them equally powerfully.

In the contribution of the researchers, confrontation is not quarreling, being abusive or authoritative, but being genuine and sincere in telling the client the reasons for his maladaptive conditions or behaviour with the view to challenge and change his ego-state . It is telling somebody the truth in stern-straight forward language and attitude so that the individual can have a re-think and change of attitude and behaviour. It is only important to put it in a concerned disposition so that the individual concerned may not misconstrue and even if he does for now may have himself challenged by himself of the truth of the matter.

In a related way, corrective information presents facts, presents information in an objective manner, corrects myths or faulty belief. Nwankwo (1995) explains that corrective information as cognitive restructuring technique is a procedure whereby the therapist provides correct quantum of information to the client concerning his problem area arising from lack of or mis-information. Sometimes, lack of or inadequate or incorrect information about what an individual cherishes or likes to have full knowledge on may cause him high level of anxiety that may affect his behaviour in an undesirable manner. Had the individual possessed the correct information, he would have realized that his fears are unjustified or that his freedom should be checked. People need corrective information to reduce wrong

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actions, identify and implement corrective actions and many more. The therapist can provide useful, relevant , up to date information to the client which should include providing specific resources for specific problems or information that generalized or universalized the client's experience correctively.

Foa&Kozak (1986) indicated that corrective information involves:

> Gauging the correct amount and type of information to be given for each case; providing explanation that the client can remember and understand; providing explanations that relate to clients condition framework; using an interactive approach to ensure shared understanding of the problem with the client; involving the client and planning collaboratively to increase the client's commitment and adherence to plans made; continuing to build a relationship and provide a supportive environment.

Lastly, Albert Ellis was the proponent of rational emotive therapy. His basic idea about the nature of man is that man is inherently both rational and irrational in his belief system and the type of belief held at any point in time about events and circumstances in his environment influence his emotions and behaviour. RET concentrates primarily on the superego concept of psychoanalysis. By a forceful attack on the client superego, Elis attempts to get him to change his values particularly in regard to sexuality and accordingly to change his behaviour.

Reuben (1978) citing Ellis said that man is born with a potential to be uniquely rational and straight thinking as well as a tendency to be a uniquely irrational and crooked thinking creature. He has powerful predispositions to be self-preserving and pleasure-producing including the predispositions to think, to use language, to think about his thinking, to be creative, to be sensuous and sexual, to love, to be interested in his fellows, to organize , to learn by his mistakes and to actualize some of his potentials for life and growth. But on the other hand, he also has optionally potent propensities to be self-destructive, to be a short-range hedonist, to avoid thinking things through, to shirk responsibilities, to procrastinate, to hate, to be callous, to make the same mistakes endlessly, to be superstitious, to be intolerant and dogmatic, to be perfectionistic and grandiose, and to avoid actualizing his potentials for growth. RET holds that virtually all serious emotional problems with which humans are beset directly stem from their magical, superstitious, empirically unvalidated thinking and that if disturbances creating ideas are vigorously and persistently disputed by a vigorous application of the principles of logico-empirical thinking, they can almost invariably be eliminated and will ultimately cease to re-occur. Ellis states that no matter how defective an individual's heredity may have been and no matter what traumatic experience he may have been subjected to during his early or latter life, the main reason why he is now over-reacting or under-reacting to obnoxious stimuli at point A that is (Activating Event) is because he now has some dogmatic, irrational, unexamined belief at point B that is (Belief). Because these beliefs are not related to reality, they will not withstand objective scrutiny. They are essentially deifications and/or devilifications of himself or others, and when empirically checked and logically assailed, they tend to evaporate. If it is forced forward lead to point C that is (consequence). Rational emotive psychology asserts that ordinary psychological insight does not lead to major personality change. Since at best it only helps the individual to see that he does have an emotional problem and

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that this problem has antecedent presumably in the experience that occurred during his childhood. According to RET theory, this kind of insight is largely misleading for as noted earlier on, it is not the activating Event (A) of the individuals' prior life that cause his dysfunctional emotional consequence (C), it is much more importantly his (in born and acquired) tendency to interpret these events unrealistically and therefore to have irrational beliefs (B) about them. The real cause of his emotional upsets therefore is himself and not what happens to him (even though the experiences of his life obviously have some influence over what he thinks and feels). In RET, insight A-The person's self- defeating behaviour is related to antecedent and understandable cause -is duly stressed, but he is led to see these antecedents largely in terms of this own beliefs and not in terms of past or present activating events. Insight B- The understanding that although he became emotionally disturbed (or more accurately, made himself disturbed)in the past, he is now upset because he keeps indoctrinating himself with the same kind of magical beliefs. He is still here and now actively reinforcing them by his contemporary mixed-up thinking and foolish actions or inactions, and it is his own present active self propandizations that truly keep them alive. Unless he fully admits and faces his own responsibility and culpability for the continuation of these irrational beliefs, it is unlikely that he will try to uproot them.

