

TITLE PAGE

**EFFECTS OF SYSTEMATIC DESENSITIZATION AND SELF
INSTRUCTION TECHNIQUES ON GENERALIZED ANXIETY
AMONG ADOLESCENTS IN ENUGU STATE**

By

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APPROVAL PAGE

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CERTIFICATION

This is to certify, that I am responsible, for the work submitted in this dissertation, that the original work is mine, except as specified in the acknowledgements and references and that neither the dissertation nor the original work contained therein has been submitted to this University or any other University for award of any degree.

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DEDICATION

This work is dedicated to my husband and children and to the memories of my beloved parents, Chief Clement Osundu and Lolo Maria Chinurokwu Nwachukwu (Nee Iwu).

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ABSTRACT

The study is on the effects of Systematic Desensitization Technique and Self Instruction Technique on generalized anxiety among secondary school adolescents in Enugu East Local Government of Enugu State. Six research questions and six hypotheses guided the study. Theoretical studies and various empirical studies were reviewed under, Systematic Desensitization Self Instruction techniques, and prevalence of generalized anxiety in secondary schools. The research design is quasi experimental design. The target population for this study was made up of 203 students with generalized anxiety in all the secondary schools in Enugu East L.G.A. The sample for the study was 91 secondary school students with generalized anxiety in the three purposively selected secondary schools. The Beck anxiety inventory (1990) (BAI) with 21 items was adopted for this study for data collection. The data collected were analyzed using mean scores for research questions and ANCOVA in testing the null hypotheses. The findings of the study showed that Systematic Desensitization was effective in reducing generalized anxiety in secondary school adolescents. Also that Self Instruction Technique was effective in reducing generalized anxiety of secondary school students. Findings of the study also indicated that Systematic Desensitization and Self Instruction Technique were retained twelve weeks after treatment. Furthermore, the findings revealed that neither Self Instruction technique nor Systematic Desensitization technique was more effective than the other in reducing generalized anxiety of the adolescents. It is recommended among others that guidance counsellors should use Systematic Desensitization Technique in reducing generalized anxiety, as well as Self Instruction Technique among secondary school students. Furthermore workshops and seminars should be organized for teachers by guidance counsellors, to enable them embrace such techniques like Systematic Desensitization and Self Instruction Techniques in modifying behavioural problems like generalized anxiety.

CHAPTER ONE

INTRODUCTION

Background to the Study

The counsellors' activities should be conveniently seen as enabling stimuli that promptly organize an individual towards a better assessment of his or her potentials. When knowledge acquisition is put in place the individual acquires better coping skill and better ways of relating to events in his or her life. The use of counselling techniques can be seen as remedial measures towards balancing individual's behaviour and interest. In real life situations and in carrying out ones duty as a counsellor, observations have shown that human beings experience depilating anxiety at one time or the other and knowing how awful anxiety could be, one tries to assist in overcoming it (Baker & Baker 2007).

However, it is completely normal to have anxiety when things get hectic and complicated, but if the apprehension becomes overwhelming, one may feel that anxiety has taken hold of the person. Thus anxiety is said, to have occurred when one is being apprehensive of a situation and the reaction to such situation seems out of proportion compared with what might be normally expected. Anxiety as opined by psychologists, like Halgin andWhitebeard (2009), is one of the most prevalent behavioural problems and is a prominent feature in many psychological conditions. However, Anxiety is often manageable and mild but could sometimes present serious problems, emphasizing that a high level or prolonged state of anxiety can make daily life activities impossible or difficult (Halgin andWhitebeard, 2009).

Numerous studies (Herring, 2009; Vanessa, 2006; Wine, 2002), pointed out that among numerous emotional dysfunctions, anxiety is the most prevalent. According to Herring (2009), anxiety was revealed to be the most frequent in some parts of the world. Furthermore, Kessler and Ustum (2011), highlighted that students within the ages of 12 - 17 years are prone to have generalized anxiety, while from 19 – 21 years are prone to indulge in substance abuse and ages of about 26 years are predisposed to mood dysfunction. The aforementioned data highlight the relevance to investigate and

assist the adolescents, who according to Erickson's theory fall within the age range of 12 -17 years when anxiety is said to be on the increase.

However, Herring (2009), pointed out that there were numerous forms of anxiety, among which were generalized anxiety, which is the dependent variable of this work, others are specific phobia, panic disorder, social phobia, obsessive compulsive disorder, post-traumatic stress disorder among others. Critically looking at the term generalized anxiety, one will conclude that it is the commonest and most widespread form of anxiety. Wine (2002), supported this view by referring to generalized anxiety as an ongoing state tension over something unrealistic, which affects millions of people throughout the world. According to Smith (2008), generalized anxiety involves excessive long lasting anxiety and worry about nonspecific life events, objects, and situations. Smith pointed out that victims often feel afraid and worry about, family, money, health, school and have problem identifying the specific things they are afraid of and difficulty controlling their anxiety without intervention. In line with these, Wine (2002), earlier posited that, owing to the fact that the victims expect failure and disaster, their fear or tension is usually out of proportion, often unrealistic compared with what is expected in their situation. Hence, no matter the route of the anxiety, any generalized anxiety that continues for a long time or begins to interfere with normal life is considered a scenario for concern by psychologists.

Often times, Generalized Anxiety has been observed as not receiving much required attention and most times go undetected. However, the identification and effective treatment of generalized anxiety will reduce its negative impact on the academic performance of the child, and his social interaction with other adolescents. Herring (2009), asserted that Generalized Anxiety presupposes depression and may increase the risk of resorting to drugs, to make up for the shortcomings. Earlier Schafer (2006), pointed out that it has been estimated that a great percentage of students suffer from various level of generalized anxiety. Adeyoku (2005) pointed out that debilitating generalized anxiety in students has been observed to cause diminishing academic performance. In line with this, Connolly and Bernstein (2007), asserted that generalized anxiety in most cases results to frustration and is capable of affecting the totality of the individual as well as one's personality. Thus uncontrolled generalized

anxiety could result to more severe abnormal behaviours such as aggression, subsequent thoughts of suicide, and feelings of dejection, among others. There is need therefore, for routine screening of adolescents for symptoms, putting into consideration the side effects, if not checked. Thus, it is obvious that if a student for instance exhibits symptoms of the generalized anxiety and left uncontrolled, it could keep reoccurring and may reinforce maladaptive behaviour, poor academic performance and negatively affect the development of social skills.

Proper developments of social skills are very important in adolescents, bearing in mind that the onset of adolescence is a period when great changes occur in all developmental dimensions of the individual. Furthermore, World Health Organization (WHO) (2000), recommended that successful strategies treat adolescents holistically and offer them a variety of growth and developmental opportunities. Therefore, there is need for policies, legislation, programmes and services that address the root causes of adolescent problems, and improve adolescents, considering the disastrous effect which unguided and non-counselled adolescents pose to the society and even to themselves. Adolescents have strong need for peer approval. Jerkins (2007) pointed out that adolescents demonstrate behaviours consistent with several myths; with the first myth being that, the adolescents are “on stage” with the attention of others constantly centred upon their appearance or actions, the second myth being the indestructible self. Hence, many adolescents are at risk for depression and anxiety due to pressures and conflicts that may arise within families, school or social organizations and relationships. These mean that if adolescents appear to be isolated from peers, uninterested in school or social activities or deteriorating in performance at school, work, or sports, psychological evaluation may be necessary.

Adolescents need to be helped and counselled. It is worthy to point out that among the professional duties of guidance counsellors are the ability to be skilled at observing and handling the social implication of behavioural problems like generalized anxiety. This view is specifically supported by, Wakeup, Albano, and Placentia (2008), in their assertion that in any incident of anxiety dysfunction, adolescents may be more disposed to be aware of their inner distress, while guidance counsellors are skilled at observing and handling the social implication of the deviant behaviour and sought for

solution. Thus, as counsellors it becomes necessary to observe the students and it is common to overhear, students meditating and expressing openly, the type of distress they experience. Hence, American Academy of Child and Adolescent (2010), in their communiqué, recommended routine screening for generalized anxiety in adolescents, using the symptoms exhibited by the victims. However, identification of the attributes and effective treatment of adolescents' anxiety can decrease its negative impact on academic and social functioning in adolescents and their persistence into adulthood.

Some psychologists like Jaytunge (2008) and Smith (2006) are of the view that there are similarities in the signs or attributes, for instance, Jaytunge (2008), pointed out that most students with generalized anxiety may manifest psychosomatic ailments like dizziness, tremor, and headache, among others. Becks (1990), in his inventory pointed out that the signs of generalized anxiety include being unsteady, unable to relax, terrified, nervousness among others. No matter the signs it is apparent that the adolescent with generalized anxiety is unable to adjust to daily activities once daily functions are presented. However, Smith (2006), pointed out that whether an individual experiences, phobia, panic disorder, specific phobia or generalized anxiety, the person has an anxiety and one can do something to overcome it. The scenario therefore, underscores the need for appropriate long term /permanent solution to the devastating effect of generalized anxiety on the future generation. It is undisputable that some of the adolescents who are victims may end up not completing their studies, while those who manage to complete their secondary education may not have good grades due to instability, as a result of the anxiety, (Zashow, 2008). Similarly, those who resort to taking of drugs to resolve the anxiety may not get a lasting solution,(Drowetzky,2007). These ugly developments should not be allowed to continue. In order to curb the harmful effects of generalized anxiety especially on learning Thompson (2007), explain that teachers have applied different forms of punishment and other measures to control generalized anxiety such as scolding, standing up in class, making the students to go to hospitals, yet these measures could not control the problem because these are external impositions on the victims of generalized anxiety.

Similar explanation was given earlier by Okoye (2001), who pointed out in her research findings, that teachers, administrators, counsellors and the general school authorities have applied various forms of measures to control and reduce anxiety such as referral to hospitals, use of negative language on the students among others. Yet these measures may not give permanent control of anxiety. The failure of these measures to permanently control the problem, have agitated the mind of the researcher to seek behaviour modification techniques appropriate to the problem. This is necessary because anxiety is acquired as learned behaviour and therefore it can be unlearned (Okoye 2001, Onwuka 2008). In the western world much attention has been devoted to stemming generalized anxiety but in Nigeria this behavioural problem goes on among many students in school unnoticed (Obi, Nwankwo & Obi, 2013).

Behaviour modification according to Ekeruo (2009), is a practical application of the principles of psychology especially learning principles. That is to say that modifying behaviour is a systematic and scientific way of changing an undesirable behaviour to a desirable one. In modifying maladaptive behaviours such as generalized anxiety, systematic desensitization and self instruction techniques can be applied. The choice of Systematic Desensitization Technique is motivated by its effectiveness in handling maladaptive behaviours (Johnson & Sechrest 2006; Schnoder & Rich 2006) while the choice of Self Instruction Technique is based on its efficacy in managing behavioural problems as suggested by Obi (2011), Obi, Nwankwo & Obi (2013), Walchelka and Katz (2009). Besides, individuals are capable of controlling their behaviour when taught how to and hence the result will be more lasting than when the control measures are applied by someone else. One fundamental basis of these techniques is the mobilization of the will power of the victims, consequently to modify behaviour one needs to fall back on such techniques as Systematic Desensitization and Self Instruction that employ the use of will power to control oneself.

Hence, to reduce generalized anxiety and other emotional maladjustment problems series of psychological theories have been propounded and used, these theories as pointed out by Smith (2006), have embedded in them counselling techniques which can be used in treating of emotional, social maladjustments, phobia, generalized anxiety, and among others. Among these techniques are Systematic Desensitization or

graduated explosive therapy and Self Instruction. Systematic desensitization is a behaviour therapy used in the field of Counselling and Psychology to help effectively reduce phobia and other anxiety related behavioural problems (Bourne 2000). According to Wolpe in his theory, Systematic Desensitization reflects intervening measures like counter conditioning, reciprocal inhibition, habituation and extinction. According to Pian (2008), the reverse side to classical conditioning is called counter conditioning. That is to say, the reduction of the intensity of a conditioned response (anxiety) for instance, by the establishment of an incompatible response (relaxation) to the conditioned stimulus (generalized anxiety) for example. While reciprocal inhibition involves presenting the stimuli to the generalized anxiety response in a graded order and systematically pairing with a relaxation response. According to Ventis (2011), a new bond develops when generalized anxiety provoking stimuli are paired with relaxing responses. That is to say that the anxiety provoking stimuli no longer provoke anxiety. In addition, Systematic Desensitization can also be explained through the process of habituation. Habituation, according to Ventis (2011), entails the individual ceasing to respond reflexively to an unconditioned stimulus that has been presented repeatedly. Hence, response to the unconditioned stimulus decreases with time and gradually fades. Furthermore, extinction is an integral of Systematic Desensitization, which is a cessation of maladaptive behaviour. That is to say that when there is extinction of undesirable behaviour, the individual will be able to overcome the irrational beliefs and other crippling attitudes in one's life that precipitate the anxiety. Hence, Wolpe in his 1973 theory viewed desensitization as an extinction process. Interestingly these processes used in Systematic Desensitization are usually achieved through some laid down and systematic procedures. Many psychologists posited some procedures, among who are Ventis, Higbee, & Murdock (2010), who highlighted the training of the clients to relax, construction of a hierarchy of stimulus situations in which the client experience generalized anxiety and lastly the pairing of the hierarchy with the responses that are incompatible with the generalized anxiety. In other words, Systematic Desensitization technique is based on the principle of conditioning with the premix that what has been learned can be unlearned. The client before the desensitization is gradually exposed to feared

situations, after learning and practicing some relaxation techniques like deep breathing, progressive muscle relaxation and visualization.

Furthermore, following Meichenbaum's Cognitive Behavioural theory (1995), Self Instruction Technique, was posited as a behaviour modification technique based on the idea of self monitoring, thought stopping and self verbal mediators. It is directed at influencing and reversing what one says to oneself. The proponent is of the view that when thoughts are negative it could influence behaviour and these negative thoughts could be reversed to positive thoughts. Hence, Self Instruction is aimed at reversing what one says to oneself. Therefore in using Self Instruction technique to modify a client the counsellor assists the client to adopt the concept of talking to oneself. In a counselling process the counsellor assists the students to build repertoire of self statements to be used after self monitoring and thought stopping. According to Thompson (2006), since students perpetuate their fear by their own thoughts, Self Instruction technique is therefore, used to directly influence the students to reverse what they say to themselves.

Obviously it is the duty of counsellors to carry out behaviour modification in their schools. This has been observed as being done by school counsellors but may not specifically use these two techniques. It was also observed that the area of study of this research work is not excluded in the practice of behaviour modification as it has well trained counsellors in its schools. These counsellors have in their duty; observation and counselling of students with behavioural problems. These duties of theirs do not restrict them to any technique and they are seen as carrying out conventional counselling. It is therefore pertinent to point out that for this research work the control group are those students with generalized anxiety, who were exposed to conventional counselling. During the training of the research assistants in the three schools used for this study, the counsellors in the control group were instructed to use the most common method of counselling, which buttressed more on study skills and void of the two techniques in this work.

However, no matter the procedure adopted, a number of experiments as compiled by Carlson (2004), have established that all the elements of desensitization are necessary for its success. Furthermore, from available literature, like Corey (1996), Wine

(2002), Beck (2006), Ventis, (2001) and many more, before an individual can be taught to change his behavioural pattern, he should learn to identify his self defeating thoughts, evaluate his behaviour and what precipitates his actions. Bearing in mind that in counseling psychology every behavioural problem has specific techniques that have effect on it, for instance, there is this assertion in behaviour modification that some techniques increase the occurrence of desirable behaviours, some techniques decreases the occurrence of undesirable behaviours while some techniques maintain the occurrence of desirable behaviours. The researcher was therefore motivated to carry out this research to determine the effects of Systematic Desensitization and Self Instruction Techniques on the Generalized Anxiety of adolescents.

Statement of the Problem

Adolescents in carrying out their tasks require an optimal level of anxiety but in a situation where the level of anxiety is above the optimal level there is usually a decline in performance, especially academic performance. In other words, learning is more effective in an environment devoid of anxiety or apprehension. This therefore makes generalized anxiety to be dysfunctional to the academic progress of the victims, who suffer from fear of the unknown, nervousness, lightheadedness, heart pounding, shaking, restlessness and panicking (Becks 1990).

However, one will not ignore the obvious that, adolescents in their transition to adulthood, learn adaptive and maladaptive modes of reacting to experiences in their environment. Observations made by most counsellors show that in secondary schools, generalized anxiety appears to be on the increase among adolescents and may become a threat to effective teaching and learning if not checked. It is worthy to point out that based on some anxiety inventories like the one used in this work, adolescents who are victims of generalized anxiety report fear of going to school, physical symptoms of illness, some level of depression, nervousness, progressive lower level of self esteem and diminished ability to learn in school.

Previous observations show that School teachers and administrators have tried to solve the problem of generalized anxiety among adolescents in schools by employing various measures such as scolding, sending students away during lessons, and even

sending the students for medical treatment whereas the signs posited may not be of medical case (Mirealt & Trahan 2007). Furthermore, school counsellors have been adopting the routine conventional counselling, emphasizing on the need to study, organizing orientation for students and seminars stressing study skills, study habits among others, with the view that most students are exposed to anxiety because they do not have study skills. These measures have not solved the problem of generalized anxiety among adolescents. These measures are impositions and external to the victims of generalized anxiety.

It becomes necessary therefore to determine approaches on how best to eliminate or reduce generalized anxiety among adolescents through measures applied by the clients themselves, in order to ensure that this group would not only achieve their set educational goals but also develop into socially and emotionally balanced personalities. Thus this research work sought behavioural techniques that mobilize the will power on the generalized anxiety victims with the bid to overcome it. It is pertinent to buttress Nutt-Williams & Hill (2010), who pointed out the views of Aristotle; the philosopher and the founder of psychology as a separate study, when he, Aristotle said that, he count himself braver, when he overcomes his desires, than when he overcomes his enemies, for the best victory is the victory over self.

Literature have revealed abundant evidence of the effectiveness of some behavioural techniques like Systematic Desensitization and Self Instruction Techniques in reducing maladaptive behaviours such as test anxiety, phobia and aggression, (Burns, 2008, Bistline & Friedon, 2004, Birenbaum & Nassar, 2004, and Boume, 2000,). It becomes reasonable to ascertain the effects of Systematic Desensitization and Self Instruction Techniques on Generalized Anxiety of Adolescents in Enugu East local government of Enugu State.

Purpose of the Study

The main purpose of this study is to ascertain the effects of Systematic Desensitization and Self Instruction Techniques on Generalized Anxiety among Adolescents in Secondary Schools in Enugu East Local Government Area of Enugu state. Specifically, the study determined the;

1. the effect of Systematic Desensitization Technique on secondary school adolescents with generalized anxiety using pre test post test mean scores.
2. the effect of Self Instruction Technique on secondary school adolescents with generalized anxiety using pre test post test mean scores.
3. differences in the effects of Systematic Desensitization and Self Instruction Techniques on Generalized Anxiety among secondary school adolescents.
4. retention mean scores of secondary school adolescents with generalized anxiety exposed to Systematic Desensitization Technique and the retention mean scores of secondary school adolescents with generalized anxiety in the control group.
5. retention mean scores of secondary school Adolescents with generalized anxiety exposed to Self Instruction Technique and the retention mean scores of secondary school adolescents with generalized anxiety in the control group.
6. differences in the retention mean scores of secondary school adolescents with generalized anxiety exposed to Systematic Desensitization technique and the retention mean scores of secondary school adolescents with generalized anxiety exposed to Self Instruction Technique.

Significance of the Study

The findings of this study will be of benefit to the following stakeholders; educational psychologist, researchers, government/policy makers, Curriculum planners, adolescents, parents, guidance counsellors, and the society at large,

By the findings of the study which indicate that the effects of using Systematic Desensitization and Self Instruction techniques on the adolescents with generalized anxiety have a significant reduction in their anxiety behaviour. This will be of great benefit to social and educational psychologists because it has confirmed the authenticity of these techniques to motivate students to adjust and adopt desired healthy and rational behaviour. Thus, this study is deemed significant because it provides insights into current techniques on behaviour modification.

The findings of this study will be significant to researchers because it contributes additional empirical knowledge in using Systematic Desensitization and Self Instruction Techniques in modifying generalized anxiety behaviour among adolescents, this time using subjects drawn from secondary schools in Enugu east local government area of Enugu state.

To the government/policy makers, (Ministry of Education, state Education Commission, Enugu State Universal Basic Education Board) the findings of this study can arouse them to organize workshops, conferences and seminars for counsellors and teacher counsellors. These workshops and seminars could be designed to provide counsellors with adequate knowledge that would enable them to effectively counsel and train students with maladaptive behaviours using the two techniques employed in this work.

Curriculum planners based on the findings of this study can now modify secondary school curriculum to incorporate Systematic Desensitization and Self Instruction treatment techniques to modify student's behavioural problems like generalized anxiety which is rampant among secondary school adolescents.

The findings of this study when published will enable adolescents to be armed with skills that will enable them control their behaviour even in the face of anxiety provoking stimuli. They will be enabled to differentiate between positive and negative forms of behaviours owing to the fact that adolescents exhibit those behaviours spontaneously and do not know that they are aberrant to their future adjustment in the society. However, when such behaviors are corrected, it will enable them to enjoy cordial, relaxed and healthy relations with human and the environment. It will also enhance the academic performance of the adolescents.

The findings of the study will be significant to parents in that when published will provide information on factors that constitute generalized anxiety through the inventory used in this study. The identification of adolescents that manifest such behaviour will enable parents work towards early prevention and management. The findings of this study will also enable parents to be aware of the dangers and ripple effects of Systematic Desensitization and Self Instruction Techniques on their

childrens' generalized anxiety and help them to get assistance from the school guidance counsellors, rather than labelling their childrens' situation as 'hopeless', 'no do wells' or even failures.

The findings of this study when published will be of much significance to guidance counsellors because they will be exposed through documented evidence to behaviour modification techniques, especially in the two techniques of this study. Thus, adding to their existing wealth of knowledge and enabling them to handle the behavioural problems of students which will result in enhanced self adjustment, adequate personal development, enhanced interpersonal relationship and improved academic performance among the students.

The findings of this study when published will be of immense benefit to the society at large. The adolescents are the future leaders, therefore when they learn adaptive ways of reacting to experiences within them and in their environment, and become less moody, or apprehensive, the society will become sanitized and free from most anti social or anti behaviour of the adolescents, thereby improving the economic, social and moral tone of the society, which will enhance happiness and productivity in the society among citizens.

Finally, the findings of this study when published will add to the stock of existing knowledge in the area of generalized anxiety management which will be disseminated through workshops, journals, conferences and websites.

Scope of the Study

The study is delimited to the effects of Systematic Desensitization and Self Instruction Techniques on secondary school adolescents with Generalized Anxiety in Enugu East Local Government Area of Enugu State. Being a quasi- experimental research, Enugu East Local Government Area of Enugu State was used as the Area of study. Specifically, the study covered senior secondary school adolescents, excluding the examination class (SSS3) students. The SSS3 students being examination class were exempted owing to the fact that they are busy with examinations and no school management will allow such a class to be used for research at such periods. Therefore SSS1 and SSS2 students were used in this study owing to the observation that they

were faced with challenges like choice of subjects, preparing to enter SSS3, among others, which could precipitate apprehension. The independent variables of the study are Self Instruction and Systematic Desensitization Techniques while the dependent variable is Generalized Anxiety. Furthermore, the study determined the differences in effects of the two techniques on secondary school adolescents with generalized anxiety, the retention effects of each of the techniques were determined and the differences in the retention effects of both techniques also determined.

Research Questions

The following research questions were formulated to guide the study:

1. What is the difference in the pretest posttest generalized anxiety mean scores of students treated with Systematic Desensitization Technique and those in the control group?
2. What is the difference in the pretest posttest generalized anxiety mean scores of students treated with Self Instruction Technique and those in the control group?
3. What is the difference in the pretest posttest generalized anxiety mean scores of students treated with Systematic Desensitization and those treated with Self Instruction Techniques?
4. What is the difference in the post test and retention generalized anxiety mean scores of students treated with Systematic Desensitization Technique and those in the control group?
5. What is the difference in the post test and retention generalized anxiety mean scores of students treated with Self Instruction Technique and those in the control group?

6. What is the difference in the posttest and retention generalized anxiety mean scores of students treated with Systematic Desensitization technique and those treated with self Instruction Technique?

Hypotheses

These null hypotheses were formulated for the study and were tested at 0.05 level of significance

1. There is no significant difference in the effect of Systematic Desensitization Technique in reducing students' generalized anxiety when compared with those in the control group using their mean scores.
2. There is no significant difference in the effect of Self Instruction Technique in reducing students' generalized anxiety when compared with those in the control group using their mean scores.
3. There is no significant difference in the effectiveness of Systematic Desensitization and Self Instruction Techniques in reducing students' generalized anxiety using their mean scores.
4. There is no significant difference in the effect of Systematic Desensitization Technique in the retention of reduced students' generalized anxiety when compared with those in the control group using their mean scores.
5. There is no significant difference in the effect of Self Instruction technique in the retention of reduced student's generalized anxiety when compared with those in the control group using their mean scores.

6. There is no significant difference in the effectiveness of Systematic Desensitization and Self Instruction Techniques in the retention of the reduced students' generalized anxiety using their mean scores.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

The review of related literature as per this study involves referring to journals, seminar papers, books, the internet and relevant materials on the counselling techniques, generalized anxiety, related theories to the work, with emphasis on their concepts, theories and empirical studies.

