



Nexus Between Interpersonal Therapies on Senior Secondary School Adolescents with Dependent Personality Disorder in Aboh Mbaise Local Government Area of Imo State

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ABSTRACT

This study investigated the Nexus between Interpersonal therapies on Senior Secondary school adolescents with dependent personality Disorder in Abor Mbaise Local Government of Imo State. The design of the study was a quasi-experimental which adopted nonequivalent group of pre-test, treatment control, posttest and follow-up arrangement. The study was conducted in Aboh Mbaise LGA with a population of 470 senior secondary school students who are victims of Dependent Personality Disorder. The sample size was 56 participants. The participants were assigned into three treatment groups (MI, SFBT & IPT) and a control group. Purposive and sampling technique were adopted. Two researcher made instruments Dependent Personality Disorder Identification questionnaire for teachers and Dependent Personality Disorder questionnaire (DPDQ) 123 were used. These instruments were validated by 5 specialists, 3 in Guidance and Counselling and 2 from measurement & Evaluation. Data were collected using these instruments. The reliabilities of these instruments were obtained using Cronbach Alpha. A reliability index of 0.78 and 0.81 were obtained. The major findings included that, the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the pre and post treatment test differ significantly. The students who were exposed to MIT, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced when compared to the mean response to Dependent Personality Disorder of their counterparts in the control group. Based on the findings of the study, the researcher made among others, the following recommendations. There is need for school counselors to undergo some training on behaviour modification based on motivational interviewing (MT), solution focused based therapy (SFT) and inter personal therapy (IPT) through workshops, seminars and conferences. There is need to identify the Victims of DPD exist in various secondary schools early and that modification program be put in place by counselors and psychologists in accordance with the school administration.

Keywords: Nexus, Interpersonal, Therapies, Senior Secondary School Adolescents Dependent Personality Disorder, Aboh Mbaise, Imo State

INTRODUCTION

Children and adolescents exhibit behaviours which tend to be in contrast to societal expectations. Such behaviours in some cases even fall short of the expectations of parents, teachers, peers and people from other segments of the society. The children who manifest such bizarre behaviours are looked at as deviant, extreme abnormal or maladjusted. When the behaviour is severe, they are believed to be sick, psychotic, emotionally disturbed, insane or behaviorally discarded (Barber & Muenzi, 1996). Inclusive in such behaviours are dependent personality disorder, avoidant personality disorder, drug dependency, alcohol dependency, cultism, truancy, aggression, stealing, prostitution, cohabitation, fighting, and hostility to mention but a few. These behaviours tend to disrupt the learner and deprive him/her of the expected benefits from teaching learning process. The behavior disorder under study in this endeavour is dependent personality disorder. Unfortunately, all calibers of learners suffer from dependent personality disorder. Research has shown that some learners in the primary and secondary schools are victims of this disorder. Oye (2011) used learners in the primary school in his study of dependent personality disorder. The high rate of it is seen in the tertiary institution where most of the victims co-habit. In the research of Akinade (2009) it is evident that several factors affect the student's disposition to learn appropriate adjustments strategies as well as evaluating. One of these factors is the adolescent's inability to overcome most adolescents challenges which make them indulge in various maladaptive behaviours. One of these destructive behaviours is dependent personality disorder.

The exact cause of DPD is unknown but Bornfree (2018) believed to be caused by both genetic and environmental factors. These maladaptive behaviours affect the learners' relationship with others in their class, the school, the home and the society in general. To a large extent it affects their academic performance. This has posed a big problem to the education system and a food for thought for all and sundry, including parents, teachers, counselors, government and the society at large. Since male and female adolescents are victims of the dependent personality disorder, Efforts need to be made to assist them to overcome this psychological problem. Furthermore, gender is a factor to be considered in the issue of trying to solve the problem of the

dependent personality disorder among the adolescent students. The individuals with DPD do not understand the expectations of the society on their gender.

Gender can be defined as a social construct which deals with the societal expectations of the masculine and feminine characteristics of the males and females, (Iwuji, 2016). In the light of this the male disordered dependent adolescents exhibit characteristics of females to the female partners who do not have the disorder even though they are females. This is not in line with the societal expectation of these male adolescents. Fortunately, Guidance and Counseling as a discipline has many personality disorder therapies which scholars like Uwaoma and Chima (2015) have suggested that can be applied to treat or reduce effectively these observed disorders. They include; Motivational Interviewing, Solution Focused Brief Therapies, Interpersonal Therapies, etc. Hence the research selected these three therapies: motivational interview (MI), solution focus therapy (SFBT) and inter-personal therapy (IPT) to establish their effects on the reduction of dependent personality disorder among adolescents.