Insight C- is the client's clearly and vehemently acknowledging that since it is his or her own tendency to think crookedly that created his emotional malfunctioning in the first place, and that since it is his own continuous re-indoctrinations and habituations that keep this magical thinking extent in the second place, nothing short of hardwork and practice will probably correct those irrational beliefs and keep them corrected. Only repeated rethinking in regard to his irrational beliefs and repeated actions designed to undo them are likely to extinguish or minimize them.

In a study of gender differences using cognitive restructuring techniques Asikhia (2014) investigated the effect of CRT on mathematics anxiety among secondary school students in Ogun State. The study adopted a 2x2x3, pre-test, post-test treatment matrix (treatment, gender and study habit). Results of this study revealed a significant effect of the treatment (CRT) on subjects level of anxiety in mathematics. CRT was found to be more effective on the treatment groups than the control group. The study also revealed that gender affect students anxiety in mathematics significantly $p<0.05$ with male students having more reduction in mathematics anxiety than female students.

Awoke (2011) also carried out a study on the effectiveness of CRT and social decision making on truancy (SDMT) reduction among secondary school adolescents in Afikpo North, Ebonyi State. The findings showed reduction behaviour of treatment groups and the control group with the treatment groups of CRT and SDMT performing better than the control group on truancy reduction. Sadly, there is an apparent lack of research reports on the effects of cognitive restructuring techniques in the management of antisocial personality disorder among adolescents in Owerri, Imo State, Nigeria. This type of research report is needed to guide intervention strategies in the management of growing cases of antisocial personality disorder in the area of study. This study was therefore embarked upon to fill this apparent gap in knowledge. Its aim was to investigate the differential effects of cognitive restructuring techniques in the management of antisocial personality disorder among adolescents in Owerri municipality, Imo State, Nigeria. The study was guided by the following research questions:

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1. What are the differential effects of cognitive restructuring techniques in the management of ASPD among male and female adolescents at post-test.
2. What are the differential effects of cognitive restructuring techniques in the management of ASPD among male and female adolescents at follow up test.
3. What are the differential effects of CRT in the treatment management of ASPD among male and female adolescents at follow up test?

The research questions were converted to the following null hypotheses:

1. The differential effects of cognitive restructuring techniques of confrontation technique corrective information technique and rational emotive therapy in the management of ASPD among adolescents do not differ significantly.
2. The differential effects of cognitive restructuring techniques of technique in management of ASPD among male and female adolescents at post-test do not differ significantly.
3. The differential effects of cognitive restructuring techniques in the management of ASPD among male and female adolescents at follow up test do not differ significantly.
4. The follow up ASPD mean scores of male and female adolescents in the CRT and control group do not differ significantly.

METHODOLOGY

The study used the quasi – experimental pre - test – post - test – control group design comprising of one group – the experimental group of corrective information technique while the control group received a placebo on marriage. This type of design required that the subjects be tested with the same instrument before and after treatment. The researchers determined the effects of treatment by comparing the results of the subjects in the treatment group with the control group.The participants in this study consisted of adolescents who were eighteen years in the Senior Secondary three (SS3).They were given Adolescents Interaction Admission Form in which they indicated their ages, classes and sex. They were further given the adolescent antisocial personality inventory to respond to. Those who scored fifty percent and above were taken as having antisocial personality disorder. They comprised of seventeen adolescents in the treatment group and control group thirteen making a total of thirty participants of fourteen males and sixteen females.

A researchers developed instrument – Adolescent Antisocial Personality Disorder inventory was used to collect relevant data at pre – post and follow up stages. It was a 49 – item Inventory developed from the seven categories of antisocial personality disorder traits. It was scored on a three point format of always, sometimes and rarely. The instrument was validated at the face and content levels by experts in measurement and evaluation and tested with cronbach Alpha at the level of 0.77 for its reliability.