The review was done in the following form

Conceptual Framework

Systematic Desensitization Technique

Self-Instruction Technique

Generalized Anxiety

Theoretical Framework

State Trait Anxiety Theory

Behavioural Theory (Classical Conditioning)

Cognitive Behavioural Theory

Theoretical Studies

Forms of Systematic Desensitization

Steps in Systematic Desensitization

Thought Stopping Steps

Self Monitoring steps

Related Empirical Studies

Systematic Desensitization Technique

Self Instruction Technique

Generalized Anxiety

Summary of the Reviewed Related Literature

Conceptual Framework

Systematic Desensitization Technique

Desensitization may be referred to as a process of reducing or eliminating an organism's negative reaction to a substance or stimulus. When desensitization is systematic it could be seen as a type of exposure therapy where relaxation exercises are paired with exposure in a graduated manner, the idea being to help people become more relaxed about the things they have anxiety in a gentle, gradual manner. On the other hand, Systematic Desensitization is a type of Pavlovian therapy developed by South African Psychiatrist, Joseph Wolpe, in the 50's. Thus Systematic Desensitization involves hierarchical presentation of the stimuli from the lowest to the highest. Although Joseph Wolpe is known for Systematic desensitization and was the person who coined and perfected it but he was not the first, according to Rachman (2008), Jones had used similar techniques in teaching phobias in younger children. However, Rachman (2008), continued and pinned the aim of the Systematic Desensitization technique to the idea of removing the fear response of phobia and substitute with a relaxed response to the stimulus. This involves exposing the client to a low level of the anxiety producing stimulus and giving the strong version of the stimulus when the anxiety is no longer present. This is to say that the steps are repeated until the individual ceases to feel anxiety towards the stimulus.

In another angle McLeod (2008), reaffirmed, that Systematic Desensitization is a technique of behaviour therapy developed in the 1950's by the South African born United States psychiatrist; Joseph Wolpe for treating phobias and other related fear in which each of the anxiety provoking imagery situations of the stimulus is repeatedly paired with a response that is physiologically incompatible with fear and anxiety. Thus deep muscular relaxation could be used, starting with the least frightening item

and working up the hierarchy by degrees. This is to say that Systematic Desensitization is a technique of behaviour therapy where each member of a hierarchy of increasingly anxiety provoking imaginary situations, involving the stimulus is repeatedly paired with a response that is physiologically incompatible with fear and anxiety. In other words, the least frightening item is started with and now moves up in degrees through the hierarchy.

In line with these, Burns (2008), concurred that Systematic Desensitization is a type of behavioural therapy developed by Wolpe based on the principle of classical conditioning, where the client is made to work his way through the hierarchy of fear, starting from the least unpleasant with a combination of the practice of relaxation technique. That is to say that when the clients are comfortable with each stage they move to the next stage in the hierarchy. However, Keane (2005), pointed out that in the search for a more effective way in modifying anxiety Wolpe developed different techniques and his use of reciprocal inhibition led to his discovery of systematic desensitization, positing that the key to overcoming fears was by degrees. Wolpe according to Keane (2005), discovered that the cadets of Wits University could overcome their fears through gradual and systematic exposure. Concurring Rachman (2008), pointed out that Systematic Desensitization is also known as graduated exposure therapy and a type of behaviour therapy.

In the same angle, Systematic Desensitization according to Pian (2006), is a form of counter conditioning and occurs in three steps, with the goal being to make the individual learn how to cope with anxiety treatment situation and the aim of each step of the hierarchy being to overcome the anxiety. He referred Wolpe as having presented the three main steps of systematic desensitization as; establishment of anxiety stimulus hierarchy, learning coping mechanism or incompatible response like meditation, relaxation training (giving control over breathing), and cognitive reappraisal of imagined outcomes, thirdly connecting the stimulus to the incompatible response or coping method through counter conditioning . Thus it is not possible to be both relaxed and anxious at the same time; hence the relaxation process is practised by the clients until they reach a state of serenity. The first step involves client relaxation techniques, secondly a hierarchy of anxieties are created by the clients and

the counsellor, where the clients are required by the counsellor to develop a list of the things that produce anxiety in different forms, in alliance with the counsellor, the clients develop a hierarchy, starting with the ones that produces the lowest anxiety to what produces the main anxiety. Thirdly, imagining the anxiety producing stimulus, the client is made to be fully relaxed. Based on the client's reaction, whether the client is still feeling anxiety, the stimulus will change to weaker or strong stimuli. Hence the client is made to work his way through the hierarchy of fear, starting from the least unpleasant and also practice the relaxation technique. When the clients are comfortable with each stage they move to the next stage in the hierarchy. The severity of the anxiety determines the number of sessions, however, Macleod (2008), proposed up to 4 to 6 sessions or up to 12 for severe cases and once the agreed therapeutic goals are met the counselling is over.

Furthermore, exposure to the therapy according to Ranchman (2008), can be done in two ways, *invitro*; where the client imagines exposure to the phobic stimulus and *invivo*; where the client is actually exposed to the phobic stimulus. In line with this, Kaene ((2005), earlier posited that when the relaxation process is paired with the images of the traumatic stimuli is referred as *invitro* or imagined systematic desensitization, and when merged with the traumatic event is referred as *invivo* desensitization. This is to say that *invivo* involves gradual exposure to actual feared stimuli, while the *invitro* is imaginable. This is to say that Systematic Desensitization involves a combination of imagined scenes of anxiety and muscle relaxation. Deep muscular relaxation could be used in starting with the least frightening item and working up the hierarchy by degrees.

However, Keane (2005), asserted that, the use of reciprocal inhibition led to Wolpe's discovery of systematic desensitization, explaining further that Wolpe in 1950 discovered that lactates or Wits University could overcome their fears through gradual and systematic exposure. Continuing, Scroeder and Rich (2006) pointed out that systematic desensitization is also known as graduated exposure therapy and a type of behaviour therapy. This is to say that when the clients are comfortable with each stage they move to the next stage in the hierarchy.

Finally, the goal of systematic desensitization is to overcome anxiety threatening situation by gradually exposing clients to the anxious stimulus until their stimulus can be tolerated. Esuman, Nwaogu and Nwachukwu (1999), presented a peruse meaning of the concept of systematic desensitization as a technique in behaviour modification where situations that encourage anxiety are presented to a physically relaxed client, thus, taking cognizance of relaxation in the process of modification. Hence, systematic desensitization could be seen as based on the theory of reciprocal inhibitions and classical conditioning; that is the ability to relax and inhibit fear responses. This according to Mathew (2008), involves gradual exposure to stimuli that is condition or circumstance which previously has evoked severe anxiety. That is to say that the clients are trained to relax in the presence of the stimuli. In the event of the clients displaying any agitation in the presence of the stimuli then the process is terminated and not repeated until the subjects have completely relaxed.

Self Instruction Technique

Self Instruction technique is a tool intended to help students develop the necessary skills to be self-regulated learners. The technique is based on the premix that human feelings and thoughts influence the way they handle certain things in real life situation. However, Self Instruction as a technique according to Dwecky (2002), is a process of learning that is guided by one thinking, planning, monitoring and evaluating personal progress against a standard. Thus Self Instruction involves the process of taking control of and evaluating one's own learning and behaviour. Paris and Paris (2001), concurred that Self Instruction involves the individual monitoring, directing and regulating actions towards goals for self-improvement. Dwecky (2002), expatiated that individuals who are aware of their thoughts influence on their behaviour and attitude apply these Self Instruction strategies to tackle daily life challenges. The advocates of Self Instruction like Perry, Phillips & Hutchinson (2006), posited that students who imbibe the process of Self Instruction, belief that opportunities to take on challenges, help them to develop a deep understanding of self and efforts will aid them face the challenges of life without fear of failure. Pintrich and Schunk (2002), asserted that development of self regulated attitude usually aid the individual's self efficacy. Self statements that increase autonomic arousal could be

interpreted as threatening and could lead to more dangerous self statements like; this is all too much for me, I must leave this school and go into business or travel abroad, continuing in school might be a wasted effort. Thus, Halderman and Baker (2002), pointed out that the Counsellor hears comments from adolescents such as: - I cannot do that, I will never get this right, no one likes me, I will not be able to meet up with school activities, which according to him indicate self-defeating thoughts. That is to say that Students perpetuate their anxiety by their own thoughts; for instance, a student will be having in his thought that the challenges of life are too much for him, like worrying about the possibility of gaining admission to the University, how to make good Senior school certificate examination (SSCE) result, about cancelling school result or individual results, the wellbeing of parents and siblings among others. In line with this, Richard (2005), noted that Self Instruction technique was designed to help individuals with anxiety in becoming aware of their self-defeating and irrelevant thoughts, which interfere with their preparation and effective functioning in the society. Goldstein. Levin and Goldman (2009), opined that Self Instruction is a Cognitive technique that uses self talk to give clients control over their behaviour, these self talks according to them gradually become covert and self-generated. Halderman and Baker (2002), observed that these self-defeating thoughts may lead to maladaptive responses, to a variety of challenging situations in their lives, such as interpersonal relationships, academic assignments, and personal declarations of self-worth. That is to say that emotions and actions are caused by what individuals tell themselves about events through self talk rather than what really happens.

In the reduction of anxiety two major goals are identified thus, students should be made to be aware of those thoughts or self-statements made in their daily life and school activities, which arouse their anxiety and those statements which reinforce worry and affect their output as students. This view tallies with Becks (2008), assertion that Self Instruction technique involves replacing dysfunctional thoughts with functional self talk, which guides the person towards adaptive responses to situations they find difficult. Thompson (2006), in his earlier assertion, linked Self Instruction Technique intention to include the ability to directly influence clients to change their self talks, describing it as a way of breaking a chain of negative feelings and sensations such as fear, anger, anxiety, pain and guilt. That is to say that Self

Instruction technique produces a coping template which assists people manage difficult situations and emotions and so improve self efficacy and self-esteem. These mean that self instruction technique refers to conducting ones behaviour by an instruction generated by the individual towards an event.

In reviewing, Self Instruction Technique using the Cognitive behavioural approach a combination of behavioural and cognitive tendencies are involved. In line with this assertion, Gardner (2003), reviewed reflex thoughts, limited thinking, changing distress thoughts, thought stopping, coping with panic, coping imagery, self-monitoring, self-verbalization, testing assumptions, the calm technique and many more as the primary processes in Self Instruction technique. According to Stone (1999), Self Instruction technique is based on the principle of problem definition, focused attention and response guidance, self reinforcement, and self evaluating, coping skills with error correcting options. However, in using Self Instruction to modify a client, the child should be helped to build up repertoire of self statements to be used on a variety of tasks, the counsellor instructs the client to adopt the concept of talking to oneself.

The client is encouraged to use cognitive strategies and also made to take off from the area he has not recorded failures or frustrations, adopting tasks that have self instruction approach. Lazarus (2007), in his review of Self Instruction technique, pointed out, that instead of worrying, one should develop and handle ones plans or situations one step at a time, rather than become anxious, focusing on what one need to do. Earlier, Richard (2005), in his views stressed the steps in Self Instruction technique, to include memorizing the instructions and learning to say them at the required time. Nkebem and Okon (2006), asserted that Self Instruction compasses a situation where students can learn without a teacher's intervention or learning with minimal guidance. In line with this Fish (2005), pointed out that Self Instruction Technique aims, at effecting cognitive restructuring through developing an alternative inner speech as a mechanism for achieving changes in behaviour. This is to say that Instructional materials prepared in form of self-assessment packages could be used.

In summary, clients are thought to think aloud to replace negative thoughts with coping statements to guide their behaviour and produce a feeling of control. Hence,

emphasise should be placed on cognitive behaviour change where clients are encouraged to change the scripted nature of their behaviour, bearing in mind that one's thoughts influence one's feelings and behaviours. Thus, the proponent of the technique is of the view that when thoughts are negative it could influence behaviour and these negative thoughts according to Beck (2008) can be reversed to positive thoughts. This is to say that Self Instruction is directed at influencing and reversing what one says to oneself.

Self Monitoring

Self Monitoring could be referred to as a process of controlling one's behaviour in accordance with observed appropriate behaviours. However, for Dombeck and Wells-moran (2004), Self Monitoring involves the client's ability to learn how to pay careful and systematic attention to his problems, behaviours and habits and to the stimuli that trigger them. Furthermore Dombeck and Wells-moran pointed out that Self Monitoring is at its best, when it is approached in a primarily quantified way. In other words the client's is made to decide what behaviours or habits to monitor, the occurrence of each and every behaviour are counted and recorded. This means, that the client will have a system in place to self monitor well, describing what he is required to monitor, the behaviours and triggers.

Furthermore, how often one will monitor will be recorded, or the client can decide to count events regularly after some amount of time has passed or in the evening after the day's work. This puts to play, observation and its influence on learning as earlier reviewed, for instance an individual may be softly apprehension after a difficult days school work, but when he observes others shivering openly he may eventually shiver.

The client should be taught to figure out an appropriate way to record the frequency of each behaviour or habit using a measurement system. Self monitoring can be done using different methods, according to Snyder and Gangestad (2000), Self monitoring can be done using the symptoms of the behavioural problem.

In self monitoring the client is made to understand that one's thoughts reflect in one's behaviour. Hence the slogan 'you are what you think'

Self-monitoring involves people being concerned with their expressive self presentation. According to Snyder and Gangestad (2000), people who are concerned with their expressive self presentation in order to ensure appropriate or desired public appearances tend to closely monitor themselves. Dombek (2008), posited that Self monitoring works best when one approaches it in a quantified way by deciding what behaviours and habits that would be monitored. That is to say that in the bid to encourage a client to evaluate his own behaviour properly, he must be taught to use some sort of standard by which he can measure his own behaviour.

However, before one can be taught to apply Self Instruction, for a behavioural pattern, he must learn to evaluate his behaviour correctly. Dombek and Wells Moran (2004), explained Self Monitoring as when a person learns to attribute a systematic meaning to the habits and the stimuli that contribute to the client's problem behaviour. In their assertion, they emphasized that prior details should be taken on the description of the behavioural problem to be monitored, how the behaviour is to be monitored, the duration of monitoring and how the observed behaviours will be recorded.

In summary, both the Client and the Counsellor decide that each client should keep a diary of events and situations in the natural environment, secondly, take note on the nature of the situation, what happened, what was said and what the child did, thirdly how the client felt whether comfortable or uncomfortable, fourthly, how satisfied he was with his actions on that occasion, lastly, what he will do if the events re-occur and lastly any other comments or observations.

Thought Stopping

In using Self Control techniques Thought Stopping comes to play bearing in mind that to effect a change one stops the negative act to initiate a new and positive one. In trying to correct a fault in electricity the electrician switches off the current and on correction of the faults switches on the electricity. Becks (2008), earlier pointed out in his study that when one changes what he thinks, he can change his mood. In other words, one's behaviour mirror's one's feeling, hence, in thought stopping, the client consciously issue the command "stop", when repeated negative, distorted or

unnecessary thoughts are being experienced. Burns (1999), earlier pointed out that, negative unwanted thought can lead to anxiety or depression and thought stopping is one way to take active role in reducing unwanted thoughts. The use of the command “Stop” serves as a reminder and a distraction, as the victim of negative thoughts becomes aware of the unhealthy thoughts chain and thwarts attention from damaging repetitive thoughts habits. That is to say that phobic and negative thoughts tend to repeat in one’s mind and become automatic and frequent if not checked and using thought stopping gives one a sense of control over such thoughts.

Thus, thought stopping could be described as a model used to reduce the occurrence of unwanted behaviour by interrupting negative thoughts and introducing novel stimulus into the person’s thoughts. That is to say that Thought Stopping is seen as one effective and quick tool that helps to undo the negative thoughts and worry that often accompany anxiety and panic. In his own submission, Heering (2009), posited a situation where the treatment for anxiety is targeted at the client’s emotions, by changing the client’s thoughts patterns. Hence, adequate adaptation of thought stopping can help build one’s confident and ease situations where he/she used to experience extreme anxiety.

Self Talk

Self statements have implications for the emotional reaction that could result from them. The bid to alleviate any behaviour related problem might develop proficiency in adjusting to real life challenges. To this Wine (2009), opined that research showed that the self-talk of students with anxiety usually tend to be negative and self-defeating with negative statements. Phillips (2010), has also studied “inner voices” as patterns of internal conversation in narrative form as it influences self. Laderman (2006), earlier pointed out that these inner voices influences interpersonal relationships. In conclusion, Nut-Williams and Hill (2010), demonstrated that self-talk provides a way to actively manipulate the environment, evaluate self, find meaning and direct ones behaviour accordingly and that adequate management of self-talk may be important in allowing therapists to maintain an appropriate focus on clients. Therefore, it is crucial to focus on the thoughts of clients bearing in mind that, the

available literatures show that what individuals say to themselves clearly shapes their behaviour in very specific ways.

Anxiety

One may be full of worrisome and negative repetitive thoughts that fill one's mind throughout the day. Anxiety which is derived from the latin word 'angere', means to choke, or strangle. Anxiety; a generalized mood condition that occurs without an identifiable triggering stimulus (Ohman, 2010).He went further to explain that anxiety is different from fear, explaining that anxiety is the result of threats that are perceived to be uncontrollable while fear occurs in the presence of an observed threat and related to the specific behaviours of escape and avoidance. Concurring, Smith (2008), reported that anxiety is considered to be a normal reaction to stress and when is excessive, it falls under the classification of behavioural problem. Hendrick (2008), referred to such condition as an act that involves a shift in the way the body responds to normal activities and thoughts. This is to say that anxiety could be seen as a situation where one experiences fear towards daily life activities that one ought not to experience. Hence, anxiety could be seen as an unreasonable fear, a condition where one emotionally or physically experience distress.

However, it is worthy to note that to complete a task an optimal level of anxiety is necessary, but in a situation where the level of anxiety is above the optimal level, there is always decline in performance. Anxiety which has been observed to be common among adolescents according to Mitchel (2009), is a general term for several behavioural problems that cause nervousness, fear, worry and apprehension, which affects how one feels and behaves and can manifest real physical symptoms. Explaining further Mitchel (2009), enumerated such problems as constant restlessness, irritation, lack of self-control, tense muscle, fatigue, difficulty concentrating and other inexplicable symptoms common and recurrent in people suffering from anxiety.

Connolly, Suarez and Sylvester (2007), early asserted that when the body and mind react to danger or threat, feelings of physical sensations; fast heartbeat, tense muscle, sweaty palm, trembling hands and legs are exhibited. Explaining Connolly Suarez,

and Sylvester (2007), referred the sensation as part of the body's fight-flight response that happens instantly when a threat is sensed. In line with this Barlow (2010), pointed out that feelings of anxiety and panic cause people to think they are facing a real and profound danger when they are not actually. Anxiety leads to thoughts that are focused on worry and doubt and makes one become unsure of what one is able to do and may be convinced to avoid certain activities. Heering (2009), further noted that anxiety involve an excessive or inappropriate state of arousal, characterized by feelings of apprehension, uncertainty or fear. To this Mitchel (2009) stated that most students experience some level of anxiety during an examination and when the anxiety begins to affect examination performance, it has become a problem. These mean that anxiety can hinder performance as available literatures reveal that they make it hard for the examinees to think straight and to recall information that they need, which can also affect people in every field of life.

Heering (2009), in his anxiety treatment methods, posited, Nuron-Linguistic Programming (NLP) as viewing anxiety to result from our incorrect arrangement of mental programmers where concentration is on how ones thinking results in ones feelings, which in turn influences one's personal capability and incapability. Concurring, Paul (2006), expressed anxiety as an exaggerated expression of the actual internal state that is in line with the appropriate response given the situation. In line with this Drowetzky (2002), opined that in the view of the psychologists, anxiety is where the reaction to life situations negatively affects the person's performance in life, to the extent that it affects one's ability to learn both in school and in the society in general.

Generalized Anxiety

It is normal to feel anxious from time to time, especially if one's life is stressful. However, excessive ongoing anxiety and worry that interfere with daily activities may be a sign of generalized anxiety. It is possible to develop generalized anxiety as a child, adolescent, or adult. Mitchel (2009), pointed out, that the tendency of having difficulty in the learning and teaching process can aggravate nervousness, having

difficulty organising thoughts, restlessness, among others. These go to say that the clients do not feel normal, once the learning process is presented before them, and the tendency will be to avoid the situation and its circumstances, which make the academic environment uncomfortable for them.

Generalized anxiety has symptoms that are similar to phobia, panic disorder, obsessive-compulsive disorder, and other types of anxiety but they are all different conditions. This could be linked to researchers, like Mitchel (2009), who posited the physical signs of generalized anxiety to include, sweaty palms, headaches, perspiration, stomach upset, tense muscles, rapid heartbeat, going further to point out its effects as; having difficulty adjusting to real life situation, nervousness, having difficulty organizing ones thoughts. Bower (2009), concurred by enumerating the physical signs of generalized anxiety as, sweaty palms, stomach upset, headache, rapid heartbeat, mental block, going blank on questions and many more. Goliath (2004), described individuals with generalized anxiety as being characterized by acquired habits and attitudes that involve negative self perceptions and expectations and these self-deprecating habits and attitudes dispose them to experience fear.

Some studies have reported that there are no gender differences in anxiety. (Obiora and Iwuoha 2013, Gierl and Bisauz 2005). However, Wachelka and Katz (2009), asserted that, generalized anxiety seems like a benign problem to some people but it can be potentially serious when it leads to high levels of distress and academic failure in otherwise capable students. According to Wachelka and Katz (2009), generalized anxiety occurs with other anxiety or mood disorders and in most cases improves with medication but most ideally with talk therapy, making lifestyle changes, using relaxation technique, learning coping skills and many more. Going further to point out, that it is really surprising to note that little research has been done on ways to reduce the generalized anxiety or distress, which many adolescents experience in daily life situations.

Generalized anxiety could be referred to as State Trait anxiety according to Spielberg, 1990 in his theory. Explaining, he referred State anxiety (S- anxiety) as fear, nervousness, and discomfort among others. This according to Spielberg is the arousal of the autonomic nervous system induced by different situations that are perceived as

dangerous. That is to say that generalized anxiety refers to any anxiety that refers more to how a person is feeling at the time of a perceived threat. For instance, a child feeling anxious when boarding the plane for the first time, or a child feeling tensed when confronted by an animal that is wild like dog, monkey, feeling tensed when faced with new challenge in his academic pursuit like the introduction of computer in taking joint matriculation examination and many more. On the other hand Trait Anxiety (T- anxiety) can be defined as feelings of worry, stress, discomfort and many more that one experiences on day to day activities. That is to say the feelings, one experiences across typical situations daily, being a little on the edge, for instance being anxious in the event of different normal situations like going to the principal's office, staff room, or even to buy something from a grocery store and many more.

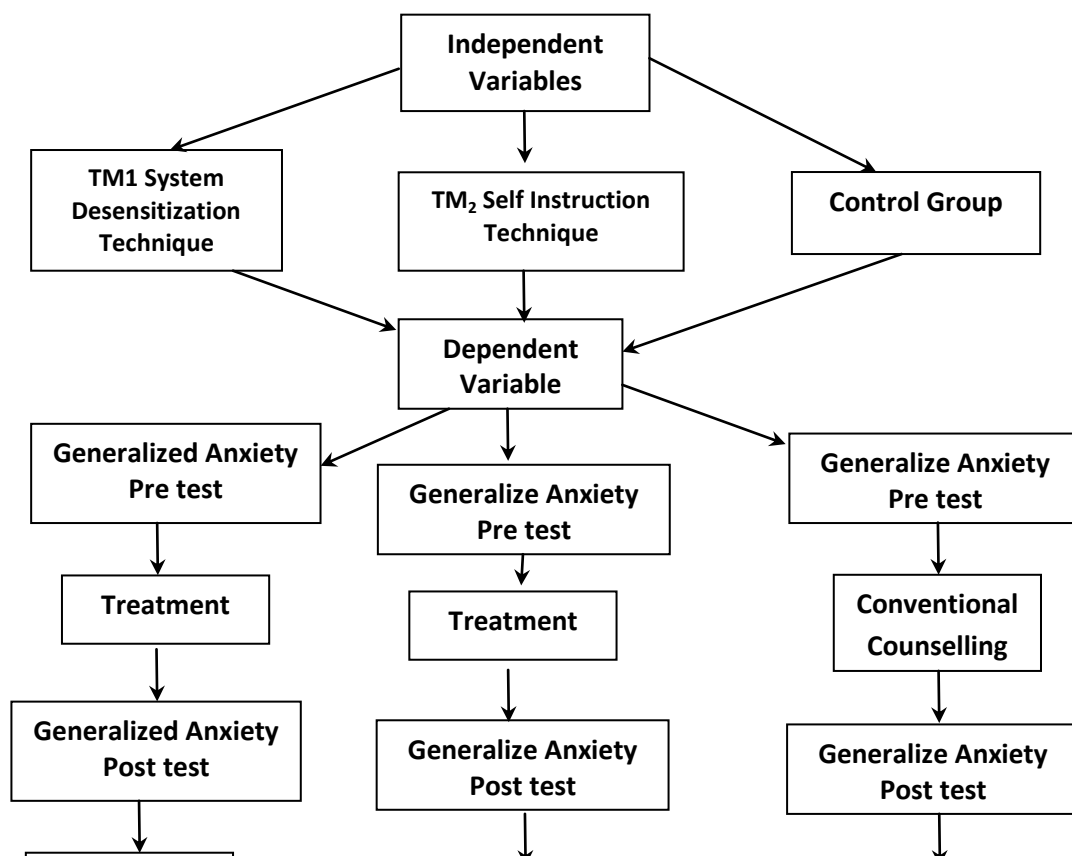
Adolescent

Adolescents are faced with the task of biological, sexual and physical developments. Adolescents according to Atwell (2008), is the period between the age 12 and 20, a time of rapid psychological and neurological development, during which children develop morally, cognitively and socially. Earlier Dunapo (2002), asserted that Adolescence is a time of heightened sensitivity, emotional turmoil, mood liability, great drama, and gloomy introspection, a period of behavioural experimentation, a time of rebellion and period with different problems. To this Uwakwe (2008), concurred that Adolescence is a period of transition from childhood to adulthood, that it is probably the most challenging and tasking phase in the developmental process of human beings. Thus, Ahmed and Bower (2008) asserted that adolescents struggle to cope with these changes and may develop emotional disorders, such as phobia, depression and anxiety. The adolescent years are periods when individuals can be helped to identify their self-defeating irrational ideas and learn how to cope with such thoughts. This Cormier (2003), confirmed when he noted that all adults and adolescents feelings and thoughts influence the way things are handled in the counselling relationship.