Personality disorder is a type of mental disorder in which an individual have a rigid and unhealthy pattern of thinking, functioning and behaving. His/her behaviour is highly influenced by dysfunctional belief. The individual has problem perceiving and relating well with people and situations. The individual faces significant problems and limitations in relationship, social activities, work and school. An individual with personality disorder may not realize that he/she has a personality disorder because his or her way of thinking and behaving may seem natural to him/her as such the person blames others for their challenges. Personality disorders usually begins in the teenage years or early adulthood which continues to later life of the individual if not treated. It could result to episodes of extreme anxiety or depression, self-harming behaviours, including self-mutilation. It could lead to unclear sense of self and the individual could often feel worthless or fundamentally damaged, (Timberline Knols 2018). Personality disorder if not treated also leads to impulsive and risky behaviour such as risky driving, unsafe sex, gambling sprees or taking illicit drugs, inappropriate expressions of anger, sometimes escalating into physical confrontations (Davis & Learnard, 2008).

REVIEW OF RELATED LITERATURE

Conceptual Framework

Inter-Personal therapy (IPT) in its behaviour modification, is concerned with how people's relationship with one another affect their lives and the lives of people around them. According to Carlipers, Donker, Tara, Weissman, Mahyma, Ravitz, Paula, Critica and Loana (2016) relationships and life events impact mode, interpersonal therapy works intensely on established interpersonal issues, psychological symptoms like depressions and dependent personality disorders to resolve them. The choice of these therapies is based on their relationships to the behavior problem - dependent personality disorder (DPD). The researcher discovered their efficacy in (DPD) and other disorders in previous studies. Ekechukwu (2018) carried out a study on effects of motivational interviewing in the treatment of dependent personality disorder among tertiary institution students in Benin, Nigeria. Sampson (2016) effectively used inter-personal therapy (IPT) in the treatment of DPD in Buston. In another study Stephen and Stone (2017) effectively used solution focused therapy in the management of DPD in Lasvejas.

During adolescence, issues of emotional (if not physical) separation from parents arise. While this sense of separation is a necessary step in the establishment of personal values, the transition to self-sufficiency forces an array of adjustments upon many adolescents. Furthermore, teenagers seldom have clear roles of their own in society but instead occupy an [ambiguous](#) period between childhood and [adulthood](#). These issues most often define adolescence in Western [cultures](#), and the response to them partly determines the nature of an individual's adult years. Also during adolescence, the individual experiences an upsurge of sexual feelings following the latent sexuality of childhood. It is during adolescence that the individual learns to control and direct sexual urges. According to Beck & Doris, (2011), some specialists find that the difficulties of adolescence have been exaggerated and that for many adolescents the process of maturation is largely peaceful and untroubled. Other specialists like Loas (2017) consider adolescence to be an intense and often stressful developmental period characterized by specific types of behaviour including DPD which is very devastating in the teens.

A personality disorder is a way of thinking, feeling and behaviour that deviates from the expectations of the culture, causes distress or problems for the individual to function well and lasts over time. Ikedishi, Iroegbu, & Agugoesi, (2014) believe that children with behaviour disorders develop depression as adults and they need a variety of professional interventions including medication psychological treatment, rehabilitation or possibly other treatments. They further stated that "behaviour disorder constitute a set of activities that are not in conformity with the goals of a group in any given place". Ikediashi et al further cited Knitzer as agreeing with council for expectation of children by stating categorically that emotional or behaviour disorders refer to condition in which behavioural or emotional responses of a child in school are different from his/her accepted age appropriate, ethnic or cultural norms that they adversely affect educational performance in norms such as social relationships, academic progress, self-care, personal adjustment, classroom behaviours or work adjustment. These behaviour disorder are caused by dysfunctional/maladaptive beliefs of the individual. Beliefs that are negatively biased, inaccurate, and rigid which play key role in personality disorders giving rise to behaviour disorder.

A personality disorder is enduring pattern of inner experience and behaviour. (Simone Hoerman, Corinne, Zupanick & Mark Dombeck, 2013). They further stated that this pattern manifests in two or more of the following areas; Thinking, feeling, interpersonal relationships and impulse control. This pattern in the view of Simone et al (2013) deviates significantly from cultural norms and expectations, this pattern is pervasive and inflexible, stable over time and leads to distress or damage. The DSM-5 (APA 2013) identifies and describes ten specific personality disorders, these ten diagnosis represent ten specific enduring patterns of thoughts, feelings and behaviour which have been distilled down to four core features of personality disorders. They are: Rigid, extreme and distorted thinking patterns (thoughts), problematic emotional response patterns (feelings), impulse controlled problems (behaviour), and significant interpersonal problems (behaviour). For an individual to be seen as having personality disorder the person must exhibit at least two of these afore-stated four features.

