

Differential Effectiveness of Three Therapeutic Packages in Fostering Adolescents' Intrapersonal Relationship

Ayodele Kolawole Olanrewaju*

Research and International Cooperation, Babcock University Ilishan, Ogun State

Abstract

This study investigated the effect of Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills programs in fostering intrapersonal relationship among Nigerian adolescents. A quasi experimental research design of 3x2x2 factorial matrix type was used for this study. The study participants were 216 Senior Secondary 1 and 2 students randomly selected from 3 coeducational secondary schools from three different Local Government Areas in Remo educational block of Ogun State, Nigeria. Two standardized instrument was used in collecting data while analysis of covariance was used to analyze the generated data. Results show that all the treatment packages ($F_{(2,212)} = 7.089$; $p = .005$) were effective in improving adolescents' intrapersonal relationship while REBT was found to be most effective. Based on the findings; it was recommended that the treatment packages could be used as veritable tools in equipping adolescents with necessary skills to help the youths live a worthy life.

Keywords

Enhanced Thinking Skills, Rational Emotive Behaviour Therapy, Social Skills, Intrapersonal Relationship, Adolescents

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1. Introduction

As adolescents grow, their relationships with selves and others become increasingly influential. This relationship not only provides foundation for later adult relationship, they also buffer adolescents from stress and lessen the risk of later emotional and behavioural problems. When teens behave right, think positively and are socially successful, their relationships are a source of well-being, pride and identity. Yet some teens have difficulties in getting along with others because of shyness, conflict or any other challenges (Ayodele, 2011, 2013; Burk & Laursen, 2008). These challenges were seen as frustrating obstacles by Nwoilsa, Olusakin and Fashina (2013), which may make the adolescents to be aggressive or rebellious in a day, and

cooperative and affectionate another day. Olusakin and Nwoilsa (2010) on the hand affirm that adolescents have fluctuating moods and may be aggressive and anxious. Their pattern of thinking is that in which immediate needs tend to have priority over long term ones and because they lack knowledge and skills to make healthy choices, they tend to go into risky behaviour (Olusakin & Nwoilsa, 2010).

At every root of human development and progress, interaction, interrelationship and interdependence are the core elements. In other words, to be able to cope with modern day challenges of surviving in a complex world characterized with violent behaviours, our adolescents which are the hope of tomorrow must be empowered with enhanced

* Corresponding author

E-mail address: ayodelewole@gmail.com, ayodelewole@yahoo.com, ayodelek@babcock.edu.ng

techniques that will make them relevant and be able to subdue hindrances that may prevent them from translating their dreams to realities. According to Ogunyemi (2005) “the most valuable resource of any country is in its inherent intellectual assets. Thus, the youngsters in our schools must be aware of alternative techniques that can be used to solve problems more effectively, to make decisions more rapidly and for them to explore opportunities more creatively”. This study makes use of three of such enhanced techniques, which are Rational Emotive Behaviour Therapy, Enhanced Thinking Skills and Social skills.

However, studies have shown that human behaviour can be influenced by self-efficacy (Maitland, 1996; Bandura, 1997; Iro-Idoro, 2010). Bandura (1997), Zimmerman, Bandura and Martinez-pons (1992) posit that a person’s personal judgments of his/her capabilities to organize and execute course of actions to attain designated types of behaviour. These judgments influence how individuals think, motivate themselves and act (Bandura, 1995; Adenuga & Ayodele, 2009). Thus, self-efficacy beliefs play a key role in setting the course of intellectual development and operate as an important contributor of behaviour change.

Though, gender does not consistently have a direct impact on outcome variables such as behavioural change (Adeyemo, 1999; Salami, 1999; Abosede, 2007), the factors that influence positive change in behaviour may vary across gender. It has been suggested that studies that focus solely on individual subjective reactions are, at best, incomplete if they do not include an examination of the contextual factors that shape these perceptions (Ostroff, 1993; Carless, 2004). Thus, this study believes that making a connection between genders and the independent variables will offer insights unlike those provided in the literature to date, specifically with regards to how the treatment packages may have a gender specific impact on inter and intra personal relationship skills among Nigerian Adolescents.

