



Student Behavioural Patterns and Counseling Intervention Services in Uyo Local Government Area of Akwa Ibom State

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ABSTRACT: The study 'Student Behavioural Pattern and Counseling Intervention Services' was carried out in Uyo Local Government Area of Akwa Ibom State among counselors. The behavioural pattern mostly observed among students were anxiety problems, compulsive gambling, substance abuse, self-harm and raping behavioural pattern. A total of 20 counsellors were randomly selected in Uyo Local Government Area of Akwa Ibom State were used as respondent for the work, five research questions and hypothesis guided the study. A researcher made instrument tagged counseling intervention services and student behavioural pattern questionnaire (CISABPQ) was used in gathering relevant data for the work, independent t-test was used in analyzing the data and all the variables selected for the study were highly significant, it was therefore recommended that because of the magnitude of the problems encountered by students in recent times, the government should recruit and send more counselors to the school to help the students in tackling all these problems.

KEY WORDS: Compulsive gambling, substance abuse, self-harm, anxiety problems, raping behavioural problems.

INTRODUCTION

Having a child with behavioural problems can be frustrating, confusing, and overwhelming. It's common to worry that you're doing something wrong or wonder if the challenging behaviour will ever end. Everyday can feel like a struggle, especially if your child is also acting out in school, in public and within relationships. Maintaining boundaries can feel impossible, and you may waver between worrying about the immediate and long-term effects of the behavioural problems and feeling pushed to your wits end. According to Ali (2012) oppositional and defiant behavioural problems in children are not pleasant to deal with, these behaviours are often a normal part of childhood. Children will test limits and sometimes seek negative attention. However, when disobedient and disruptive behaviours are ongoing, and a child is not learning from consequences or a reward system for good behaviour, there may be cause for concern. Behavioural problems in children can manifest in many ways. Children may throw tantrums, act impulsively, talk

back, refuse to go to school or participate in activities, or be defiant and disrespectful. You may wonder if these behaviours are part of a phase that will pass or if they are indicative of deeper, underlying issues.

Children no doubt go through a number of different phases during development. As they become more independent, they will challenge you and experiment to see how far they can push it. There are many reasons why a child may not be behaving properly. A young child may show difficult behaviour because they're tired, hungry, overexcited, bored or frustrated. It is unarguably believed that proper management of maladjusted issues among student result to positive adjustment and meaningful living. Maladjusted behavioural pattern in the school is therefore seen as incompatibilities between the behaviour patterns of students and the norms and values of the school and the society as well as unrewarding relationships and activities of students. It could be as a result of unsatisfied needs or unrealistic discrepancy between ideal self and actual self. it could also be as a result emotional abuse, child abuse, loneliness, parental loss, poor socio-economic status of parents, and poor interpersonal relationships. Other maladaptive behaviours in schools as observed over the years are bullying, rudeness, disobedience, cheating in examinations, breaking school rules, drug abuse, truancy, damage to school property, poor academic performance, aggressiveness, absenteeism from school without genuine reasons, dropping out of school at will, late resumption at the beginning of a school term, and sexual immorality. These variables no doubt affect their academic performance in schools and must be given proper attention.

Dealing with behaviour problems and recognising any related difficulties is important and can give your child a better chance for the future. Treatment will depend on the severity of the problem, age and circumstance of your child, but can include home-based support, such as parenting groups, school support and specialist services, such as counselling. Counselling therefore is an applied psychology that is seen as an attempt to assist an individual in resolving his/her problems by an expert. According to Ali (2013) Counselling provides a helping relationship between an expert and a disturbed or non-expert person with the aim of solving the latter's problems to enable him/her live a

fulfilled life in the environment he/she finds himself/herself. Basically, counselling in an educational setting helps to ensure that learners are assisted in solving educational, vocational, social, and psychological problems that may impede their academic and social wellbeing.

Welten (2011) believes that irrational behaviours are consequences of irrational beliefs or attitudes. For a person to display a bizarre behaviour, he/she must have internalized it from conflicting or unresolved conflicts in thoughts and beliefs held by such a person. The best way to handle this is to teach such a person new attitudes or beliefs to change his/her behaviour. Based on this, the following counseling intervention services will be adopted in the work viz cognitive restructuring strategy, behavioural counselling strategy, reality counselling strategy, modeling counselling strategy and career information counselling strategy. These counselling intervention services will be used to tackle the negative behavioural pattern outlined in the study.

