

Original Research Article

School-Type and Gender Influence on the Efficacy of Cognitive Behaviour Therapy on Reducing Bullying Among Secondary School Students in Rivers State

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Received: 05.03.2022

Accepted: 08.04.2022

Published: 15.04.2022

Journal homepage:<https://www.easpublisher.com>**Quick Response Code**

Abstract: The study determined school-type and gender influence on the efficacy of Cognitive Behaviour Therapy (CBT) on reducing bullying among students in senior secondary schools in Ikwerre Local Government Area in Rivers State, Nigeria. Bullying was the dependent variable while CBT was the independent variable. School-type and gender were the moderator variables. Two research questions and two hypotheses guided the study. A sample of 45 students identified as bullies from a population of 2,368 SS2 students in Ikwerre Local Government Area using a non-probability purposive sampling technique was used. Olweus Bullying Questionnaire (OBQ) was the instrument used for the study. OBQ had its content validity estimated by the total item cumulative variance of 75.25% while its construct validity was estimated by factor loading matrixes that ranged between .45 and .88. The reliability of OBQ was established using Cronbach alpha at $r=.80$, $p<.05$ level of significance. Data collected were analyzed using independent t-test. Results of the study indicated that school-type had no influence on the efficacy of CBT on reducing bullying. This is due to the fact that the mean reduction difference of public and private school students on their bullying reduction level was not significant at 0.05 alpha level of significance, when tested with independence t-test. Gender had no influence on the efficacy of CBT on the reduction of bullying. This is due to the fact that the mean reduction difference of male and female students on their bullying reduction level was not significant when tested with independent t-test statistics. Based on the findings of the study, it was recommended that counsellors and psychotherapists should make use of Cognitive Behaviour Therapy in reducing students' bullying behaviour without the fear of these variables interfering with the treatment.

Keywords: Gender Influence, Cognitive Behaviour, Behaviour.

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INTRODUCTION

The problem of bullying at the secondary school level is disturbing and worrisome to educators as well as parents. Bullying has become a threat to the attainment of the objectives of secondary education in inculcating the values needed for the survival of the individual and the nation. Bullying is defined by Olweus in Givens cited in Ugwu & Olatunbosun (2016) as an aggressive behaviour in which a more powerful individual or more powerful group intentionally inflicts negative acts upon a less powerful individual or group repeatedly. For an aggressive behaviour to qualify as bullying, three components have to be included, namely: a) the behaviour is aggressive and negative, b) the behaviour is perpetrated repeatedly and c) the

behaviour occurs in a relationship characterized by imbalance of power. Lohman (2014) said that bullying can be done through many outlets, the most common outlets being: a) spreading rumors, b) tormenting victims, c) verbal harassment, d) physical harassment, e) sexual harassment, f) threats, g) gossiping, h) inappropriate use of technology to hurt others and i) intentional exclusion of others from peer group.

For this study, the following definitions of bullying were adapted from Olweus in Givens cited in Ugwu & Olatunbosun (2016): bullying is when a student or several other students 1) intentionally use mean and hurtful language or make fun of another student or call them derogatory names repeatedly. 2)

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Completely ignore or exclude another student from their group of friends or leave him/her out of things on purpose repeatedly. 3) Hit, kick, push, shove around or lock another student inside a room repeatedly. 4) Tell lies or spread false rumor about another student or send mean messages and try to make others dislike him/her repeatedly. 5) and other hurtful things.