Adolescents pull out in search of identity, and the peer group takes a special significance, and as the members of the peer often attempt to behave alike, dress alike, participate in the same activities, especially in early adolescence. However, in

recognition of the unique psychology and neurology of adolescence, distinct from the literacy development of adults, the international reading Association (IRA) (2008), has outlined seven guiding principles of literacy development of the adolescents, and these principles are required by the adolescents to become motivated with the skill of reading. This means, the adolescents have the ability to learn how to share intimacy without inhibition or dread, establishing and maintaining satisfying personal relationships and gradually move towards a more mature sense of identity and purpose.

CONCEPTUAL DIAGRAMMATIC REPRESENTATION OF THE WORK



Theoretical Framework

The Theoretical framework of this study is hinged on the following theories; State trait anxiety theory, Behavioural theory (Classical conditioning) and Cognitive behavioural theory.

State Trait Anxiety Theory

One of the best known theoretical models of anxiety is Spielberger's (1972) theory of State trait anxiety which postulates two distinct anxiety constructs; state and trait. State anxiety according to Spielberger (1980), is conceptualized as an unpleasant emotional arousal in the face of threatening demands or dangers, and characterized by tension while trait anxiety is conceptualized as relatively stable individual differences in anxiety proneness. Spielberger (1980), made a distinction between worry and emotionality which are the two major components of anxiety. While worry according to Spielberger is regarded as the cognitive component of the anxiety experience and

refers to excessive preoccupation and concern about the outcome of behaviour, especially the consequences of failure. Emotionality regarded as the perceived arousal component of the anxiety experience and refers to an individual's behavioural reactions.

However, persons who are high in anxiety tend to perceive evaluative situations as personally threatening, apprehensive, nervous and emotionally aroused, (Davis, Eshelman, Robbins and Meckey 2005). Speilberger (1980), further,opined that the negative self centred worry cognitions that are experienced distract their attention and interfere with concentration in daily life activities.

Behavioural Theory (Classical Conditioning)

The proponents of Behavioural theory are Thorndike, Watson, Pavlov, Skinner among others. The proponenents have classical conditioning, operant conditioning, instrumental conditioning.

Classical conditioning can be defined as the repeated pairing of a neutral stimulus with another stimulus to elicit some reflex action, until the neutral stimulus alone can elicit reflex action. This classical conditioning was introduced into learning by Pavlov,(1845-1936) who was working on an experiment with saliva using dog, he discovered that as soon as he brings in food the dog starts salivating, he decided to conduct an experiment to see if he can condition the dog to respond without seeing food. So he associated the bell with food, so that at a point the dog can now salivate without seeing the food but merely hearing the sound of the bell. A conditioned stimulus to the dog, it may hear without salivating but unconditioned stimulus (food) is expected to produce unconditioned response (salivation). But the conditioned stimulus can only have influence when you are conditioned to it. Thus for the behaviourists they view humans as follows; - partial product of past learning, - Behaviour can be learned through example either intentionally or unintentionally, - When the child gets into the environment, the environment changes the child, - Through the use of therapeutic skill, the behaviour can be changed, especially the undesirable behaviours, - That most of the things that happen to us like fear and anxiety are due to conditioning, so for any psychological problem you want to handle

you first get the sequence of the problem. It is from the Behaviourist that the technique Systematic Desensitization was gotten and classical conditioning has a lot of influence in the society and it is relatively easy to accomplish. As earlier stated that most of the techniques are embedded in some counseling theories. Systematic Desensitization being used in this work, can be seen to be embedded in this work, can be seen to be embedded in this theory, alongside, reduction generalized anxiety through conditioning.

For instance, many families after building their house put the inscription on the fence Beware of Dogs (unconditioned stimulus), this naturally elicit mildly aroused anxiety (unconditioned response) in most visitors.

Cognitive Behavioural Theory

The phrase Cognitive-behavioural, an unwidely conjunction of two unlikely sounding complementary parts, first came into usage in the 1970's in the work of a number of psychologists working in the United States and Canada, (Ahmed & Bower 2008). This was confirmed by Patterson(2008) when he asserted that two important development in particular are important for the ultimate emergence of Cognitive behavioural theories; First, the advent of behaviour therapy through the work of Joseph Wolpe, and the development by Psychologist Albert Bandura of social learning theory. For instance for Bistline and Frieden (2004) children behaviour is governed in part by things adults say to them, at a later stage, children begin to say these things to themselves, initially aloud, later more covertly.

But another source of influence in the opinion of Eisler and Moon (2003), that was important in the final appearance of Cognitive-behavioural ideas, was work being carried out by psychotherapists, who they said came to recognize the importance of cognitive processes and especially self belief and other internal self referential thought patterns in the generalization and maintenance of Psychological problems and their eventual remediation. This Smith (2000), analyzed that from behaviourism and behaviourally orientated research these writers took a number of key principles thus the possibility of changing behaviour gradually and the universal importance of

monitoring and evaluating the behaviour including follow-up. Which is the bedrock of the techniques; Self Instruction, Self Monitoring, and retention test in this work.

Smith (2006) went further to point out the value of self reports, attention to the crucial part played by language and self-referent inner speech and the recognition of the centrality of cognitive processes in self-regulation and self perception. These show that these concepts provided a powerful new approach to understanding the complex dynamic relationships between thoughts, feeling and behaviour. Thus how you think about a problem can affect how you feel physically and emotionally and can alter what you do about it, which means that when one sees the parts of the sequence properly one can alter them and thus change his/her feelings. Hence, Becks (2006), observed that Cognitive Behaviour Theory (CBT) describes numerous therapies that all have similar approach to solving problems , and works by changing people's attitudes and their behaviour focusing on images, thoughts, beliefs and attitudes that people hold and how it relates to the way they behave and also their way of handling emotional problems. Young and Klosko (2004) earlier pointed out that Cognitive behavioural therapy help one to change how he/she thinks which is cognitive and what he/she do which is behavioural. These suggest that Self Instruction Technique is imbedded in the Cognitive behavioural theory which in a therapeutic process aids, bring about a real change that goes beyond feeling better, while the client is in therapy. Thus for Becks (2008) Cognitive behavioural theory empowers people to grab firm of their own thought process and fix the mental mistakes they make that leads to having problems.

This theory Cognitive behavioural theory embraces, the use of techniques in reducing behavioural problems, which is the main target of this work.

Thus, for Burns (2008), it is worthy to mention that the therapies embedded in this theory can be applied in helping people overcome generalized anxiety, like obsessive compulsive disorder, panic disorders, and phobias among others.

Theoretical Studies

Forms of Systematic Desensitization

The concept of systematic desensitization is further extended by Rachman (2000) who pointed out that systematic desensitization can be traced to two ways; Invitro – where the client imagines exposure to the phobic stimulus and Invivo – where the client is actually exposed to the phobic stimulus. This Keane (2005) earlier posited that the relaxation process is paired with the images of the traumatic stimuli is referred as Invitro or imagined systematic desensitization, while if merged with the traumatic event is referred as invivo desensitization. That is to say that invivo involves gradual exposure to actual feared stimuli, while the invitro is imaginable.

In the views of some psychologists like Rachman (2008), and majority of the psychologists systematic desensitization could be covert or overt. Explaining that in overt, the stimuli or the object creating the anxiety is brought really to the vicinity of the client and the client learn to tolerate it gradually. However, the question is do most anxiety provoking situations present themselves physically for direct manipulation. This Baron, Bryne and Kantowists (2009), asserted that covert desensitization is mostly used for anxiety reduction while most researchers like Seliveder and Rich (2006), agree that covert desensitization is more effective than overt desensitization explaining that for effectiveness, it is better for the responses to occur in real life as well as in therapy sessions. However, the goal of systematic desensitization is to overcome anxiety by gradually exposing clients to the anxious stimulus until that stimulus can be tolerated. However, Wolpe, the proponent of systematic desensitization in his theory made his clients imagine the anxiety inducing stimulus or look at pictures of the anxiety inducing stimulus. Esuman, Nwaogu and Nwachukwu (1999) presented a precise meaning of the concept of systematic desensitization as a technique in behaviour modification where situations that encourage anxiety are presented to a physical relaxed client, taking cognisance of relaxation in the process of modification. This Pian (2000), concurred that in imagination and using relaxation technique, situations which irritate anxiety are minimized.

Steps in Systematic Desensitization

Dombeck and Wells-Moran (2006) posited the following steps in Systematic Desensitization; first practice how to do deep relaxation using one of the relaxation methods like progressive muscle relaxation. Secondly, the client selects something he

is afraid of and then list ten or more situations concerning that thing that make him anxious. The situations are ranked from the least fearful situations to the most fear inducing situation. Thirdly, the client with the assistance of the counsellor starts from the least fearful situation to have a full imagination of the situation as the relaxation technique is being practiced. The client does all he can to elicit the normal uneasiness that he would feel while contemplating the feared situation and he remains relaxed within this period. These continue until the ability to remain relaxed and calm is adequately mastered. Hence in Systematic Desensitization the feared threats are imagined (invitro) rather than actually exposing the client to it (in vivo). In summary, through practice and enough repetition the events that are being imagined loses its anxiety provoking effects.

Thought Stopping Steps

In using Self Instruction Technique, the procedural skills to be employed embraced; thought stopping. Summarizing the procedure for Thought Stopping, Mickay (2007) enumerated the following steps as procedures in effecting thought stopping thus, initiate the practice of thought stopping with the thought that is least stressful, imagine the thought, closing one's eyes and focusing on the thought, stop the thought by interrupting the thought; the process is repeated loudly until the client start whispering. When the thought reduces the client goes to the next thought, after which a positive thought could be added using self verbal mediators. Snyder and Gangestad (2000), concurred and enumerated the following steps; identifying the stressful thoughts, create positive thought substitutions, repeat and replace, practice them and make important considerations. In another angle Burns (2008), introduced another procedure of thought stopping as the rubber band method, where the client snaps the rubber whenever he says stop to an unwanted thought.

Self Monitoring steps

In modifying behaviour through Self Instruction technique, the client is required to use a diary for recording of events and situations where he takes note of the nature of the situations and actions that will be taken on reoccurrence of the behaviour. Thus, the impact of self monitoring is to make provision for a base line record of the

behaviour for treatment and according to Snyder (1994) the following steps could be adopted in applying Self Monitoring in a counselling setting. Both the client and the counsellors decide that the client should keep a diary of events and situations in the natural environment, take note on the nature of the situation, what happened, what was said and what the client did, how he felt whether comfortable or uncomfortable, how satisfied he was with his actions on that occasion, what he will do if the events re-occurs, lastly, any other contributions.

Empirical Studies

Empirical Studies on Systematic Desensitization Technique

Frank, Anderson, Stewart, Dancu, Hughens, and West (2004), carried out a study on the efficiency of cognitive behavior therapy and systematic desensitization in the treatment of rape trauma. The purpose of the study was to address the role of behaviour therapies in the recovery from rape trauma. Two lines of evidence were presented, where 20 immediate treatment seekers are compared to 24 late treatment seekers. Both group of subjects showed comparable pre-post improvement, even when the late treatments seekers began treatment at a point comparable to the point at which the immediate treatment seekers completed treatment, secondly, all treated subjects 44 in number are compared to untreated subjects in assessment, only studies conducted at other sites. Although, the treated subjects in the present study were significantly more symptomatic than subjects at initial assessment, symptom levels were comparable by three to four months post assault, suggesting that treatment intervention accounted for the greater change observed in the treated subjects.

Caparons, Sosa and Avero (2008) conducted a study applying Systematic Desensitization in the treatment of fear of flying. The sample size was 41 people with fear of flying. Randomly, 20 were selected as the treatment group and 21 were the control group, 8 males, and 12 females with a mean age of 29.65, while the control group was made up of 9 males and 12 females with mean age of 34.05. General diagnostic on fear of flying, fear of flying scale, videotape of a plane trip and psycho-physiological recording instruments were used, the members of the reserved team interviewed each of the participants individually, as part of a standardized individual

desensitization, the clients were exposed to one hour session, 2times per week. Thus each of them had a minimum of 12 and maximum of 15 sessions. However, the result portrayed significant effect in both the interview and self re-enforced valuables. The researcher concluded that the treatment is effective on reducing fear of flying.

Onwuka (2008), carried a research on the relative effectiveness of three counselling therapies; Implosion, Assertive training and Systematic Desensitization on reducing test phobia among polytechnic students, using 80 students who were test phobic, identified through response on a phobia ascertaining inventory administered to the students. And the result of the study showed that the three counselling therapies showed therapy effect both at post-test and follow up, but Systematic Desensitization was the most effective therapy, while Assertive therapy was the least effective, the researcher thus concluded that the three techniques are effective on reducing test phobia, with Systematic Desensitization being the most effective.

Similarly, Johnson and Sechrest (2006), carried out an experimental study, where they attempted to reduce the fear of test/examinations in a group of 25 college students using Systematic Desensitization received significantly higher grades on their final examination in a Psychology course than did the groups of control subjects who were also taking the course but who received either no treatment or relaxation alone. Hence, concluded that Systematic desensitization can be used in a group counselling to reduce test anxiety.

Paul (2006), in an experiment compared Systematic Desensitization with Insight Oriented therapy and Attention placebo approach on 96 college students with public speaking anxiety. The students were randomly distributed among the 3 treatment group and one control group. 5 hour sessions each was used in the treatment of the groups. Behavioural ratings, self reports, therapist reports, physiological measures, other test batteries were administered before and during treatment. At the end of the treatment both the post test and retention test Systematic Desensitization was consistently superior to the other two therapies. The other two therapies did not show significant difference from each other. A detailed analysis in percentage showed that 85 percent of the students exposed to Systematic Desensitization and 25 percent for

Insight Oriented, while Attention Placebo therapy also 25 percent. The Researcher therefore concluded that Systematic Desensitization is highly effective.

Dudley, Dixon, Tarkington (2005), carried out a study where Systematic Desensitization was used on a client with schizophrenia exhibiting psychotic symptoms, which resisted medication and the treatment of a specific phobia. A traditional Systematic Desensitization procedure was successfully in the treatment which resulted in the improvement of the psychotic symptoms. The patient who initially had a limited response to a number of antipsychotic medications including clozapine now showed positive response to Systematic Desensitization. Programme. The Researchers therefore concluded that Systematic Desensitization is effective in the treatment schizophrenic patients.

Moreover, Ventis, Higbee and Murdock (2001), reported a study where fear was reduced using humour in Systematic Desensitization. The effectiveness of Systematic Desensitization for fear reduction using humorous hierarchy scenes without relaxation were tested. The participants were 40 secondary school students, who were exposed to 24 item behavioural approach test with an American Tarantula. The participants were randomly assigned to 3 different treatment groups thus systematic desensitization, humour desensitization and control group, all were matched on fear level. The treatment had 6 sessions with pre test and post test. The analysis showed that the two treatment groups were more effective on fear reduction than the control group. It was also found out that the two treatment did not differ from each other. Thus they concluded that humour desensitization could reduce fear effectively like the traditional systematic desensitization. One can now deduce that the earlier assumptions by some researchers like Carlson (2004) among others, that systematic desensitization must have all the elements of desensitization for it to be effective is by this study of Ventis (2001) contradicted. It shows therefore that use of systematic desensitization could as well be done using humour rather than relaxation.

In another angle, Mann and Piorkowski (2006) reported a study on reduction of alcohol addiction using guided participation and systematic desensitization. Thus behaviour modification techniques were used to treat compulsive drinker with severe behavioural problems. To reduce inappropriate fears and increase more normal

behaviours guided participation, role playing and systematic desensitization were used. The alcoholic even though not treated directly remained sober when observed during the retention test, the emergence of other pathological symptoms were no longer seen. They therefore concluded that paranoid alcoholic could be reduced using systematic desensitization.

Neacsu & Dumitrache (2014) carried out a research on the efficacy of two methods; relaxation therapy and systematic desensitization on reducing dental anxiety. 60 patients of a dental clinic in Bucharest were used, anxious reactions were assessed. After using relaxation technique the anxiety level decreased to the greatest extent.

Agras, Leitenberg, & Barlow (1991). The contribution of muscular relaxation to systematic Desensitization therapy was studied in four phobic patients. During the control group, relaxation was removed and it made no difference to the patients improving ability to perform in their phobic situation. However, in two subjects progress through the hierarchy and therapeutic progress measured through self rating, showed a slow down on removal of relaxation. This suggest that variables other than relaxation are in large part responsible for therapeutic effectiveness of desensitization. Patients approach their feared objects or situation in imagination and may motivate them to approach it in reality when relaxation is paired with visualization of feared success.

Empirical Studies on Self Instruction Technique

A lot of studies have been conducted using Self Instruction technique as a self control strategy. For instance, Wild & Duinn (2008), carried out a study on the effect of corporative competitive and individual use of self instruction method on learner's Achievement in library skills. In the study a self-instructional mode is combined with cooperative, competitive and individualized techniques in the teaching of library skills. The result showed that self instruction is effective in the learning of library skills. The researchers therefore concluded that students should be taught how to adopt library skills using self instruction techniques. However, the study involved 170 biology students in a tertiary institution and was randomly assigned to four groups A, B, C, and D, with A, B, C as treatment group and group D as control. Two research

instruments were used; a validated research designed self instruction package. Those in group A were made to treat the topics cooperative, group B were made to strive against each other for a goal objective, the group C were made to use the self instruction packages individually without reference to anybody else while the group D is used as the control group.

Treatment for two weeks, was done, the test was administered for four weeks to the commencement of the treatment and repeated after the treatment. The results showed a significant mean effect of teaching method on academic performance, measured in terms of gain scores and those taught using self instruction were better than those taught using text book. They therefore concluded that Self Instruction is more effective.

Haddadian, Alipourb, Majidi and Maleki (2007), carried out a study on the effectiveness of Self Instruction technique on improvement of reading performance and reduction of anxiety in primary school students with Dyslexia. The purpose of the study was to examine the effect of Self Instruction technique on improvement of reading performance and reduction of anxiety symptoms in primary school students with dyslexia. The sample consisted of 32 primary school students with dyslexia and anxiety symptoms. The sample was selected using cluster random sampling and was placed in two equal size groups of 16 in the experimental and control groups. The research was experimental with pre-test, post-test and five months follow up test along with the control group. The experimental group received 12 sessions each 45 minutes of Self Instruction technique. Dyslexia test, Wechsler intelligence scale for children and rather behavioural Questionnaire were administered. The data was analyzed and the result showed that Self Instruction technique has significant effect on improvement of reading performance and on reduction of anxiety symptoms in students. At the end of five months, a follow up tests given, showed the effect was retained. The researchers therefore concluded that Self Instruction is effective in reduction of anxiety among students with dyslexia. From the numerous literatures, one will see that Self instruction therapy aims to give clients control over their behaviour through guided self-talk that gradually becomes self-generated. Several

studies have been conducted using Self instruction technique and most of the results show that it is effective while some show ineffective results.

Baker and Butler (2007), carried out a study on the effects of preventive cognitive self instruction training on Adolescents attitudes, experiences and state anxiety. Here the effects of teacher-directed cognitive self instruction (TI) were compared with an instruction – only (IO) component control condition in order to examine the former's efficacy as primary prevention strategy. In a quasi-experimental design, two high school psychology classes of 25 each were randomly assigned to either Ti or IO. Each condition lasted for eight 45 minutes class periods and each group was given a homework assignment. Pre-treatment equivalence and demand analysis yielded no evidence of differences, results of post treatments and pre and post treatment measure of state anxiety suggested that trainer directed cognitive self instruction may be a promising primary prevention strategy. They thus concluded that trainer directed Self Instruction is more effective.

In their own report Haldeman and Baker (2002) used Mechenbaum's 1977, Self Instruction ideas to prepare a primary prevention program designed to help recipients prepare to cope with irrational thinking. 40 Female adolescents attending a boarding school and who volunteered to participate were assigned randomly to a group instruction and Self-Instruction condition, on measure of knowledge about cognitive self instruction and confidence, in the mode of presentation the group condition seemed superior. Four members of the group condition took advantage of an offer for individual counselling, while none of those in the self instructional condition referred themselves. They therefore, came to the conclusion that Self Instruction technique can be applied in a group Counselling setting.

Lanthan and Budworth, (2006), carried out a research on the effect of training in Verbal self guidance, on the self efficacy and performance of selective interview, 35 clients received training in verbal self guidance designed to increase self efficacy in a Selection interview. At the end of the training program the trainees who acquired skills in verbal self guidance had higher self efficacy than the participants in the control group, regarding their interview performance they also performed better in the

selection interview. Hence, concluded that Verbal Self guidance has higher Self efficacy.

Bornstern and Quevillor (2006) carried out a case study where he used 31 overactive 4 year old pre-school boys. He did an eight day baseline period of observation, now did a massed self instruction session lasting for two hours. Each worked with the therapist for 50 minutes. They listed the instructional procedures as follow:

The therapist modelled the task while talking aloud to himself.

The child performed the task while the therapist instructed aloud.

The child then performed the task talking aloud to him while the therapist whispered softly.

The child performed the task whispering softly while the therapist made up movement but no sound

The child performed the task making up movement without sound, while the therapist Self Instructed covertly.

The child performed the task with covert self instruction.

The result of the study showed that Self Instructional sessions were effective. They therefore concluded that Self Instruction technique is effective on reducing over reacts in preschool children.

Finally, Wachelka and Katz (2009) examined the effectiveness of a cognitive-behavioural treatment in form of Self Instruction and self monitoring, for reducing test anxiety and improving academic Self esteem in a high school and college students with learning disabilities. The students were 27 in number and all of them participated voluntarily. They were enrolled in classes for students with learning problems. Before the study began, they complained of test anxiety and showed an elevated score on the test anxiety inventory, eleven students that is 85%, completed the 8 week test taking skills. Results showed significant improvement in the treated group which was not evident in the untreated control group of 16 students. Compared to the control group, the treated group showed significant reduction in test anxiety as well as improvement in study skills and academic self-esteem as measured by the survey of study habits

and attitudes. They therefore concluded that test anxiety can be reduced using an appropriate therapy. However, these results extend the generality of similar studies on reducing test anxiety and improving academic self esteem in younger students.

Empirical Studies on Generalized Anxiety

Numerous case studies have been reported of people suffering from generalized anxiety and reports show that the study of anxiety started as far back as 1920's. But the latest research on anxiety according to Hendrick (2008), in the National Institute of Mental Health, is on the cause, prevention and treatment of anxiety which are going on, involving how family background (Genetics) and life experiences put a person at risk for these behavioural problems. The result according to Hendrick is still in the pipeline.

However, Goberman, Hughess, and Haydock, (2011), in their study; the acoustic characteristics of public speaking anxiety and practice effects, the main purpose of the study was to examine the effects of anxiety and practice of speech and voice during public speaking. Self rating and acoustic speech data were reported on two separate speech produced by 16 college aged individuals completing course work in interpersonal communication. However, the results showed that there were significant relationships between acoustic characteristics of speech and both self and listener ratings of anxiety in public speaking. Furthermore, the data showed that practice patterns have a significant effect on the fluency characteristics of public speaking performance. This shows that self ratings of anxiety were higher than listener ratings, indicating possible confirmation of the process or transparency. The indication is that students who started practicing earlier were less diffident than those who started later. Furthermore, Fitzpatrick (2009), reported that in a study conducted by the National Institute of mental health 5.1% - 12.5% of Americans are hit with different forms of anxiety and phobias, the design was a survey type using both men and women of about 250; 125 each, in number, using percentages. According to the report, they are the most common behavioural problem among women of all ages and are the second most common problem among men older than 25.

Blowers, cob and Mathews (2007), carried out a study on generalized anxiety; a controlled treatment study, thus the effects of anxiety management therapy was examined by assigning 66 generally anxious clients to either a wait list condition non-directive counselling or a combination of relaxation and brief cognitive therapy anxiety management was significantly more effective than the wait list condition on a number of relevant measures at post treatment, but there were relatively few differences between anxiety management and non-directive counselling either at post treatment or at 6 months follow up, those differences which were found could be explained in terms of the demand characteristics of training in relaxation cognitive therapy. They therefore concluded that anxiety management is clearly better than a non-treatment control condition.

King and Cllendick (2009), carried out a study on children's anxiety and phobic disorders in school settings; classification, assessment and intervention issues. They were of the view that children exhibit specific fears and anxieties that may hinder academic development in school, a brief discussion of normal fears and epidemiological issues, the basic features and methodological requirements of a cognitive behavioral perspective. Examination of the clinical and empirical classifications of childhood anxiety was done. Evidence on the complexity of these behavioural problems was exposed. Assessment is viewed as a multi-method problem solving approach. A range of specific assessment procedures like interviews, self report instrument, self-monitoring, and behavioural observations, among others were examined. However, the research finding on the efficacy of fear reduction procedures were encouraging and there were a number of conceptual and methodological limitations, stressing that the role of teachers in identifying and managing anxious children still needs full attention.

In another angle, Okoye (2001), studied sources of anxiety for male and female undergraduates, one research question and three hypotheses were formulated for the study which is a survey design; the purpose of study was to identify areas which provoked the highest anxiety level in students and the result indicated that the highest anxiety level in students is provoked by meeting up with the challenge of passing examination, succeeding in competitions and making good grades. She therefore

concluded that generally anxiety especially test provokes the highest level of anxiety among students.

Mireault & Trahan (2007), carried out a study on tantrums and anxiety in early childhood; a pilot study. The study described tantrums percipients, their frequency, intensity, duration and parental responses, in a sample comprising of 3 to 5 years old children, of 33 in number in three preschools, tantrum intensity and duration were positively correlated with parent ratings of child anxiety/ depression on the Achenbach child behavior checklist. Data were collected from parents of the 33 children, 15 males and 18 females parents were asked to indicate the degree to which behaviour have been exhibited in a child over the past 6 months, the frequency of each behaviour is rated on a scale of 0 to 2, with raw scores converted to Y-scores. Anxiety was measured using the anxious depressed subscale for which a Y- score of 65 represents the clinical range. The result showed that a significant person product moment correlation was revealed between parent reported child anxiety/depression and tantrum intensity. Tantrum duration contrary to the hypotheses the person correlation were not found between child anxiety/ depression and tantrum frequency, nor between child anxiety and anger, rejecting parental responses to tantrum or even frustration.