1.1. Rational Emotive Behaviour Therapy (REBT)

Rational Emotive Behaviour Therapy (REBT) is the creation of Albert Ellis. Froggatt (2005) emphatically reported that REBT is not just a set of technique - it is also a comprehensive theory of human behaviour. REBT proposes a ‘biopsychosocial’ explanation of causation, that is, that a combination of biological, psychological, and social factors are involved in the way humans feel and behave. The most basic premise of REBT, which it shares with other cognitive - behaviour theories, is that almost all human emotions and behaviours are the result of what people think, assume or believe (about themselves, other people, and the world in general).

Studies by Nigerian researchers confirm that rational-emotive therapy or procedures based on its tenets can alter anxiety associated with text or examinations (Egbochuku, Obodo & Obadan, 2008) and interpersonal encounters (Ayodele, 2011; Ayodele & Nwosu, 2011). Also, Yoloye (1988) confirmed the efficacy of rational-emotive therapy is the treatment of test anxious students. In the medical line, Oluwatelure (1997) found that systolic blood pressure which is generally believed to be influenced by anxiety in hypertensive patients can be reduced significantly when pharmacological treatment is combined with rational-emotive therapy.

Several studies have suggested that REBT based on its tenets can alter the anxiety and fear associated with speech, examination, feeling of indulgencies, low self-esteem and interpersonal encounters (Froggatt, 2005; Ladipo, 2000; Osiki, 1996). Despite ample literature on the efficacy of REBT in behaviour modification, there is still dearth of evidence on its application to adolescents’ intrapersonal relationship. Also, the available literatures are over a decade.

1.2. Enhanced Thinking Skills (ETS)

In today’s information age, thinking skills are viewed as crucial for educated persons to cope with a rapidly changing world. Many educators believe that specific knowledge will not be as important to tomorrow’s workers and citizens as the ability to learn and make sense of new information (Gough, 1991). Enhanced Thinking Skills are nothing more than problem solving skills that result in reliable knowledge. Humans constantly process information. Enhanced thinking is the practice of processing this information in the most skillful, accurate and rigorous manner possible, in such a way that it leads to the most reliable, logical and trustworthy conclusions, upon which one can make responsible decisions about one’s life, behaviour, and actions with full knowledge of assumptions and consequences of those decisions (Schafersman, 1991).

Enhanced Thinking Skill (ETS) has been notably used in school improvement research in enhancing academic achievement and accelerating the learning gains of the students (Bass & Perkins, 1984; Freseman, 1990; Barba & Merchant, 1990; Cotton, 2001). Also, there are studies and evaluation supporting the effectiveness of ETS in the workforce (Schafersman, 1991; Facione, Facione, & Giancarlo, 2000; Paul & Elder, 2002). It has also been used in prisons (Friendship et al., 2002). Yet there is still no proper determination of its use in solving relational problems (especially among adolescents).

1.3. Social Skills Training (SST)

Social skills are the interpersonal behaviours that contribute to the effectiveness of the individual as a part of a large

group of individuals. As noted by MacDonald (1975) in Fashina (1990), "social skills is the ability to interact with others in given social context in specific ways that are socially acceptable or valued and at the same time personally beneficial, mutually beneficial or beneficial primarily to others". This excludes exploitative, deceitful or aggressive skills which may be of individual benefit.

Many investigations have revealed the importance of good interpersonal adjustment to prevent diverse disorders and achieve adequate psychological well-being (Bermúdez, Álvarez & Sánchez, 2003; Brackett, Rivers, Shiffman, Lerner, & Salovey, 2006). The relevance of these behaviours is reflected in the high prevalence of deficits in social functioning of pathologies such as depression, anxiety, various types of addiction, sexual disorders, personality disorders, delinquency and aggressiveness, couple and family problems (Viscarro, 1994; Caballo, 2000; Parault, Davis, & Pellegrini, 2007).