Types of personality disorder

There are many types of personality disorders. These are grouped into three clusters based on similar characteristics and symptoms. Many people with one personality disorder also have signs and symptoms of at least one additional personality disorder. The three clusters are; Cluster A: personality disorders which are characterized by odd, eccentric thinking or behaviour. They include paranoid personality disorders, schizoid personality disorders and schizotypal personality disorder. Cluster B: personality disorder are characterized by dramatic, overly emotional or unpredictable thinking or behavior APA (2013). They include antisocial personality disorder, borderline personality disorder, historic personality disorder and narcissistic personality disorder. Cluster C: personality disorder are characterized by anxious, fearful thinking or behaviour. They include dependent personality disorder avoidant personality disorder, body dimorphic disorder obsessive- compulsive personality disorder and codependent personality disorder.

Causes of Personality Disorder

Personality as viewed by Mayo clinic staff (2016), is a combination of thoughts, emotions and behaviours that make an individual unique. It is an individual's way of viewing understanding and relating to events, other people and the outside world in general. It is also the individual's pattern of seeing self-personality that is formed during childhood and shaped by ones genes and environment.

Genes: Traits sometimes referred to as temperament are passed from parents to offspring's through inherited genes. These personality traits are activated by factors in the environment. **Environment:** The surrounding an individual grows up in, the daily occurrences and events, and relationships with members of family and others. **Biological and Developmental Factors:** these include over-protective parenting style, chronic physical illness and separation anxiety during childhood. Personality disorders are generally believed to be caused by a combination of these genetic and environmental influences. The genes of an individual can render the person vulnerable to the development of personality disorder. Events in one's life may also cause the development of personality disorder in an individual.

The precise cause of personality disorder is not yet known, there seems to be certain factors that increase the risk of an individual developing personality factors. Brown, Dinardo, Lehman & Campbell (2001) stated the factors as; Family history of personality disorders or other mental illness, abusive unstable or chaotic family life during childhood, being diagnosed with childhood conduct disorder and variations in brain chemistry and structure. Personality disorders in the view of mayo clinic staff can significantly disrupt the lives of both the affected person and those who care about that person. It may also cause problems with ones relationships, work, school which might lead to social isolation, alcohol or drug abuse or chemical dependency. DSM-5, APA (2013) opined that "diagnosis of a personality disorder requires a mental health professional looking at long-term patterns of functioning and symptoms. For a person under 18 years old to be diagnosed, the symptoms must have been present for at least a year. Some people with personality disorder problem. The DSM-5 also put it that people often have more than one personality disorder, an estimated 9 percent of US adults have at last one personality disorder. Abraham in the Herald (2017) is of the view that many Nigerian in good cloths could be diagnosed of very serious mental illnesses. He further stated that over 60 million Nigerians have various degree of mental disorder.

Since personality disorder can seriously disrupt the lives of the individual generally a lot has to be done to prevent or assist the individuals with such disorder to come out of it.

EMPIRICAL REVIEW

Brad (2008) investigated the unique contribution which motivational interviewing (MI) has on counseling outcomes and how MI compares with other interventions in chemical dependency, six research questions were posed and six null hypotheses formulated. A population of 119 and sample of 54 were used. The quasi-experimental design was adopted. The mean and standard deviation and ANOVA were used for data analyses. Targeted outcomes included substance use (tobacco, alcohol, drugs, and marijuana), health-related behaviours (diet, exercise, and safe sex), gambling, and engagement in treatment variables. Results showed that judged against the comparison groups, MI produced statistically significant, durable results in the small effects range (average $g = 0.28$). Judged against specific treatments, MI produced non-significant results (average $g = 0.09$). MI was robust across many moderators, although feedback (Motivational Enhancement Therapy [MET]), delivery time, manualization, delivery mode (group vs. individual), and ethnicity moderated outcomes. Conclusions: MI contributes to counseling efforts, and results are influenced by participant and delivery factors. This study investigated the unique contribution which motivational interviewing (MI) has on counseling outcomes and how MI compares with other interventions, while the present one is on effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder.

Omenuko (2007) carried out a study on the use of Motivational Interview and related motivational enhancement therapies (METs) in the treatment of mental disorders, anxiety, depression, and eating disorders, and concurrent psychosis and substance use disorders. Seven research questions were posed and seven null hypotheses formulated. A quasi-experimental research design was adopted. The population was 891 while the sample was 44. The ANOVA was used for data analyses. Findings strongly support the continued investigation of MI and related methods for these populations in the designed clinical trials that examine not only the additive value of MI but also mechanisms underlying these effects and individual differences (moderators) indicating the need for MI. The reviewed study was carried out on the use of Motivational Interview and related motivational enhancement therapies (METs) in the treatment of anxiety, depression, and eating disorders, and concurrent psychosis and substance use disorders. It did not consider other therapies such as solution focus base and interpersonal therapies in the reduction of the disorders. In any case, the two are using Motivational Interviewing for the treatment of personality disorders.