Crossivald, Stixrud, Travis and Balch (2007), carried out an exploratory study on the use of the transcendental meditation technique to reduce symptoms of attention deficit hyperactivity disorder (ADHD) by reducing stress and anxiety, the study tested the feasibility of using the transcendental meditation technique to reduce stress and anxiety as a means of reducing symptoms of ADHD. Students within age of 11 to 14 years old students were taught the technique and they practiced it two times in day in the school. Inventories on ADHD were administered at baseline, after three months of therapy, the result showed statistically significant reduction in stress, anxiety and improvements in ADHD symptoms and executive functions they therefore concluded that anxiety and stress when reduced positively affect ADHD.

In another angle, Obi, Nwankwo and Obi (2013) carried out a study on the modification of anxiety using self control techniques. Using an adolescent student as a case study, self control techniques were used on the student who exhibited the

symptoms of generalized anxiety, the student was treated in an individual counselling process. Two techniques were specifically used; self instruction and self monitoring and such skills like observation, listening, promoting, reassuring and ego boosting were used. The background of the client was taken; the antecedents and precedents of the client were also taken. Treatment was given for 6 weeks, the result was duly analyzed and presented graphically, and at the end the result showed reduction in generalized anxiety. Thus the researchers concluded that anxiety can be reduced through self control techniques.

Goberman, Hughess and Haydak (2011), studied the acoustic characteristics of public speaking; anxiety and practice of speech and voice during public speaking. The main purpose of the study was to examine the effects of anxiety and practice of speech and voice during public speaking. Self rating and acoustic speech data were reported on two separate speech produced by 16 students, completing course work in interpersonal communication. However, the result showed that there were significant relationship between acoustic characteristics of speech and both self and listener ratings of anxiety in public speaking. Furthermore, the data showed that practice patterns have a significant effect on the fluency characteristics of public speaking performance. This shows that self ratings of anxiety were higher than listener's ratings, indicating possible conformation of the process of transparencies the indication is that students who started practicing earlier were less difficult than those who started later.

Wolk and Beidas (2014), carried out a study on the cognitive behavioral therapy and how child anxiety confers long term protection from suicidal tendency. That is they tried to examine the relationship between response to treatment for a generalized anxiety in childhood and suicidal ideation, plans attempts at a follow up interval of 7 to 19 years. They hypothesized that successful treatment for generalized anxiety in childhood would be protective against later suicidal tendency. Adults completed cognitive-behavioral treatment for anxiety as children. Information regarding suicidal tendency at follow up was obtained through the world mental health survey on diagnostic interview and the Beck depression inventory II. Results indicated that participates who responded favourably to CBT during childhood were less likely to

endorse life time, past month and past 2 weeks suicidal ideation than treatment non respondents. Treatment response was not significantly associated with suicide plans or attempts. From the result, they concluded that more chronic and enduring patterns of suicidal ideation amongst individuals with anxiety in childhood that is not successfully treated. This therefore adds to the literature that suggests that successive CBT for childhood anxiety confers long term benefit and underscores the importance of the identification and evidence based treatment of adolescent anxiety.

Mcbride (2015), carried out a study on beyond butterflies; generalized anxiety in adolescents. They discovered that a generalized anxiety diagnosis must include thorough history taking, the use of age appropriate screening tools and physical assessment. She concluded that research and development into the use of screening tools and effectiveness of treatment strategies for generalized anxiety is needed to better manage adolescents with the problem.

Liu, Yan, Cheng Xia (2015), aimed to investigate the disruptions of functional connecting of amygdale based networks in adolescents with untreated generalized anxiety. A total of 26 adolescents with first episode of generalized anxiety and 20 normal aged matched volunteers underwent resting state. These were investigated, and the researchers concluded from their observation that adolescents with generalized anxiety have abnormalities associated with the emotional pathways. Furthermore, that Childhood anxiety causes individual distress as well as a broad range of functional impairment throughout a child's life. Also, that excessive childhood anxiety are often followed by adult anxiety, depression and substance abuse, thus drawing attention to the importance of early intervention.

Western and Morrison (2001), carried out multi-dimensional Meta analyses of treatment for depression, panic and generalized anxiety. The data were summarized and suggested that outcomes in clinical practice are equivalent to clinical trials research, but only when clients receive similar levels of treatment and regardless of whether empirically supported therapies are offered. Treatment gains are generally maintained.

Ashley, Hiedmarne, Christal, & Ellen (2015), carried out a study on Anxiety sensitivity and its factors in relation to generalized anxiety among adolescents. Accordingly, identifying factors that influence vulnerability to anxiety is important. One promising factor, given emerging evidence for its Trans diagnostic nature is anxiety sensitivity (AS). However, according to them relatively little is known about the linkage between AS and indicators of generalized anxiety particularly amongst youths. Their aim was to address this gap in the literature using a community based sample of adolescents aged 10-17 years ($n=165$, $m. age= 14.49$ years, $SD= 2.26$) results indicated global. As the physical concerns dimension were significantly associated with worry and GA symptoms. They therefore concluded that anxiety sensitivity is being underscored.

The onset of generalized anxiety may be gradual or sudden and unsurprisingly, symptoms are often excavated by stress. Children and adolescents with generalized anxiety usually involve in avoidance and escape behaviours, therefore a careful assessment of avoidant behaviour adaptive behaviour and social functioning should be completed (Greco and Morris, 2004). However, since generalized anxiety's defining characteristics is the cognitive aspect of excessive worry, an exploratory of this essential fact is essential. Roemer and Medaglia (2001), pointed out that the assessment of generalized anxiety logically often begins with an investigation of cognitive worry. That is to say that the subjective, phenomenological experiences of anxiety can usually be easily measured and self assessed in children and adolescents. For instance adolescents can be taught to use the subjective units of distress scale (SUDS) or other simple self report scales used to depict personal levels of generalized anxiety. Preferably according to Grecco and Morris (2004), several methods of assessment should be used including interview, questionnaire, behavioural observation and data should be collected from several sources such as parents, teachers, and peers.

Habby (2006), Carried out a study to determine which factors impact on the efficacy of cognitive behavioural therapy for depression and anxiety. Factors considered include those related to clinical practice; disorder, treatment type, duration and intensity of treatment, mode of therapy, type and training of therapist and severity of

patients. The technique of meta-analysis to determine an overall effect size and meta-regression to determine the factors that impact on this effect size.

The findings showed that cognitive behavioural therapy for depression, panic depression, panic disorder and generalized anxiety had an effect size of 0.68. The heterogeneity in the effect sizes was fully explained by treatment duration of therapy, inclusion of severe patients in the trial, year of study, among others.

The researcher concluded that cognitive behaviour therapy is significantly less effective for severe patients and trials that compared cognitive behaviour therapy to a wait-list control group found significantly larger effect sizes than those comparing CBT to an attention placebo.

Corey, Kristin, Keelee, Jiria & Jitender (2011), carried out a study on prevalence and correlates of Generalised Anxiety in a National sample of older Adults. The objectives of this study are to provide current estimates of the prevalence and correlates of generalized anxiety. The authors used wave 2 data from the national epidemiologic Survey on Alcohol and related conditions, which included 12, 312 adults 55+ and older.

In addition to examining the prevalence of generalized anxiety in the past year, this study explored psychiatric and medical comorbidity, health-related quality of life and rates of help-seeking and self-medication. The findings showed the past year prevalence of generalized anxiety in this sample was 2.80% although only 0.53% had generalized anxiety without axis I or II comorbidity. The majority of individuals with generalized anxiety had mood or other anxiety disorders and approximately one quarter had a personality disorder. They concluded that generalized anxiety is a common and disabling disorder in later life, that is highly comorbid with mood anxiety and personality disorders.

Many researchers like Kendall, Hudson, Gosch, Flannery, Schroeder, Suveg (2008), have confirmed that for generalized anxiety and other behavioural problems, cognitive behavioural therapy (CBT) is the most well researched treatment. That is to

say that CBT treatment has received strong empirical support for treating childhood and adolescent anxiety.

Summary of the Literature Review

In the Literature review done, the researcher carried out the review of related literature by setting out the sub headings under which the review would be made. Conceptual frameworks were written on the independent variables; Self Instruction and Systematic desensitization, and on the dependent variable; generalized anxiety, also on Adolescents, which were all defined. For instance, Self Instruction therapy centres on one knowing oneself, Systematic desensitization centres on step by step process of reducing distress, while generalized anxiety is irrational fear or distress about daily life challenges. Throughout history and across the culture, self-knowledge has been recognized as a major component of the truly mature enlightened person and simultaneously, as a royal road to ultimate fulfilment. Subsequently, following issues gradually and in a relaxed atmosphere enhances work output and invariably academic success.

However, the researcher went further to review the theories under the State Trait anxiety theory, Behavioural Theory (Classical Conditioning) Cognitive Behavioural Theory. Commenting on their effects and their relationship with the dependent and independent variables of this work, empirical Studies conducted by various experts and researches on Self Instruction Technique, Systematic Desensitization Technique and Generalized Anxiety were pointed out, reviewed and analysed.

Apparently, from the review conducted, one will deduce that not much research has been done on generalized anxiety using Self Instruction and Systematic desensitization in the Nigeria psychological literature. This implies that experts have not actually addressed much of this crucial psychological problem, using these techniques. Hence, an effective program therefore, must be concerned not only with teaching, reading and study strategies, but also with developing the attitudes, beliefs and values.

CHAPTER THREE

METHOD

This chapter discussed the research procedures that were employed in this study under the following subheadings; Research Design, Area of the Study, Population of the Study, Sample and Sampling Technique, Instrument for Data Collection, Validity of

the Instrument, Reliability of the Instrument, Control of Extraneous Variables, Method of Data Collection and Method of Data Analysis.

Research Design

Quasi experimental research design was employed in this study. A quasi experimental research is a research design which is not pure or true experimental research. It looks like an experimental design but lacks the key ingredient which is random assignment. A quasi experimental design according to DeRue, Nahrgang,, Hollenbeck, and Workman, (2012), is an empirical study used to estimate the impact of an intervention on its target population without random assignment. Thus it shares similarities with experimental design but lacks the element of random assignment to treatment group or control. Therefore it allows the researcher to use some criterion other than randomization, for instance use of eligibility cut off mark. Quasi experimental research is used in this study because is a type of research usually used in school setting where it may not be proper to use pure experimental design among students. This work was done in the school setting using secondary school students, therefore quasi experiment was used. Many quasi experimental methods are available but the one employed in this study is the non randomized pre test post test control group design. Here, three groups of subjects were involved, two experimental groups and one control group. All of them were pretested. The two experimental groups received treatment on generalized anxiety using the two counselling techniques; Systematic desensitization and Self Instruction respectively, while the control group received conventional counselling. Then after treatment for a period of six weeks, on three different settings the three groups were post tested and retention test also administered twelve weeks after the six weeks treatment.

Symbolization

Non Randomized Pre-test-post-test control Group

	Group	Pre test	Treatment	Post test	Retention test
NR	E1	O ₁	X ₁	O ₂	O ₃
NR	E2	O ₁	X ₂	O ₂	O ₃

NR	C	O ₁	C3	O ₂	O ₃
<hr/>					
Key					
NR	-	Non Randomized			
E1	-	Experimental Group one			
E2	-	Experimental Group two			
C	-	Control Group			
O ₁	-	Measure of the dependent variable before treatment			
X ₁	-	The experimental or independent variable (SD)			
X2	-	The experimental or independent variable (SIT)			
C3	-	Conventional treatment			
O ₂	-	Measure of the dependent Variables immediately after treatment			
O3	-	Measure of the dependent variable 3 months after treatment			

The control group received their usual counselling in the school, through the school counsellor.

Area of the Study

The study was conducted in Enugu, one of the states in the South Eastern part of Nigeria. Specifically, the research design being a quasi-experimental research was carried out in one of the local government areas in the state. The local government used is Enugu East Local Government Area of Enugu State and focused on all the Senior Secondary School Students in all the public Secondary schools in Enugu East local government area of Enugu state. Enugu East local government area is an elaborate town in the Eastern part of Nigeria and is one of the Local Government Areas that make up the capital city of Enugu state. It is a Local Government Area that has common boundaries with the following communities; Akagbe Ugwu, Ngwo, Udi, among others (Okpala 2004). All the aforementioned communities are in Enugu State. The capital of the Local Government Area is at Nike and the Local Government Area was created in 1996. Being a Local Government Area in a State capital the inhabitants are more of traders and civil servants, where many parents as civil servants and traders leave their house early and return in the evening and may not be aware when a child is exhibiting generalized anxiety towards life in general and in school activities

in particular. Being a quasi-experimental research the study was narrowed to one of the local Government area, in Enugu State.

Population of the Study

The population of this study was 203 adolescent students with generalized anxiety in all the Public Senior Secondary Schools in Enugu East local Government Area. This population was gotten from the result of the pre test administered to the students in the senior secondary of all the government owned secondary schools in the local government Area. These students were identified using Becks Anxiety Inventory, (BAI). The pre test administered had a score of 36 as the base line. Thus, students who scored 36 and above, were selected as clients for concern as per this research and formed the norm of the study.

Sample and Sampling Technique

The sample for this study was 91 senior secondary school students who exhibited generalized anxiety in the three purposively selected Secondary Schools in Enugu East Local Government Area. This was achieved using the pre test results of each of the public senior secondary schools in the Local Government Area. The numbers of students with generalized Anxiety in each of the schools were recorded, and then the schools were arranged hierarchically from the school with the highest number of students with generalized anxiety to the least. The students in the three schools that have the highest number of students with generalized anxiety were purposively selected and formed the sample for this work. This sample size was therefore, gotten using purposive sampling. The three schools were referred in this work as school A, school B and school C.

Furthermore, non random sampling was used in assigning treatment models to the three groups, to which students with generalized anxiety in school A were regarded as the treatment group one and were treated with Systematic Desensitization Technique, students with generalized anxiety in School B as group two and were treated with Self Instruction Technique, while students with generalized anxiety in School C served as the control group and were given conventional counselling.

Instrument for Data Collection

The instrument used in this study is Beck anxiety Inventory (BAI) originally developed by Beck (1990) and validated for use with Nigerian sample by Elliegwu, (2002). The instrument was designed to measure generalized anxiety and was adopted by the researcher. The inventory was specifically used in this work to measure the generalized anxiety levels of secondary school adolescents.

The Beck anxiety inventory is a psychological inventory and consists of 21 items and each item is scored on a 4 point scale ranging from 0- (not at all), 1- (mildly but it didn't bother me), 2- (moderately- it wasn't pleasant at times), 3- (Severely – it bothered me a lot). The total scale comprising the 21 items were used in this study.

For scoring purposes the BAI manual according to Beck (1990) indicates direct scoring of all the items. The inventory for this work was used as the pretest, post test and retention test. However the decision rule for the inventory is a grand total score of 36 and above.

Validation of the Instrument

The instrument has been validated in numerous studies for use in Nigeria for instance Elliegwu, (2002), in his validation of BAI in adolescents found the Beck Anxiety inventory to be an accurate measure of anxiety symptoms in adolescents. Furthermore, Olulayowo (2005), used the inventory to investigate the rate of anxiety among pregnant and non pregnant women in Nigeria. The researcher adopted the instrument for this work and therefore did not require revalidation; however, the inventory was further content validated and approved by experts in the Department of Guidance and Counselling Faculty of Education of this University.

Reliability of the Instrument

The internal consistence for the inventory according to Beck (1990), ranged from .86 to .95 and the test retest reliability coefficient ranged from .70 to .75. As indicated in the instrument for data collection, the instrument was adopted for this study.

Control of Extraneous Variables

For this work we have the dependent variable which was Generalized Anxiety and independent variables which were Systematic Desensitization and Self Instruction techniques and in a study like this, there is the probability that other independent variables not being studied could influence the results if not checked. These independent variables other than the ones being studied were what we called extraneous variables. Nworgu (1999), referred to such variables as independent variables which could exert some influences over the dependent variable but are not themselves being studied. Hence, the following extraneous variables were identified in this study and were checked or controlled as follow:

Interaction among students in different treatment groups

To minimize the interaction of the treatment groups, the two experimental groups were purposively selected in different locations of the area of study and were assigned treatment models non randomly.

Interaction between the actual treatment groups and the control group

To avoid interaction between the students who are receiving treatment and those students in the control group, different secondary schools at a distance were used which were selected purposively as earlier explained.

Reducing test wiseness by the students

This was checked by rearranging the numbers on the inventory, to avoid the students feeling they were being retested, which if they knew may make them mechanical in their response. Furthermore, the Counsellor of each of the schools were used as research assistants.

Experimental Mortality

Where the experiment lasts for a longer time incidence of mortality may arise, that is a situation whereby clients used for experiment reduce in number before the end of the treatment. Thus experimental mortality like death, illness, transfer of students to another school or withdrawal was taken care of by the moderate time gap of six weeks that was used for the treatments. Furthermore, with the use of reinforcement, the

clients were motivated and did not find the programme boring, rather interesting that at the end of each session the counsellor inquired from the clients how educative the Counselling was and if they enjoyed it.

Pre-test Post-test Retention Interaction

To avoid this extraneous variable; which has to do with if the two tests are too close, the tendency for the clients' answers to be influenced by remembering the answer given in pre test and if too long the effect of forgetting what was learnt. The researcher took care of this, by ensuring that the gap between the two tests was on the average by using the period of six weeks. This helped to reduce the effect of history and also control the pre test sensitization.

Selection Biases

The treatment groups and the control group were selected purposively. Each of the groups was not aware that another group existed. The researcher did not select all SS1 and SS 2 students with lower scores on anxiety for the experimental group, or all SS1 and SS2 students with higher scores on generalized anxiety for the control group, thus the internal validity of between groups was not threatened. The criterion for any client to be a member of a group was the result of the BAI. Hence any difference between the pre test and the post test results is attributed to the treatment given to the experimental groups.

Method of Data Collection

The establishment of a baseline before treatment is of paramount importance in behaviour modification. This gives direction to the study and helps the researcher in ascertaining if treatment is effective or not. Therefore the entry anxiety level of students was considered, using the pre test. This enabled the researcher in the establishment of the baseline for this study and also showed if it has any effect on the treatment and final generalized anxiety level of the subjects.

The treatment programmers' are two types-

1. Systematic Desensitization group

2. Self Instruction group

Based on the result of the non randomized sampling for assigning treatment models;

Students in School one = Systematic Desensitization group =A

Students in School two = Self Instruction group =B

Students in School three = Control group =C

The treatment was administered on all the SS1 and SS2 students with generalized anxiety in school one and school two using Systematic Desensitization and Self Instruction techniques respectively in their group counselling process by the research assistants who are counsellors in each of the experimental schools, while the control group received conventional counselling by their school counsellor. The Counselling period for SDT and SIT was one session per week respectively, each session lasting at least 45 minutes, for 6 weeks was done during the class counselling period as was agreed with the school guidance counsellors.

At the end of the counselling period, a post test was administered to the three groups. Three months later a retention test was given to the treatment group to verify if the effect of the treatment was retained. This enabled the researcher test the questions 4 and 5 of the hypotheses of this study.

Training of Research Assistants

The counsellors of the three schools A, B, C, were used as the Research assistants for this study and were trained on the use of the techniques, collection and administration of data. The researcher visited the three schools within three days. The training was done within the three days, one day each for the guidance counsellors of the three schools. The researcher familiarized herself with the counsellors explaining the purpose of her research and what the counsellors, the students, including the school would gain from the research. The researcher emphasized on the fact that answering the questions on the inventory are not being timed but rather the students should be given sufficient time to complete the inventory and sentences that the students didn't understand should be explained orally. Furthermore prior to the commencement of

treatment of the clients, the research assistants were given the experimental procedures as presented in this work to enable them to carry out treatment. Thus during the training the researcher diligently under studied the experimental procedures with the research assistants,

Method of Data Analysis

The Data collected for the study were organized in tables and analysed. In answering the research questions mean scores were used. Then Analysis of Covariance (ANCOVA) was used in testing the hypotheses at 0.05 level if significance.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

In this chapter, the data collected from the field for this study were analysed and the summaries were presented in tables to highlight the findings. The presentation was sequential starting with the answers to the research questions and then the testing of the null hypotheses.

Research Question 1

What is the difference in the Pretest and Posttest generalized anxiety mean scores of students treated with Systematic desensitization technique and those in the conventional counselling?

The answer to this research question is provided with data presented in Table 1

Table 1:

Pretest and Posttest generalized anxiety mean scores of students treated with systematic desensitization technique and those in the control group

Source of Variation	N	Pretest Mean	Posttest Mean	Lost Mean	Remark
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System. Desens. Tech. Effective	32	32.75	13.00	19.75	More
Control	28	33.00	27.68	5.32	

6. Table 1 shows that the students treated with Systematic desensitization technique had pretest mean score of 32.75 and posttest mean score of 13.00 with lost mean of 19.75 in their generalized anxiety, while the students in the control group who received conventional counselling had pretest mean score of 33.00 and posttest mean score of 27.68 with lost mean 5.32. Therefore systematic desensitization technique is effective in reducing the students' generalized anxiety.

Research Question 2

What is the difference in the Pretest and Posttest generalized anxiety mean scores of students treated with self-instruction and those received conventional counselling?

The answer to this research question is provided with data presented in Table 2

Table 2:

Pretest and Posttest generalized anxiety mean scores of students treated with self-instruction and those in the control group

Source of Variation	N	Pretest Mean	Posttest Mean	Lost Mean	Remark
Self-instruction	31	33.97	12.81	21.16	More Effective
Control	28	33.00	27.68	5.32	

Table 2 indicates that the students treated with self-instruction technique had pretest mean score of 33.97 and posttest mean score of 12.81 with lost mean 21.16 in their generalized anxiety, while the students in the control group who received conventional counselling had pretest mean score of 33.00 and posttest mean score of 27.68 with lost mean 5.32. Therefore self-instruction technique is effective in reducing the students' generalized anxiety.

Research Question 3

What is the difference in the Pretest and Posttest generalized anxiety mean scores of students treated with systematic desensitization and those treated with self-instruction technique?

The answer to this research question is provided with data presented in Table 3

Table 3:

Pretest and Posttest generalized anxiety mean scores of students treated with systematic desensitization and those treated with self-instruction technique

Source of Variation	N	Pretest Mean	Posttest Mean	Lost Mean	Remark
Syste. Desens	32	32.75	13.00	19.75	
Self-instruction	31	33.97	12.81	21.16	Statistically Slightly Different

Table 3 reveals that the students treated with Systematic desensitization technique had pretest mean score of 32.75 and posttest mean score of 13.00 with lost mean 19.75 in their generalized anxiety,, self-instruction technique had pretest mean score of 33.97 and posttest mean score of 12.81 with lost mean 21.16 in their generalized anxiety. Therefore systematic desensitization and self-instruction techniques do not differ in their effectiveness in reducing the students' generalized anxiety.

Research Question 4

What is the difference in the Posttest and retention generalized anxiety mean scores of students treated with Systematic desensitization technique and those in the conventional counselling?

The answer to this research question is provided with data presented in Table 4

Table 4:

Posttest and retention generalized anxiety mean scores of students treated with systematic desensitization technique and those in the control group

Source of Variation	n	Posttest Mean	Retention Mean	Lost Mean	Remark
System. Desens. Tech.	32	13.00	12.03	0.97	Retained better
Control	28	27.68	26.50	1.18	

Table 4 shows that the students treated with Systematic desensitization technique had posttest mean score of 13.00 and retention mean score of 12.03 with lost mean -0.97 in their generalized anxiety, while the students in the control group who received conventional counselling had posttest mean score of 27.68 and retention mean score of 26.50 with lost mean of -1.18. Therefore the students who were treated with systematic desensitization technique retained better than those in the control who remained in moderate generalized anxiety.

Research Question 5

What is the difference in the Posttest and retention generalized anxiety mean scores of students treated with Self-instruction technique and those in the conventional counselling?

The answer to this research question is provided with data presented in Table 5

Table 5:

Posttest and retention generalized anxiety mean scores of students treated with Self-instruction technique and those in the control group

Source of Variation	N	Posttest Mean	Retention Mean	Lost Mean	Remark
Self-instruction Tech.	33	12.81	10.74	2.07	Retained better
Control	28	27.68	26.50	-1.18	

Table 5 shows that the students treated with Self-instruction technique had posttest mean score of 12.81 and retention mean score of 10.74 with lost mean -2.07 in their

generalized anxiety, while the students in the control group who received conventional counselling had posttest mean score of 27.68 and retention mean score of 26.50 with lost mean of -1.18. Therefore the students who were treated with systematic desensitization technique retained better than those in the control who remained in moderate generalized anxiety.

Research Question 6

What is the difference in the Posttest and Retention generalized anxiety mean scores of students treated with systematic desensitization and those treated with self-instruction technique?

The answer to this research question is provided with data presented in Table 6

Table 6:

Posttest and retention generalized anxiety mean scores of students treated with systematic desensitization and those treated with self-instruction technique

Source of Variation	N	Posttest Mean	Retention Mean	Lost Mean	Remark
System. Desens,	32	13.00	12.03	0.97	
Self-instruction	31	12.81	10.74	2.07	Different

Table 3 reveals that the students treated with Systematic desensitization technique had posttest mean score of 13.00 and retention mean score of 12.03 with lost mean 0.97 in their generalized anxiety, self-instruction technique had posttest mean score of 12.81 and retention mean score of 10.74 with lost mean 2.07 in their generalized anxiety. Therefore students treated with systematic desensitization technique did retain more than those treated with self-instruction technique in their reduction of students' generalized anxiety.

Testing the Hypotheses

Hypothesis 1

There is no significant difference in the effect of systematic desensitization technique in reducing secondary school students' generalized anxiety when compared with those in the control group who received conventional counselling using their mean scores.