Social skill training is based on the idea that skills are learned and therefore can be taught. It is therefore hoped that inclusion of social skill training in this study will help in enhancing the adolescents' intrapersonal relationship.

From all the aforementioned, it is evident that Rational Emotive Behaviour Therapy (REBT); Enhanced Thinking Skills (ETS) and Social Skills Training (SST) had been used variously in treating so many problems (Osiki, 1996; Ojekunle, 1999; Olanrewaju, 2001; Ladipo, 2000; Paul & Elder, 2002; Froggatt, 2005) differently but not in homogenous whole in treating relational problems.

1.4. Research Hypotheses

1. There is a significant difference in the effect of rational emotive therapy, enhanced thinking skill, and social skill on participants' level of intrapersonal relationship.
2. There is a significant gender and self-efficacy difference in the effect of rational emotive therapy, enhanced thinking skill, and social skill on participants' level of intrapersonal relationship.

1.5. Research Design

The research adopted the pre-test, post-test, quasi experimental design with a 3 x 2 x 2 factorial matrix. The various factors and treatments, which exists at three (3) levels (i.e. Rational Emotive Behaviour Therapy, enhanced thinking skills and social skills training); gender (i.e. male and female); and self-efficacy which was observed at two levels (low and high). The researcher adopted a factorial design because of the fact that the design accomplishes in one experiment what otherwise might require two or more separate studies. Apart from this fact, the design also

provides opportunity to study the interacting effect of the moderating variables.

1.6. Participants

The participants for this research were drawn among public senior secondary school 1 and 2 students in Sagamu Local Government Area of Ogun State. The Self-Efficacy scale was administered to enable the researcher seed the subjects into self-efficacy levels – low and high. The score on the Self-Efficacy Scale served as the basis for seeding participants into High and Low efficacy levels. The stratified random sampling was used to select two hundred and sixteen (216), stratified into gender and different self-efficacy levels. Their age ranged between fourteen (14) and nineteen (19) years with a mean age of 16.8 years. They were randomly assigned to ETS, SST and REBT. It should be noted, however, that this study had no control group because it aimed to see which of the treatment packages would be more effective in fostering the adolescents' intrapersonal relationship.

1.7. Instrumentation

This study made use of two principal instruments.

1. *The General Self-Efficacy Scale (GSE)* is a unidimensional developed by Jerusalem and Schwarzer (1993). It's a ten item scale on a four-point Likert scale ranging from NT = Not at all true (1) to ET = Exactly true (4). Evidence of validity has been proven in studies. GSES has been used in samples from 23 nations with Cronbach's alphas ranged from .76 to .90, with the majority in the high .80s (Schwarzer, Gutierrez-Dona & Scholz, 2001). The test-reliability was .67. Criterion-related validity is also documented in numerous correlation studies in Nigeria where positive coefficients were found with favourable emotions, mental health and dispositional optimism while negative coefficients were found were found with depression, anxiety, stress, health complaints (Adeyemo, 2001; Adeyemo & Ogunyemi, 2003; Akindele-Oscar, 2006; Okubanjo, 2007; Ogunyemi & Mabekoje, 2007; Ayodele, 2010).
2. *Multidimensional Relationship Questionnaire (MRQ)* developed by Snell (1997) is adopted for use in this research. The original scale measures intimate relationship with sexual attraction while the adapted form was designed to measure psycho-sociological tendencies associated with intrapersonal relationships. It is a sixty item scale, which consists of twelve positive relationship oriented subscales each containing five items. Participants are to rate the extent at which each of the item applies to them on a 5 point Likert scaling format ranging from 1 (not at all characteristic of me) to 5 (very characteristic of me). The multidimensional relationship questionnaire

(MRQ) has been used in investigation and reported estimates of reliability was 0.68 and found to be correlated with social association at .087 (Ayodele, 2009). Evidence of validity has been proven in studies. Ayodele (2009, 2011) reported a strong link between relational factors and social association; Fasasi & Oledikwa (2007) found high correlations between relational factors and psychological wellbeing.