Okoro (2013) carried out a study to evaluate the impact of nurse-led HHP, delivered by nurses compared to Motivational Interviewing (MI), delivered by trained therapists in group sessions or one-on-one on reduction of alcohol use in Enugu State. Five research questions were posed and five null hypotheses formulated. Quasi-experimental design was adopted. Questionnaires were used for data collection. Data analyses was done with the use of the mean and standard deviation as well as the ANOVA. Results showed that Self-reported alcohol use was reduced from a median of 90 drinks /month at baseline to 60 drinks/month at six month follow-up. A Wilcoxon sign-rank test indicated a significant reduction in alcohol use in the total sample ($p < .05$). In multiple logistic regression analysis controlling for alcohol consumption at baseline and other covariates, no differences by condition were found. In this study, the researcher concentrated on evaluating the impact of nurse-led HHP, delivered by nurses compared to Motivational Interviewing (MI), delivered by trained therapists in group sessions or one-on-one on reduction of alcohol use. The present researcher focuses on effects of, ptovatopma; interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. The two focus on reduction of personality disorders.

Anyanwu (2012) carried out a study on Assessment of the Diagnostic and Statistical Manual of Mental Disorders, using the Motivational Interviewing in Lagos State. Six research questions were posed and six null hypotheses formulated. The design of the study was quasi-experimental. Population was 348 while the sample was 44. Questionnaires were used for data collection. The ANOVA was used for data analyses. Using five-factor model (FFM) prototypes and counts has shown substantial promise, with a few exceptions. Miller, Reynolds, and Pilkonis suggested that the expert-generated FFM dependent prototype might be mis-specified in relation to the DSM-IV because of the overemphasis of high Agreeableness and under-emphasis of low Conscientiousness in the experts' conception. A meta-analytic review of the relations between, the FFM facets and Dependent PD (DPD) was conducted and used to create a revised, empirically based FFM DPD profile and count. Results showed that the revised profile and count are more strongly correlated with DSM and non-DSM conceptualizations of maladaptive dependency. In addition, the revised FFM DPD profile was able to recreate the patterns of comorbidity typically found when using DSM-IV measures of DPD. Possible explanations for the discrepancy between the expert ratings and the meta-analytic results are offered. In this reviewed study, the researcher carried out a study on Assessment of the Diagnostic and Statistical Manual of Mental Disorders, but the present researcher is interested in investigating the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. The two are on reduction of personality disorders. Moreover, the reviewed study was done in Lagos while the present is being done in Imo State.

Okoro, (2024), *explore the effect of cognitive behavior therapy in adolescents with Mythomania disorder in Ehime Mbano Local Government of Imo State. Mythomania refers to a compulsive tendency to lie and deceive others. It is not simply a choice to deceive, but rather a psychological condition that drives individuals to fabricate stories, exaggerate facts, or falsify information. Compulsive lying can become a habitual behavior for those with mythomania. A literature search was conducted using the CINAHL and MEDLINE databases. The database search occurred during the month of January 2024. This article comprehensively summarizes the theoretical basis of CBT in improving Mythomania disorder, its application in managing symptoms and improving social function, as well as research progress in this field. There are still inconsistencies in the research results on CBT, but overall, psychological intervention combined with drug treatment is more effective than conventional treatment alone. If social function training can be added at the same time, it is believed that it will have better effects on clinical treatment and can maintain long-lasting effectiveness. Only in this way can adolescents truly understand and recognize the disease, improve treatment compliance, and ultimately achieve the goal of improving the disorder and have quality of life. Therapists or psychologists use CBT for adolescents to help them become aware of irrational or negative thinking so they can see situations clearly, process them, and respond to them in healthy ways. CBT intervention for adolescents can be a powerful part of an integrated treatment plan for adolescent mental health disorders.*

Amadi (2015) assessed the prevalence of substance use in people acutely admitted to in-patient psychiatric wards using MI in Rivers State. The aims of the study were to compare the effects of 2 sessions of motivational interviewing and treatment as usual (intervention group) with treatment as usual only (control group) on adult patients with comorbid substance use admitted to a psychiatric in-patient emergency unit. Ten research questions were posed and ten null hypotheses formulated. The design of the study was quasi-experimental. Rating scale was used for data collection. This was an open randomised controlled trial including 135 patients where substance use influenced the admittance. After admission and assessments, the patients are allocated to the intervention group ($n = 67$) or the control group ($n = 68$).