Statement of the Problem

In secondary schools today, different behaviour patterns pose serious concern to teachers, principals and even parents, especially if such behaviours affect the academic performance of such students in class. Though the disorder is common, many student displaying behavioural disorders may not see such acts as abnormal, in fact, in most cases, they are not bothered by it because they perceived it as normal and pleasing. The implication therefore is that, if negative behaviour pattern are not curbed, it may continue at the detriment of the child and people around them. Emotionally disturbed students display irrational behaviours that consequently affect their self-esteem and self-confidence. Students showing negative behaviours are most likely to develop unaccepted relationship at home and at the school vicinity. The major offences committed by students in some schools are identified as follows: aggressiveness, eating disorder stealing, lying, bullying, lateness to school, rioting, cruelty, absence and truancy. Some acts of indiscipline include; disobedience, vandalisation, quarrelling, fighting, rioting, wickedness, absenteeism, violence, dishonesty, arson, idleness, disorderliness, laziness, smuggling, jealousy, gossip, drunkenness,

greed, selfishness, discrimination, corruption, bribery, drug abuse, sex, and raping. Others are lawlessness, kidnapping, murder, oppression, misappropriation of fund and mismanagement.

Furthermore, it is observed that students with negative behavioural pattern usually do not do well in school, they are likely to have lower scores, exhibit truancy, lack concentration, often absent from classes and more prone to dropping out from school while students with good behavioural pattern on the other hand are more likely to excel in school because they do not miss classes, usually participates fully in all class and school activities. It is therefore pertinent for a study of this magnitude to explain how counselling techniques at her disposal can be used to tackle these behaviour pattern among students in public schools.

Purpose of the Study

The main purpose of the study is to determine the effect of students' behavioural pattern and counselling intervention services among Secondary Schools students in Uyo Local Government Area.

Hypotheses

The following null hypotheses were raised and tested at 0.05 significant level

1. There is no significant influence of students' anxiety problem among and counselling services public schools students.
2. There is no significant influence of student's compulsive gambling behavioural pattern and counselling services among public schools students.
3. There is no significant influence of students' substance abuse behavioural pattern and counselling services among public schools students.
4. There is no significant influence of students' self harm behavioural pattern and counselling services among public schools students.
5. There is no significant influence of students' raping behavioural pattern and counselling services among public schools students.

REVIEW OF RELATED LITERATURE

Anxiety Behavioural Problem:

Anxiety is used to describe feelings of worry, fear, concerns, uneasiness and restlessness. Typically, it incorporates both the emotional and physical sensations students experienced when worried, tensed and panicked. This is a normal reaction when one perceives a threat or feels not offended of something. Anxiety can make you imagine things are worse than they are and prevent you from carrying out everyday tasks or even leaving the house. Whereas stress is something that will come and go, anxiety can affect a person even if the cause is unclear. When under stress, our 'fight or flight' response will turn on. This acts as an internal alarm system, designed to protect us from danger in the wild. Anxiety, however, may cause this response to be activated at inappropriate moments. Students sometimes feel this during normal, non-threatening situations (Brune, 2000).

According to Barlow (2002) Feeling anxious is a natural response; suffering from anxiety long-term can be very intense. Anxiety affects people differently, however, there are common symptoms such as rapid and/or irregular heartbeat, fast breathing, sweating, nausea, dizziness, trouble sleeping, feeling irritable, lack of concentration and panic attacks. Just like adults, children have worries and anxieties. There are many things that can affect a child, and at different ages. While these are a normal part of growing up, if it's starting to affect their overall health and well-being, extra support may be needed. Anxiety is the feeling of fear or panic. Most of us when worried about something, like an exam or presentation, will calm down and feel better after the event is over. But for some people, this feeling doesn't go away. When the panic stays or grows even stronger, anxiety can become a problem. For children, this can be very scary and confusing (Deacn and Abramortz, 2004).

There are many things that can affect a child, and at different ages. While these are a normal part of growing up, if it's starting to affect their overall health and well-being, extra support may be needed. Anxiety is the feeling of fear or panic. Most of students when worried about many things, like an exam, lack of submission of assignment,

payment of school fees, presentation, fear of failing examination. Some students worried less over them, but for some students, this feeling doesn't go away. When the panic stays or grows even stronger, anxiety can become a problem. For students, this can be very scary and confusing.

Anxiety in children becomes a problem when it affects their daily life. Because it's a normal reaction, a parent may not know what their child is feeling, and so the severity of the anxiety is not always clear. Also, there are many times a child will experience anxious feelings throughout their childhood. For example, between eight months to three years, separation anxiety is common. This is, however, a normal stage in a child's development, and tends to ease off at around two years. Furthermore, anxiety disorders have genetic links, meaning that it is possible to inherit anxiety from parents in more than a learned fashion. For example, heritable characteristics such as behavioural inhibition, negative affectivity, and anxiety sensitivity, may all increase a person's risk for developing an anxiety disorder. On the other hand, in some cases, anxiety disorder risk is heightened by environmental experiences. Life stress in times of difficulty, such as death of a loved parent, financial strain, or even happy stressors like the birth of a child, can encourage anxiety disorders.