1.8. Procedure of Research

a. Phase one (Pre-treatment Stage):

Familiarization visits to the schools where the treatment programmes were held and approval from the Management of the schools where the participants were chosen was sought for. Days and time of meeting during the week were sought for with each treatment group. The intervention was scheduled for a period of 8 weeks. The REBT group met every Monday by 2:00pm to 3:00pm, SST group from 2:10pm to 3:10pm every Wednesday, while the ETS group met 1.30pm to 2.30pm every Friday.

b. Phase Two (The Treatment Sessions):

This session was where the treatment packages were employed. Participants assigned to the treatment groups were exposed to the intervention programmes. The pre-treatment test was administered using the two scales for data collection, that is, general self-efficacy scale (GSE) and the multidimensional Relationship Questionnaire (MRQ). Scores

obtained served as the pre-treatment scores. The researcher had 8 sessions with each experimental group, where the participants were treated in line with their specific packages.

c. Phase Three (Evaluation of Treatment Programmes):

The session deals with the evaluation of the treatment programme (post-test). After the completion of the programme at the eighth week, the instruments (i.e. general self-efficacy scale and the multidimensional relationship questionnaire) were again administered on participants in the three treatment groups to determine the comparative effectiveness of the treatment packages. Thereafter, they were thanked by the researcher and later dispersed.

1.9. Method of Analysis

Analysis of covariance (ANCOVA) and Analysis of Variance (ANOVA) statistics were adopted to analyze data generated and to test the hypothesis at 0.05 significant level. Analysis of covariance (ANCOVA) was utilized to investigate the joint effect of the independent variables on the dependent variable.

2. Results

2.1. Research Hypotheses

There is a significant difference in the effect of rational emotive behaviour therapy, enhanced thinking skill, and social skill on participants' level of intrapersonal relationship.

Table 1. Factorial Analysis of Covariance of Main and Interaction Effects of Gender, Self-efficacy level and Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills Training on Participants' Intrapersonal Relationship

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected model	6077.324(a)	12	506.444	3.570	.019
Intercept	31301.051	1	31301.051	220.671	.000
Pre-intrapersonal relationship	209.329	1	209.329	1.476	.333
Group	2011.064	2	1005.532	7.089**	.005
Gender	28.174	1	28.174	.199	.293
Self-efficacy	605.185	1	605.185	4.267**	.001
Group X gender	1027.599	2	513.780	3.622**	.163
Group X self-efficacy	1369.408	2	684.704	4.827**	.000
Gender X Self-efficacy	222.898	1	222.898	1.571	.133
Group X gender X Self-efficacy	263.140	2	131.570	.928	.264
Error	30071.104	212	141.845		
Total	73286.276	216			
Corrected Total	20899.402	215			

a R Square = .077 (Adjusted R Square = .048)

This hypothesis was analysed across the two moderating variables of gender and self-efficacy levels. The results in Table 1 revealed a significant effect of treatment (Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills) on participants' intrapersonal relationship ($F_{(2,212)} = 7.089$; $p = .005$). However, there was no significant main effect of gender ($F_{(1,212)} = .199$; $p = .293$) on

participants' level of intrapersonal relationship, while significant main effect of self-efficacy level was observed ($F_{(1,212)} = 4.267$; $p = .001$) on participants' level of intrapersonal relationship. The results also revealed no significant two-way interaction effects of treatment and gender ($F_{(1,212)} = 3.622$; $p = .163$); and gender and self-efficacy level ($F_{(1,212)} = 1.571$; $p = .133$) on participants' intrapersonal relationship.

However, a two – way interaction effect of treatment and self-efficacy level ($F_{(1,212)} = 4.827$; $p = .000$). Also, the results showed that no three – way interaction effects of

treatment and gender and self-efficacy level exist ($F_{(1,212)} = .928$; $p = .264$) on participants' level of intrapersonal relationship.