Table 7: ANCOVA summary of the posttest generalized anxiety mean scores of students treated with systematic desensitization technique and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Crit. F	Remarks
Corrected Model 1	3621.288	2	1810.644			
Intercept	337.133	1	337.133			
Pretest	403.745	1	403.745			
Treatment Model	3181.965	1	3181.965	89.42	4.00	P< .05
Error	2028.362	57	35.585			
Total	29291.000	60				
Corrected Total	5649.650	59				

Table 7 shows that at 0.05 level of significance, 1df numerator and 59df denominator, the calculated F 89.42 is greater than the critical F 4.00. Therefore, the first null hypothesis is rejected. So, the effect of systematic desensitization technique in reducing secondary school students' generalized anxiety is significant when compared with those in the control group.

Hypothesis 2

There is no significant difference in the effect of self-management technique in reducing secondary school students' generalized anxiety when compared with those in the control group who received conventional counselling using their mean scores.

Table 8: ANCOVA Summary of the post test generalized anxiety mean scores of students treated with self-management technique and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Crit. F	Remarks
Corrected Model	3992.716	2	1996.358			
Intercept	127.278	1	127.278			
Pretest	738.746	1	738.746			
Treatment Model	3424.290	1	3424.290	173.98	4.01	P< .05
Error	1102.200	56	19.682			
Total	28376.000	59				
Corrected Total	5094.915	58				

In table 8 it was observed that at 0.05 level of significance, 1df numerator and 59df denominator, the calculated F 173.98 is greater than the critical F 4.01. Therefore, the second null hypothesis is rejected. So, the effect of self-management technique in reducing secondary school students' generalized anxiety is significant when compared with those in the control group.

Hypothesis 3

There is no significant difference in the effectiveness of systematic desensitization and self-management techniques in reducing secondary school students' generalized anxiety using their mean scores.

Table 9: ANCOVA Summary of the posttest generalized anxiety mean scores of students treated with systematic desensitization and self-management techniques

Source of variation	SS	df	MS	Cal. F	Crit. F	Remarks
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Corrected Model	10.359	2	5.179			
Intercept	412.476	1	412.476			
Pretest	9.769	1	9.769			
Treatment Model	1.017	1	1.017	0.06	3.99	P> .05
Error	1067.070	60	17.784			
Total	11569.000	63				
Corrected Total	1077.429	62				

Table 9 shows that at 0.05 level of significance, 1df numerator and 62df denominator, the calculated F 0.06 is less than the critical F 3.99. Therefore, the third null hypothesis is accepted. So, there is no significant difference in the effectiveness of systematic desensitization and self-instructional techniques in reducing secondary school students' generalized anxiety.

Hypothesis 4

There is no significant difference in the effect of systematic desensitization technique in the retention of reduced secondary school students' generalized anxiety when compared with those in the control group who received conventional counselling using their mean scores.

Table 10: ANCOVA Summary of the retention of the reduced generalized anxiety mean scores of students treated with systematic desensitization technique and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Crit. F
Remarks					
Corrected Model	4735.709	2	2367.854		
Intercept	39.592	1	39.592		

Posttest	1609.494	1	1609.494			
Treatment Model	41.079	1	41.079	4.95	4.00	P< .05
Error	794.475	57	13.938			
Total	26699.000	60				
Corrected Total	5530.183	59				

Table 10 shows that at 0.05 level of significance, 1df numerator and 59df denominator, the calculated F 4.95 is greater than the critical F 4.00. Therefore, the fourth null hypothesis is rejected. So, the effect of systematic desensitization technique in the retention of the reduced secondary school students' generalized anxiety is significant when compared with those in the control group.

Hypothesis 5

There is no significant difference in the effect of self-management technique in the retention of the reduced secondary school students' generalized anxiety when compared with those in the control group who received conventional counselling using their mean scores.

Table 11: ANCOVA Summary of the retention generalized anxiety mean scores of students treated with self-management technique and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Crit. F	Remarks
Corrected Model	5155.367	2	2577.684			
Intercept	0.470	1	0.470			
Posttest	1502.167	1	1502.167			
Treatment Model	28.708	1	28.708	5.57	4.01	P< .05

Error	450.769	56	8.049
Total	25193.000	59	
Corrected Total	5606.136	58	

In table 11 it was observed that at 0.05 level of significance, 1df numerator and 59df denominator, the calculated F 5.57 is greater than the critical F 4.01. Therefore, the fifth null hypothesis is rejected. So, the effect of self-management technique in the retention of the reduced secondary school students' generalized anxiety is significant when compared with those in the control group.

Hypothesis 6

There is no significant difference in the effectiveness of systematic desensitization and self-management techniques in the retention of the reduced secondary school students' generalized anxiety using their mean scores.

Table 12: ANCOVA Summary of the retention generalized anxiety mean scores of students treated with systematic desensitization and self-management techniques

Source of variation	SS	df	MS	Cal. F	Crit. F	Remarks
Corrected Model	330.493	2	165.246			
Intercept	120.215	1	120.215			
Posttest	304.317	1	304.317			
Treatment Model	22.152	1	22.152	1.53	3.99	P>.05
Error	866.587	60	14.443			
Total	9380.000	63				
Corrected Total	1197.079	62				

Table 12 shows that at 0.05 level of significance, 1df numerator and 62df denominator, the calculated F 0.06 is less than the critical F 3.99. Therefore, the sixth null hypothesis is accepted. So, there is no significant difference in the effectiveness of systematic desensitization and self-instructional techniques in the retention of the reduced secondary school students' generalized anxiety.

Summary of the Findings

From the analysis, the following findings were made:

1. Systematic Desensitization and Self Instruction Techniques were effective in reducing the students' Generalized Anxiety.
2. Systematic Desensitization and Self Instruction techniques did not differ in their effectiveness in reducing the students' Generalized Anxiety.
3. The students who were treated with Systematic Desensitization Technique retained better than those in the control who remained in moderate generalized anxiety.
4. The students who were treated with Self Instruction Technique retained better than those in the control who remained in moderate generalized anxiety.
5. Students treated with Self Instruction Techniques did retain more than those treated with Systematic Desensitization in their reduction of students' generalized anxiety, though the difference is not very significant and was therefore ignored.
6. The effect of Systematic Desensitization Technique in reducing secondary school students' Generalized Anxiety was significant when compared with those in the control group.
7. The effect of Self Instruction Technique in reducing secondary school students' Generalized Anxiety was significant when compared with those in the control group.

8. There was no significant difference in the effects of Systematic Desensitization and Self Instruction Techniques in reducing secondary school students' Generalized Anxiety.
9. The effect of Systematic Desensitization Technique in the retention of the reduced secondary school students' generalized anxiety was significant when compared with those in the control group.
10. The effect of Self Instruction technique in the retention of the reduced secondary school students' generalized anxiety was significant when compared with those in the control group.
11. There was no significant difference in the effectiveness of Systematic Desensitization and Self Instructional Techniques in the retention of the reduced secondary school students' generalized anxiety.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

In this chapter the following sub headings were presented and discussed under the following sub headings; Discussion of the Results, Implications of the Study, Conclusion, Limitations of the Study and Suggestions for Further Research,

Discussion of the Results

The discussion of the results was done along the following subthemes

Effect of Systematic Desensitization Technique

Effect of Self Instruction Technique

Retention of the effect of Self Instruction Technique

Retention of the effect of Systematic Desensitization Technique

Difference in the effects of the two studied techniques on Generalized Anxiety

Effect of Systematic Desensitization Technique on Generalized Anxiety of Adolescents

The findings of this study revealed that Systematic Desensitization had effects on the Generalized Anxiety of secondary school adolescents as shown in table 7. Systematic Desensitization technique was effective because it focused on equipping clients in effectively removing the fear response to generalized anxiety and substitute with a

relaxed response to the stimulus. This involves exposing the clients to a low level of the anxiety producing stimulus and giving the strong version of the stimulus when the anxiety is no longer present. This is to say that the steps are repeated until the individual ceases to feel anxiety towards the stimulus.

Hence, the findings of this study tallies with Agras, Leitenberg, and Barlow (1991) who carried out a study on the contribution of muscular relaxation to Systematic Desensitization in four phobic patients. In their findings they observed that the rating was reduced in the absence of relaxation. This therefore explains or justifies the effectiveness of Systematic Desensitization on this work, putting into consideration that relaxation skills were duly combined in the use of Systematic Desensitization as per this study.

Furthermore, the findings of this study concurred with Caparons, Sosa and Averro (2008), who conducted a study applying Systematic Desensitization in the treatment of fear of flying and concluded that the technique is effective on reducing fear of flying. The result is also in line with the study carried out by, Johnson and Sechrest (2006), where they attempted to reduce the fear of test/examinations in a group of 25 college students using Systematic Desensitization and those treated with Systematic Desensitization received significantly higher grades on their final examination in a Psychology course than did the groups of control subjects who were also taking the course but who received either no treatment or relaxation alone. Hence, concluded that Systematic desensitization can be used in a group counselling to reduce anxiety.

The findings of this study also tallied with Dudley, Dixon, Tarkington (2005), report where Systematic Desensitization was used on a client with schizophrenia exhibiting psychotic symptoms, which resisted medication and the treatment of a specific phobia. A traditional Systematic Desensitization procedure was successfully used in the treatment which resulted in the improvement of the psychotic symptoms. The patient who initially had a limited response to a number of antipsychotic medications including clozapine now showed positive response to Systematic Desensitization programme. The Researchers therefore concluded that Systematic Desensitization is effective in the treatment of schizophrenic patients.

Furthermore the findings of this work are in line with Ventis, Higbee and Murdock (2001), study where fear was reduced using humour in Systematic Desensitization. The effectiveness of Systematic Desensitization for fear reduction using humorous hierarchy scenes without relaxation were tested. Thus they concluded that humour desensitization could reduce fear effectively like the traditional systematic desensitization. One can now deduce that the earlier assumptions by some researchers like Carlson (2004) among others, that systematic desensitization must have all the elements of desensitization for it to be effective is by this study of Ventis, Higbee and Murdock (2001), contradicted. It shows therefore that use of systematic desensitization could as well be done using humour rather than relaxation.

Systematic Desensitization Technique has effects on generalized anxiety of secondary school adolescents because it is an obligation exercise that involves intervention measures targeted at improving the clients from the point of preparation of relaxation to the point of step by step desensitization. In line with these, Burns (2008), concurred that Systematic Desensitization is a type of behavioural therapy developed by Wolpe based on the principle of classical conditioning, where the client is made to work his way through the hierarchy of fear, starting from the least unpleasant with a combination of the practice of relaxation technique.

Zbornick (2001), pointed out that studies have shown that certain groups of students with anxiety lack the necessary relaxation skills. Thus in counselling, clients are exposed to a hierarchy of anxiety provoking situations after being inculcated relaxation tips. By enumerating ways to optimize relaxation skills and putting the clients to practice them, through home works, rehearsal, and many more. Systematic Desensitization technique has effect on generalized anxiety of secondary school adolescents as it emphasizes effective anxiety reduction strategies. Thus, Concurring with Piane (2006), who asserted that Systematic Desensitization is a form of counter conditioning, with the goal being to make the individual learn how to cope with anxiety and the aim of each step of the hierarchy being to overcome the anxiety.. Thus it is not possible to be both relaxed and anxious at the same time; hence the relaxation process is practised by the clients until they reach a state of serenity. The first step involves client relaxation techniques, secondly a hierarchy of anxieties are created by

the clients and the counsellor, where the clients are required by the counsellor to develop a list of the things that produce anxiety in different forms, in alliance with the counsellor, the clients develop a hierarchy, starting with the ones that produces the lowest anxiety to what produces the main anxiety. Thirdly, imagining the anxiety producing stimulus, the client is made to be fully relaxed. Based on the client's reaction, whether the client is still feeling anxiety, the stimulus will change to weaker or stronger stimuli. Hence the clients are made to work their way through the hierarchy of fear, starting from the least unpleasant and also practice the relaxation technique. When the clients are comfortable with each stage they move to the next stage in the hierarchy. Thus it becomes apparent to help these students build up their relaxation skills, so that when they are aware that the information is in their memory, anxiety is reduced.

Effects of Self Instruction Technique on Generalized Anxiety of adolescents

The study revealed that Self Instruction is effective in reducing generalized anxiety of adolescent secondary school students as shown in table 8. Self Instruction Technique is effective in modifying generalized anxiety of secondary school adolescents because of its uniqueness of aiming at giving the clients control over their behaviour through guided self talk that gradually becomes self generated. It comprises of numerous therapeutic elements within one therapy intervention whereby clients receive information that gear them to understand and monitor their behaviours or attributes that precipitates their distress before, during and after carrying out daily activities. Through Self Instruction the students with generalized anxiety were able to understand the consequences of their anxiety towards daily life challenges and what perpetuates the anxiety with the help of the research assistants in a group counselling process.

The result is in line with Wild & Duinn (2008), who carried out a study on the effects of Corporate competitive and individual use of Self Instruction on learner's achievements in library skills. In the study a self-instructional mode is combined with cooperative, competitive and individualized techniques in the teaching of library skills. The result showed that self instruction is effective in the learning of library skills. The researchers therefore concluded that students should be taught how to

adopt library skills using self instruction techniques. The result showed that self instruction can be applied in a group counseling setting in carrying out daily life challenges, which library skills is inclusive.

Self Instruction is effective on generalized anxiety of secondary school students because of its involvement in replacing dysfunctional thoughts by self talk, which guides the clients to adaptive responses to anxiety. It is an obligatory exercise programme, where self monitoring, thought stopping, self verbal mediators come to play. The clients build up positive thoughts through statements and commands to replace the negative thoughts that were monitored and stopped using self monitoring and thought stopping respectively this result is in line with Thompson (2006), who carried out a research on the verbal self guidance on the self efficiency and performance of selective interview. He found out that clients who received training on verbal self guidance had higher self efficacy than the clients in the control group.

Self Instruction Technique is effective because it is carried out in a therapeutic session with the school counsellor as the research assistant being involved directly with the clients. This involves the counsellor and the clients in group counselling process in a period, where the clients start by performing the task while the counsellor instructs around. Then the client performs the tasks talking aloud, later whispering, and lastly performing the task with covert self instruction.

Self Instruction is effective because it is a cognitive behavioural treatment, involving self regulation of behaviour by means of language, recognizing the importance of cognitive processes, especially self belief and other internal self referential thought patterns in generation and maintenance of psychological problems and their remedy. The result is in line with Wachella and Katz (2009), who examined the effectiveness of cognitive behavioural treatment for reducing test anxiety and improving academic self esteem in a high school and college students with learning disabilities. The result showed significant improvement in the treated group. According to Becks (2005), cognitive behaviour theory works by changing peoples' attitude and their behaviour focusing on thoughts and attitude of people and how they relate to their behaviour.

Furthermore, the result of the study is in line with Meichenbaum (1986), in his theory where he emphasized cognitive behaviour change where clients are encouraged to change the scripted nature of their behaviour. However, through Self Instruction the students with generalized anxiety realized the consequences and implication of their anxiety towards daily life challenges, which academic performance; social skills among others are inclusive and decided to reduce it. By learning to evaluate their behaviour towards daily activities as adolescents, using self monitoring, thought stopping, and building positive thoughts to replace the negative ones. Thus rather than avoid their obligations as students such as any evaluative process as result of anxiety, there is need according to Meichenbaum (1986) theory to successfully use Self Instruction to reduce students generalized anxiety, by aiding them to be aware of their self defeating and irrelevant thoughts, which according to Richard (2005), interferes with their preparation and effective participation on take home assignments, tests, social activities, which Halderman and Baker (2002), earlier pointed out that it can lead to maladaptive responses to a variety of challenging situations in their lives. Thus it becomes apparent for these adolescents to be helped to identify their self defeating irrational ideas and learn how to cope and replace such thoughts.

Therefore, the result confirms Haddadian, Alipourb, Majidi and Maleki (2012), study on the effectiveness of Self Instruction technique on improvement of reading performance and reduction of anxiety in primary school students with Dyslexia. The result showed that Self Instruction technique has significant effect on improvement of reading performance and on reduction of anxiety symptoms in students. At the end of five months, a follow up tests given, showed the effect was retained. The researchers therefore concluded that Self Instruction is effective in reduction of anxiety among students with dyslexia. From the numerous literatures, one will see that Self instruction treatment aims to give clients control over their behaviour through guided self-talk that gradually becomes self-generated. Several studies have been conducted using Self instruction technique and most of the results show that it is effective while some show ineffective results.

Self Instruction Technique has effect on generalized anxiety because of its emphasis on self confidence. Knowing that as humans, we are always afraid of the unknown,

while familiarity brings contempt. Among the strategies used in the treatment is the enhancement of self confidence to face daily activities without fear. Available literatures show that clients with anxiety tend to perceive challenging situations as personally threatening and apprehensive. But for Phillips (2000), adequate application of the inner voices enhances confidence in students. Lewis (2000), emphasized on adequate preparation of students in their learning process for enhanced self confidence. When confidence is built, daily activities because something one should not be having apprehension.

Difference in the effects of Self Instruction and Systematic Desensitization Techniques

The difference in the effectiveness of Self Instruction and Systematic Desensitization is in line with the above findings as in table 9. The results of the present study indicate that the effect of the treatment was almost the same for the two techniques. Hence, tallies with Wachella and Katz (1999) Baker (2003) Joomla (2009), in their different researches where they noted significant positive relationship between anxiety and cognitive interference.

Furthermore, on Blowers, cob and Mathews (2007), who examined the effects of anxiety management therapy with condition non-directive counselling or a combination of relaxation. Furthermore, the brief cognitive therapy anxiety management was significantly more effective than the wait list condition on a number of relevant measures at post treatment. However there were relatively few differences between anxiety management and non-directive counselling either at post treatment or at 6 months follow up. Those differences which were found could be explained in terms of the demand characteristics of training in relaxation cognitive therapy. They therefore concluded that anxiety management is clearly better than a non-treatment control condition.

King and Clendick (2009), carried out a study on children's anxiety and phobic disorders in school settings; classification, assessment and intervention issues. They were of the view that children exhibit specific fears and anxieties that may hinder academic development in school, a brief discussion of normal fears and

epidemiological issues, the basic features and methodological requirements of a cognitive behavioral perspective. However, the research finding on the efficacy of fear reduction procedures were encouraging and there were a number of conceptual and methodological limitations, stressing that the role of teachers in identifying and managing anxious children still needs full attention.

Retention of the Effects of Systematic Desensitization Technique

The study showed that the adolescent students with generalized anxiety who were exposed to Systematic Desensitization retained the change that was effected on them. As shown in table 10 the minor difference in the post test and retention test showed that the Systematic Desensitization was highly retained by the clients. Thus, in line with Caparons, Sosa and Averro (2008), study applying Systematic Desensitization in the treatment of fear of flying. The result portrayed significant effect in both the interview and self re-enforced valuables. The researchers concluded that the treatment is effective on reducing fear of flying and were retained six weeks after treatment. Also, Onwuka (2008), carried a research on the relative effectiveness of three counselling therapies; Implosion, Assertive training and Systematic Desensitization on reducing test phobia And the result of the study showed that the three counselling therapies showed therapy effect both at post-test and retention, but Systematic Desensitization was the most effective therapy and the most retained.

Similarly, Johnson and Sechrest (2006), carried out an experimental study, where they attempted to reduce the fear of test/examinations in a group of 25 college students using Systematic Desensitization and concluded that Systematic Desensitization can be used in a group counselling to reduce anxiety. Furthermore, Paul (2006), in an experiment compared Systematic Desensitization with Insight Oriented therapy and Attention placebo approach. At the end of the treatment both the post test and retention test, Systematic Desensitization was consistently superior to the other two therapies. The other two therapies did not show significant difference from each other. The Researcher therefore concluded that Systematic Desensitization is highly effective and can be highly retained.

Because, the clients have been exposed to the need for frequent relaxation and presentation of the anxiety provoking situations, their daily work now stay in front of their memory in the filing system, thus the anxiety over daily life challenges is now at the minimal as they now see or participate in their school activities with self confidence. Thus Systematic Desensitization technique could be traced to the adage; practice makes perfect as the clients in the process of treatment were exposed to series of homework, assignment, practical exercises, the mastery tendency cannot be ruled out.

Retention of the effects of Self Instruction Technique

The result of the durability of the treatment using Self Instruction Technique showed that the treatment was retained six weeks after treatment; this is shown in table 11. One can say that this is in line with the natural way of human nature of practice makes perfect. The result confirms Kovel (2011) who pointed out that Self Instruction Technique as a cognitive behavioural therapeutic process aids brings about a real change that goes beyond feeling better, while the client is in therapy. While Becks (2008) pointed out that Self Instruction as a technique empowers people to grab firm of their own thought process and fix the mental mistakes they make that leads to problems. Thus, in line with Wachella and Katz (2009) who after eight weeks of cognitive behavioural treatment using self instruction the participants demonstrated reduced anxiety levels.

This is also in line with Haddadian, Alipourb, Majidi and Maleki (2007), who carried out a study on the effectiveness of Self Instruction technique on improvement of reading performance and reduction of anxiety in primary school students with Dyslexia. The result showed that Self Instruction technique has significant effect on improvement of reading performance and on reduction of anxiety symptoms in students. At the end of five months, a follow up tests given, showed the effect was retained. The researchers therefore concluded that Self Instruction is effective in reduction of anxiety among students with dyslexia and were retained after treatment.

The difference in the mean scores of the post test and retention test showed that there is not much difference in the retention mean scores of the students, which means that

when self instruction is imbibed on a client it becomes part and parcel of the person thus the clients put what they have acquired into practice in their daily activities. This agrees with Lazarus (2007) who posited one of the procedures of self instruction to use with a client who is experiencing anticipatory anxiety to include being focus on what the client need to do among others. Richard (2005) stressed the steps in self instruction therapy to include memorizing the instructions and learning to say them at the required time. Thus Thompson (2006) pointed out that Self Instruction Technique directly influences clients to change what they say to themselves, by breaking chains of negative feelings and sensations such as fear, anger, anxiety and many more.

From the numerous literatures, one will see that Self instruction therapy aims to give clients control over their behaviour through guided self-talk that gradually becomes self-generated.

Conclusion of the Study

From the findings of this study the following conclusions have been made that Systematic Desensitization technique is effective in modifying generalized anxiety of secondary school adolescents. Self Instruction Technique is also effective in modifying generalized anxiety of secondary school adolescents. Systematic Desensitization effect on generalized anxiety of secondary school adolescents could be retained after treatment likewise Self Instruction Technique. There is no significant difference between post test mean scores of the experimental group1 after treatment with Systematic Desensitization and the post test mean scores of experimental group 2 after treatment with Self Instruction. The difference is slight which for this work is taken to be insignificant.

Implications of the study

The findings of this study have numerous implications arising, and having known that generalized anxiety of secondary school students is reduced or eliminated by Self Instruction and Systematic Desensitization Techniques. The major implication of this finding is that guidance counsellors should use the techniques in handling generalized anxiety. Another implication of these findings is that through Self Instruction

interventions in their schools, self regulation of behaviour by means of language could be achieved, and thus the psychological climate of the schools can be improved for academic achievements.

The study revealed that Systematic Desensitization was effective in reducing generalized anxiety in secondary school students; the implication of this finding is that counsellors and psychologists who use Systematic Desensitization technique on reducing generalized anxiety should go on and use it. This goes to show that the intervention of the techniques could aid adequate preparation for the students in their academics activities?

It is a known fact now that there is significant difference in the reduction of generalized anxiety in secondary school students who were exposed to the two techniques differently than those in the control group. The implication of this, is that Self Instruction and Systematic Desensitization Techniques which use self regulation and preparation, use of language and information in changing behaviour are acceptable to students with generalized anxiety. The school counsellors should use Self Instruction and Systematic Desensitization in the treatment of generalized anxiety, so that students with generalized anxiety do not lose interest in academics thus dropout of school.

Counsellors can identify students with generalized anxiety by administering the anxiety inventory used in this study. Similarly, the implication of these results is that when generalized anxiety is identified it could be modified within 6 weeks.

Similarly, the success rate achieved in treating generalized anxiety using these techniques implies that in this present study since the results here have shown that the problems can be solved within a reasonable period of time, teachers should ginger the students with similar problems to go for counselling.

Recommendations

Based on the findings of this study and the implications of this study the following recommendations were made;

Every secondary school in the country should have a well equipped counselling unit to be manned by professional counsellors. The aim is to enable these counsellors effectively diagnose and treat students with generalized anxiety and other maladaptive behaviours in the school.

Proper and accurate diagnosis of the circumstances precipitating most behavioural misconducts among the students should be conducted to identify those whose inert problems are generalized anxiety who should be referred to the school Counsellor.

Teachers should as much as possible pay close attention to their students' attitude in class before, during and after school hours to identify those who exhibit symptoms of generalized anxiety and refer them for counselling.

Counsellors in our Secondary Schools should use Self Instruction and Systematic Desensitization Techniques in order to reduce generalized anxiety.

Limitation of the Study

The generalizations made with respect to this study are however subject to the following limitations.

The study was restricted to a particular local government area and state (Enugu East of Enugu State), and a number of selected schools and students were used for the study. It was not feasible therefore, to generalize the findings across. Such generalization should be done with caution, as results in other areas, may or may not be the same. However, the fact that the study is an experimental one allows the use of small manageable samples as were the case of this study and the representativeness in terms of sampling and the rigors of the experiment are enough to counter such limitation.

Suggestions for Further Studies

Based on the result of this study the following areas are suggested for further studies.

This study can be replicated in the remaining 35 states in Nigeria

Similar study could be carried out including such variables as, gender, age, school type high achievers, low achievers, class level and many more. A comparative study of Self Instruction and other counselling techniques in reducing generalized anxiety could be carried out.

A comparative study on the performances based on age and class of adolescents with generalized anxiety using one of the techniques could be done in a correlational study.

This study could be replicated using other counselling therapies or combination of techniques from the available literature.