Compulsive Gambling Behaviour Pattern:

Compulsive gambling, also called gambling disorder, is the uncontrollable urge to keep gambling despite the toll it takes on one's life. Gambling means that you're willing to risk something you value in the hope of getting something of importance. Gambling is one of the most insidious of human vices, as it presents the illusion of easy money yet can quickly lead to financial ruin. The odds are never in your favor whether it is poker, blackjack or anything else. Many factors can contribute to a gambling addiction, including desperation for money, the desire to experience thrills and highs, the social status associated with being a successful gambler, and the entertaining atmosphere of the mainstream gambling scene. Unfortunately, once a gambling addiction takes hold of a person, breaking the cycle is difficult. Severe addictions can take hold when someone feels desperate financially and wants to

take back what they have lost. Once the person finally wins, while they may end up collecting a massive amount of money from that win, it is rarely enough to cover what has already been lost. Most gamblers never even come close to breaking even.

The signs of a gambling problem are often the same as the signs of other addictions. Common signs of addiction include, but are not limited to, the following:

- Feeling the need to be secretive about gambling
- Having trouble controlling gambling habits
- Gambling when you cannot afford to
- Your friends and family express concern about your gambling

Of course, as with any other addiction, the hallmark sign of a gambling problem is that you feel you cannot stop.

Excessive gambling often causes a multitude of emotional symptoms, including anxiety, depression, and even suicidal thoughts and tendencies. In extreme situations, these thoughts may lead a gambler to actually making an attempt to end their life. Losing everything to gambling is devastating and leaves many people feeling completely hopeless, because gambling can cause depression, anxiety with self-harming tendencies.

Gambling is associated with many additional effects, in both the short- and long-term. Gambling addiction frequently results in other addictions that serve as coping mechanisms for people who are stressed out by the activity. Many gamblers turn to drugs, alcohol and other activities to alleviate the anxiety brought on by the gambling lifestyle. Even if a gambler never experiences financial ruin as a result of the lifestyle, they may struggle with drug and alcohol addiction for the rest of life after self-medicating to deal with the stress. Also, relationships are often permanently damaged as a result of gambling. Quitting gambling is no easy feat, but it can be done with the help of a solid support group and treatment program. It can be difficult to get started on the path to recovery without the assistance of professionals who have helped people through the process before. Supportive friends and family are vital to a full recovery,

Substance Abuse Behaviour Pattern

Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. One of the key impacts of illicit drug use on society is the negative health consequences experienced by its members. Drug use also puts a heavy financial burden on individuals, families and society. Substance abuse, also known as drug abuse, is the use of a drug in amounts or by methods which are harmful to the individual or others (ACMD, 2007). Depending on the actual compound, drug abuse including alcohol may lead to health problems, social problems, morbidity, injuries, unprotected sex, violence, deaths, motor vehicle accidents, homicides, suicides, physical dependence or psychological addiction. There is a high rate of suicide in alcoholics and other drug abusers. The reasons believed to cause the increased risk of suicide include the long-term abuse of alcohol and other drugs causing physiological distortion of brain chemistry as well as the social isolation. Another factor is the acute intoxicating effects of the drugs may make suicide more likely to occur.

The use of drugs in itself does not constitute any danger, because drugs correctly administered have been a blessing. Falco (1988) as cited by Sambo (2008) asserts that, chronic use of substances can cause serious irreversible damage to adolescent's physical and psychological development. The use of drugs could be beneficial or harmful depending on the mode of use. Apart from knowing the harmful effects of substance abuse, various studies have pointed out that among the reasons students abuse drugs are: for experimental purpose, curiosity, peer and family influence, lack of parental supervision, personality problems, socioeconomic issues, need for extra energy for work, to build up confidence, frustration, to achieve happiness, to reduce fear, drug availability, need to maintain drug habit in order to avoid withdrawal syndrome, to feel good, to relieve stress, to sleep, to keep awake, to enhance sexual performance, age, unemployment, poverty, and for no reason. With the increasing rate of substance abuse, an increasing rate of violence has been observed among high school and university students. Also, some University students who experience dissatisfaction with life due to anger, frustration, academic failure and boredom, consume alcohol to fit in and serve as a consolation. This

invariably affects their academic performance hence hours that should be use for study are diverted to rest and sleep after its consumption (Alan, 2003). Efforts of Nigerian National Drug Law Enforcement Agency (NDLEA) and other governmental agencies to stem the tide of drug abuse in Nigeria has been meet with stiff resistance of users at different places across the nation thereby increasing the incidence of drug abuse cases in spite of their continued destruction of such illicit drugs, the rapid rise in the number of cases of drug abuse among youths whom are mostly students is still on the increase (Akinyemi, 2008).