Bullying is broadly categorized into overt/direct bullying and covert/indirect bullying. In overt/direct bullying, the perpetrator is easily observed. He/she does not hide the fact that he/she intends to hurt. Example of overt/direct bullying is physical bullying which involves face to face confrontation. But in covert/indirect bullying, the perpetrator attempts to inflict pain in such a manner that he/she makes it appear as though there has been no intention to hurt at all, for instance gossiping. Types of bullying include physical bullying, these are behaviours that threaten or cause physical damage (hitting, kicking, shoving, threatening, and use of force against another person). There is Verbal bullying. Verbal bullying is seen as both overt (yelling and threats of physical bullying, name calling, insults) and covert behavior (such as talking behind the victim's back). Social bullying is a covert behavior. It is also referred to as non-confrontational behaviour (such as rumors, social exclusion, hurting another's social status or friendships through non-verbal and verbal social exclusion, gossip and friendship manipulation, ostracism, alienation or character defamation). Social bullying can be overt for instance, verbal rejection and negative facial expression. Similar to social bullying is relational bullying. Relational bullying is aimed at causing harm by manipulating and damaging peer relationships. This type of bullying can be overt (for instance, telling someone that they are not your friend anymore unless they do something for you) and covert (such as spreading rumors). Relational bullying may be further characterized by high levels of intimacy, exclusivity and jealousy. Cyber bullying is a more recent type of bullying. According to Lohmann (2014), it is a deliberate and repeated harm inflicted through the use of electronic device.

It has been suggested in Givens, (2009) that bullying should be conceptualized within an ecological framework because bullying is an ecological phenomenon involving the individual and his environment which includes his school, peers and community. The type of school the child attends interacts with the child, and the child and his school environmental systems influence each other. Public schools in Nigeria, unlike private schools, are schools funded and governed by the government using money got from taxes. In public schools, admission is open to every student regardless of academic ability, religious creed or any other factor, hence, there is overcrowding in the classrooms in Public schools than in most private schools in Nigeria. In public schools, students are hardly expelled for not adhering to school policies or

standards to serve as deterrents to other students. This type of classroom environment is not conducive for teaching and learning. Students are bound to suffer anxiety, exhaustion, anger, aggression and hostility. These negative emotions may lead to behavioural problems such as bullying.

Both male and female students may engage in bullying behaviour. Researchers such as Pellegrini & Bartini in Givens (2009) reported that younger children engage more in physical aggressive bullying behaviour than older children, but steadily decrease from ages 10 to 18 years. As adolescents' cognitive and verbal capacities develop, they may use these skills for the social manipulation involved in relational bullying aggression. The researchers reported that once dominance within the peer group is established, bullying behaviours decrease. Relational bullying aggression peaks in middle childhood as desire for intimacy and closeness in relationships increase from childhood to adolescence and continues to adulthood. Lee in Givens (2009) reported that physical aggression in females decreased with age, while no age differences were detected in the physical aggression of males. Many researchers report that adolescent males tend to display physical bullying than females, and that females tend to engage more in relational bullying than males, (Lee; Pellegrini & Bartini; Bjorkvist in Givens 2009), however, these gender differences have been known to differ with age and culture and are inconsistent in literature.

Bullying as problem behaviour has been correlated with emotional symptoms and thoughts such as anger anxiety depression and beliefs which can be controlled by Cognitive Behaviour Therapy. Cognitive Behaviour Therapy (CBT) was developed by Aaron Beck in the 1960s. It is based on the idea that an individual's cognition has an enormous impact on his feelings and behaviour. Beck found out that clients' self-critical cognition which he referred to as "automatic thoughts" are one of the keys to successful therapy. According to Beck in Dobson & Dobson cited in McLeod (2009): cognitive activity affects behaviour and cognitive activity may be monitored and altered, therefore, desired behaviour change may be effected through cognitive change. Negative and unrealistic thoughts can cause anxiety, anger, depression, unhappiness, and other psychological distresses which can result to major behavioural problems. When clients are helped to pay attention to the stream of automatic thoughts (internal dialogue) that accompany and guide their actions, they can make choices about the appropriateness of these self- statements and if necessary introduce new thoughts and ideas which lead to happier and more satisfied life. Beck believed that individuals draw inferences about certain events based on their perception and interpretation of these events. Individuals who show maladaptive behaviours have faulty or distorted thinking pattern. These patterns stem