The study was carried out over a period of five weeks. Treatment sessions were held for the experimental group for one hour twice a week for ten sessions. The seven categories of antisocial personality disorder of non-conformity to social norms, deception, aggressiveness and irritability, lack of remorse, impulsivity, consistent irresponsibility and lack of regard for the safety of self and others were treated using corrective information technique. This technique involves giving the subjects a point

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of view different from their own so that they can see themselves and their behaviours as others view them. It is a way the therapist honestly and without fear or favour points out to the client the disruptive way he is behaving, the way other people see such behaviours and the client himself and the need to behave in desirable manners. So the training sessions focused on series of expository lectures, group discussions and take home assignments. There was deep interaction between the researchers and the participants throughout the treatment period. The follow-up stage of the experiment was carried out four weeks after treatment using Adolescent Antisocial personality Disorder Inventory reshuffled to find out the degree of permanence of the treatment gains on the adolescents.

The data obtained in this study were statistically analyzed to determine the differential effects of cognitive restructuring techniques (confrontation, corrective information and rational emotive therapy) in the management of antisocial personality disorder. Mean statistic and standard deviation were used to answer the research questions while two way analysis of covariates (2-way ANCOVA) was used to test the hypotheses at the significant level of 0.05 ($P<0.05$).

RESULT

The results of the statistical analysis of data are presented in the following tables

Research Questions 1: What differences exist in the ASPD means scores of the adolescents in confrontation technique, corrective information technique, rational emotive therapy and control group at post test?

Research Question 2: What differences exist in the ASPD mean scores of the male and female adolescents on the confrontation technique, corrective information technique, rational emotive therapy and control group at post test?

Research questions 4 and 5 were answered using mean and standard deviation. These were computed separately for the male and female adolescents in each group. Thereafter the mean and standard deviation for group was computed irrespective of their genders. Again the mean and standard deviation of the adolescents scores were also computed irrespective of their groups. The results of all these were groups. The result of all these were summarised and show cased in table 1

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Table 1 Mean and standard deviation on the ASPD of adolescents in confrontation technique, corrective information, rational emotive therapy and control groups based on their gender.

Group	Gender	N	Pretest		Post test		Reduced mean
			Mean	SD	Mean	SD	
Confrontation	Male	5	65.20	2.28	43.20	1.48	22.00
	Female	8	61.38	2.07	43.50	2.20	18.18
	Total	**13**	**62.85**	**2.82**	**43.38**	**1.89**	**19.47**
Corrective Infro	Male	9	64.78	3.99	42.89	1.62	21.89
	Female	8	62.50	2.00	42.63	4.07	19.87
	Total	**17**	**63.71**	**3.33**	**42.76**	**2.93**	**20.95**
RET	Male	13	66.61	3.69	43.08	3.55	23.53
	Female	9	61.11	1.05	41.22	3.19	19.89
	Total	**22**	**64.36**	**3.98**	**42.32**	**3.46**	**22.04**
Control	Male	5	65.20	2.17	63.00	2.35	2.20
	Female	8	61.63	1.41	64.00	3.46	-2.37
	Total	**13**	**63.00**	**2.45**	**63.62**	**3.01**	**-0.62**
Total	Male	32	65.66	3.36	46.16	7.80	19.50
	Female	33	61.64	1.67	47.64	9.45	14.00
	Total	**65**	**63.62**	**3.32**	**46.91**	**8.91**	**16.71**

In table 1, it is shown that for adolescents irrespective of their gender exposed to confrontation technique had the mean scores of 62.85 (50=2.82) and 43.38 (50=1.89) in their pretest and post test respectively, thus yielded a mean deduction of 19.47 indicating that confrontation technique is efficacious in the management of the ASPD among adolescents. It is also displayed that the male adolescents in the confrontation technique group had the mean scores of 65.20 (SD=2.28) and 43.20 (SD=1.48) respectively in their pre- and post tests .Thus there is a reduction in their mean scores from their pretest to post test by a difference of 22.00 . On the other hand the females in the confrontation technique group had the means scores of 61.38 (SD= 2.07) and 43.20 (SD= 2.20) in their pre- and post test respectively. So the females had a reduction in the mean score from their pre – to post test by a mean difference of 18.18. Thus by comparison the confrontation technique favoured their males then the females by a difference of 3.82 .