Drugs are chemical substances that destroy the body cell, depending on how the drugs are used. This is why Orija (2008) stated that drug dependent person unknowingly damages his/herself and the society. The effect is a deteriorating health, which may cause mental ill health, deformed babies and untimely death of the individual involved. He goes further to say that people who have become dependent on drug becomes more irritable, moody, absent minded, drop in academic performance and change in mode of dressing. They become more demanding with regard to funds, increased appetite and they complain often of aches and pains in the body. Heavy alcohol intake may lead to depression and liver damage. In addition, alcohol affects many parts of the brain, but the most vulnerable cells are those associated with memory, co-ordination, and judgment, short-term effects (usually lasts up to 72 hours after heavy use). Alcohol has several physiological and psychological effects, which may inhibit academic performance of students. One of the most common consequences of alcohol abuse by students is difficulty keeping up with academic responsibilities. Alcohol abuse in the context of this study connotes excessive consumption of alcohol which in order word is referred to as binge drinking. Students' substance use and abuse is influenced by a number of factors, among which are parental lifestyles, peer influence, parental attachment, and commitment to conventional activities among others. Indeed, each of these factors exerts tremendous influence on students' frequency of substance use and abuse. Families in which children have a cordial relationship with their parents, parental control efforts are effective means in preventing children from involving in problem behaviours. Thus, the attachment relationship goes hand in

hand with parenting (der Vorst, Engels, Meeus, Dekovic, and Vermulst, 2006).

Parents who adequately control and supervise their adolescents may prevent them from starting to drink early in life. When children are also highly attached to their parents, the attachment relationship might strengthen the impact of control on adolescents' alcohol use. Because of this, it is assumed that the expected association between parental control and an early development of drinking will be moderated by parental attachment (Der Vorst *et al.*, 2006). Students who are more committed to their studies and other conventional activities stand the chance of not being victims of negative behaviours.

Self Harm Behavioural Pattern and Counselling Intervention Services:

Self-harm is when you hurt yourself as a way of dealing with very difficult feelings, painful memories or overwhelming situations and experiences. Some people have described self-harm as a way to:

- express something that is hard to put into words
- turn invisible thoughts or feelings into something visible
- change emotional pain into physical pain
- reduce overwhelming emotional feelings or thoughts

Self-harm describes any behaviour where someone causes harm to themselves, usually as a way to help cope with difficult or distressing thoughts and feelings. It most frequently takes the form of cutting, burning or non-lethal overdoses. However, it can also be any behaviour that causes injury - no matter how minor, or high-risk behaviours. Basically, any behaviour that causes harm or injury to someone as a way to deal with difficult emotions can be seen as self-harm. Self-harm usually starts as a way to relieve the build-up of pressure from distressing thoughts and feelings. This might give temporary relief from the emotional pain the person is feeling. It's important to know that this relief is only temporary because the underlying reasons still remain. Soon after, feelings of guilt and shame might follow, which can continue the cycle. Because there may be some temporary relief at the start, self-harm can become someone's normal way of dealing with life's difficulties. This means that it is important to talk to someone as early

as possible to get the right support and help. Learning new coping strategies to deal with these difficulties can make it easier to break the cycle of self-harm in the long term.

Everyone has different things that cause stress and worry them. Some people can manage these troubles by talking to friends and family, while others may find these difficulties overwhelming. When we don't express our emotions and talk about the things that make us distressed, angry or upset, the pressure can build up and become unbearable. Some people turn this in on themselves and use their bodies as a way to express the thoughts and feelings they can't say aloud. People often harm themselves when this all gets too much. If you self-harm, you might find that when you feel angry, distressed, worried or depressed, you feel the urge to hurt yourself even more. Someone's reason to self-harm can be very different from other people who self-harm. Some of the reasons that young people report as triggers or reasons that lead them to self-harm include:

- difficulties at home
- arguments or problems with friends
- school pressures
- bullying
- depression
- anxiety
- low self-esteem
- transitions and changes, such as changing schools
- alcohol and drug use.

When a few of these issues come together they can quickly feel overwhelming and become too much for one person to deal with. As one young person said, many people self-harm to "get out the hurt, anger and pain" caused by pressures in their lives. They hurt themselves because they didn't know what else to do and didn't feel like they had any other options. Talking to someone you trust or a healthcare professional can help you find other options for coping with the emotional pain you are feeling.

According to Gardner (2001) eighty percent of self-harm involves stabbing or cutting the skin with a sharp object, sometimes breaking through the skin entirely. However, the number of self-harm methods are only limited by an individual's inventiveness and their determination to harm themselves; this includes burning, self-poisoning, alcohol abuse, self-embedding of objects, hair pulling, bruising/hitting one's self, scratching to hurt one's self, knowingly abusing over the counter or prescription drugs, and forms of self-harm related to anorexia and bulimia. The locations of self-harm are often areas of the body that are easily hidden and concealed from the detection of others. As well as defining self-harm in terms of the act of damaging the body, it may be more accurate to define self-harm in terms of the intent, and the emotional distress that the person is attempting to deal with. Abuse during childhood is accepted as a primary social factor increasing the incidence of self-harm, as is bereavement, and troubled parental or partner relationships. Factors such as war, poverty, and unemployment may also contribute. Other predictors of self-harm and suicidal behaviour include feelings of entrapment, defeat, lack of belonging, and perceiving oneself as a burden along with less effective social problem-solving skills.