The primary outcome was self-reported days per month of substance use during the last 3 months at 3, 6, 12 and 24 months after inclusion. Data was analysed with a multilevel linear repeated measures regression model. Results showed that both groups reduced substance use during the first 12 months with no substantial difference between the 2 groups. At 2 year follow-up, the control group had increased their substance use with 2.4 days (95% confidence interval (CI) -1.5 to 6.3), whereas the intervention group had reduced their monthly substance use with 4.9 days (95% CI 1.2 to 8.6) compared to baseline. The 2 year net difference was 7.3 days of substance use per month (95% CI 1.9 to 12.6 , $p < 0.01$) in favour of the intervention group. In this research, the researcher concentrated on assessing the prevalence of substance use in people acutely admitted to in-patient psychiatric wards using the MI, while the present researcher is focusing on ascertaining the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality therapies. It was carried out in Rivers State while the present is being done in Imo State.

Osuagwu and Nwagwu (2014) studied the Effectiveness of iconic therapy for the reduction of borderline personality disorder symptoms among suicidal youth: study protocol for a randomized controlled trial. Three research questions were posed and three null hypotheses formulated. The design was quasi-experimental. The rating scales were used for data collection. Data was analysed using generalised estimating equation (GEE) models. By responding to the need for briefer and more comprehensive therapies for BPD. Results showed that Iconic Therapy may provide an alternative treatment whose specific therapeutic principles, visually represented on icons, will overcome classical Structured Support Therapy at reducing BPD symptoms. In this study, the researcher studied the Effectiveness of iconic therapy for the reduction of borderline personality disorder symptoms among suicidal youth: study protocol

for a randomized controlled trial, but the present studies the effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorder. In this study, data was analyzed using generalized estimating equation (GEE) models while the present is using ANOVA.

Roeden (2012) carried out a research on Solution-Focused Support of People with Intellectual Disabilities in Ebonyi State. Six research questions were posed and six null hypotheses formulated. A quasi-experimental design was used. Questionnaires were used for data collection. A sample of 54 was used. Mean and standard deviation as well as ANOVA were used for data analyses. This research draws on three sources of inspiration. First, the aim is to help improve the quality of life of people with ID. The second goal is to contribute to the development of good working relationships between people with ID and staff. A third aim relates to the employment of people with ID. Each of these facets are discussed in more detail Findings showed that solution focused support was a significant improvement on people with intellectual disabilities. Roeden, in this study, carried out a research on Solution-Focused Support of People with Intellectual Disabilities, while the present focuses on motivational interviewing, solution base and interpersonal therapies in the reduction of dependent personality disorder. Roeden's study was carried out in Ebonyi while the present is being done in Imo State.

Livesley (2013) carried out a study on Principles and Strategies for Treating Personality Disorder using SFBT in Benin, Nigeria. Five research questions were posed and five null hypotheses formulated. The design adopted was quasi-experimental design. Rating scales were used for data collection. Mean and standard deviation were used to answer the research questions while the ANOVA was used to test the hypotheses. This study proposes a systematic framework for treating personality disorder, based on research on the nature and origins of the disorder and treatment outcome. It adopts an eclectic approach that combines interventions from different therapeutic models and delivers them in an integrated and systematic manner. Coordination of multiple interventions is achieved by emphasizing the nonspecific component of therapy, especially the treatment frame and generic interventions. Results showed that specific interventions drawn from different treatment models, including medication, are built onto this foundation as needed to tailor treatment to the individual. Coordination and integration are also achieved by conceptualizing treatment as progressing through a series of phases, each addressing different problems with different specific interventions. Five phases are described: safety, containment, regulation and control, exploration and change, and integration and synthesis. During the earlier phases, structured behavioural and cognitive interventions and medication predominate. Later in treatment, these interventions are supplemented with less structured psychodynamic, interpersonal, and constructionist strategies to explore and change maladaptive interpersonal patterns, cognitions, and traits and to forge a more integrated and adaptive self-structure or identity. This study was carried out a study on Principles and Strategies for Treating Personality Disorder, but the present is on effects of motivational interviewing, solution focus base and interpersonal therapies in the reduction of dependent personality disorders. While this study was done in Benin, the present is being done in Imo State.

METHODOLOGY

This study is a quasi-experimental research which adopted a pre-test treatment post-test control group design which was described by Vogt (2005) as a study where the researcher had no absolute control over the independent variable(s) being studied and the groups were assigned to the two groups. It involved a field experiment whereby the researcher manipulated motivational interviewing (MI), solution focus brief therapy (SFBT) and Interpersonal therapy (IPT) under a carefully controlled condition as the situation, demanded in the reduction of dependent personality disorder among secondary school adolescents.