For the corrective information technique, the adolescents irrespective of their gender that were exposed to this technique had the mean score of 63.71 (SD=3.33) and 42.76 (SD=2.93) respectively in their pre and post tests. These mean scores yielded a mean reduction of 20.95 from the pre to post tests. The males in the corrective information technique had the mean scores of 64.78 (SD= 3.99) and 42.89 (SD= 1.62) respectively in their pre- and post tests. That mean from the pretest to the post test the males reduced in their level of ASPD by a mean difference of 21.89. Then the female adolescents exposed to corrective information technique had the mean scores of 62.50 (SD=2.00) and 42.63 (SD 4.07) respectively in their pre-and post tests. These mean scores indicated a reduction in the level of ASPD among the females from the pre-test to the post test by mean difference of 19.87. Thus, this technique

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favoured the males more than their female counterparts by a more reduction level with a difference of 2.02.

Furthermore, in the same table 2, it is shown that adolescents exposed to rational emotive therapy technique irrespective of their gender had the mean scores of 64.36 (SD=3.98) and 42.32 (SD=3.46) respectively in the pre-and post tests. These indicated that rational emotive therapy is effective in the management of the ASPD among adolescents. This is because from the pretest to the post test, there was a reduction in the ASPD level by a difference of 22.04. Again the males in the Rational emotive therapy group had the mean scores of 66.61 (SD= 3.69) and 43.08 (SD= 3.55) respectively for their pre and post tests. From the mean scores, it is glaring that the male adolescents experienced a reduction in their ASPD after their treatment by a mean reduction of 23.53. Then the females in the RET had the mean scores of 61.11 (SD= 1.05) and 41.22 (SD 3.19) respectively for their pre- and post tests. That means the female adolescents in RET experienced a reduction in their levels of ASPD after treatment by a mean reduction of 19.89. By comparison, it is clear that the RET technique is more efficacious on the males than the females with a difference of 3.64 in their means reduction.

Considering the adolescents in the control group, irrespective of their gender they had the mean score of 63.00 (SD=2.45) and 63.62 (SD= 3.01) respectively in their pre-and post tests. These mean scores indicated an increase in the level of ASPD among adolescents from pre test to post test by a difference of 0.62. For the males in the control, they had the means scores of 65.20 (SD= 2.17) and 63.00 (SD=2.35) respectively for their pre-and post tests. Thus the males encountered a reduction in their levels is ASPD from their pretest to post tests with a mean reduction of 2.20. The females on the other had the mean score of 61.63 (SD= 1.41) and 64.00 (3.46) respectively in their pre- and post tests. These mean scores indicated an increase in the level of ASPD among the female adolescents by a difference of 2.37 in their mean score from their pre-to post test periods.

In addition, the table, shows that the male adolescents irrespective of their group had the mean scores of 65.66 (SD= 3.36) and 46.16 (SD= 7.00) respectively in their pre-and post tests. That means from the pretest to the post test periods, the male adolescents generally experienced a reduction in their ASPD level by difference of 19.50 in their mean scores. Then the female irrespective of their groups had the mean scores of 61.64 (SD=1.67) and 47.64 (SD= 9.45) respectively in their pre- and post tests. Thus, the female adolescents experienced a reduction in their ASPD levels by a difference of 14.00 from pre- to post test periods.

Hypothesis 1: There is no significant ASPD mean difference among the adolescents in confrontation technique, corrective information technique, rational emotive therapy and control group at post test.
Hypothesis 2: The mean score of male and female adolescents in confrontation technique, corrective information technique, rational emotive therapy and control group do not differ significantly at post-test. To test these null hypotheses, two way analysis of covariate (2–way ANCOOA) was employed. At the end of the analysis, the results obtained were summarized and presented in table 2.