Raping Behavioural Pattern and Counselling Intervention:

Unlawful sexual activity and usually sexual intercourse carried out forcibly or under threat of injury against a person's will or with a person who is beneath a certain age or incapable of valid consent because of mental illness, mental deficiency, intoxication, unconsciousness, or deception - it most often usually involved sexual intercourse, against the will of the victim through force or the threat of force or with an individual who is incapable of giving legal consent because of minor status, mental illness, mental deficiency, intoxication, unconsciousness, or deception. In many jurisdictions, the crime of rape has been subsumed under that of sexual assault. Rape was long considered to be caused by unbridled sexual desire, but it is now understood as a pathological assertion of power over a victim (Bachman, 2012). Rape is often explained or excused as a manifestation of racial, ethnic, and class hatred or as stemming from a patriarchal system in which women are viewed as the property of men. Whatever its origins,

rape is a serious crime and is treated as a felony in most countries with common-law systems. In many rape trials, the guilt or innocence of the accused hinges on whether or not the victim consented to sexual intercourse. The determination of consent often can lead to distressing cross-examinations of rape victims in court. As a result, many rape victims choose not to report the crime to police or refuse to press charges against their assailants. For example, according to the Bureau of Justice Statistics, an office within the U.S. Department of Justice, fewer than one-quarter of rapes or sexual assaults in the country were reported to police in 2016. Even when brought to trial, those charged with rape have a higher-than-average rate of acquittal, mainly because it is difficult to prove a crime for which there are usually no third-party witnesses and because the testimony of women often may be given less credence than that of men. Rape is thus both underreported and under prosecuted. To protect women from humiliating cross-examination, many jurisdictions have adopted rape shield laws, which limit the ability of the defendant's counsel to introduce the accuser's sexual history as evidence.

The psychological motivations of rapists are more complex than was formerly thought. They may include the desire to punish, to gain revenge, to cause pain, to prove sexual prowess, and to control through fear. The psychological reactions of victims of rape also vary but usually include feelings of shame, humiliation, confusion, fear, and rage. Victims often report a feeling of perpetual defilement, an inability to feel clean, an overwhelming sense of vulnerability, and a paralyzing feeling of lack of control over their lives. Many are haunted by fear of the place in which the crime occurred, or of being followed, or of all sexual relationships. Others experience long-term disruption of sleep or eating patterns or an inability to function at work. The duration of the psychological trauma varies from individual to individual; many feel the effects for years, even with considerable supportive therapy. In view of the great psychological harm it causes, many psychologists regard rape as a form of torture - a permanent mutilation of an individual's life. In addition to these psychological effects, in some societies victims of rape face the danger of ostracism or even death at the hands of relatives

seeking to preserve their family's honour (victims of abduction without rape may be treated in the same way).

COUNSELLING INTERVENTION SERVICES

Cognitive Behavioral Therapy

Cognitive behavioral therapy is extremely popular. It combines behavioral therapy with cognitive therapy. Treatment is centered on how someone's thoughts and beliefs influence their actions and moods. It often focuses on a person's current problems and how to solve them. The long-term goal is to change a person's thinking and behavioral patterns to healthier ones.

Cognitive Behavioral Play Therapy

Cognitive behavioral play therapy is commonly used with children. By watching children play, therapists are able to gain insight into what a child is uncomfortable expressing or unable to express. Children may be able to choose their own toys and play freely. They might be asked to draw a picture or use toys to create scenes in a sandbox. Therapists may teach parents how to use play to improve communication with their children.

System Desensitization

System desensitization relies heavily on classical conditioning. It's often used to treat phobias. People are taught to replace a fear response to a phobia with relaxation responses. A person is first taught relaxation and breathing techniques. Once mastered, the therapist will slowly expose them to their fear in heightened doses while they practice these techniques.

Aversion Therapy

Aversion therapy is often used to treat problems such as substance abuse and alcoholism. It works by teaching people to associate a stimulus that's desirable but unhealthy with an extremely unpleasant stimulus. The unpleasant stimulus may be something that causes discomfort. For example, a therapist may teach you to associate alcohol with an unpleasant memory.

Impact of Effective Counseling Intervention Services

Effective counseling can make a significant, positive impact on clients' lives. Some positive outcomes might include:

- Better decision making
- Coping skills
- Improved outlook on life
- Ability to plan for the future (e.g., college and career preparedness)
- Improve socialization with peers, teachers, and family
- Engagement with extracurricular activities

METHODOLOGY

Design of the Study

The study adopts a descriptive survey research design. This design according to Creswell (2005), makes use of the sample, the population, collects data through questionnaires or interviews and draws conclusions about the population and generalizes its findings. It also enables the researcher to obtain information for analysis using descriptive statistics.