Symbolic representation of the experimental design

Non-equivalent grp1	$O_1 X_1 O_2 O_3$
Non-equivalent grp2	$O_1 X_2 O_2 O_3$
Non-equivalent grp3	$O_1 X_3 O_3 O_3$
Non-equivalent grp4	$O_1 X_4 O_2 O_3$

Key:

None-equivalent grp –

O_1 – Pretest

X_1 – motivational interviewing

X_2 – solution focus therapy

X_3 – interpersonal therapy

X_4 – placebo (lateness to school abuse of cell phone and internet facilities)

O_2 – post test

O_3 – Follow up

- No treatment

The experimental groups which are MI, SFBT, IP and control formed the columns while the moderating variables (gender) consisting of males and females made up the rows. There was a further split of the three experimental groups into two groups on the basis of gender giving rise to eight (8) sub cells of six (6) treatment and two (2) control group the study adopted 3x2 design in which the treatment groups MI, SFT, IPT and the control group formed the row while the gender boys, and girls for the column.

The experimental design is therefore made up of eight cells namely:

- a) Motivational Interviewing (MI) (Boys)
- b) Motivational Interviewing (MI) (Girls)
- c) Solution Focus Brief Therapy (SFBT) (Boys)
- d) Solution Focus Brief Therapy (SFBT) (Girls)
- e) Interpersonal Therapy (IPT) (Boys)
- f) Interpersonal therapy (IPT) (Girls)
- g) Control Group (CG) (Boys)
- h) Control Group (CG) (Girls)

The groups were randomly assigned to give every member an equal opportunity of being out in any group. Six out of the eight groups received interviewing treatment while two groups received placebo treatment. They were kept busy with other activities different from the treatment packages in order to control their curiosity. The placebo treatments included lateness to school, abuse of cell phone and dangers of gay relationship.

The area of this study is Imo State which is one of the 36 states in Nigeria. Imo State is in the South-Eastern part of Nigeria. The area is bounded by the geopolitical zones of South-South in the south, North-Central and North-East Zone in the north. It is located approximately within latitude 4°45'N and 7°15'N of the equator and longitude 6°50'E and 7°25'E of the Meridian. It is made up of twenty-seven Local Government Areas which is divided into 6 educational zones namely; Okigwe education zones I and II, Orlu education zones I and II, and Owerri education zones I and II. The population of Imo State was estimated as 3,934,899 by NPC (2006) (<http://www.imostate>). Imo State is centrally located at the heart of some eastern and southern states. Majority of the citizens of Imo State live in the rural areas. Owerri, the state capital is the major town of the state, while few others are semi-urban. The state shares boundary with states like Anambra, Abia, and Rivers State. Education is seen as the biggest industry in the state. Within the last one or two decades, Imo was one of the states in the country, Nigeria described as educationally advantaged or advanced. The citizens therefore have positive attitude towards education and acquisition of knowledge. Many therefore, come to the state in search of education especially at the tertiary levels. In fact, one cannot talk about education inclined states in Nigeria, without mentioning Imo State.

The population of this study comprised of the SSI and SS2 students in Imo State Education Zones with Dependent Personality Disorders (DPD) numbering 470. Imo State has six education zones namely: Okigwe zones I and II, Orlu zones I and II and Owerri zones I and II with 290 secondary schools with the population of 94,412 students, 46,761 females and 47,651 males. Okigwe zones I and II have a total of 66 secondary schools. Orlu zones I and II have a total of 106 secondary schools while Owerri zones I and II have a total of 124 secondary schools. Source: SEMB 2017/2018 Zone Owerri Imo State.

Sample and Sample Technique

The sample size for this study was 56 participants, 28 males and 28 females. In selecting the sample size for the study, three sampling techniques was adopted,

They included balloting by replacement, purposive and cluster sampling. The schools to be used for the study were purposively selected. Four different schools were selected from Orlu Zone, Owerri Zone I and II and Okigwe Zone I. Each school served as an experimental group so as to avoid contamination effects that might arise from the subjects. The classes SS1 and SS2 were purposively selected also. The treatment techniques of MI, SFT and IPT as well as Control were randomized and assigned to the four selected schools. The identification of the potent participants for the study was done with the help of the SS1 and SS2 form teachers who were issued with Dependent Personality Disorder identification Questionnaire for Teachers (DPDIQT) (see Appendix II).

With their experiences and encounter over the years, they were able to rate the students appropriately using (DDIQT), thereby selecting students with the target behaviour. To confirm the teachers' selections, the researcher administered Dependent Personality Disorder Identification Questionnaire (DPDQ) (See Appendix IV). Any one that scored 50 and above was qualified as a potent participant for the study. In selecting the subjects for the study, the researcher took these measures, first the potent participants in each of the four schools were clustered along gender line for gender equity. Based on their scores on DDIQT the researcher selected the seven highest scoring dependent personality students from each gender cluster. This was made up of 14 participants comprising of 7 males and 7 females in each school totaling 56. The choice of fourteen participants per school is to have a manageable size which the researcher could always control in an experimental work of this nature. This was also in line with the principles of group counseling in terms of number which should not exceed fifteen.