Systematic Desensitization could be used on the anxiety level of under achievers in order to help them to improve in their academic performances.

Self Instruction could be used on bullying, aggressive, depressive behaviours of adolescents and many more.

REFERENCES

- Adeyoju, C. A. (2005). The effects of cognitive restructuring therapy on the reduction of the level of general and examination anxieties arising from academic failures, *Nigerian Journal of clerical and counselling psychology* 1, 63 – 70.
- Agras, S. W, Leitenberg, H. & Barlow, D. H. (1991). Contribution of muscular relaxation to Systematic Desensitization. *Arch Gen Psychiatry* 25(6); 511-514
- Ahmead M. & Bower, P. (2008). The effectiveness of self help technologies for emotional problems in adolescents: a systematic review *Journal of child & adolescent psychiatry & mental health*, 10, 200-220
- Albano, K. (2003). Childhood anxiety disorder and Individual Distress, *Diagnostic and Statistical manual of mental disorders* (DSM) 3, 15 - 28
- Alim A. A. (1999). *Fundamentals of Research in Education*, Awka: Meks publishers.

- Alloy, C. B., Jacobson, N. S. & Acocella, J. (1999). *Abnormal Psychology*, Boston: McGraw Hill companies, Inc.
- Alumode, B. E. (2002). Examination Malpractice in Secondary Schools in Nigeria: Types, Causes and Implications. *Nigerian Journal of Research and Production* 33, 111-124.
- Anagbogu, M. A. (2005) *Foundations of Guidance and Counselling for colleges and Universities*. Enugu: Academics Publishers.
- Anseneault, L., Canon, M., Wilton, R. And Murray (2004). Casual association between cannabis and psychosis: examination of the evidence. *British Journal of Psychiatry*. 17, 53-59.
- Atkins, M. J. (1993). Theories of learning and multimedia applications. *An overview Research Papers in Education*.
- Atwell, N. (2008). *In the Middle: Writing, Reading and Learning with Adolescents*. Portsmouth, NH: Research on Writing Development, Practice, Instruction And Development.
- Baker J. J. & Bulter (2007). Dispositional coping strategies, optimism and state anxiety as predictors of specific responses and performance in an exam situation *Dissertation Abstracts. International Section B: The Science and Engineering*.
- Bandura, A (1971). Psychotherapy based on Modelling Principles. In A. E. Bergin and S. L. Garfield (eds) *Handbook of Psychotherapy and Behaviour*. New York: John Wiley.
- Barlow D & Craske M. (2000). *Mastering of your Anxiety and Worry: Client Workbook*. New York: Psychological Corporation Publications
- Barlow, D. H. (2010) Psychological Treatments: A perspective. *American Psychologist*, 65 (1) 13-20.
- Barlow, D. H. (2010) The Origins of anxious apprehension, anxiety disorders, related emotional disorders. Triple vulnerabilities in anxiety and its disorders. The Native and treatment of anxiety and panic, 2nd edition. Edited by Barlow D. H New York, Guilford, 2002, 282 – 291.
- Baron, R. A Bryne, D. & Kantowists . (2009) *Social Psychology* 12th edition Boston MA Access online via Elgaronline
- Beck A. T. (2006). *Cognitive therapy and the emotional disorders*. New York. International Universities press.
- Beck, A. T. & Emery, G. (2005). *Anxiety Disorders and Phobias: A cognitive perspective*. New York, NY: Basic Books.

- Bernstein, D. A. & Nietzel M. T. (2000). *Introduction to clinical psychology*. New York: Mc Graw – Hill Inc.
- Bery, K. (1999). *The use of humour in counselling*. A research paper submitted in partial fulfilment of the requirement of MSc, Florida Department of Education Florida university.
- Betty B. (2009) 20 sure- five ways to help you cope with self-defeating attitudes; study Aid suggestion. New York: Study guide link.
- Birenbaum, M. & Nassar, F. (2004). On the relationship between test anxiety and test performance: *Journal o Measurement and Evaluation in counselling and Development*, 12, 102-113.
- Bistline, J. & Friedon F. P. (2004) Anger control: a case study of a stress inoculation treatment for a chronic aggressive patient. *Journal of Cognitive therapy & Research*. 2 (2) pg. 13-28.
- Blowers, C., Cobb, J., & Matthews, A. (2007). Generalized anxiety. A controlled treatment study. *Journal of Behavior Research and Therapy*. 25, (6) pg. 493-508. Elsevier ltd publishers.
- Bornstern, L. E & Quievillor, B. R. (2006). *Psychology: Its principles and meanings* (4th Edition). New York: Holt, Rinehart and Winston
- Bourne, E. J. (2000). *The anxiety and phobia workbook 2nd Edition* New Harburger Publications.
- Bower A. (2009). *Asserting yourself*, New York Addison Wesley publishing co.
- Burns, M. (2008). *Math: Facing an American Phobia*. Say Saito CA: maths solution publications.
- Burton, J. K; Moore, D. M. & Magliano, S. G. (2006). Behaviourism and instructional technology. In D. H. Jonassen (ed) *Handbook for research for Educational communications and technology* New York: Simon & Schuster Macmillan
- Cam (2008). *Student and Staff Counselling University Counselling*
- Capafons, J. I., Sosa, C. D. & Averó, P. (2008) Systematic Desensitization in the treatment of fear of flying. *Psycology in Spain*. 2(1), 11 – 16.
- Capuzzi, D & Gross D. R. (2005). *Counselling and Psychotherapy: Theories and interventions* Englewood: cliffs N.J. Menril.
- Carlson, N. R. (2004). *Psychology: the science of behaviour* London: Ally and Bacon Inc.

- Cohen J. P. (2004). Effects of a relaxation treatment and age on test anxious students. *Dissertation Abstracts international* Section A: Humanities and Social Sciences.
- Connolly, S. D. & Bernstein G.A. (2007) Practice parameters for the assessment and treatment of children and adolescents with anxiety disorders. *An Acad child Adolescent Psychology* 2007; 46(2): 267 – 83.
- Connolly, S. D. & Bernstein, G. A.. (2007) Practice parameter for the assessment and treatment of children and adolescents with anxiety disorders. *Jam Acad Child Adolescence Psychiatry*, 2007; 46(2): 267-83.
- Connolly, S. D. Suarez, L. Sylvester, C. (2007).treatment of anxiety disorder in children and adolescents. *Curr Psychiatry Rep* 13(2): 99 – 110, 2011
- Corey G. (1996). *Theory and Practice of counselling and psychotherapy* Pacific grove: C.A. Books /Cole.
- Corey, S. M. Kristin, R. Keelee, C., Jina, P. Jitender, S. (2011). Prevalence and correlates of Generalized Anxiety. *National sample of older Adults* 19, (4) 305-315
- Crider, A. B, Goethals, G. R., Kavanaugh, R.D. and Solomon, P. R. (2003).
- Crossivald, S. T., Stixrud, W. Travis, F. and Balch H. (2007). The transcendental mediation technique to reduce symptoms of attention deficit.<https://cie.asu.edu/ojs/index.php4p/.../61>
- Davis, M., Mickay, M., Eslielman E. R. & Winemiller V. (2005). *The relation and stress reduction workbook. 4th edition* New Harburger: New Harburger publications.
- Denga D. I. (1998) *Guidance and Counselling for the 63334 system of Education* Jos: Savanna Publishers.
- Denga, D. I. (1998). *The school counsellor in a developing nation, problems and Prospects*. Calabar: Rapid Educational Publishers.
- DeRue, D. S., Nahrgang, J. D., Hollenbeck, J. R., & Workman, K. (2012). A quasi-experimental study of after –event review and leadership development. *Journal of Applied Psychology*, 97 (5), 997-1015
- DO, C. (2004). Applying the social learning theory to children with dental anxiety *Journal of Contemporary Dental Practice* 7 (2) 23-37.
- Dombeck, m. & Wells-Moran, J. (2006). Techniques for unlearning old behaviours: self monitoring. Center site WWW. Amhc.org.
- Drowetzky, J.P. (2002). *Psychology*. New York: Brooks/Cole Publishing Company.

- Dryden W. & Gordon J. (2009). *Think your way to Happiness* Sheldon Press.
- Dryden, W. (1998). Examination anxiety: what the student counsellors can do: *British Journal of Guidance and Counselling* 6 (2) 50-65.
- Dweck, C. S. (2002). Beliefs that make smart people dumb. In R. J Sternberg {Ed.} *Why smart people do stupid things*. New Haven: Yale University Press.
- Echezona, A. (1999) *Guidance service for the child at home*, Onitsha EcNo and Company Limited.
- Edna, N.E. (1997). *The growing pains* Britain: MC Graw -Hill. Efficacy of Cognitive behavior therapy and Systematic desensitization in the treatment of rape trauma; *Journal of Behavior therapy*, volume 19, issue 3, 403-420
- Egbochukwu E. O. (2000). Fear and Anxiety in children: Counselling *intervention*, *Benin Journal of Educational Studies* 2.
- Eisler, R. M & Moon, J. R.. (2003), Anger control: An experimental compressor of the behavioural treatments, *Behaviour Therapy*.
- Ekeruo A. I. C. (1999) *Techniques of behaviour modification* Agbo: Central Books Ltd.
- Ellis, A. (1987). *The evolution of rational emotive therapy (REI) and cognitive behaviour therapy (CBT)* JK Zeig (Ed) of *Psychotherapy* New York: Brunner/mazel, Press.
- Ellis, J. A, Semb, G. B. & Cole, B. (1998). Very long term memory for information taught in School. *Contemporary Educational Psychology*. 23 (3) 77-89.
- Esuman, J. K., Nwaogu, P. O. & Nwachukwu, V. C. (1999). Principles and techniques of behaviour modification Owerri International, Universities Press Ltd.
- Fanburn, C. G. & Hamson P. J. (2003) *eating disorders, the lancet* 361.
- Federal Republic of Nigeria (2004). *Revised national Policy on Education* Abuja: National Educational Research and Development Council Press.
- Fish M. C., (2005). Self –instruction training : A potential tool for school psychologists, *Psychology in the Schools*. 22 (1) 83-92
- FitzPatrick, C. (2009). Phobia symptoms, Risk factors and treatment *Journal of Mental Health* V. 5 (3)
- Frank, E. Anderson, B. Stewart, B. D., Dancu, C., Hughes C. & West, D. (2004). Efficiency of cognitive behaviour therapy and systematic desensitization in the treatment of trauma. *Behaviour Therapy*, 19 (2) 403-420

- Frassure, S. N., Lesperance, F. & Talagic, M. (2008). The impact of Negative emotions on prognosis following Myocardial infarction:. *Journal of Health psycho* 14 (5): 388 – 398.
- Gardner H. (2003). *Frames of mind” the theory of multiple intelligences* New York Basic Books.
- Gierl, M. J. & Bisauz, J. (2005) anxieties and attitudes related to mathematics in grade 3 and 6... *Journal of Experimental Education*, 63, 139 – 158.
- Goberman, A.M, Hughes, S., & Haydak, T. (2011). Acoustic characteristics of public speaking; anxiety and practice effects; *Journal of speech communication* 53, (6) 867-876.
- Goldstern, F. C., Leviu, H., & Goldman, W. P (2009) cognitive and neuro behavioural functioning after mild versus moderate traumatic brain injury in older adults. *Journal of the International Neuro Psychological society*, 7, 373 – 383.
- Goliath (2004). Test anxiety and its effect on the personality *Journal of learning disability* Quarterly Gate group publishers Israel.
- Haby, M. M. (2006). Cognitive behavioural therapy for depression, panic disorder and generalized anxiety: a meta – regression of factors that may predict outcome. *Aust N Z Y Psychiatry Evid Based Ment Health*
- Haddadian, F., Alipour, V., Majidi, A. & Maleki, A. (2012). The effectiveness of self-Instruction Technique on Improvement of real performance and reduction of anxiety in primary school students with dyslexia. *Procedia-social and behavioural science*, 46, 5366 – 5370.
- Halderman, D. E. & Baker, S. B. (2002). Helping female adolescents prepare to cope with irrational thinking via preventive cognitive self instruction training *Journal of Primary Prevention*. 3 (2) 46-60.
- Halgin, R. P, & Whiteborne, S. K. (2003). *Abnormal Psychology* Boston: Mc Graw-Hill Company
- Henderson J. Q. (2001) A behavioural approach to stealing: A proposal for treatment based on ten cases. *Journal of Behaviour Therapy and Experimental Psychiatry* 27 (2). 157-159.
- Hendrick V (2008) Anxiety disorder fact sheets of the National Institute of Mental Health Self Help clearing California.
- Hendrick, V. (2008). Phobia. A project of the U.S. Department of Health and human Services August 10,1-5.
- Herring J. (2009) common symptoms of phobias. New York: Morpheus publishers..

- Hill, W. (1993). *Learning. A survey of Psychological interpretations* (5th Edition) New York: Harper.
- Jayatunge R. M. (2008). Online edition of Daily News – Lakehouse Newspapers. The Associated Newspapers of Ceylon Ltd.
- Jeffers, S. (2008). *Feel the fear and do it anyway*. New York. Sheldon Press.
- Jerkins R. R. (2007). The epidemiology of adolescent's health problems. Nelson Textbook of pediatrics 18th edition, Philadelphia P.A.
- Johnson, S. B. & Sechrest L. (2006) comparison of Desensitization and progressive relaxation in treating test anxiety. *Journal of Clinical Psychology* Pp32-39
- Jonassen, D. H. (1991). Objectivism versus constructivism. Do we need a new philosophical paradigm? Educational Technology Research & Development. Princeton University Press.
- Joomla L. (2009). Examination Phobia, Entertainment News, Bharatiya. Vidya Bhavan, Ms. Aparna ganapathy. The school counsellor.
- Keane, T. M. (2005). The role of exposure therapy in the treatment of post traumatic stress disorder. *NCP clinical Quarterly*. 5 (3) 85-87.
- Kelly, A. V. (1999). *The Curriculum theory and practice*. Condon: sage publications Inc.
- King N. J. & Clendick T. H. (2009) Children's Anxiety and phobia disorders in school settings: classification Assessment and Intervention Issue, Review of Educational Research Issue, *Review of Educational Research*. 59 (7). 431-470
- Kovel, J. C. (2011). *A complete guide to therapy*. Penguin Publisher
- Laderman, L. C. (1996). Internal Muzak: An examination of Interpersonal relationships Interaction and Identity: *Journal of Information and Behaviour Therapy* 5, 95-101
- Latham, G. P. & Budworth, M. H. (2006). The effect of training I verbal self-guidance on the self –efficacy and performance of Native North Americans in the selection interview. *Journal of Vocational Behaviour* 68 (3)316-523
- Lazarus, R. S. (2007). *Emotion and adaptation*. London: Oxford University Press.
- Lewis, E. C. (2000). *The Psychology of Counselling* New York: Holt Rinehart and Winston Inc.
- Liu, W, J, Yin, D. Cheng W. & Xia, M., (2015). *International journal of experimental and clinical research* 21, 450- 467

- Mann, E. T. & Piorkonski, G. K. (2006). The effects of guided participation and systematic desensitization in the treatment of a paranoid alcoholic Addiction *British journal of Addiction to Alcohol & Other Drugs* 68 (3) 205 – 208.
- Marshall J. R. (2004). The diagnosis and treatment of social phobia and alcohol abuse, *Bulletin of the meninger Clinic*. Suppl. A.
- Marshall, W.L. & Barbaree ,H.E. (2000). outcome of comprehensive cognitive behavioural treatment programs. In W.L. Marshall, Dr. R. Laws & H.E. Barbaree (eds) *Handbook of sexual Assault: issues, theories, & treatment of the offender*. New York. NY Plenum press.
- Mathew M. (2008). examination phobia; <http://ezinnearticles.com/Examination-phobia&id=1301740>
- Mc Mahon, F. B. & Mc Mahon, J. W. (2006). *Psychology: The Hybrid Science* (5th edition Chicago: the Dorsey Press.
- Mcbride M.E (2015). *The nurse practitioner* *Dol*: 1097/01 NPR 00046082 source PubMed.
- Meichenbaum , D. (1993). The personal press journey of a psychotherapist and his Motto in G.G. Branningen and M.R. Merrens (Eds). *The Undaunted Psychologist: Adventures in research* Philadelphia, pa: Temple University Press.
- Meichenbaum, D. (1986). *Cognitive Behaviour Modification* in F.H. Kaiyer and A.P. Goldenstein *Helping people change* New York, Pergamos.
- Meichenbaum D.H. (1995). Cognitive behavioural therapy in historical perspective. In B. Bonghan & L.E. Beutler (eds) *comprehensive textbook of psychotherapy: theory & practice*. New York, Ny: Oxford University Press.
- Meichenbaum, D. H. (1995). *Self Instructional methods*, Cited in Kanfer F. H. and Goldstein A. P. *Helping people change*, USA Pergamon Press.
- Mickay, M. (2007). *Thoughts and feelings: Taking control of your moods and your life* Oakland: New Harbinger.
- Mireault G. & Trahan J. (2007). Tantrums and Anxiety in early childhood: A Pilot Study. *Journal of Early Childhood Research and Practice* vol.14 (2) 294 - 314
- Mitchel, S. (2009). *Study Skills, Self Help Counselling Services* Richmand Quad: Buffalox Ly
- Neacsu, V. & Dumitrache, M. A. (2014). Relaxation and Systematic Desensitization in reducing Dental Anxiety. *Procedia –Social and Behavioural sciences*. Vol. 127, 474-478

- Nelson-Jones, R. (2001). the theory and practice of counselling psychology, Holt, Rinehart and Winston.
- Nemeyer, R.A. & Raskin, J. (2001). constructions of disorder. Meaning making frameworks in psychotherapy Washington: American Psychological Association.
- Nkebem E. N. & Okon, H. I. (2006). Effect of Cooperative, Competitive and Individual Use Self Instruction method on learners achievement in library skills, *Library Philosophy and Practice* .9 (1) 57-70.
- Nnebe T. (2010). Factors that promote child abuse among parents in Awka South Local Government Area, Unpublished B.Sc. Thesis Nnamdi Azikiwe University.
- Nutt-Williams E & Hill, C.E. (2010). the relationship between self talk and therapy process variables for novice therapists.
- Nwankwo F.U. (1998). Academic Pressures and anxiety among undergraduates, unpublished B.Sc. Thesis University of Nigeria Nsukka.
- Nworgu B. G. (1991). Educational Research: Basic Issues a Methodology. Owerri: Wisdom publishers.
- Nzewi, U. M. (1998). Curriculum theory and planning, Nsukka University trust publishers.
- Obi J.S., Nwankwo C.A, & Obi, I. (2013). Modification of anxiety using Self Control techniques. *Research Journal in Organizational Psychology and Educational Studies* 2 (3) 104-110 Ropes Emerging Academy Resources.
- Obiora, C. A. & Iwuoha, V. C. (2013). Work related stress, Job satisfaction and due process in Nigerian Public service. *European Scientific Journal*, 9(20), 214 – 232.
- Okoye N. N. (2000). The Genus the creative and physcho-environment stimulation. An inaugural lecture given at Nnamdi Azikiwe university Awka Anambra state.
- Okoye N. N. (2007). Theories of counselling and Psychotherapy Onitsha. Harros Publishers.
- Okoye, A. U. (2001). Sources of anxiety for male female University undergraduates: A case study of Nnamdi Azikiwe Univeristy Awka. In R.U.N. Okonkwo and R.O. Okoye (3ds.). the Nigerian Adolescent in perspective. Ekwulobia: Theo Onwuka and sons publishers.
- Okoye, N. N. (2001). Some basic issues in psychology. Awka Erudition publishers

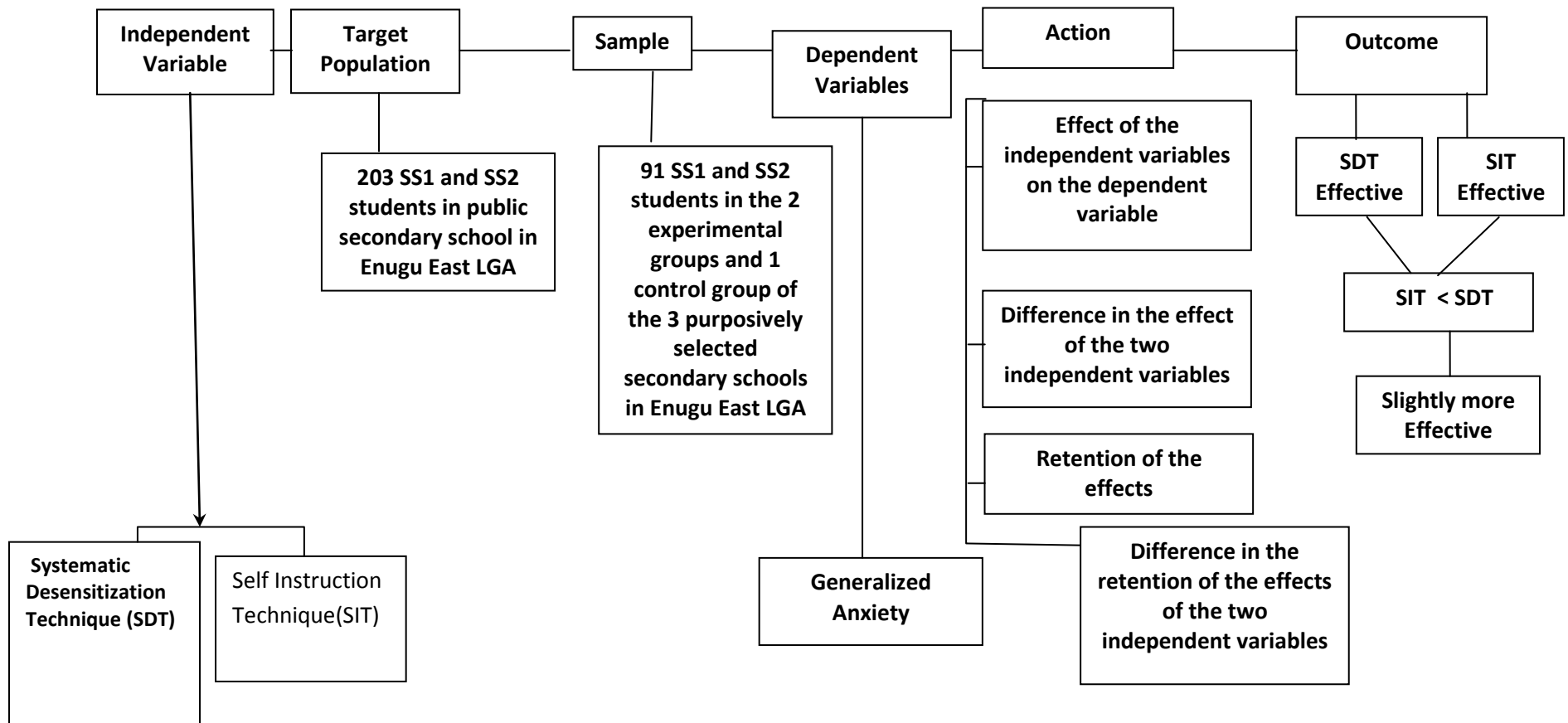
- Onwuka F. N. (2008). The relative effectiveness of three counselling techniques on the reduction of test phobia among tertiary students, unpublished thesis.
- Onyehalu, A. S. (1997). Psychological foundation of education Awka. Meks Unique publishers.
- Paris, S. & Paris, A. (2001). Classroom Applications of Research on Self- Regulated *Journal of Learning and Educational Psychologist*. 36(2), 89-101
- Park, I. & Hannafin, M. J. (2003). Empirically based guidelines for the design of interactive Multimedia. Educational Technology Research and Development.
- Pathak, S. & Perry, B. (2006). Anxiety disorder, in C. E. Coffrey (ed) Pediatric Neuro-psychiatry Philadelphia Lippincott Williams and Wilkins. 285-305
- Patterson L. E. (2008). The function of automaticity in counsellor information processing. *Journal of Counsellor Education and supervision*. 21 (2) 89-97
- Patterson, S (2003). *Theories of Counselling and Psychotherapy*. New York: Harper and Row publishers.
- Paul , H. L. (2006). *Insight versus Desensitization in Psychotherapy: An experiment in Anxiety reduction* Stanford: Stanford University Press
- Perry, N. E., Phillips, L., & Hutchinson, L. R. (2006). Preparing student teachers to support for self- regulated leaning, *Elementary School journal*, 106, 237-254.
- Phillips, A. A. (2000). Inner voices, inner selves: A study of international conversation in narrative. *Dissertation Abstracts International*.
- Piane, G. (2006). Contingency controlling and systematic desensitization for heroin addicts in methadone maintenance programs. *Journal of proactive drugs* 32 (3) 311- 319
- Printrich P. R. & Schunk, D. H. (2002). Motivation in Education; Theory, research, and applications Upper saddle River, NJ Merrill- Prentice Hall..
- Ranchman, S. (2008). Systematic Desensitization Psychological Bulletin 67: 93 – 103.
- Richards, D. (2005). *Developing Cross-Cultural Management Skills: Experimental learning in an international MBA programme management*. Learning Netherlands Spring Publishers.
- Robert, D. F, & Jessica, C. (2008). *Cognitive therapy for children* word press entries Laurie seller N.Y. Sheldon Press.
- Rose, P. & Kim, Y. (2011). Self monitoring, opinion leadership and opinion seeking: *A Social Motivational approach; Current psychology* 30 pg. 203-214.