Population

The population of the study consists of all counsellors in all public schools in Uyo Local Government Area. According to state secondary education board statistics and records units there are a total of 40 counsellors in public schools in Uyo Local Government Area.

Sample and Sampling Technique

Simple random sampling technique was used in selecting a total of twenty (20) counselors as respondents for the work using the toss a coin system. A coin was thrown and all those whose side of the coin faced upward was chosen for the work thus giving a total of twenty respondents.

Instrumentation

A structured questionnaire titled: Counseling Intervention Services Questionnaire (CISQ) and students' behavioural Pattern Questionnaire (SBPQ) was used for data collection. The items were framed in line with the research questions and the null hypotheses. The

instruments had three parts. The bio-data part was section (A). In section (B), the instrument measured five behavioural pattern which include, anxiety, compulsive gambling, substance abuse, self-harm and raping behaviour pattern.. A total of 5 items was constructed for this section. This gave a total of 25 items for the section while section (C) measured the counseling intervention services.

Validation of the Instrument

Face and content validity of the instrument were carried out by giving copies of the instrument developed to two lecturers in the department and one expert in Educational Evaluation and Measurement in Department of Educational Foundations, Guidance and Counselling, Faculty of Education, University of Uyo. The validation exercise was extended to the educational evaluation unit for the purpose of getting their experts opinion on the instrument used. In all, three experts were requested to read through the instrument, for clarity, relevance and suitability to the study.

Reliability of the Instrument

Cronbach Alpha and split-half reliability technique were used to establish the reliability of the instruments respectively for the questionnaire. The questionnaire was administered randomly selected 20 counsellors in Private Schools who were not part of the study. A reliability coefficient of 0.75 was obtained for the instrument, thus, the instrument was considered suitable for the study.

Method of Data Analysis

The data was analyzed using mean, standard deviation and independent t-test in answering both the research questions and testing the hypotheses. All hypotheses were tested at 0.05 level of significance. When the calculated F-value exceeds the critical value at a certain degree of freedom and significance level, the null hypothesis shall be rejected while the alternate shall be retained.

DATA ANALYSIS AND DISCUSSION OF FINDINGS

Research Hypothesis One

There is no significant influence of anxiety behavioural pattern and counselling services among students' in public secondary school in Uyo Local Government Area.

Table 1: t-test analysis of the influence of anxiety behavioural pattern and counselling intervention service among students' in public secondary school in Uyo Local Government Area

Variables	Mean	SD	N	df	tcal	Sig
Raping behaviour pattern	12.6000	.75915	20	19	10.180	0.00
Referral intervention service	14.2500	.75915	20			

As shown on Table 1, the data analysis gave the t-value as 10.18 with the degree of freedom as 19. Therefore since the criterion p-value of 0.05 is greater than the obtained p-value of 0.00. The null hypothesis which states that there is no significant influence of anxiety behavioural pattern and counselling services on students' among public secondary school in Uyo Local Government Area is rejected whereas the alternate hypothesis which states that there is significant influence of counselling services on students' anxiety behavioural pattern among public secondary school in Uyo Local Government Area is accepted.

Research Hypothesis Two

There is no significant the influence compulsive gambling behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area.

Table 2: t-test analysis on the influence of compulsive gambling behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area

Variables	Mean	SD	N	df	tcal	tcrit
Compulsive gambling behavioural pattern	12.6000	.75915	20	19	14.165	0.00
Counselling intervention service	14.2500	.75915	20			

As shown on Table 2, the data analysis gave the t-value as 14.17 with the degree of freedom as 19. Therefore since the criterion p-value of 0.05

is greater than the obtained p-value of 0.00. The null hypothesis which states that there is no significant influence of compulsive gambling behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area is rejected whereas the alternate hypothesis which states that there is significant influence of counselling intervention service on compulsive gambling behavioural pattern among public secondary school in Uyo is accepted.

Research Hypothesis Three

There is influence of self-harm behavioural pattern behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area.

Table 3: t-test analysis on the influence of self-harm behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area

Variables	Mean	SD	N	df	tcal	Tcrit
Self-harm behavioural pattern	13.45	.759	20	19	4.87	0.00
Counselling intervention service	12.45	.759	20			

As shown on Table 3, the data analysis gave the t-value as 4.87 with the degree of freedom as 19. Therefore since the criterion p-value of 0.05 is greater than the obtained p-value of 0.00. The null hypothesis which states that there is no significant influence of self-harm behavioural pattern and counselling intervention service behavioural among students in public secondary school in Uyo Local Government Area is rejected whereas the alternate hypothesis which states that there is significant influence of counseling intervention service on self-harm behavioural pattern among public secondary school in Uyo Local Government Area is accepted.