Instruments for Data Collection

In collecting data for this study, 2 researcher - made instruments which the researcher designed from the list of characteristics of DPD outlined by Jacquelyn & MS (2013) were validated and used. They are;

A. Dependent Personality Disorder Identification Questionnaire for Teachers (DPDIQT)

B. Dependent Personality Disorder Questionnaire (DPDQ).

A. Dependent Personality Disorder Identification Questionnaire for Teachers (DPDIQT): This is a 20 item paper and pencil inventory which was designed by the researcher from the symptoms dependent disorder exhibited by students as pointed out by Bernstein, Useda, (2007), Bollini, Walker, (2007) Bornstein, (2007). They were handed over to the teachers who used them to rate the students' manifestation of dependent disorder based on their long term experiences of the students' behaviour. It thus provided the researcher with information on the students' status with regard to dependent disorder manifestation through their form teachers at pre-treatment stage.

This instrument was made up of two sections; A and B. section A elicited information on the students' biodata while section B comprising of 20 items elicited responses on the students' dependent disorder manifestations. The items were all negatively framed. The response mode was a four point scale of "most often" "often" "sometime of the times" and "rarely" quantified as 4, 3, 2, 1 respectively. A high score of 50-80 indicates dependent disorder manifestation. These scores were used by the teacher to nominate dependent disordered students at pretreatment stage. This indicated that only those who scored 50-80 were qualified for the researcher's confirmatory test.

A Dependent Personality Disorder Questionnaire (DPDQ): This instrument is very much like DPDIQT. It was a researcher structured paper and pencil test. The researcher administered it only on the identified dependent disorder. This implies that it was only to be administered on those who scored from 50 to 80 in the DPDIQT. The scores derived for the test served to confirm the teacher's identification of the students. It also provided the baseline data for the participants. DPDQ comprises three sections, namely A, B & C. Section A provided the participants' biodata while section B was concerned with the source of

Dependent disorder experienced by the participants. Section C was made up of 20 dependent related items derived from literature. Some items were negatively framed while some were positively framed. A four point response scale of "most often" "often" "sometime of the times" and "rarely" also quantified as 4, 3, 2, 1 respectively was adopted here. Again, a score range of 50 and above served as indication of dependent disorder manifestation, in this manner, only those that scored 50 to 80 will become potent participants for the study. With this standards, scores between 20-49 indicated that the student did not manifest the rate of dependency within the operationalized dependency level the researcher requires for the study. The DPDIQT was reshuffled at the post-test session to create another version of same DPDQT to determine the efficacy of the three treatment packages to be administered on the students. The same was applicable at the case of follow-up session, the tests were again reshuffled in order to ascertain the extent of performance of the therapies employed in the study. There will be DPDIQT – A, DPDQ – B, DPDQ – C in all of same items.

Method of Data Analysis

The data collected from the pre and post-treatment as well as the follow-up, were statistically analyzed using the analysis of the co-variance (ANCOVA). Mean statistics was used to answer the research questions while ANCOVA was employed in testing hypothesis at 0.05 level of significance. The researcher's choice of ANCOVA was also motivated by its effectiveness in removing from the treatment those differences which could be linearly correlated with the covariate. It also adjusted the post-treatment, means from the differences between the four groups used in the experiment. ANCOVA therefore corrected the errors arising from the covariate (pre-test scores). Bonferroni's test of pairwise comparisons was also used as a post hoc-analysis in situations where there are significant differences between the treatments. This was to find out where the significant differences and their relative effectiveness lie. This was for accurate statistical comparison between groups.

Results

Means and Standard Deviations of all the Participants Exposed to MIT, SFBT, IPT and Control Groups in the Pre- and Post-Treatment Administration

Group	Pre-Treatment Administration			Post-Treatment Administration		
	n	\bar{X}	Std	\bar{X}	Std	
MIT	14	66.00	8.74	39.57	3.93	
SFBT	14	64.71	6.60	40.71	3.05	
IPT	14	68.29	7.45	40.29	2.70	
CG	14	66.36	5.14	65.57	4.65	

Table 1 showed the mean and standard deviation scores on dependent personality disorder (DPD) of students exposed to motivational interviewing (MIT), solution focused based therapy (SFBT) and inter personal therapy (IPT) and of those in the control group in the pre and post treatment administration. The means response scores to dependent personality disorder (DPD) of the students in the MIT, SFBT, IPT groups and of those in the control group in the pre-treatment administration are respectively 66.00, 64.71, 68.29 and 66.36, while their standard deviations respectively are 8.74, 6.60, 7.45 and 5.14. Also, the mean response scores to dependent personality disorder of students exposed to MIT, SFBT, IPT and of those in the control group are 39.57,

40.71, 40.29 and 65.57 respectively, while their respective standard deviations are 3.93, 3.05, 2.70 and 4.65 in the post treatment administration. The reduced mean rating scores in the post treatment administration indicates the reduction of the dependent personality disorder of the students as a result of MIT, SFBT and IPT treatments. This has therefore shown the effects of MIT, SFBT and IPT in the reduction of DPD.

The mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFBT), Inter Personal Therapy (IPT) and control in the pre and post treatment assessment do not differ significantly

ANCOVA F-ratio for Test of Significance of the Differences between the Mean Rating Scores on Dependent Personality Disorder of Participants Exposed to MIT, SFBT, IPT and Control in the Pre- and Post-Treatment Administration

Tests of Between-Subjects Effects

Dependent Variable: PostTreatmentAdmin

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	6840.999 ^a	8	855.125	63.701	.000
Intercept	776.625	1	776.625	57.853	.000
PreTreatmentAdmin	59.071	1	59.071	4.400	.041
Treatment	6775.386	3	2258.462	168.240	.000
Gender	.091	1	.091	.007	.935
Treatment * Gender	5.055	3	1.685	.126	.945
Error	630.929	47	13.424		
Total	128744.000	56			
Corrected Total	7471.929	55			

a. R Squared = .916 (Adjusted R Squared = .901)

Table 2 shows the ANCOVA F-ratio for test of significance of the difference in the mean response scores of the students exposed to MIT, SFBT, IPT treatments and those in the control group in the pre and post treatment administrations. Since the calculated F-ratio as indicated in the table is greater than the critical F-ratio (168.240 > 2.76) and p-value is less than the significance level of 0.05, the null hypothesis one is rejected. Hence, the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFBT), Inter Personal Therapy (IPT) and control in the pre and post treatment assessment differ significantly. Therefore this analysis revealed that students who were exposed to MIT, SFBT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced when compared to the mean response to DPD of their counterparts in the

Discussion of Findings

The result of the study showed differences in the pre-treatment administration results of the students in the MI, SFT, IPT and the control groups. These differences provided basis on which it could be assumed that both the treatments and control groups had an equivalent entry dependent personality disorder (DPD) at the commencement of the treatment. The ANCOVA F-ratio was used to make these entry scores equal, such that it could be assumed that the students in the four groups had equal dependent personality disorder.

The findings of the study revealed that the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MI), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the pre and post treatment assessment differ significantly. The students who were exposed to MI, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced at posttest when compared to the mean response to DPD of their counterparts in the control group. The results of this study found that MI, SFT and IPT counselling techniques are significantly effective in the treatment of DPD among students. The mean rating score of the students in the control group did not reduce from its initial value in pre-treatment administration. This means that the significant difference observed in the test of hypothesis one was as a result of the treatments effects. This is in line with the findings of Okoro (2013) and Iwu and Ohia (2009) who found significant improvement in the DPD symptoms of the students.

RECOMMENDATIONS

The following recommendations have been proffered based on the findings and implications of the study.

There is need for school counselors to undergo some training on behaviour modification therapies based on motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT) through workshops, seminars and conferences which the government can assist in organizing.

School guidance counselors should recognize that gender is not a significant factor in the manifestation of dependent personality disorder among students and therefore should not be biased in planning treatment programme for the students in secondary schools.

Curriculum planners, educational psychologists, and guidance counselors should plan a programme of intervention based on the principles of motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT).

There is need to identify DPD victims early for modification based on motivational interviewing (MI) solution focused therapy (SFT) and interpersonal therapy (IPT).

School guidance counselors should feel free to employ any of the behaviour modification therapies (motivational interviewing (MIT), solution focused based therapy (SFT) and inter personal therapy (IPT)) in the treatment some behaviour disorders in the school since their effects did not differ significantly.

Summary and Conclusion

This means that SFT and IPT treatment techniques are equally effective in the treatment of DPD among students; the mean rating scores on Dependent Personality Disorder (DPD) of the male and female participants exposed to MIT, SFT, IPT and control in the Pre and post treatment assessment do not differ significantly; the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the post treatment and follow-up assessment differ significantly. Therefore this analysis revealed that students who were exposed to MIT, SFT and IPT treatments had their dependent personality disorder (DPD) level significantly reduced further in the follow-up administration when compared to the mean response to DPD of their counterparts in the control group; the mean rating scores on Dependent Personality Disorder (DPD) of the participants exposed to Motivational interviewing (MIT), Solution Focus Based Therapy (SFT), Inter Personal Therapy (IPT) and control in the post treatment and follow-up assessment do not differ significantly.

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