from what he called “cognitive schemas”. “Cognitive schemas” are deeply held general statements that sum up the assumptions the client hold about the world. They are core beliefs that bias the way people perceive and interpret their experiences. Beck described schemas as being like templates that people use to make sense of their life experiences. Negative schemas such as “life is war” “I am angry with people of dark skin; they are no good”, “I need to use force to obtain whatever I want, or I will never have it” give rise to faulty thinking patterns in day to day situations and therefore contribute to anxiety, depression, frustration, anger, aggression, bullying, and other psychological and behavioural problems. Beck used the term “automatic thoughts” to describe cognitions that give rise to unnecessary distress. He maintained that the aim of therapy should be to help people recognize and change their faulty thinking pattern and self-defeating behaviours. For lasting change to occur or in more serious cases, it is necessary to move beyond identifying and challenging irrational beliefs and automatic thoughts and deal with the schema within which they are embedded. Beck in McLeod (2009) identified the kinds of cognitive distortion that can be addressed in counselling situation. These include: overgeneralization, dichotomous thinking, and personalization. Overgeneralization involves drawing general or all-encompassing conclusions from very limited evidence. Dichotomous thinking refers to the tendency to see situations in terms of polar opposites, for instance, to see other people as either completely good or completely bad. And personalization is when a person tends to imagine that events are always attributable to his actions; usually to his shortcomings.

The cognitive behaviour therapist teaches clients how to identify distorted cognition through the process of re-evaluation. The client learns to distinguish between his own thoughts and reality. They learn the influence that their cognition has on their feelings and they are taught to recognize, observe, and monitor their own thoughts. The aim of cognitive behaviour therapy is to teach client that while they cannot control every aspect of the world around them, they can control how they interpret and respond to situations around them. All cognitive behaviour therapy approaches use two types of strategies, namely: cognitive strategies and behavioural strategies. Cognitive strategies involve learning the thoughts, beliefs and attitudes that make us feel bad and reframing them into more realistic and psychologically healthy ways of thinking. Behavioural strategies involve undertaking certain behaviours that help us to change the way we think and feel. These may include experimenting with new behaviours such as abandoning perfectionist behaviour, confronting rather than avoiding situations we fear, and goal setting. The cognitive distortion model of cognitive processing is similar in many aspects to Freud’s idea of ‘primary process’ thinking. Freud regarded human beings as capable of engaging in rational logical thoughts

(‘second process’ thinking) but also as highly prone to reverting to the developmentally less mature ‘primary process’ thinking in which thought is dominated by emotional needs. The important difference between the primary process and the cognitive distortion model is that in the former emotion controls thought, whereas, in the later, thought controls emotion. Cognitive Behaviour Therapy can be used to treat people with a wide range of mental problems and problem behaviours including bullying. It helps to make people become aware of when they make negative interpretations and of behavioural patterns which reinforce the distorted thinking. Cognitive Behaviour Therapy helps people to develop alternative ways of thinking and behaving which reduces their level of bullying. Cognitive Behaviour Therapy is a short term treatment usually lasting not more than 20 sessions. Because it is a short term treatment option it is often more affordable than some other types of therapy. The therapist works directly on the behaviour the client wants changed, based on the idea that people’s behaviour are caused by their thoughts and feelings, if people change how they think about a situation and how they respond to it, they can feel and behave better even if the situation has not changed.

Cognitive Behaviour Therapy is also empirically supported and has been effectively used to help clients overcome various maladaptive behaviours. For instance, a study carried out by Fung Gerstein Chan & Hutchison (2013) on the effectiveness of Cognitive Behaviour Therapy on reducing aggressive bullying behaviour of secondary school students in Hong Kong taking into account the potential importance of including contents targeting types of bullying. A significant MANOVA was discovered when students’ aggressive bullying behaviour decreased suggesting that Cognitive Behaviour Therapy was an effective treatment. This former study is similar to the present study because they both studied the effectiveness of Cognitive Behaviour Therapy on reducing bullying behaviour of secondary school students. However, the difference between the former study and the present study is that the former study, apart from studying the effectiveness of Cognitive Behaviour Therapy on reducing bullying, also included contents targeting types of aggressive bullying behaviour. While the present study investigated the influence of gender and school type on the efficacy of Cognitive Behaviour Therapy on reducing bullying. Furthermore, the former study was done in Hong Kong, in China, in Asia, while the present study was done in Nigeria, in Africa. In another study carried out in Britain by Blackburn, Bishop, Glen, Whalley & Christie (1981) on the efficacy of Cognitive Therapy on depression; a treatment trial of Cognitive Behaviour Therapy and pharmacotherapy each alone and in combination. The study used 204 patients screened to be depressed. The study adopted quasi-experimental design. Sample was randomly placed in three different groups. Group 1 was treated