Research Hypothesis Four

There is no significant influence of compulsive gambling behavioural pattern and counselling intervention service among students' in public secondary school in Uyo Local Government Area.

Table 4: t-test on the influence of compulsive gambling behavioural pattern and counselling service among students' in public secondary school in Uyo Local Government Area

Variables	Mean	S D	N	df	tcal	tcrit
Substance abuse behavioural pattern	13.85	.75	20	19	4.567	0.00
Counselling intervention service	12.35	.76	20			

As shown on Table 4, the data analysis gave the t-value as 10.18 with the degree of freedom as 19. Therefore since the criterion p-value of 0.05 is greater than the obtained p-value of 0.00. The null hypothesis which states that there is no significant influence of students' compulsive gambling behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area is rejected whereas the alternate hypothesis which states that there is significant influence of counselling intervention service on students' compulsive gambling behavioural pattern among public secondary school in Uyo Local Government Area is accepted.

Research Hypothesis Five

There is no significant influence of raping behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area?

Table 5: t-test analysis on the influence on raping behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area

Variables	Mean	SD	N	df	tcal	tcrit
Raping Behaviour	14.25	.75	20	19	4.819	0.00
Referral Service	12.60	.85	20			

As shown on Table 5, the data analysis in showed the t-value of 10.18 with the degree of freedom of 19. Therefore since the criterion p-value of 0.05 is greater than the obtained p-value of 0.00. The null hypothesis which states that there is no significant influence of raping behavioural pattern and counselling intervention service among students in public secondary school in Uyo Local Government Area is rejected whereas

the alternate hypothesis which states that there significance influence of counselling intervention service on raping behaviour behavioural pattern among public secondary school in Uyo Local Government Area is accepted.

DISCUSSION OF FINDINGS

Students Anxiety Problem and Counselling Intervention Service

From the findings in the study, counselling intervention service does influence student's anxiety problem. Barlow (2002) supports the fact that anxiety is the feeling of fear or pain, he opines that there are many things that can affect a child and at different ages. Having established that, it therefore makes counselling intervention service necessary for tackling student's anxiety problem.

Compulsive Gambling and Counselling Intervention Service

From the findings of the study, there is significant influence of counselling service on compulsive gambling. Jacob (2000) opines that losing everything in gambling is devastating and leaves many people feeling completely hopeless, helpless and because gambling can cause depression, anxiety and self-harming tendencies, counselling intervention services become very necessary in order to remedy the situation.

Substance Abuse Behaviour Pattern and Counselling Intervention Services

From the findings of the study there is significant influence of counselling service on substance abuse behaviour pattern of students. According to the Advisory Council on the Misuse of Drugs (2007), drugs like cannabis can trigger panic attacks during intoxication and with continued use. It may cause a state similar to dysthymia. At this point counselling intervention service becomes very useful in ameliorating the situation.

Self-harm Behaviour Pattern and Counselling Intervention Service

From the findings of the study there is significant influence of counselling intervention service on self-harm of behaviour pattern. Gardner (2001) in support of this findings opines that self-harm involves

stabbling or cutting the skin with a harp object, sometimes breaking through the skin entirely. This is quite dangerous and should be given immediate attention thus making counselling intervention services a necessary tool.

Raping Behaviour Pattern and Counselling Intervention Services

There is significant influence of counselling intervention service on students raping behaviour pattern. In support of this, Aequitos (2012) opines that the psychological motivations of rapists are more complex than was formerly thought, they may include the desire to punish, to gain revenge, to cause pain, to prove sexual prowess, and to control through fear. The psychological reactions of victims of rape also vary but usually include feelings of shame, humiliation, confusion, fear, and rage. Victims often report a feeling of perpetual defilement, an inability to feel clean, an overwhelming sense of vulnerability, and a paralyzing feeling of lack of control over their lives. Many are haunted by fear of the place in which the crime occurred, or of being followed, or of all sexual relationships. From the above, it can be seen that urgent attention is therefore needed in the area of counselling to help the students on how to relate with the opposite sex without abuse .

CONCLUSION

On the whole, Counselling intervention service is therefore considered necessary tool because several teachers have less time to teach and effectively manage student's misbehavior, some teachers are reluctant to punish some of such erring students for fear of being attacked by cultist or sued to court by their influential parents. This work is now solely on the counselor's shoulders who is ever ready to assist the students in his/her capacity to resolve whatsoever crisis they may be experiencing.

RECOMMENDATIONS

Based on the findings the following recommendation were made:

1. The government should recruit more guidance counselors into the school system.
2. There should be regular workshops and conferences for on the job practicing counsellors.