- Sarason I. G. (1994). Stress, anxiety and cognitive interference: Reactions to tests: *Journal of Personality and social Psychology*.9 (2) 105-120.
- Schafer W. (2006). *Stress management for wellness*. New York: Harcourt Brace College Publishers.
- Schultz, D (2001) *Theories of personality* California Brooks/cole publishing company 2nd edition.
- Schunk, D. H (2004). *Learning theories*, An educational perspective 3rd ed. Columbus Off Mal/Prentice Hill.
- Scroeder, H. E. & Rich, A. R. (2006) . The process of fear reduction through systematic desensitization, *Journal of counselling and clinical psychology* 44,191-199.
- Segmit, S. (2004). *Taking a test fear*. New York: American Board of Neuro linguistic programming (ABNCP) 11-17
- Seliafer, I. N. (2006). *Stress management for wellness*. New York: Harcourt Bace College publishers.
- Seliveder N. J. & Rich T. (2006). Solving abilities and adjustment during the initial year of the caregiving role, *Service*, Cambridge: self help leaflets.
- Smith M. (2008). *Anxiety attacks and disorders*: Guide to the signs, symptoms and treatment options retrieved from Help guide Website: [Http:www.helpguide](http://www.helpguide).
- Smith, K. L. (2006). *The relationship of test anxiety to the manifestation of creativity in a group of adolescents*. Dissertation Abstracts international.
- Snyder M. (1994). Self monitoring of expressive behaviour *Journal of Personality and Social Psychology*.5 230-245.
- Snyder, M. & Gangeotad, S. (2000). On the nature of self monitoring: matters of assessment, matters of validity. *Journal of Personality and Social Psychology*, 51, 125-139.
- Spielberger, C. D. (1997). Two factor model of test anxiety, *Journal of Anxiety Stress and Coping* vol. 10.
- Thompson J.M. (2006). *A meta-analysis of test anxiety therapy outcome studies*. Dissertation Abstracts International.
- Tobias S. (2002). *The impact of anxiety on cognition in school learning* Netherlands: Swets and Zeithinger publishers.
- Uwakwe, C. B. U (2008). Prevalence estimates and adolescent risk behaviours in Nigeria. Health Intervention Implications *Nigerian Journal of Applied Psychology*. 4. 45 – 57

- Vade, D. (2003). Treatment of social phobia: Advances in psychiatric treatment. *The British Journal of Psychiatry*. 9(4), 258-264
- Valente S.M (2002) social phobia. *Journal of the American psychiatric nurses association* (3), 61-75
- Vanessa, S. (2006). Formative Assessment, reducing Math phobia and related test anxiety, *Proceedings of the 7th international Conference of learning science*, Publishers; Internal society of the learning sciences Indiana.
- Ventis, D. (2001). Treatment of social phobia: Advances in psychiatric treatment. *British journal of Psychiatry* 9 (4), 258-264
- Ventis, W. L., Higbee, G. & Murdock, S. A. (2001) Using Humour in systematic desensitization to reduce fear. *Journal of General Psychology*. 17, 95-101.
- Wachelka, D. & Katz, R. C. (2009) Reducing anxiety and improving academic self esteem in high school and college students with learning disability, *Journal of Behaviour Therapy and Experimental Psychiatry*. 30, 191-198
- Weinner I. B. Freedheim, D. F. & Thomas, G. S. (1999). *Handbook of Psychology. Clinical Psychology* Wiley Publishers Services.
- Wild M & Duinn C. (2008), Implications of educational theory for the design of instructional multimedia *British Journal of Educational Technology* .10. 98-113.
- Wine, J. D. (2002). *Evaluation anxiety: A cognitive attentional construct*: Series in clinical and Community Psychology Achievement Stress and Anxiety NY. Macmillan.
- Wolk, C. B. & Beidas, R.S (2014). *Journal of the American academy of child and adolescent psychiatry* V.54 (3) pg. 175-179 published by Elsener inc.
- World Health Organisation (nd) composite international diagustic interview CIDI, version 1.0, Geneva WHO.
- Young, J. E., Klosko, J. S, & Weishaar, M. E. (2003) *Schema Therapy A practitioner's guide*. New York; auilford Press.
- Zashow C. (2008). What really causes Psychotherapy changes? *Journal of Independent Social Work*. 3, pg. 5-16.

APPENDIX I

DIAGRAMATIC REPRESENTATION OF THE RESEARCH WORK



APPENDIX II

Experimental Procedure

Treatment model 1

Approach-Systematic Desensitization

Skills – Questioning, observation, clarification, take home assignment, relaxation exercises

Materials- Researcher, research assistant, writing materials

Recipients - SS1 and SS 2 students

Duration – 6 weeks, once a week each session last for 45miniutes.

Objectives - The aim of the therapy using Systematic Desensitization is to help students overcome their generalized anxiety by exposing them to relaxation training and using step by step approach of desensitization. The aim is to imbibe on the students how to use relaxation as an approach to undermine anxiety, thus, the assumption that when a person is in a state of anxiety, he/she cannot relax will be nullified.

Theory- The Behaviourists

Mode - Group Counselling

Structure: The treatment is on helping the students apply relaxation training and learn how to step by step desensitize anxiety exhibited by the clients that could be hampering their academic performances, social relationship and many more

Week 1 Objective - the students at the end of this session are expected to grasp the goal and duration of the therapy

Step 1

a) Introduction

- i. The research assistant introduces the objective and aim of the exercises; she refreshes their memory reminding them that she is the school counsellor, emphasizing her roles as the school counsellor.
- ii. The students are asked to introduce themselves one after the other, stating their names, towns, local governments, states, names of parents, and others.

Step 2

b) Establishment of rapport =

The research assistant establishes rapport with the students. She asks them to tell her what they like about their school, their dislikes about the school. The students express themselves. The research assistant explains, the target of coming together as a group, she describes the programme and the duration of the exercise.

Step 3

The Description of the programme, the duration and Goals of Systematic Desensitization in this therapy

- a. The major goal of using Systematic Desensitization is to aid students reduce the level of their generalized anxiety and thus have improvement in their studies.
- b. Learn how to deal with fear and worries that are affecting their daily life activities.
- c. To learn how to do aware of such worries and concentrate in their studies.
- d. To learn how to face their challenges cognitively and affectively.

- e. To learn how to perform academically well when exposed to stressful situations.
- f. To enable students learn how to adjust properly and be able to improve on problem areas in their daily life activities that may affect their performances in their education.
- g. Learn how to face daily life challenges squarely and not allow oneself to be weighed down by the fear of the unknown.
- h. To enable the students have the courage, to forge ahead to senior secondary 3 and take their Senior secondary school examination and Jamb without being discouraged with their daily worries and anxiety towards fear of failure.

Step 4 Question and Answer Section;

- Do you have any objection in what we intend to achieve in this exercise?
- Students give their reply
- Students ask questions. This section comes to an end.

Week 2 objective – the students are exposed to the introductory aspect of relaxation skills and they are expected to grasp the relaxation skills

Step 1.

- i. Exchange of pleasantries and greetings.

Step 2

- ii. Review of 1st week activities:

Having done introduction in the first session they will introduce themselves and the research assistant will remind them that she has already explained to them what the intention of the exercise is; she refreshes their memory on the goals of the therapy.

Step 3

Treatment

- The students are exposed to brief relaxation training. They are told to practice the following- Relax all parts of the body by taking a position of minimum resistance. They are told to ensure that- they remove their wrist watch, tie, belt, earrings, release their arms and wrists, relax their hands if they are held tight, remove their sandals among others.
- Talking to self- the students practice self talk, convincing themselves that they want to practice the exercise.
- Standing up- the students stand up and stand still for at least 60 seconds to enable them focus their mind on the exercise.
- Shaking of body- the students will start shaking their body to loosen all parts of their body
- Imagination- The students are asked to sit down as they usually do when they come back from school after the day's school activities and imagine that they are practically without stamina that is they are fatigued and have lost all their energy.
- Breathing In- The students are told to breathe in very deeply, and now letting out the air slowly. This is repeated severally by the students.

Step 4

Observation

The research assistant moves round the class, monitoring how the students are doing the exercise.

Step 5

Questions and Answers

At the end of the exercise, Students are expected to ask questions, the research assistant answers the questions and this session or the therapy is terminated.

Week 3 Objectives – The Clients are expected to acquire and rehearse the relaxation skills

Step 1

- Exchange of greetings and pleasantries with the students.

Step 2

- The activities in the 2nd week are reviewed by the research assistant together with the students, using question and answer methods. The students briefly go through the relaxation exercise learnt in the second week. The research assistant reminds the students what they did last week on intensive muscle relaxation. The research assistant asks them to practice the exercise again like on eyes, mouth, stomach and hand among others.
- Progressive Muscle Relaxation
- The students are exposed to intensive relaxation training using Jacobson's model. The voluntary muscles are being exposed to tensing and relaxing processes. Here one group of muscle is tensed and at the same time relaxed thus-
- Feet- Attempting to fist the feet and toes together. The students while sitting down on their class chair are made to stretch out their legs forward, with their feet pointing down. The students avoid getting support by not placing their hands on the chair, hanging their hands down relaxing them, while in this position, they will count 10 seconds and release themselves from that position. After which they relax for about 20 seconds by counting 20 seconds.

- Hands- The students are told to stretch hands forward with the arms fixed into a ball and hold tightly. They count 10 seconds and release the arms and now relax for 20 seconds, by counting the seconds.
- Mouth- The students are asked to open their mouth wide to the extent that it will have the feeling that your mouth is tearing apart.
- You will then have tension in your chin and jaw. At the count of 10 seconds the students release and now relax for about 20 seconds. Secondly they are asked to press their lips tightly in such a manner that they will feel is painning them. Repeat the process for 15 seconds and 25 seconds respectively.
- Buttocks- Imagination of the anal region. The students are instructed to tense the muscles as hard as stone citing the example of their imagining that the anal region is totally closed and tightened getting ready to be injected by a nurse in the hospital. On doing this, the students are asked to count 10 seconds and release themselves and now count 20 seconds relaxing.
- The students are also exposed to other imagination like sitting on a toilet and attempting to defecate, here now the anal region is totally open and the student is applying pressure to remove the fecease. The students are asked to count 15 seconds and release, and now count 25 seconds relaxing.
- Stomach- putting the stomach in resistance and tense situation. The students are asked to imagine that he/she is playing ball and the ball seen moving towards you and wants to hit on your stomach. Put your stomach in tensed to resist. Count 15 seconds and release. Then for about 25 seconds you relax. Secondly push your stomach to form a ball and hold it for about 15 seconds and for about 25 seconds you relax.

- Neck- Pushing of Neck- The students are directed to push their neck to left side and should not allow their body to follow suit, this they do until they cannot go further. They remain in that position for 15 seconds before returning to the normal position. After which they relax for about 25 seconds. The same is repeated, but now towards the right side, within 15 seconds and 25 seconds respectively.
- Back- The students are meant to stay in a sitting posture with body fold in such a way that the back spines bulge out. At this point the student's hands are bent downwards slightly, with the arms crossed to lend weight to the bulging back. As usual to release the students count 15 seconds and relax for 25 seconds.
- Secondly, the students are asked to push the chest out in such a way that they show their chest and pushed out much of somehow something like Furrow is formed along the spines with the head slightly backwards with this the earlier budged spines will go in with the straining of the back shoulder muscles. The process of counting 15 seconds is effected.

Eyes- The students are asked to widely open their eyes, looking strained into air, deeply inward and now count 15 seconds and release the eyes and subsequently relax for 25 seconds secondly. The students are asked to tightly close their eyes in such a way that they are almost seeing stars, during which they count 15 seconds and release now for about 25 seconds they are asked to relax.

Step 4

Monitoring

They research assistant as they are doing these moves around the class, observing and monitoring the students.

Step 5

Question/Answers The students ask questions, the research assistant tries to answer them. The session comes to an end here. The students are reminded to come on time next week for the next session.

Week 4 - Identification of Anxiety Provoking Scenes and ranking

Objective: The students are expected to be abreast with the anxiety provoking scenes from the least provoking to the highest

Step 1

Exchange of pleasantries and greetings

The research assistant will welcome the students, praise them for being committed and dedicated to the programme. She enquires if they have been practicing the exercise at home. The students respond.

Review of week 3 activities.

- What the students learnt during the period of therapy
- It is necessary to reduce generalized anxiety
- What was your earlier impression?
- Before this treatment, did you ever think that such situation of anxiety could be reduced or not reduced?
- If you are asked to suggest, what will be your opinion concerning generalized anxiety, its consequences and its reduction.
- Students are expected to respond and also ask their own questions for clarity.

Step 2

Treatment =

The research assistant asks the students to enumerate some generalized anxiety provoking scenes they encounter daily.

She writes them down. She now arrange them in ascending order that is from the lowest anxiety provoking moment to the highest provoking moment. Note that this is not done individually but the average of the group response will be used for instance.

Rating	Hierarchy Items
0	On vacation (during school holidays)
5	Two weeks to school resumption
10	Two days to school resumption
20	During school periods
30	Registration (Paying of School fees)
40	Class begins
50	During break/ Continuous Assessment Task
60	Examination begins in One month
70	Examination time table is out
75	During examination
80	Awaiting results
85	During last day Assembly
90	During Collection of results from form master/mistress
100	Preparing to enter another class

The research assistant presents these scenes to them one after the other, in the form they are presented above.

Observation/Questioning

The research assistant gives close observation of the students. The scenes are presented severally until they can feel relaxed as the generalized anxiety provoking scenes are presented.

The research assistant ask questions bordering on the difference scenes the students will answer and also ask questions which the research assistant answers.

Week 5 Objectives – the clients are expected to practice the processes involved in the use of the technique

Treatment continues

Step : 1 Exchange of Greetings and Pleasantries

Step 2:Reviews of Activities in Week 4

The research assistant reviews last week's activities- starting with the students briefly practicing the relaxation training in week 3 and when the students are relaxed, the scene will be presented as in week 4.

Step 3: Treatment

Reference is made to the relaxation training in week 3, the whole process will be repeated by the students.

The research assistant asks the students to point times they experience generalized anxiety most and what they think triggers it most.

The research assistant takes note of what they pointed out for instance-

Rating	Hierarchy Items
0	At the close of school on Friday (during weekends)
10	Monday morning preparing to go to school.
20	Hears that there will be test within the week or change in the method of taking examinations
25	Morning of the test day
30	Sees the teacher coming for the test
35	During the test
45	After the test and is now time for labour
55	During Revision For Promotional Exam or during inspection of school uniform
65	Promotional Exams or checking of students who are owing any fee
75	During Assembly for closure of school
85	Collection of promotional results
100	Preparing to enter the next class (SS3)

These scenes are presented to the students in ascending order, until the steps are exhausted.

Step 3

Treatment=

Step 4 Observations and Questioning

The research assistant monitors the students closely. She tries to identify those who are not yet relaxed. The exercise is repeatedly done, If many are not yet relaxed. Students ask their questions and allowed to make their comments. The research assistant interacts fully with them and responds where need be.

Step 5 Assessments and Termination

The research assistant will ask the students to practice the exercise at home and even during break periods at school. The session will be terminated.

Week 6 Objective – the clients are expected to be acquainted with the skills required in the use of the technique

Exchange of greetings and pleasantries

Step 2 = Review

The activities from week 1-week5 are reviewed, like the goal or objectives of the therapy. The relaxation training, the enumeration, ranking and presentation of the anxiety provoking scenes are collaboratively done by the research assistant and students from asking questions by the research assistant to the members of the group. The students practice the scenes briefly.

Step 3 Interaction Through question and answer session, the research assistant finally interacts with the students by putting up questions pertaining to the exercises.

Assignment and Termination

The research assistant will instruct them to practice the exercise at home. She will thank them for their good behaviour, cooperation and commitment. The therapy session is terminated.

Closing Remarks-

The research assistant makes her closing remarks. For instance, always have in you that you have many strengths and talents, be strong, positive and calm. Having seen the value of relaxation, plan time for relaxation because being relaxed boosts ones efficiency, and always practice all that we have learnt, so that it becomes part of you. Never give up on yourselves. She thanks the students for their cooperation and for exhibiting the urge to learn. However, the entire therapy session will be terminated. She notifies the clients that they will meet again after 3 months for the Retention test.

Treatment Model I1- Self Instruction Technique

Approach: Self Instruction therapy

Objectives:

- Help students get rid of anxiety,
- To develop positive thoughts that replace negative thoughts.
- To overcome the thoughts that provokes generalized anxiety.

Hence, the goal of this treatment is to help students overcome or reduce their generalized anxiety using self Instruction technique. The treatment is aimed at eliminating students' generalized anxiety behaviour and thoughts, by making the clients learn how to pay attention to their problems behaviour and habits, and replacing them positively.

Theory: Cognitive Behavioural theory

Skills: Rapport, Questioning, Clarification, Paraphrasing, Explanation, Restating content, Reinforcement, Observation, Psychological homework, Modelling and many more

Materials: Researcher, Guidance counsellor, students, books, sheets of paper, chalkboard among others.

Mode: Group counselling

Recipients: Secondary school students in SS1 and SS2 with generalized anxiety.

Duration: Six weeks, at once a week 45 minutes per session

Structure: The treatment was on helping the students identify and learn how to recognize autonomic thoughts that provokes their anxiety before, during and after school and in their daily life activities using self monitoring.

The clients were helped to build up positive thoughts/statements to replace the negative thoughts, such statements serving as self verbal mediators, which the clients are meant to have rehearsal and constant practices, so as to make them part of their thoughts. Initially, the positive instructions could be said loudly, as time goes on softly, quietly and internally with role playing and practices. After which homework follow suit.

Procedures:

Week I

Objective - Orientation

Reception: In this session the research assistant receives the clients, by saying my beloved students, you are welcome to the counselling programme.

Introduction

The research assistant introduces herself ones more to the clients.

Clients The clients introduce themselves.

Counsellor At the end, the she will make compliments like oh you have very good and beautiful names.

Then she introduces the programme and the period it will take. She tries to explain the problems they have come to solve by saying:

We discovered from your answers to the inventory, given to you earlier, that there are some funny ways and experiences you go through. Which should not be, considering that you have your life to live. You are the architect of your future, daily life challenges are normal phenomenon. But you find out that at the mere mention of one challenge or the other your minds jump, and before, during and after school you encounter worry and emotional distress. To the extent that sometimes your brain goes blank and you freeze out, which invariably affects your performance in your academics. In fact, sometimes you

wished there is nothing like school activities, events, examination rather you prefer not getting involved in any activity. This may give rise to your being referred as dull students whereas you are not. This situation that you experience is referred to as generalized anxiety. Do you experience such things?

Clients: they acknowledge that they are some of the things they experience

Counsellor: good, the counsellor describes therapy thus;

Description of Therapy

In this programme, you will learn how to understand yourself, regulate, and monitor your negative thoughts that precipitates the anxiety. You are expected to learn how to build up positive thoughts to replace the negative thoughts. The goal being to enable you the students to perform better in your daily life challenges, examinations, help adjust in your thoughts before, during and after school, thus improve in the thoughts you are not comfortable with.

Client: the students may ask questions like, trying to confirm really if it is their thoughts that is making them behave the way they behave.

Counsellor: The counsellor is given opportunity to concur and expatiate on the influence of ones thought on behaviour. For instance, she explains that ones thought is part of the cause of ones anxiety; people with generalized anxiety are usually with negative thought towards life challenges. Thus, in this programme our main target is for us not to allow ourselves to be weighed down by such negative thoughts, so as to perform well in life situations and become successful people in future.. Hope you will like to start seeing daily life events as a normal process that you should not be tensed about, accept it as a normal phenomenon, which is part of your being in school specifically and life in general, have positive thoughts towards challenges. There is need to have a focus or target in life, as having a target energizes your life. Having target implies having internal desires, which you focus on, knowing that you have so many potentials, you work

towards building your confidence, for a fulfilled life. You should learn how to leave your comfort zones and face your challenges with confidence.

Clients: they concur.

Counsellor: Good students generalize anxiety is a problem behaviour that has very many consequences on the life of both the students and the teacher; it affects both your social and academic life. But by the help of God and your cooperation, by the end of this programme, you will learn how to self evaluate, monitor and give self instruction to your problem behaviours and be able to drop them and change how you perceive daily life challenges.

Client: the students are allowed to ask questions

Counsellor: the questions are expected to be answered by the counsellor, the students are encouraged to be active in therapy, which links the counsellor to expatiate more on the generalized anxiety and how it can be reduced using SIT.

Client: Students are expected to ask questions.

Counsellor: The researcher responds to the questions. In addition the counsellor creates an avenue to elaborate on how generalized anxiety affect one academically or socially., For instance, she can start by saying that; I will like to inform all of you that generalized anxiety leads to low performance in competitions like quiz, debates, promotional examination, test, national and international competitions, emotional stability and many more. It could make you to be sad and moody because a situation you have participated in class, done all of your homework, studied hard and you think you have a grip on the material, then the days of the competition comes, suddenly you blank out, freeze up, zone out or feel so nervous that you cannot get it together to respond to the required performance, you knew the required response just last night. Which now make you to be classed as not being bright whereas you are a bright/intelligent student, it will also make you lose appointments as prefects and senior prefects or sensitive positions of regard in

your school. It can also cause permanent social injury on you, as you will be tensed, even when you are to give a talk/address, or to try out for school play, sing a solo on stage, or even to go for important interview. It could also lead to dropping out of schools, poor academic performance, depression among others.

Clients: The clients are expected to listen attentively.

Counsellor: The Counsellor continues; my dear children, it is pretty normal to feel a little nervous and stressed before or in our daily life activities. Just about everyone does, and a counselling programme can actually help you get revived and keep you at peak performance while you are performing your daily life activities. But for some people, like you this normal anxiety is more intense. So it is good for us to drop this anxious behaviour for a better relaxed attitude towards school activities.

My good students feel free, be punctual and permanent in all the sessions we will have in this programme because you have much to gain.

Question Time

The researcher gives the students room to ask questions and tries to answer the questions to their satisfaction.

Counsellor: Any question?

Client: the clients are expected to respond.

Counsellor: the counsellor reacts to their responds

Client: the clients are allowed to ask more questions.

Counsellor: to encourage an active group counselling the counsellor involve other students in answering some of the questions

Counsellor: the counsellor motivates the students who may make good contribution, using praise, like saying very good, nice one, among others

Counsellor: Furthermore, the counsellor clarifies them on the nature of therapy, its duration, how many times they will be meeting, among others.

Counsellor: In the absence of any other question we come to the end of today's session. Before we go take your pen and write down your take home assignment. You are to list out some of the thoughts / symptoms you usually experienced before, during and after school, during holidays, on resumption of new term, among others. The students are told to put them on their sheets of papers at home, come with them to the next session next week. They are informed that they are required to write as many as they usually experienced.

Clients: The students put them down

Counsellor: She informs them that they will stop here today, till next week. They are told to write their names on the paper before they go.

Clients: the students may make compliments, if they enjoyed the exercise.

Counsellor: The counsellor responds and shakes hand with the clients.

Week 2

Objective - Listing and identification of symptoms of generalized anxious behaviour/thoughts to be monitored.

Step I

The researcher welcomes the students, makes roll calls of the students, and asks them about their health. She asks them about what she discussed with them last week. The students are expected to narrate what she said about the consequences of generalized anxiety.

Clients – The Clients respond and narrate what they did in the previous section.

Step 2:

The counsellor asks the students to read out what they have written on the take home assignment on the symptoms, thoughts, you usually experienced before, during and after school, during holidays, on resumption of new term, among others. As they read she groups them in her paper as expressions of generalized anxiety under bodily reactions, thought disruptions, general anxiety and also the sources, thus; concerns about how others will view you if you do poorly, concerns about your self-image, concerns about your future security, concerns about not being prepared for school activities, worry about performance, worry about bodily reactions, worry about possible negative consequences. After, the researcher praises the students.

Clients- the Clients present their work one after another

Step 3:

The researcher moves along with the students trying to quantify the number of forms or category. She tells them that these behaviours or thoughts are the things that make our attitude and thoughts to be above the level of expected anxiety daily activities, which makes you to be nervous and invariably affects your performance negatively. Therefore, they are the thoughts we will learn how to monitor by ourselves, from time to time. It is not difficult. With practice the self monitoring will be part of you. The researcher then gives students sheets of paper to write out the different negative thoughts and behaviour under the categories she has earlier stated. She then ask the students to study the behaviours very well that they are what they will self monitor.

Clients- The clients imagine the lined up activities for the next day and puts down their thoughts on paper.

Question Time:

Counsellor: The counsellor ask the students if they have questions

Client: the students are expected to ask questions.

Counsellor: whichever question asked is responded to by the counsellor.

Clients: Students may ask more questions

Counsellor: The counsellor responds and may use the opportunity to enlighten the students on the building of positive thoughts.

Client: If the answers given are well understood, the students will acknowledge

Closure:

Counsellor: The research assistant thanks the students for their interest and attention to the day's discussion and asks them to keep it up, and reminds them of the assignment given to them. Telling them to please, make sure they come on time next week as we will start building up positive thoughts/behaviour programme of these behavioural forms given to you. God bless you all.

Clients: The students are expected to respond, for instance, God bless you too. The students shake each other and depart.

Week 3:**Objective**

Developing ways for self monitoring of negative thoughts and building up of positive thoughts to replace them

Step I: The research assistant welcomes the students saying, my beloved students you are all welcome to today's episode of the programme, hope we are all here. For the benefit of

doubt let us have a roll call and know who and who are not yet present. After the roll call she now asked them about the members of their families.

Clients- It is anticipated that they will respond in affirmative but if otherwise, the counsellor tries to use suiting words to accommodate whatever the response may be.

Counsellor: The counsellor and the students here review the previous week's discussions, she asks the students to present the various symptoms and thoughts they experience in their day to day activities, in their categories as classified last week. After listening to a good number of them, she thank them for being very good students.

Step 3: The counsellor then gives the students another sheet of paper and ask them to put down behaviour self monitoring sketch. When you remember any negative thought when difficult task is anticipated, put it on top of the sheet and do the following:

Worry about performance or not being prepared for the tasks ahead.

Date	time	what did you do?
------	------	------------------

Example of such thoughts under concern of performance; - I just want to finish and get out of here and hope for the best.

- I am tense
- I worry so much over something that does not matter
- I am worried
- I do not know anything, what's the matter
- I often feel the urge to lean on someone's assistance to complete any task.
- I do not know anything.
- I am just a no good, tremble worthless person.

When you notice such thoughts in your mind, write the date time and then what you did. Then study your list and see if you can change any of your worrying thoughts, ask yourself how rational is each thought? How much evidence do you have for such a belief? Can you change your thoughts to something reasonable?

