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# IMPACT OF COGNITIVE BEHAVIORAL THERAPY (CBT) AND RATIONAL EMOTIVE BEHAVIORAL THERAPY (REBT) ON PSYCHOLOGICAL WELLBEING OF THE INTERNALLY DISPLACED PERSONS (IDPs) IN NORTH WEST, NIGERIA

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## ABSTRACT

The sequence of violent attacks by Boko-Haram and Armed Bandits in recent times which has been characterized by the abduction and killing of people; destruction of houses, health care centers, schools, mosques, churches and farms has lurches the country into a chronic state of insecurity and victims into serious psychological and traumatic conditions. The psychological wellbeing of the victim of internally displaced persons is worsening when there is lack of intervention in terms of psychological treatment. Therefore, this paper examined the impact of psychological treatments (Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavioral Therapy (REBT) on the internally displaced persons in North West, Nigeria. This is with the view to ensuring that victims of Boko-Haram and Armed Bandits in the North West suffering from various forms of emotional distress and traumas get the needed psychosocial interventions and social support through cognitive restructuring and emotive behavioral therapy. The study adopted quasi-experimental pre-test and post-test research design. The population of the study comprises victims of kidnapping and banditry in North West, Nigeria (Kaduna, Kano, Zamfara, Sokoto and Katsina). Purposive sampling technique was used to select participants who are victims of either kidnapping or banditry. Instruments to be used for the study are questionnaires on psychological wellbeing of victims of kidnapping and banditry, cognitive restructuring and rational emotive therapy treatment models. The data collected were analysed using frequency and percentages. The paper concluded by highlighting the importance of tailoring mental health interventions to meet the diverse needs of IDPs, by ultimately promoting better treatment outcomes and improved psychological wellbeing. Recommendations were proffered.

**Keywords:** Psychological well-being, Cognitive, Behavioral Therapy, Rational Emotive, Behavioral Therapy.

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## INTRODUCTION

Contemporary discussions on Nigeria is almost inevitably replete with issues surrounding insecurity, militancy, insurgency and terrorism due to the linkages with economic, social, political and governance activities with spiraling effects on regional and international relations (Adewumi, 2014; Amalu, 2015). Since 1999, when the country returned to democratic rule, there has been an upsurge in violent activities in Nigeria with Boko Haram insurgency being at the forefront. The Boko Haram sect has become a threat to both internal and international security as their activities have now stretched beyond Nigeria to her neighbours. With regular violent attacks on security forces, civilians, churches and mosques, farms, media houses, schools as well as international bodies such as the United Nations in 2011, it has further compounded several challenges already faced by the nation particularly in the North east.

The Boko Haram insurgency poses a threat to national security. However, it should be noted that the concept of national security in the post-cold war era has gone beyond securing lives and properties of the people through the protection of territorial integrity of the state against threats of external aggressors to encompass the protecting of citizens from the threats of diseases, hunger, unemployment, violation of human rights, displacements and shelter problems, conflict, political repression and environmental degradation, hence human security (Adedoyin, 2013). Various non-state armed groups have emerged and consolidated forcible power to terrorize the population in Nigeria as evident with the activities of the criminal gangs, amorphous kidnapers, armed bandits, Islamic fundamentalist, separatist groups and many others that are often referred to by the media in Nigeria a unknown gunmen.

The activities of armed bandits in Nigeria are not limited to the north-west as there also have been a significant presence in north-central states of the country with more than 1,000 cases of kidnapping for ransom that were reported in 2021. In March 2022, armed bandits operating in Kaduna north-west region of the country attacked a train from the Federal Capital Territory heading to Kaduna which claimed the lives of eight passengers while several others were abducted. This and other events such as attacks by bandits against airports and military bases have shown the growing sophistication of these groups and their capabilities for deadly operations which has left mot states in the Northern region especially the north-west in perpetual insecurity. Armed banditry today is characterized by kidnapping, murder, armed robbery, cattle rustling and rape which is the most urgent national security concern.

Nigeria's north-west is one of the country's six geopolitical zones that comprise seven of the 36 states in the country. These are Kaduna, Sokoto, Jigawa, Kano, Katina, Zamfara and Kebbi, it covers an area of 216,065 sq. km or 25.75 per cent of the country's land mass. Its major ethnic groups are the Hausa and Fulani who share strong cultural and historical ties and are very much intermixed with other minor groups especially in states like Kaduna. The region's geographical and climatic conditions poses serious challenges for authorities both the federal and state, a much of the north-west region is savannah but the region is also interspersed with vast forest some of which are homes to thousands and are mostly Fulani herders.