Table 2. Descriptive Statistics of Intrapersonal Relationship Scores of Participants in Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills Training Groups.

Group	Mean	Std. Error	95% Confidence Interval	
			Lower Bound	Upper Bound
ETS	93.969 (a)	1.677	89.123	94.971
REBT	98.108(a)	1.801	92.867	95.001
SST	90.324(a)	1.658	89.595	93.732

Dependent Variable: post-test intrapersonal relationship

a. Covariate appearing in the model are evaluated at the following Values: pre-test intrapersonal relationship = 81.333.

The results in Table 2 above revealed that the score for participants under the ETS treatment was 93.969 as against the mean score for participants under the REBT group, which was found to be 98.108 and those under the SST group that

was found to be 90.324 when the covariates appearing in the model were evaluated at 81.333.

Table 3. Pairwise Comparison of the Differences in intrapersonal relationship Scores of Participants in Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills

(I) Group	(j) Group	Mean Difference (I-J)	Std. Error	Sig. (a)	95% Confidence Interval for Difference(a)	
					Lower Bound	Upper Bound
ETS	REBT	-5.139**	2.404	.076	-4.888	-.099
	SST	2.645	2.097	.198	-2.003	4.741
REBT	ETS	5.139**	2.404	.076	.099	4.888
	SST	7.784**	2.001	.001	6.287	7.967
SST	ETS	-2.645	2.097	.198	-4.741	2.999
	REBT	-7.784**	2.507	.001	-7.967	6.287

Dependent Variable: post-test intrapersonal relationship

Based on estimated marginal means

** The mean difference is significant at the .05 level

a Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

The findings in Table 3 above revealed that a significant difference exist in the level of intrapersonal relationship of participants exposed to ETS and those exposed to REBT (MD = 5.139; $p > .05$) and between those exposed to REBT and SST (MD = 7.769; $p > .05$). However, no significant difference exist in the level of intrapersonal relationship between participants exposed to ETS and SST (MD = 2.645; $p < .05$).

Whereas the null hypothesis of no significant difference in the level of intrapersonal relationship between participants exposed to ETS and SST was accepted. The null hypothesis of no significant difference in the level of intrapersonal relationship between participants exposed to ETS and those

participants exposed REBT and also between those participants exposed REBT and SST were rejected by the findings of this study. The implication of this finding is that the three treatments would foster intrapersonal relationship of participants.

The results above showed the pairwise comparison of the effects of gender on the level of intrapersonal relationship of participants. The mean difference of 1.541 was found to be insignificant at .05 levels. The implications of finding are that there are no significant effects of gender on the level of intrapersonal relationship of participants, implying that intrapersonal relationship is not gender related.

Table 4. Pairwise Comparison of the Differences in Intrapersonal Relationship Scores of Male and Female Participants

(I) Gender	(J) Gender	Mean difference	Std.	Sig (a)	95% Confidence Interval for Differences (a)	
					Lower Bound	Upper Bound
Male	Male	1.541	1.989	.293	-3.911	2.568
Female	Female	-1.541	1.989	.293	-2.568	3.911

Based on estimated marginal means (Male = 96.471, Female = 94.930; gender main effect = $F_{(1,212)} = .199$; $p = .263$)

a Adjustment for multiple comparisons: Least Differences (equivalent to no adjustment).