with Cognitive Therapy only, group 2 was treated with pharmacology only, and group 3 was treated with a combination of Cognitive Therapy and pharmacology. After the treatments, the patients were rated on seven measures of mood; including independent observer rated and self-rated depression and scales of anxiety and irritability. Data collected was analyzed using ANOVA. It was found that in general practice, Cognitive Therapy was superior to drug treatment. This former study is similar to the present study because they both studied the efficacy of Cognitive Therapy on problem behaviours. The former study is different from the present study because the former also studied the efficacy of pharmacology on depression. In addition, the former study differ from the present one because the present one is focused on bullying among secondary school students, while the previous study focused on reducing the level of depression among patients. Again, the reviewed study was carried out in Britain while the present study was carried out in Nigeria in Africa. In an experimental study carried out by Okafor (2014), on the efficacy of Cognitive restructuring in the management of social restiveness among youths in Owerri, in Imo State, Nigeria, 28 restive youths were clustered along gender lines and randomized into experimental and control groups. Findings revealed that cognitive restructuring was significantly effective in reducing youth restiveness. This previous study is similar to the present study because both studies dealt on youths and their behaviour, and the later dealt on bullying which is also a form of social restive behaviour. The former study is different from the present one because the former was on social restiveness among youths in Imo State University, Owerri, in in Imo State, Nigeria while the present study is on bullying behaviour among secondary school students in secondary school in Rivers State, Nigeria.

Statement of the Problem

Bullying as a violent behaviour has enormous negative consequences. Students who are bullied are unhappy, anxious, depressed; find it difficult to concentrate on their studies, (Lohmann, 2014). They may stay away from school because of fear of the bullies and being bullied. This situation of being bullied may lead to poor academic performance; failure, health problems and death.

The tone of the school is negatively affected by bullying due to the hostility felt in the school environment. Students who may not be involved in bullying problems may find the school environment as not conducive for learning due to aggression and hostility in the school environment.

Perpetrators of bullying tend to experience anger, depression, anxiety, and loneliness because of the psychological distress which they suffer. They may be disliked and rejected by their school mates because of the hurt that they inflict on others. They may suffer

low academic achievement and risk-taking behavior. Youths who engage in bullying may be at risk of criminal arrest and school dropout. Oftentimes, people may show sympathy for the victims of bullying and may be more interested in helping the victims of bullying than helping the perpetrators of bullying. However, perpetrators of bullying also have serious psychological problem and often engage in suicidal thoughts, according to Lohmann (2014), perpetrators of bullying equally need to be cared for and helped to change their undesirable bullying behaviours.

Cognitive behaviour therapy may be successful in reducing bullying among students, but do school type and gender influence the efficacy of cognitive behaviour therapy in reducing bullying behaviour of secondary school students?

Objectives of the Study

The objectives of the study were to investigate:

1. The efficacy of cognitive behaviour therapy on reducing bullying among public and private secondary school students as measured by their post test means scores.
2. The efficacy of cognitive behaviour therapy on reducing bullying among male and female students n secondary school as measured by their post test means scores.

Hypotheses

The following null hypotheses tested were tested in this study:

1. There is no significant difference on the efficacy of cognitive behaviour therapy on the reduction level of bullying among students n public and private school as determined by their post test mean scores.
2. There is no significant difference on the efficacy of cognitive behaviour therapy on the reduction level of bullying among male and female secondary school students as determined by their post test mean scores.