3. Teachers and parents should ensure cases are referred to the counsellor for appropriate action.

REFERENCES

- Abdulrahman, D., Gordon, D. and Best, D. (2006). *Findings of a survey of needle exchanges in England*. England: London.
- Advisory Council on the Misuse of Drugs (ACMD) (2007). *Hidden has in three years on: realities, challenges and opportunities*. London home office, 2007.
- Aequitos, R. (2012). Rape and Sexual Assault Analysis and Laws. Available.
- Ali, B. A. (2003). The relevance of counselling in the provision of quality education for the exceptional children in Nigeria, *Gaboriau Journal of Education*, 4 (2).
- Ali, B. A. (2012). Professional challenges of counselling intervention for families of exceptional children. Conference Proceeding of the Annual National Conference of Counselling Association of Nigeria (CASSON), pp 27-39.
- Animasahyn, R. A. (2014). Psychological, social and personal adjustment as correlates of psychological wellbeing among school adolescent from intact and separated families in Ibadan, Nigeria. *Psychological Research*, 2: 134-151.
- Awoginfa, O. (2012). An investigation into the academic of alcohol usage and abuse among female students of the University of Lagos, Nigeria, Africa.
- Bachman, R. (2012). Measuring rape and sexual assault: successive proximation to consensus. Paper commissioned by the national research council, panel on measuring rape and sexual assault in the bureau of justice statistics household surveys.
- Ban, W., Leitner, M. and Thomas, J. (2004). Older people who self harm receive the hospital they needs quality in ageing and older adults, (5): 10-19.
- Bandura, A. (1977). *Social learning theory*. New Jersey: Prentice Hall.
- Barlow, D. H. (2002). *Anxiety and its disorders: The nature and treatment of anxiety and Panic* (2nd ed). New York Gullford Press.

- Burne, E. J. (2000). *The anxiety and phobia workbook* (3rd ed). New Harbinger Publication Oakland, CA.
- Clay-Warner, J. and Burt, C. H. (2005). Rape reporting after reforms have times really changed? *Violence against women* (192): 150-176.
- Creswell, J. N. (2005). *Educational research planning and qualitative conducting and evaluating quantitative research upper saddle review* Jersey persons education Inc.
- Deacon, B. J. and Abramowitz, J. S. (2004). Cognitive and behavioural treatment for anxiety disorders. A review of meta analytic findings. *Journal of Clinical Psychology*, 60:429-441.
- Dervorst, E., Meeus, D. and Vermulst, E. (2006). Alcohol specific miles, personality and adolescents alcohol uses a longitudinal person – environment study.
- Doyle, L., Treacy, M. P. and Sheridan, A. (2015). Self harm in young people: Prevalence associated factors and help seeking in school going adolescents. *International Journal of Mental Health Nursing*, 24 (6): 485-495.
- Edwin, S. (1950). The theory differential association: An introduction social problem, 8(1):2-6.
- Egbule, J. F. and Abosi, G. A. (2002). The influence of counselling services on behavioural problem of secondary school students in Benin City. Conference Proceedings of Counselling Association of Nigeria. (CASSON).
- Elegbeleye, O. S. (2005). Recreational facilities in schools: A penance for youth restiveness. *Journal of Human Ecology*, 18 (2): 93-98.
- Gardner, F. (2001). *Self harm: A psychotherapeutic approach*. Hove: Brunner Routledge.
- Graham, C. R. (2006). The effect of designing a blended 6 teaching environment on achieve and deep leaning of graduate students at open journal of social sciences, 5(10).
- Hirschi, T. (1969). *Causes of delinquency* Berkeley, University of California. California press.
- Ishaq, I. J. and Lawal, S. (2011). Coutselling for life adjustment among Nigeria secondary school students. *The counsellor*, 30(2): 85-91.

- Jacobs, D. F. (2000). Juvenile gambling in north America. An analysis of long term trends and future prospects. *Journal of gambling studies*.
- Knightsmith, P. (2015). Self-harm and eating disorders in school. Jessica, Kingsley publishers: London.
- Ladd, G. T., Mohua, C. A. Kerins, G. J. and Petry, N. M. (2003). Gambling participation and problems among older adults. *Journal of Geriatric Psychiatry and Neurology*, 16:172-177.
- Moore, T. (2001). *The prevalence of disordered gambling among adults in oregon: A secondary analysis of data*. Washington.
- Oni, A. A. (2010). Towards improving the status of higher education in Nigeria: Academic leadership: *The Online Journal*, 8 (3): 55.
- Oteyo, J. and Kariuki, M. (2009). Extent to which selected factory can contribute to alcohol and cigarette use among public day secondary schools male students: A case study of Nakusu Municipality, Kenya.
- Ukwueze, A. C. and Ajufo, B. I. (2013). Influence of demographic variables on social adjustment of in school adolescents in Ibadan metropolis in Nigeria. *Garden and behaviour*, 11(2).
- Vendan, C. and Peter, K. (2004). Assessment practice for early children intervention programmes for special needs person. *The exceptional children*, 7(1 & 2): 191-200.
- Weiten, W. (2011). *Psychology: Themes and Variation*. Wadsworth, Cengage learning.