Table 5. Pairwise Comparison of the Difference Intrapersonal Relationship Scores from Low and High Self-efficacy Levels

(I) Self-efficacy level	(J) Self-efficacy level	Mean difference (I-J)	Std. Error	Sig.	95% Confidence interval for Difference (a)	
					Lower Bound	Upper Bound
Low	High	-4.363	2.011	.001	-6.308	5.888
High	Low	4.363	2.011	.001	-5.888	6.308

Dependent Variable: post-test intrapersonal relationship

Based on estimated marginal means (Low = 97.701, High = 98.064; main effect = $F_{(1,212)} = 4.276$; $p = .263$)

a Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Table 6. Descriptive Statistics of Intrapersonal Relationship Scores of Male and Female Subjects from Low and High Self-efficacy Level in Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills Training

Group	Gender	Self-efficacy	Mean	Std. Error	95% Confidence Interval		
					Lower Bound	Upper Bound	
ETS	Male	Low	93.003(a)	2.288	88.109	97.439	
		high	95.350(a)	2.504	90.407	98.732	
	Female	Low	92.879(a)	2.480	89.159	95.500	
		High	94.950(a)	2.544	90.116	98.859	
REBT	Male	Low	96.069(a)	2.603	91.117	100.069	
		High	94.207(a)	2.471	90.029	97.310	
	Female	Low	93.905(a)	2.803	89.915	97.533	
		High	95.989(a)	2.749	92.317	99.184	
	SST	Male	Low	94.016(a)	2.601	92.123	97.663
		High	92.900(a)	2.869	88.923	95.029	
	Female	Low	93.861(a)	2.975	91.533	96.909	
		High	95.401(a)	2.638	92.001	99.343	

Dependent Variable: post-test intrapersonal relationship

a. Covariates appearing in the model are evaluated at the following values: pre-test creativity = 81.333

The pairwise comparisons of the means of participants with low self-efficacy level were different from those with high self-efficacy level. The results indicated a mean of 4.363 which was found to be significant at .05 levels. The findings imply that participants' intrapersonal relationship is specific with their level of self-efficacy level. Participants with low and those with high self-efficacy level would therefore have different levels of intrapersonal relationship.

2.2. Hypothesis Two

There is a significant gender and self-efficacy difference in the effect of Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills on participants' intrapersonal relationship.

Results in Table 6 revealed that no significant three-way interaction effects of gender, treatment and self-efficacy level on participants' intrapersonal relationship ($F_{(2,212)} = .928$; $p = .264$). The results in Table 6 above revealed different mean scores of intrapersonal relationship for male and female participants with low and high self-efficacy level under ETS, REBT, and SST groups.

Under the ETS group, the intrapersonal relationship level of male participants with low self-efficacy level indicated a mean of 93.003 with a standard error of 2.288, while the mean score of 95.350 and a standard error of 2.504 were revealed for male participants with high self-efficacy level. For the female participants, the mean score for those with low self-efficacy level was 92.879 and the standard error was

2.448, while those with high self-efficacy level had a mean intrapersonal relationship score of 94.950 and a standard error of 2.544.

For participants under REBT group, intrapersonal relationship level of male participants with low self-efficacy level indicated a mean score of 96.069 with a standard error of 2.603, while the mean score of 94.207 and a standard error of 2.471 were revealed for male participants with high self-efficacy. For the female participants, the mean score of those with low self-efficacy was 93.905 and the standard error was 2.803, while those with high self-efficacy level have a mean intrapersonal relationship score of 95.989 and a standard error of 2.749.

However, for participants under the SST group, the mean score of intrapersonal relationship for male participants with low self-efficacy was 94.016 with a standard error of 2.601, while the mean score of 92.900 and a standard error of 2.869 were revealed for male participants with high self-efficacy. For the female participants, the mean score for those with low self-efficacy was 93.861 and the standard error was 2.975, while those with high self-efficacy have a mean intrapersonal relationship score of 95.401 and a standard error of 2.638.

The hypothesis which suggests that there is a significant gender and self-efficacy difference in the effect of Enhanced Thinking Skills, Rational Emotive Behaviour Therapy and Social Skills on participants' level of interpersonal relationship was rejected by the findings of this study. The

findings imply that gender and self-efficacy of participants will not combine to interact with the treatment to affect participants' level of intrapersonal relationship.