METHODOLOGY

The design for the study was Quasi-experimental adopted to examine the influence of school type and gender on the efficacy of cognitive behaviour therapy on reducing bullying behaviour of secondary school students in Ikwerre Local Government Area, Rivers State. The target population for the study comprised all senior secondary school two (SS2) students in Ikwerre Local Government Area, Rivers State, Nigeria numbering 2,368 from the 13 public secondary schools and 24 government approved private secondary schools. However, 45 students were selected through a non-probability purposive sampling technique. Olweus Bullying questionnaire (OBQ) is the scale that was used to get the specific students that possessed bullying characteristics which was sample for the study. Ballot system was used to assign subjects into experimental group and control group.

Students’ Bullying Behaviour Scale (SBBS) was the instrument used for data collection. SBBS has two parts. Part 1 elicits personal information including gender and school type of students. Part 2 of SBBS is Olweus Bullying Questionnaire (OBQ). The OBQ is a standardized bullying scale developed by Olweus (2006) to measure degree of bullying behaviour among students. The researcher adopted the OBQ to make it suitable for local use. OBQ contains 18 items; each item has five (5) possible responses designed to assess specific bullying behaviour with bullying score ranging from 1-5 as assigned to each response. The total score was computed to determine the degree of bullying of individual student. The total score range from 18 – 90. The questions or items measure frequency of physical bullying, verbal bullying, social bullying, relational bullying and cyber bullying. The respondents were required to tick any of the statements of five options as it concerns them, for example, Several times a week, About once a week, 2 or 3 times a month, It has only happened once or twice, It has not happened in the past couple of months and Definitely no, No, don’t know, Yes, maybe, Yes. The instruments have 18 items in all with a maximum score of 90 points and a minimum score of 18 points. 31 points and above represent bullying behaviour disorder.

The face validity of the instrument was established through critical observation made by three experts in the Department of Educational Psychology, Guidance and Counselling, University of Port Harcourt. Furthermore, the content and construct validity of the

instrument was determined using the multivariate factor analyses. OBQ has its content validity estimated by the total item cumulative variance of 75.25%, while its construct validity is estimated by factor loading matrixes that ranged between .45 and .88. Furthermore, the 18 items which were measured using internal scale were converted into high and low level ordinal scale. For example, any score that is equal to or above the cut off score of .05 was considered high. Based on these content and construct estimates, it is concluded that the OBQ has good validity for this study. The reliability of the instrument was established using the Cronbach alpha method of internal consistency. The instrument was pilot tested on 32 respondents who were not part of the population of the study. OBQ with 18 items had Cronbach alpha $r = .80$, $p < .05$ level of significance. This indicates that the items in the instrument have internal consistency and as a result, they measure what they are supposed to measure. It then means that all the variables have similar construct, and they measure a similar trait showing consistency, hence they are reliable. Mean and standard deviation were used to answer the research questions while the two null hypotheses were tested using independent t-test.

RESULTS

Hypothesis 1: There is no significant difference on the efficacy of cognitive behavior therapy on the reduction level of bullying among students in the public and private schools as determined by their post-test mean scores.

Table 1: Independent t-test analysis on the efficacy of CBT on the reduction level of bullying of public and private school students

Post-test Schl type	N	Mean	SD	Mean Diff.	Df	T	Sig.
Public	31	18.6452	.66073	.6912	43	.300	.765
Private	14	18.7143	.82542				

Table 1 showed that the mean of public school and private school students on bullying reduction for their post-test are 18.6452 and 18.7143 respectively. It was shown that the standard deviations are .66073 and .82542 for public and private school students respectively. The mean is .06912. This indicates that cognitive behavior therapy did not bring about significant level of difference on the reduction of bullying among public and private secondary school students.

Furthermore, when this mean difference was subjected to independence t-test, it was observed that

the t-value .300 was not significant at 0.05 alpha levels ($p > 0.05$). Hence, the null hypothesis is accepted. The acceptance of the null hypothesis indicates there is no significant difference on the efficacy of cognitive behavior therapy on the reduction level of bullying among public and private secondary school students.