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Table 2: Summary of 2-way ANCOA on the adolescents mean scores by cognitive restructuring techniques and gender

Source of variance	Sum of square	Df	Mean square	F	P-value	Effect size
						0.007
Pretest	3.467	1	3.467	0.377	0.542	0.00
Group	4318.494	3	1439.498	156.66	0.000	0.894
Gender	0.203	1	0.203	0.022	0.882	0.000
Group x gender	15.954	3	5.318	0.579	0.631	0.030
Errors	514.58	56	9.189			
	5085.446	**64**				

Table 2 shows that the calculated F-ratio for group (cognitive restructuring techniques) 156.66 was obtained at df of 3 and 56 at 0.000 ($p<0.05$). Thus the null hypothesis 4 is rejected, which indicated that a significant mean difference existed in the mean scores of the adolescents in the confrontation technique, corrective information technique, rational emotional therapy and control groups in the management of ASPD among adolescents. This with a very high effect size of 0.894. It is also shown in table 4.5 that a calculated F- ratio 0.022 was obtained for gender at df of 1 and 56 ay 0.882 level of significance ($P>0.05$) which is greater than 0.05 , the chosen Alpha level . Thus the null hypothesis 5 is accepted, indicating that the mean difference observed between the male and female adolescents is not significant but occurred by chance. This is with a very low effect size of 0.000

In addition table 4.5 also shows that F -ratio calculated for interaction effect between cognitive restructuring technique groups and gender is 0.579 . It was obtained at df of 3 and 56 at 6.631 level of significance ($p>0.05$) which is greater than the chosen alpha level of 0.05. Thus there is no significant interaction effect between cognitive restructuring techniques and gender on the management of ASPD among adolescents. This is with the a very low effect size of 0.030. Nevertheless, since a significant mean difference existed among the mean scores of the adolescents in confrontation technique, corrective information technique, rational emotive therapy and control group there is need to determine the direction of the significant mean difference. This was done using post hoc multiple comparison by LSD method and the results obtained are summarised and presented in table 3.

Table 3: Direction of significant difference using least square difference (LSD) method

Compared group means	Mean difference	P-value
Confrontation & corrective	0.625	0.584
Confrontation & RET	1.253	0.256
Confrontation & control	20.139	0.000
Corrective & RET	0.628	0.988
Corrective & control	20.764	0.000
RET and control	21.392	0.000

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Result in table 3 shows that the significant mean differences resulted from the comparison between confrontation and control groups. Corrective and control groups, RET and control groups. This is because their mean difference were significant at 0.000 level which is less than the chosen Alpha level of 0.05. While the comparisons between confrontation and corrective information groups ,confrontation and RET groups, corrective information , and RET groups yielded mean differences that were significant at levels greater than the chosen alpha level.

Research question 3: To what extent do the mean scores on ASPD of adolescents in the confrontation technique, corrective information technique, rational emotive therapy and control group differ at follow up test.

Research question4: How do the mean scores on ASPD of adolescents in the confrontation technique, corrective information technique, rational emotive therapy and control group differ at follow up test based on their genders.

Research question 3 and 4 were answered using mean and standard deviation. They were computed for adolescents in the various groups alongside their gender. The results obtained are presented in table 4.

Table 4.Mean and standard deviation of adolescents follow up scores on ASPD based on their cognitive restructuring techniques, control groups and genders.

Group	Gender	N	Post –test		Follow up		Reduced men
			Mean	SD	Mean	SD	
Confrontation	Male	5	43.20	1.48	37.00	3.54	6.20
	Female	8	43.50	2.20	38.75	2.76	4.75
	Total	**13**	**43.38**	**1.89**	**38.08**	**3.07**	**5.30**
Corrective information	Male	9	42.89	1.62	37.56	3.46	5.33
	Female	8	42.63	4.07	37.75	3.88	4.88
	Total	**17**	**42.76**	**2.93**	**37.65**	**3.69**	**5.11**
RET	Male	13	43.08	3.55	37.54	4.82	5.84
	Female	9	41.22	3.19	36.33	5.04	4.89
	Total	**22**	**42.32**	**3.46**	**37.05**	**4.84**	**5.27**
Control	Male	5	63.00	2.35	62.80	3.03	0.20
	Female	8	64.00	3.46	62.63	1.77	1.37
	Total	**13**	**63.62**	**3.01**	**62.69**	**2.21**	**0.93**
Total	Male	32	46.16	7.80	41.41	10.15	4.75
	Female	33	47.64	9.45	43.64	11.48	4.00
	Total	**65**	**46.91**	**8.91**	**42.54**	**10.82**	**4.37**

In table 4 it is shown that the follow up mean scores of the adolescents irrespective of their genders on ASPD are 43.38 (SD= 1.89) and 38.08 (SD=3.08) respectively in their post that and follow-up test. This means that from the post test to the follow-up period the adolescents in the confrontation technique group experienced reduction in their levels of ASPD by a difference of 5.30 mean. It is also shown in the same table that the male adolescents in the confrontation technique group had the mean scores of

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43.20 (SD=1.48) and 37.00 (SD=3.54) respectively for their post test and follow up test. This means that the male adolescents experienced a reduction in their level of ASPD by mean difference of 6.20 from their post test to the follow up test. On the other hand, the females in the confrontation technique group had the mean scores of 43.50 (SD=2.20) and 38.75 (SD= 2.76) respectively for the post and follow-up tests. Thus the females in this group experienced a reduction in their ASPD level by a difference of 4.75 from their post to the follow up test. In comparison the male experienced more reduction in their level of their ASPD than their female counterparts by a difference of 1.45.