Put these positive thoughts down by the side of each negative thought. Hence, the researcher agrees with the clients to keep a diary of events and situations in the natural environment.

Client: The students are expected to ask questions

Counsellor: Okay listen everybody; let us see the following examples.

- I cannot figure out what to do first when the school closes today – no way I will plan my activities for the rest of the day.
- I know I programmed myself yesterday – what is wrong with me
- My mind is blank - I am just not cut out for the next day activities
- I have to get an ideal plan - Smart people always make ideal plans.
- This stuff is easy - I should get everything right.

Worry about Bodily reactions/ your own self image

For instance, I am sweating all over – Is really hot in here.

Worry about how others are doing or how others will view you if you do poorly. I must really be stupid – no I am not stupid.

I know everyone is doing better than me – No I don't think so.

My parents/ friends will be disappointed if I score low- none of their business

Worry about possible negative consequences or future security

If I fail to perform well in my school activities; I will be kicked out of school – No way I will perform excellently.

I will never graduate on time if I fail to carry out my obligations – I will.

I will never get the kind of job I want if I fail – I will get it.

Knowing that my future depends on how well I control my emotions upsets me – no way there are other option and many more.

Question Time

She asks the students whether they have more questions. Please ask your questions. As the students ask the questions she tries to answer them to their satisfaction

Closure:

Before closing for the day the counsellor gives the students assignment, she tells them to record events that trigger off the thoughts, anytime they experience them with date and time and write them down, the researcher encouraging them to imagine a situation, before, during and after the day's activity. And writing down what they did and the thought that they applied when the negative thought occurred.

Then she thanks the students once more for their cooperation and active participation. The students then depart.

Week 4:

Objective: Self Instruction exercises.

Step 1:

Counsellor: The research assistant welcomes the students by Saying: you are all welcome to today's episode of our programme. Thank you for being very regular and punctual. I hope your studies are okay. Which subjects have you done since morning?

Clients: the students respond.

Counsellor: I hope you understand them well?

Clients: the students are expected to concur, if not the research assistant explains further.

Step 2:

Counsellor: The research assistant and the students review the last lesson and then the students present the assignments given to them during the last session. She goes through what the students have written.

Step 3: The research assistant gives the students more sheets of paper and says, write out any form of anxiety symptoms/ behaviour thoughts, statements that you experience when you imagine the forthcoming method of writing examination, like JAMB with computer soft wares, and then replace them with positive self statements, by instructing yourself.

After that she gives them 10 minutes to do the work. Then she calls them up one by one to present their reports.

Question Time: Students are given time to ask questions and as they ask the questions she tries to answer them to their satisfaction.

Counsellor: The counsellor tries to trace the root of whichever question that may be asked for instance; what prompted your questions or why are you asking, are you afraid?

Client: the students give their reply, which could be they are afraid or they are picking interest in the therapy.

Counsellor: whichever way the researcher replies for instance Oh that is wonderful. Hope others feel the same way too.

Clients: the students are given room to ask more questions

Closure: Before the closing greetings, the research assistant asks the students to start from that day to keep records on any negative self talk when any challenge is imagined, then ask themselves the important questions and replace them with positive self talk. The students shake each other before departing.

Week 5: Activities in week 4 are repeated

Week 6: Making sense out of the data recorded.

Step 1: The counsellor welcomes the students, praises them for being regular and punctual and dedicated to the programme. She then informs them that this is going to be the last episode of the programme.

Step 2: The research assistant and the clients make a review of the previous works done in week 5. She asks them questions on how far they are feeling and how far they can monitor themselves, build up self verbal positive mediators, and pass on self instruction on such negative thoughts towards daily life challenges.

Step 3: The research assistant now invite the clients one after the other to replace negative thoughts with positive self talks after self monitoring. At the end, she encourage them to be using positive self talks, anytime negative thoughts crops up, which they start saying loudly later softly and finally silently. By encouraging the clients to be sure that the set goals by themselves, which reflect their lives, do what mean most to them. She explains that self set goals are better motivators than those imposed by others. Put goals in writing, which will lessen the odds of losing sight of your goals in the shuffle of daily activities and increase your commitment.

Make your goal for instance, to excel challenging but attainable, that good goals are neither too easy nor impossible. As a challenging attainable goal will hold your interest and keep you motivated. Frequently revise and update your goals, every goal should have a target date.

Question Time:

The students ask questions, then the counsellor tries to answer the questions to their satisfaction.

Termination:

The research assistant thank the students for participating fully in the entire exercise and encourage them to keep on practicing what they have been thought and practiced. She informs them that they will meet again after 6 weeks. During which the retention test will be administered.

Control Group –Conventional Counselling

Approach: Use of Study Skills and general counselling.

Theory: Gestalt theory (Max Weithmer), Gestalt therapy (Fitz perl)

Skills: Summarization, Note taking, Study tips, Oral Interview, Questioning, Clarification, Paraphrasing, and Homework.

Materials: The research assistant, students, books, sheets of paper, chalkboard, among others.

Mode: Group Counselling.

Recipients: Senior secondary (SS1 and SS2) with Generalized anxiety in Enugu East LGA.

Duration: 6 weeks at 45 minutes per session.

Objectives: This is to help the clients learn to overcome their generalized anxiety so as to be fully prepared for daily life challenges which as students embraces academic activities. It is aimed at making the students get familiar with study tips that can aid them in their study. The aim being to reduce anxiety, as available literature portray that students with anxiety towards academic activities may lack study skills. Thus the students

learn how to pay attention to their problem behaviors and study habits that encourage the anxiety and how to overcome them.

Structure: There are numerous study skills but for this study the treatment covered awareness creation, teaching of study tips, and use of study quiz, summarization, note taking and use of memory cards.

Procedures-

Week 1 – Orientation

The Counsellor directs the students to give their cooperation. She receives and welcomes the students to the counseling programme. She announces that the programme has six weeks duration and that students will benefit from it if they come regularly and punctually. She then tells the students to make general introduction of themselves (the students introduces themselves). She commences by explaining the main topic which borders on how to get rid of generalized anxiety. She explained generalized anxiety as a psychological condition that has many consequences on both the students and the school, socially and academically. Socially, she continued, generalized anxiety leads to hatred for one's study, lack of interest in school works, avoidance of evaluative situations, loosing of opportunities to get appointed as school prefects. Academically, she continued, it can cause permanent injury, poor academic performance and dropping out of school. She announced to the students that through the inventory administered to them earlier, that results showed the existence of anxiety in them and that it is necessary they learn how to help themselves get rid of the problem and have a better relaxed attitude towards daily life situation. She explained the importance of finding the times and places when and where to do one's work as essential to being successful and reaching one's goals. She further said that being more alert in the morning or early evening will help one decide when to schedule study time. She said it is also necessary to have a quiet place set up for studying, which should be free from distractions and that every material needed for effective study session like dictionary, notebooks, calculator etc should be available at

hand. She emphasized on the importance of communication and establishment of positive relationship with one's instructors, she quoted the adage which says:-

“if at first you do not succeed, try, and try again” which translated that, “to succeed you need to exhaust all possibilities and paths to success until you reach your goal”, explaining further that the best way to lose one's fear of the unknown is to familiarize oneself thoroughly with challenges, so that it no longer remains an unknown. She further explained on the importance of making preparation months in advance in order to have plenty of time to make progress, and make brain perform at its best provided one takes good care of his body, and physically maintain a healthy life style, including healthy foods, because one's brain needs good nutrition, adequate sleep, short frequent breaks, reduction on dependence on caffeine or nicotine, avoidance of alcohol or smoking.

Question Time: The research assistant welcomes questions from students which she answers to their satisfaction.

Closure: Before closing time she assigns the students to write out their patterns of following their academic work, when they go home. She thanked them for listening and contributing in the discussion and questioning.

Week 2: listing and identification of skills for academic pursuit and other daily life activities.

Step 1: The research assistant welcomes the students, inquires from them about their families and studies. She takes roll call of the students and emphasizes on the need for them to be punctual.

Step 2: She and the students collaboratively review the works of the previous episode. Then she will tell the students to read out one after the other, their study patterns based on the assignment given to them. As they read, she takes note of certain areas that need to be addressed and also praise them for good attempt and efforts, they have made.

Step 3: The patterns was explained to include, their private time table, the environment in which they study, their time schedule and many more. She pointed out that no two persons have the same habit and learning style. She will enumerate the numerous skills that are available for optimal learning, for instance summarization, study tips, memorization, Note taking etc. and that Study Skills offer more convenient ways for one to adequately prepare in advance and that the major way to lose one's fear of the unknown is to familiarize oneself thoroughly with one's studies by adopting the study skills, so that the subjects will no longer remain unknown to the person. She briefly explains Summarization and use of memory.

Question time: The students are expected to ask their usual questions, which the research assistant answers to their satisfaction.

Closure: The research assistant assigns the students to start practising summarization, when they get home, she instruct them to cut out a paper for summarizing what they were studying using their memory and to focus on the formulae.

Week 3 – Tips –

Step 1: The research assistant welcomes the students and expresses her satisfaction and happiness over their cooperation and performances.

Step 2: The research assistant guides the students in review of the issues discussed in the last episode. She calls the students one by one to demonstrate the past study skills they have been using in their study. She praises them for the efforts they have made so far.

Step 3: The research assistant starts enumerating the numerous tips, as listed below:

‘It is best to review the material right after class when it is still fresh in your memory’.

‘Don’t try to do all the studying in the night before any evaluation, instead space out the studying, review class materials at least several times a week, focusing on one topic at a time’.

‘Have all the study materials such as; lecture notes, course textbooks, study guides and other relevant materials in front of you’.

‘Find a comfortable and quiet place to study with good lighting and little distraction and try avoiding your bed for it is very tempting to just lie down and take a nap’.

‘Take notes and write down a summary of the important ideas as you read through the study material’.

‘Take short breaks frequently. The memory retains the information that is studied at the beginning and the end better than what is studied in the middle’.

‘Space out your studying; you will learn more by studying a little every day instead of waiting to cram at the last minute. By studying every day, the material will stay in your long term memory but if you try to study at the last moment, the material will only reside in your short term memory that you will easily forget’.

‘Make sure you understand the material well, don’t just read through the material and try to memorize everything. If you choose to study in a group, only study with others who are serious with their aim of being in school which is to study.

‘Test yourself or have someone test you on the material to find out where your weak and strong areas are. You can use the review questions at the end of each chapter or the teacher may give out as well as other materials’.

‘Do not study later than the time you usually go to sleep, you may fall asleep or be tempted to go to sleep, instead try studying in the afternoon or early evening. If you are morning persons try studying in the morning’.

She will explain each of these and how they can be put into practice.

Question Time: Here the students will be asked to ask questions, which the research assistant answers to their satisfaction.

Closure: The research assistant will ask the students questions on the numerous study tips they were taught. On her closing remarks, she will thank them for their commitment and instruct them to practice what they discussed through the week.

Week 4: Application of Summarization, Memory tips and Note taking Skills

Step1: The research assistant welcomes the students as usual, makes the necessary personal interaction with them, makes the roll call and praise them as good and committed students but will stress seriously on punctuality.

Step 2: The research assistant and the students will collaboratively review the previous work. She instructs the students to present some of the study tips that they were able to practice from what they were taught in the previous episode. After listening to the students' presentations, she praises them and congratulates them for job well done.

Step3: The research assistant introduces the other types of skills they are going to discuss for the day and informs them that they could change their study skills, depending on the one that one notices as more suitable to each individual and she tells them to optimize and practice it. She will then explain summarization, note taking, and the use of memory in details. The exercise involves the use of 3x5 cards during study time in which students use to make summary after each study. The research assistant brings out some 3x5 cards and explains using subjects like mathematics, physics and formulae as examples of issues to be put down using the memory on the cards. She distributes 3x5 papers to the students; and instructs them to put down some mathematics formulae that they can remember. She dictates some words and instructs them to write their meanings, such as give us examples of noun, pronoun, she also gives out some definitions and instructs them to write them on the memory card using their memory, for example, 'matter is anything that has weight and occupies space' etc. The research assistant reminds the students that there were other ways to optimize their study skills and thus reduce generalized anxiety, citing examples such as when they read the assigned text books, write notes about important points, review their additional notes daily. She summarizes the techniques to adopt as follows:-

‘You can improve your study skills memory by using 3 x 5 cards to review important terms’.

‘Create study skills activities that you will use every week. For example have a weekly session where you write down important facts on a sheet of paper using your memory alone’.

‘Start your own study skills, lesson plan for each day, your study skills lesson plan should include evaluation taking ideas that you will use for each class’.

‘Do not allow generalized anxiety to creep into your emotions. Reduce your anxiety by spending more time scheduling and preparing; spread your activities preparation time’.

‘The main helpful skills resource is your conseller, you should not be too discouraged to seek help when you need it’.

‘Write down notes on important facts so that you can review them each morning. If they are involved in a mathematics or science subject, write out all of the important formulae on one sheet of paper and review them in the morning.

Question time: The students will be given room to ask questions, which they did and the research assistant answers them to their satisfaction.

Closure: The research assistant thanks the students for their good behaviour, co-operation and commitment; advises them to keep practicing the use of the skills she taught them. Before leaving the class, she instructs them to bring their mathematics textbooks for the next session.

Week 5: Practice continues

Step 1: The research assistant once more welcomes the students, praises them for being good and committed students.

Step 2: She then asks the students questions on the subject matter; that is their ability to practice the use of study skills and other tips she taught them. After their responses, she instructs them to rehearse what they have done. She goes further to explain study skills as a way of life, and as one of the key to their success in school, and a roadmap to overcome anxiety. Therefore she advises them that before going to class, they should prepare a list of questions where they have difficulty and during class they should consult their teacher. She advises them to be active in using creative study skills activities that tap into their own learning style and lastly they should maintain a positive attitude and do not let generalized anxiety overcome them. She further advises them to expect to have success on every their daily life activities. She also warns of the dangers of one anticipating failure which invariably leads to anxiety and subsequent failure. She advises them to develop a new daily activity list each day and follow it. Implementing all these strategies will lead to a successful learning strategy and reduce anxiety.

Step 3: At this juncture, the research assistant instructs the students to list some of the study tips using their memory on the paper and it is anticipated that they should be able to apply the tips in their daily pattern of study and daily activities.

The research assistant can ask the students to answer the following quiz.

A. What can you do to avoid stress?

i. Skip class, ii. Sleep, iii set goals and plan ahead, iv. Do not take notes in class.

B. What is the best time to plan your daily activities?

i. During the day ii. At night, iii. After eating iv. Immediately after learning new method

C. What can you do if you don't like to sit and read for a long time?

- i. Just don't read the books
- ii. Try taking breaks or studying in groups

iii. Have a friend; read you the books out loud.

iv. Drink a lot of caffeine.

D. How can I pay attention in class when it seems that I'm having apprehension sometimes?

i. Connect the material to other information.

ii. Sit in the back and get some shut eye

iii. Jot in my note book.

E. How can I stop procrastinating?

i. Make schedule and follow it.

ii. Watch all television shows until you are tired of watching television.

iii. Just wait until the last minute because eventually you will stop.

iv. Watch movies that have smart people in them.

The research assistant picks one paper and writes the answers and goes to the black board to elaborate on it collaboratively with the students.

After quiz session she is expected to have elaborate discussion with the students during which she explains to them, that the first and arguably the most important aspect of study skills acquisition is recognizing that one is responsible for his or her successes and also for his or her failures. Holding this responsibility she will go further to explain that it entails the understanding that one's decisions, habits, resources, priorities, all determine the success he has or level of ones anxiety on daily life challenges. However, she explains that a clear sense of who one is including, his beliefs and values,(instead of letting others dictate what one should say, do and believe) will also help the person to be more successful on the path he has chosen.

Question Time: The research assistant will give the students opportunity to ask questions, which she answers to their satisfaction.

Closure: The research assistant before leaving instructs the students to keep practicing all they have learnt.

Week 6:

Activities in week 3, 4 and week 5 are repeated.

Termination: The research assistant made the following closing remarks as written below:- You know that in your activities as students, you must be able to separate who you are from what you do. Although you should put in your best effort, you cannot use your performance to determine who you are or will be in future. You always have more capability than might have been apparent in a particular context, try again. You have many strengths and talents. You are not your grades. The research assistant highlights that from all they have discussed – be strong, positive and calm, plan time for relaxation it will boost your efficiency, use these study skills techniques to see yourself doing well and have your anxiety reduced. She then advises them never to give up on themselves and she will announce to them that, that the day is the final session. The research assistant thanks the students finally for their commitment, hard- work and cooperation. She finally advice them that they should continue practicing the study skills processes, which she believes will help them to fully prepare and be acquainted with their anxiety level thereby equipping them for a better performance in future.

APPENDIX III

OUTPUT FOR OBI JOY-SYL VIA

Means

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI.sav

		Report		
TREATMENT MODEL		PRETEST	POSTTEST	RETENTION SCORE
SYSTEMATIC DESENSITIZATION	Mean	32.7500	13.0000	12.0313
	N	32	32	32
	Std. Deviation	7.72512	5.18683	5.11471
SELF INSTRUCTION	Mean	33.9677	12.8065	10.7419
	N	31	31	31
	Std. Deviation	8.15469	2.84511	3.46379
CONVENTIONAL COUNSELLING	Mean	33.0000	27.6786	26.5000
	N	28	28	28
	Std. Deviation	8.87360	7.69345	7.68115
Total	Mean	33.2418	17.4505	16.0440
	N	91	91	91
	Std. Deviation	8.16271	8.76009	8.95161

Means

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 1 AND 3.sav

Report

TREATMENTMODEL		PRETEST	POSTTEST	RETENTIONSCORE
SYSTEMATIC DESENSITIZATION	Mean	32.7500	13.0000	12.0313
	N	32	32	32
	Std. Deviation	7.72512	5.18683	5.11471
CONVENTIONAL COUNSELLING	Mean	33.0000	27.6786	26.5000
	N	28	28	28
	Std. Deviation	8.87360	7.69345	7.68115
Total	Mean	32.8667	19.8500	18.7833
	N	60	60	60
	Std. Deviation	8.21009	9.78554	9.68152

ANALYSIS OF COVARIANCE

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 1 AND 3.sav

Between-Subjects Factors

		Value Label	N
TREATMENTMODEL	1.00	SYSTEMATIC DESENSITIZATION	32
	3.00	CONVENTIONAL COUNSELLING	28

Tests of Between-Subjects Effects

Dependent Variable: POSTTEST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	3621.288 ^a	2	1810.644		
Intercept	337.133	1	337.133		
PRETEST	403.745	1	403.745		
TREATMENTMODEL	3181.965	1	3181.965	89.418	.000
Error	2028.362	57	35.585		
Total	29291.000	60			
Corrected Total	5649.650	59			

a. R Squared = .641 (Adjusted R Squared = .628)

ANALYSIS OF COVARIANCE

Tests of Between-Subjects Effects

Dependent Variable: RETENTIONSORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	4735.709 ^a	2	2367.854		
Intercept	39.592	1	39.592		
POSTTEST	1609.494	1	1609.494		
TREATMENTMODEL	41.079	1	41.079	2.947	.091
Error	794.475	57	13.938		
Total	26699.000	60			
Corrected Total	5530.183	59			

a. R Squared = .856 (Adjusted R Squared = .851)

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 1 AND 3.sav

Between-Subjects Factors

	Value Label	N
TREATMENTMODEL 1.00	SYSTEMATIC DESENSITIZATION	32
TREATMENTMODEL 3.00	CONVENTIONAL COUNSELLING	28

Means

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 2 AND 3.sav

Report

TREATMENTMODEL		PRETEST	POSTTEST	RETENTION SCORE
SELF INSTRUCTION	Mean	33.9677	12.8065	10.7419
	N	31	31	31
	Std. Deviation	8.15469	2.84511	3.46379
CONVENTIONAL COUNSELLING	Mean	33.0000	27.6786	26.5000
	N	28	28	28
	Std. Deviation	8.87360	7.69345	7.68115
Total	Mean	33.5085	19.8644	18.2203
	N	59	59	59
	Std. Deviation	8.44326	9.37248	9.83146

Univariate Analysis of Variance

[DataSet0] C:\Users\gnc\Documents\JOYSYLVA OBI 2 AND 3.sav

Tests of Between-Subjects Effects

Dependent Variable: RETENTIONSORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	5155.367 ^a	2	2577.684		
Intercept	.470	1	.470		
POSTTEST	1502.167	1	1502.167		
TREATMENTMODEL	28.708	1	28.708	3.566	.064
Error	450.769	56	8.049		
Total	25193.000	59			
Corrected Total	5606.136	58			

a. R Squared = .920 (Adjusted R Squared = .917)

Between-Subjects Factors

	Value Label	N
TREATMENTMODEL 2.00	SELF INSTRUCTION	31
TREATMENTMODEL 3.00	CONVENTIONAL COUNSELLING	28

Tests of Between-Subjects Effects

Dependent Variable: POSTTEST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	3992.716 ^a	2	1996.358		
Intercept	127.278	1	127.278		
PRETEST	738.746	1	738.746		
TREATMENTMODEL	3424.290	1	3424.290	173.980	.000
Error	1102.200	56	19.682		
Total	28376.000	59			
Corrected Total	5094.915	58			

a. R Squared = .784 (Adjusted R Squared = .776)

ANALYSIS OF COVARIANCE

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 2 AND 3.sav

Between-Subjects Factors

		Value Label	N
TREATMENTMODEL	2.00	SELF INSTRUCTION	31
	3.00	CONVENTIONAL COUNSELLING	28

Means

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 1 AND 2.sav

Report

TREATMENTMODEL		PRETEST	POSTTEST	RETENTION SCORE
SYSTEMATIC DESENSITIZATION	Mean	32.7500	13.0000	12.0313
	N	32	32	32
	Std. Deviation	7.72512	5.18683	5.11471
SELF INSTRUCTION	Mean	33.9677	12.8065	10.7419
	N	31	31	31
	Std. Deviation	8.15469	2.84511	3.46379
Total	Mean	33.3492	12.9048	11.3968
	N	63	63	63
	Std. Deviation	7.89887	4.16868	4.39406

ANALYSIS OF COVARIANCE

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 1 AND 2.sav

Between-Subjects Factors

		Value Label	N
TREATMENTMODEL	1.00	SYSTEMATIC DESENSITIZATION	32
	2.00	SELF INSTRUCTION	31

Tests of Between-Subjects Effects

Dependent Variable: POSTTEST

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	10.359 ^a	2	5.179		
Intercept	412.476	1	412.476		
PRETEST	9.769	1	9.769		
TREATMENTMODEL	1.017	1	1.017	.057	.812
Error	1067.070	60	17.784		
Total	11569.000	63			
Corrected Total	1077.429	62			

a. R Squared = .010 (Adjusted R Squared = -.023)

ANALYSIS OF COVARIANCE

[DataSet0] C:\Users\gnc\Documents\JOYSYL VIA OBI 1 AND 2.sav

Between-Subjects Factors

		Value Label	N
TREATMENTMODEL	1.00	SYSTEMATIC DESENSITIZATION	32
	2.00	SELF INSTRUCTION	31

Tests of Between-Subjects Effects

Dependent Variable: RETENTIONSCORE

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	330.493 ^a	2	165.246		
Intercept	120.215	1	120.215		
POSTTEST	304.317	1	304.317		
TREATMENTMODEL	22.152	1	22.152	1.534	.220
Error	866.587	60	14.443		
Total	9380.000	63			
Corrected Total	1197.079	62			

a. R Squared = .276 (Adjusted R Squared = .252)

APPENDIX IV

OPTION A (Pretest)

Name of School:

Name of Student:

Class:

Beck Anxiety Inventory

Please carefully read each item in the list, indicate how much you have been bothered by the symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much	Moderately- it wasn't pleasing at times	Severely- it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding/racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint/ lightheaded	0	1	2	3
face flushed	0	1	2	3
Hot/cold sweat	0	1	2	3
Column sum				

APPENDIX IV

OPTION B (Post test)

Name of School:

Name of Student:

Class:

Beck Anxiety Inventory

Please carefully read each item in the list, indicate how much you have been bothered by the symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much	Moderately- it wasn't pleasing at times	Severely- it bothered me a lot
Fear of worst happening	0	1	2	3
Fear hot	0	1	2	3
Numbness or tingling	0	1	2	3
Unable to relax	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Heart pounding/racing	0	1	2	3
Scared	0	1	2	3
Hot/cold sweat	0	1	2	3
Nervous	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Hands trembling	0	1	2	3
Column sum	0	1	2	3
Fear of losing control	0	1	2	3
Shaky	0	1	2	3
Fear of dying	0	1	2	3
Difficulty in breathing	0	1	2	3
Indigestion	0	1	2	3
Wobbliness in legs	0	1	2	3
Face flushed	0	1	2	3
Feeling of choking	0	1	2	3
Faint/ lightheaded	0	1	2	3

APPENDIX IV

OPTION C

Name of School:

Name of Student:

Class:

Beck Anxiety Inventory

Please carefully read each item in the list, indicate how much you have been bothered by the symptom during the past month, including today, by circling the number in the corresponding space in the column next to each symptom.

	Not At All	Mildly but it didn't bother me much	Moderately- it wasn't pleasing at times	Severely- it bothered me a lot
Shaky	0	1	2	3
Hot/cold sweat	0	1	2	3
Indigestion	0	1	2	3
Unable to relax	0	1	2	3
Unsteady	0	1	2	3
Hands trembling	0	1	2	3
Heart pounding/racing	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Fear of worst happening	0	1	2	3
Nervous	0	1	2	3
Faint/ lightheaded	0	1	2	3
Numbness or tingling	0	1	2	3
Fear of losing control	0	1	2	3
Scared	0	1	2	3
Fear of dying	0	1	2	3
Terrified or afraid	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in leg	0	1	2	3
face flushed	0	1	2	3
Feeling of choking	0	1	2	3
Difficulty in breathing	0	1	2	3