Hypothesis 2: There is no significant difference in the efficacy of cognitive behavior therapy on the reduction level of bullying among male and female secondary school students as determined by their post-test mean scores.

Table-2: Independence t-test analysis on the efficacy of CBT on the reduction level of bullying of male and female students

Post-test Gender	N	Mean	SD	Mean Diff.	Df	T	Sig.
Male	17	18.6471	.70189	.0315	43	.143	.887
Female	28	18.6786	.72283				

Table 4 revealed that the mean of male and female students on bullying reduction for their post-test are 18.6471 and 18.6786 respectively. It was shown that their standard deviations are .70189 and .72283 for male and female students respectively. The mean scores show that the difference between male and female students' reduction level on bullying is .315. This indicates that cognitive behavior therapy did not bring about any significant difference on the reduction level of bullying among male and female students.

Furthermore, when this mean difference was subjected to independence t-test statistical analysis, it was observed that the t-value .143 was not significant at 0.05 alpha levels ($p > 0.05$). Hence, the null hypothesis was accepted, this acceptance of the null hypothesis indicates that cognitive behavior therapy had no significant difference on the bullying reduction level of both male and female secondary school students.

DISCUSSION

The findings of the study, with respect to the first hypothesis which stated that there is no significant difference on the efficacy of cognitive behavior therapy on the reduction level of bullying among students in the public and private schools revealed that school type of secondary school students have no significant influence on the efficacy of Cognitive Behaviour Therapy on reducing bullying. The finding of the study agrees with the finding of Eweniyi, Adeoye, Raheem & Anwanane (2013), who reported that there is no significant effect of class type on cognitive self-instruction on bullying behaviour and recommended that psychologists should use this treatment package in controlling bullying behaviour among secondary school students without the fear of these moderating variables interfering with the treatment. Public schools are known to have overcrowded classrooms than most private schools in Nigeria, irrespective of class size or type of school, cognitive behaviour therapy has adequate techniques in curbing bullying behaviour among secondary school students. In a 2002 study which focused on environmental effect of bullying in adolescents, Rowland & Gallway cited in Zirpoly, (2013) found that classroom management had direct impact on the amount of bullying.

The findings of the study with respect to the second hypothesis which states that there is no significant difference on the efficacy of cognitive behavior therapy on the reduction level of bullying among male and female secondary school students, proves that no significant difference exists in the efficacy of cognitive behaviour therapy on the reduction level of bullying among male and female students. This result is in line with that of Moore (1999), who found that gender did not significantly affect efficacy on altering the belief, attitude and behaviours of at risk adolescents.

CONCLUSION

Based on the result of the study, it was concluded that there was no significant negative influence of school type on the efficacy of cognitive behaviour therapy on reducing bullying behaviour among secondary school students in Ikwerre Local Government Area, Rivers State. In both public and private schools, cognitive behaviour therapy was efficacious in reducing bullying behaviour of students. It was also concluded that gender did not have significant influence on the efficacy of cognitive behaviour therapy in reducing the bullying behaviour of secondary school students in Ikwerre Local Government Area, Rivers State.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations were made:

1. School management boards and the Ministry of Education should employ the services of professional Counsellors to establish effective counselling units in schools; in addition, counsellors should give special attention to students with bullying behaviour.
2. Since school type as well as gender did not influence the effectiveness of cognitive behaviour therapy on reducing bullying behaviour of students, counsellors and psychotherapists are encouraged to make use of cognitive behaviour therapy in reducing students' bullying behaviour without the fear of these variables interfering with the treatment.
3. Professional counselling bodies and the government should organize workshops and seminars to sensitize and train counsellors on how to use Cognitive Behaviour Therapy to help students.

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Cite This Article: Olatunbosun, Ichechi (2022). School-Type and Gender Influence on the Efficacy of Cognitive Behaviour Therapy on Reducing Bullying Among Secondary School Students in Rivers State. *EAS J PsycholBehavSci*, 4(2), 76-82.