For the corrective information, the adolescents in the group irrespective of their gender had the mean scores of 42.76 (SD= 2.93) and 37.65 (SD=3.69) respectively for the post and follow up test. Thus the adolescents in corrective information group experienced a reduction in their levels of ASPD by a mean value of 5.11 from the post test to the follow up test. It is also displayed in table 4.7 that the male adolescents in corrective information group had the mean scores of 42.89 (SD=1.62) and 37.56 (SD= 3.46) respectively in their post and follow up test. Thus they experienced a reduction in their ASPD level by a difference of 5.33. For the female adolescents in the corrective information technique, they had the mean scores of 42.63 (SD=4.07) and 37.75 (SD= 3.88) respectively for the post and follow up tests. Thus they experienced a reduction of 4.88 in their mean scores from the post to their follow up test. That means the males in corrective information technique experienced more reduction in their ASPD levels from the post to the follow up test than their female counterparts.

Considering the RET, it was shown that the adolescents in this group irrespective of their gender, had the mean score of 42.32 (SD= 3.46) and 37.05 follow up tests. Hence they experienced a reduction of 5.27 in their mean scores in ASPD from the post to the follow up test. The males in this group had the mean scores of 43.08 (SD=3.55) and 37.54 (SD=4.82) respectively in their post and follow up test. This means that the male adolescents in RET group had a reduction of 5.84 in their mean scores in ASPD from the post to follow up test. On the other hand the females in RET group had the mean scores of 41.22 (SD=3.19) and 36.33 (SD=5.04) respectively in their post and follow up test.
Invariably they had a reduction of 4.89 in their mean scores in ASPD from post to follow up test. In comparison, the male adolescents in RET experienced more reduction in the level of their ASPD from post to follow up test than their female counterparts.

Table 4.7 also shows that the adolescents in the control group had the mean scores of 63.62 (SD= 3.01) and 62.69 (SD= 2.20) respectively for their post and follow up tests. These indicated that these adolescents irrespective of their genders experienced a reduction of 0.93 in their mean scores in ASPD from post to follow up test. Specifically, the male adolescents in the control group had the mean scores of 63.00 (SD =2.35) and 62.80 (SD=3.03) respectively in their post and follow up tests. Thus they had a reduction of 0.20 in their mean scores from post to follow up tests. The females had the mean scores of 64.00 (SD= 3.46) and 62.63 (SD= 1.77) respectively for their post and follow up tests. These indicated that they had a reduction of 0.37 in their mean scores from the post to follow up tests. The female in the control group experienced more reduction in the level of their ASPD than their male counterparts.

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Generally the male adolescents irrespective of their groups had the mean scores of 46.16 (SD=7.80) and 41./41 (SD= 10.18) respectively for their post and follow up tests, hence they had a reduction of 41.75 in their mean scores form the post to the follow up tests. The female irrespective of their group had the mean scores of 47.64 (SD= 9.45) and 43.64 (SD=11.48) respectively for their post and follow up tests. Thus, they had a reduction of 4.00 in their mean scores from post test to follow up tests. In comparison, the male adolescents generally experienced more reduction in their ASPD level than the females.

Hypothesis 3: The follow-up mean scores in ASPD of the adolescents in the confrontation technique , corrective information technique, rational emotive therapy and control group do not differ significantly.

Hypothesis 4: The follow up ASPD mean scores of the male and female adolescents in confrontation technique, corrective information technique, rational emotive therapy and control group do not differ significantly.

Hypotheses 3 and 4 were tested using two way analysis of covariate. The results obtained are presented in table 5and 6

Table 5; Summary of analysis of covariate on the follow up mean scores of the adolescents in the cognitive restructuring groups based on their gender.