3. Discussion

The outcome of this study has established the effectiveness of REBT, ETS and SST in fostering intrapersonal relationship among Nigerian adolescents. This result established the mutual importance of the independent variables (REBT, ETS, and SST) in exerting influence on the criterion variable (intrapersonal relationship). This finding is a further confirmation of the fact that positive and mutual-beneficial relationship requires a set of skills specific to emotional support, assistance and social learning and this in turn is likely to be reflected in their relational self-esteem and control (Kirchler *et al.*, 1995; Adenuga & Ayodele, 2010). This supported the findings that reported that positive moods facilitate creativity, integrative thinking, inductive reasoning and careful information processing (Mayer, Slovey & Caruso, 1999; 2002; Berenson, Boyles & Weaver, 2008; Deniz Tras & Aydogan, 2009).

However, out of the three treatment packages, rational emotive behaviour therapy, as expected, enhanced the intrapersonal relationship of participants better than either enhanced thinking skills or social skills. This finding corroborated the results of earlier work that found rational emotive behaviour therapy or procedures based on its tenets to alter anxiety associated with examinations (Egbochuku, Obodo & Obadan, 2008), interpersonal encounters (Ayodele & Nwosu, 2011), relational problem (Ayodele, 2011).

This study reported no significant effects of gender on the level of intrapersonal relationship of participants, implying that intrapersonal relationship is not gender related. This findings sharply contradicts the findings of some early researchers that found a significant gender difference in attitudinal change of youngsters in social context and in terms of emotional management (Hargittai and Shafer, 2006; Jenkins, Goodness, & Burmester, 2002). More importantly, the finding supports the previous findings of Adeyemo (1999), Salami (1999), and Abosede (2007) that claimed that gender does not consistently have direct impact on outcome variables such as behavioural change.

Self-efficacy was found to significantly affect participants' intrapersonal relationship. The finding also supports the assertion that the number and quality of action plans depend on one's perceived competence and experience, and it has been shown that self-efficacy predicts both action plans as well as coping plans, which are plans to overcome anticipated barriers (Ziegelmann & Lippke, 2007). Self-efficacy beliefs influence the cognitive construction of

specific action plans, for example by visualizing scenarios that may guide goal attainment.

The results of the study found no significant 3-way interaction effect of gender, treatments and self-efficacy on adolescents' intrapersonal relationship. This finding confirms the earlier reports by Seeley, et al (2004); Egbochuku, Obodo & Obadan, (2008); Payton et al. (2008) and, sharply contradict the previous works that found gender and self-efficacy as having interaction with performance and human accomplishment (Jenkins, Goodness, & Burmester, 2002; Bidjerano, 2005; Chyung, 2007).

4. Conclusion and Implication

The study concluded that enhanced thinking skills, rational emotive behaviour therapy and social skill training significantly fosters adolescents' intrapersonal relationship behaviour. Out of the three treatment packages REBT was found to be the most potent treatment package in fostering adolescents' intrapersonal relationship behaviour. This is followed by enhanced thinking skills and lastly by social skill training.

Also, self-efficacy significantly affected adolescents' intrapersonal relationship behaviour while participants' levels of intrapersonal relationships were not affected by gender. And that when gender, self-efficacy and treatment (enhanced thinking skills, rational emotive behaviour therapy and social skill training) combined, they did not affect participants' level of interpersonal and intrapersonal relationships.

It is therefore necessary for all caregivers especially school counsellors, counselling psychologists not to completely adhere to a particular theoretical orientation but should incorporate relevant theoretical models to achieve maximum results in helping adolescents live a meaningful and fulfilled life.

With the findings that emanated from the study, it is suggested that:

- Future researchers, interested in fostering better relational outcomes, emotional management and human accomplishment, could replicate the study using other youngsters in other academic settings (primary, schools for the challenged, higher institutions) and organizations such as remand homes, prisons since the present study was delimited to adolescents in secondary school.
- Another area of further research is for future researchers to increase the number of treatment sessions since researches have shown that the longer the period of treatment the better the therapeutic outcome.
- Future researchers could replicate this study by using the same adolescents in the secondary school but need to

consider the three levels of the self-efficacy (low, medium, and high).

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