Source of variance	Sum of square	Df	Mean square	F	Sig.	Effect size
Post test	105.337	1	105.337	7.784	0.007	0.122
Group(Cognitive restructuring techniques)	270.657	3	90.219	6.667	0.001	0.263
Gender	0.810	1	0.810	0.060	0.808	0.001
Group x gender	9.969	3	3.323	0.246	0.864	0.013
Error	757.79	56	13.53			
Total	**7490.15**	**64**				

In table 5, it is shown that the calculated F-ratio for the cognitive restructuring technique (follow up test) obtained is 6.667. This was obtained at the df of 3 and 56 at 0.001 ($p<0.05$) . Thus there is a significant difference in the follow –up mean scores of the adolescents in the four groups.

The table 5 also shows that the F- ratio calculated for the gender is 0.060 and was obtained at df of 1 and 56 at 0.808 level of significance ($p>0.05$). Thus there is no significant difference in mean scores of the adolescents in the different groups based on their gender. In addition the same table 5 also shows that F- ratio of 0.246 was obtained at df of 3 and 56 at 0.864 level of significance $P>0.05$. Thus the interaction effect between the groups and genders do not significantly differ in the mean scores of the adolescents in ASPD.

Furthermore, based on the significant mean difference among the adolescents in the various groups, it is needful to determine the direction of the significant difference. This was done using post hoc multiple comparisons by least square different method. The results obtained are presented in table 6.

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Table 6 Post hoc multiple comparison on the follow up mean scores of adolescents in four different groups.

Compared group	Absolute mean diff.	P-value
Confrontation & Corrective	0.045	0.974
Confrontation & RET	0.398	0.766
Confrontation & Control	15.751	0.000
Corrective & RET	0.443	0.714
Corrective & Control	15.706	0.000
RET and Control	16.149	0.000

From table 6, it could be deduced that the direction of significant difference resulted from the comparison between the mean scores of the following groups:

- Confrontation and control
- Corrective information and control
- RET and control

This is because their mean differences were significant at 0.000 level of significance which is less than 0.05 the chosen alpha level.

DISCUSSION OF FINDINGS

In the use of confrontation technique, a mean score deduction of 19.46 was observed in the management of ASPD and since the p-value is less than the choose alpha of 0.05 and the null hypothesis rejectedto accept that confrontation technique is efficacious. This improvement or change agreed respectively with Lipack (2012) who stated that confrontation technique is a means by which the therapist/researcher honestly and without fear or favour points out to the client the disruptive way he is behaving, the way other people see such behaviour and the client himself and the need to behave in desirable manner. He concluded that this method works with individuals who are looking to be confronted so that they can come to terms with the reality of their disruptive lives.

For this study, the effectiveness of confrontation technique may have resulted from the nature of the confrontational approach which usually results in instructing people about what they are doing, telling them how they should b acting to correct the negative behaviour and making constructive judgement about them. This the researchers applied diligently.

With the mean score on ASPD of subjects exposed to corrective information technique having a deduction of 20.94 at post test and the null hypothesis rejected to accept that significant different existed in the use of corrective information technique in the management of ASPD, therefore corrective information technique has efficiency.

This also agreed with Nwankwo (1995) opinion that people need corrective information to reduce wrong actions, identify and implement corrective actions. The therapist/researcher is expected to provide useful, relevant, up to date information to the client which should include providing specific

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resources for specific problems or information that generalized or universalized the clients experience correctively.

Foa&Kozak (1986) indicated that corrective information technique is effective so long as the therapist can gauge the correct amount and the type of information to be given for each case, providing explanation that the client can remember and understand, providing expectations that relate to client's condition framework, using an interactive approach to ensure shared understanding of the problem with the clients, involving the clients and planning collaboratively to increase the client's commitment and adherence to plans made, continuing to build a relationship and provide a supportive environment. This the researcher pursued vigorously and little wonder the technique worked effectively.

The subjects in RET group lost a mean score of 22.05 after treatment and null hypothesis rejected since the obtained significance level of 0.0000 is less than the chosen alpha of 0.05 ($P<0.05$). This indicated that rational emotive therapy is significantly efficacious in the management of ASPD among adolescents.Kumar (2009) examined the impact of REBT on adolescent students with conduct disorder. Significant impacts were found on the reduction of conduct disorder symptoms experienced by subjects, that REBT has a positive impact on conduct disorder, other emotional and behaviour disorders comorbid with conduct disorder experienced by adolescents.

Again, from the result of findings in all the treatment groups, males were observed to have more reduction in mean scores after treatment in confrontation technique, corrective information technique and rational emotive therapy. Udry (as cited in Emmon, Paul &Maggy 2004) observed that gender is determined by the conception of tasks, functions and roles attributed to men and women in society, public and private life. Gender is the single best predictor of criminal behaviour: Men commit more crime, and women commit less. This distinction holds throughout history, for all society, for all groups and for nearly every crime categories.

The universality of this fact is really quite remarkable even though many tend to take it for granted (Awelio, Robert & Gladden 2011). In the opinion of Wilson (2013) most efforts to understand crime have focused on male crime, since men have greater involvement in criminal behaviour. Yet it is equally important to understand female crime. For females, relationship became significant when opportunity was introduced and considered with level of self-control. Women are less likely to be exposed to opportunities for criminal behaviour because constraints are often placed on females and that accompany their lifestyle which contributes to less opportunity for crime with self-control being significant for males but not for females. In conclusion, men and women commit crimes for different reasons. Therefore, that there are differences in the reduction levels between males and females in this study is acceptable and that males have more reduction levels is interesting. There could be obvious reasons for that it could be a chance affair, it could be that the males knowing they had more tendency to antisocial personality disorder released themselves more willingly for treatment while females took the treatment for granted and in pretence.

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Adolescents both male and female manifest antisocial personality disorder in its seven categories and are all amenable to treatment using cognitive restructuring techniques of confrontation, corrective information and rational emotive therapy.

CONCLUSION

The findings of this study have ascertained that cognitive restructuring techniques of Confrontation, corrective information and rational emotive therapy are highly very effective in the management of Antisocial Personality Disorder among adolescents. Males are more susceptible to ASPD and benefited more from treatment. ASPD is amenable to treatment using singular techniques of Confrontation, Corrective and Rational Emotive Therapy of cognitive restructuring techniques.

Educational Implications

One major implication of the findings of this research is that since the management of antisocial personality disorder has proved effective within the school environment, educational planners should build these elements of ASPD and management skills of cognitive restructuring techniques into the school curriculum so that every teacher and student understand them early enough. Furthermore, since psychological treatment of ASPD which is a common problem among adolescents in schools is effective, the educational planners should employ more counselling psychologists to handle students' problem in order to restructure then to better personality.

Recommendations

The following recommendations were made based on the findings and the implications of study:

1. Since antisocial personality disorder in its seven categories is amenable to modification as soon as the problem behaviour is detected, psychological treatment is the best option. The counselling psychologists and all the other para-counselling personnels' should therefore use psychological interventions for a desired result.
2. It is seen that adolescents antisocial personality disorder are better improved using the cognitive restructuring techniques of confrontation, corrective information and rational emotive therapy as seenin this work, psychologists, counsellors and teachers are therefore advised to use these modification techniques for related cases as well as their effectiveness were obviously seen.
3. It has really shown that what was earlier misconstrued as adolescents rudeness, stubbornness or insubordination could be transitional problem. This therefore calls for all and sundry-teachers, counsellors, psychologists, parents and others to help adolescents with this problem through psychological treatment rather than resorting to scolding, flogging and many more thereby compounding their problems.
4. Functional guidance programmes should be established at all levels of our educational system to deal with varying behaviour problems. To achieve this, professional guidance- counsellors should be posted to schools and be made class-free so as to render effective guidance and counselling services to the students.
5. The researchers also recommends teachers and counsellors that they should try as they can to make students understand that there is ability in disability. Irrespective of their deficiencies or

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shortcomings, there are other areas of life they can excel. Those areas should be promoted to make them more useful and needed.

6. The researchers commends that parents having seen the tremendous impact of the treatment techniques on their adolescents should feel free to make referrals to counsellors as soon as they observe such behaviour problems in their children.
7. Seminars and workshops which will involve school administration, guidance- counsellors, teachers and parents/teachers association should be organized from time to time. This will help educate everybody on the traits of ASPD and the treatment techniques and their effectiveness. This will make everybody involved in early detection and treatment.
8. The schools and homes should establish and foster internal locus of controls by establishing and encouraging their children to participate in activities which are meaningful and related to their lives and which they have control over the outcome.
9. The study should be reviewed on the subjects periodically to handle the issue of relapses.

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