The north-west region also shares about two thirds of 1,497 km international border between Nigeria and Niger Republic. Cultural and historical ties between the communities on both sides of the regional protocols on freedom of movement have created openings for criminals and smugglers. Pervasive corruption among border officials leading to numerous illegal crossings has enabled the traffic of illicit merchandise such as weapons into region and the country at large. In the last four decades, the North West has witnessed waves of violence which

includes religious clashes, Islamist militancy and electoral violence. Between 2011 and 2015, Kaduna and Kano states suffered many Boko Haram bombings and shootings mostly notably the 20<sup>th</sup> January 2012 attacks in Kano city that killed about 185 people. Also between 2011 and 2014, the North West has suffered a flow of violence between pastoralists and allied armed groups also known as bandits largely occurring in rural areas. The violence has spread from its epicentre in states such as Zamfara, Kano, Kaduna, Katsina, Sokoto and Kebbi in the North West region into Niger state in the north central region of the country.

There are no available fatality records but reports from several sources points to at least 8,000 people killed from 2011 to the present largely in Zamfara. North-western states such as Katsina, Sokoto, Kaduna and Zamfara are the most directly affected by armed bandits activities as it is difficult to determine the exact number of armed bandits in the north-west. It has been estimated that about 30,000 bandits are associated with different gangs ranging from a few fighters to over 1,000 fighters operating in the region. Boys were mainly abducted by Boko Haram for indoctrination in its ideology and for recruitment into its fighting force, while women and girls were abducted for sexual exploitation, forced marriages, labour and religious conversions to Islam. To date, the whereabouts of many of the victims is unknown and those who have attempted to escape have been beaten and received death threats. The exposure of life threatening events overwhelms adults as well as infants and children and could lead to emotional distress and traumas. To establish normal family life after a bloody conflict usually takes a lot of time and exploits the return of family normalcy and accustomed practices that engage mental abilities of the family members to understanding that life is gradually normalizing.

The importance of mental health and psychological service is very critical in disaster response especially when it is a conflict driven emergency where some of the affected persons witnessed the killing of their loved ones or the destruction of their properties or saw their loved ones defiled or they violated. This service acts as a catalyst for proper healing of the emotional and psychological wounds of the disaster. With the view to seeing to the challenges faced by the internally displaced persons. Adesina et al. (2020) stressed that Centre for Community Health and Development (CHAD) has played key roles in the Mental Health and Psychosocial Support (MPHSS) sector in North Eastern, Nigeria. Their study revealed that Centre for Community Health and Development (CHAD), Save the Children and Street Child of Nigeria are the key players in the psychosocial support services for young children. To ensure high standard and quality assurance for the delivery of this service, many organizations involved in the MPHSS have developed guidelines on how to manage a mental health or psychosocial intervention to ensure global best practice are upheld.

More so, Wietse and Betacourt (2014) in his review of over one-hundred and sixty (160) reports on funding and implantation of general psychosocial interventions in humanitarian settings from 2007-2010 around the world, listed the top five models being used in humanitarian settings were basic counselling for individuals (39%), facilitation of community support of vulnerable individuals (23%), provision of child-friendly spaces (21%), support of community initiated social support (21%) and basic counselling for groups and families (20%). It has been observed that the victims of internally displaced persons as a result of kidnapping and banditry hardly receive specific and necessary psychological intervention and treatment. This shows that the specific psychological treatment needed by the victims to elevate their emotional, mental and psychological wellbeing are seriously lacking.

## **Statement of the Problem**

It has been observed that the victims of internally displaced persons as a result of kidnapping and banditry hardly receive specific and necessary psychological intervention and treatment. Psychological wellbeing is critical to human survival. The third goal of Sustainable Development Goals (SDGs) is to promote good health and wellbeing of individuals. Part of the wellbeing includes the psychological wellbeing. In 2015, internally displaced persons were recognized in the 2030 agenda for sustainable development. Agenda 2030 is designed to build a sustainable world around the five P's namely; People, Planet, Prosperity, Peace and Partnerships which span across the seventeen benefits of SDGs. In Nigeria the extent to which this goal is achieved is a mirage.

Previous studies on the impact of psychological treatment on the internally displaced persons focused exclusive on the generally counseling treatment without giving specific psychological treatment.

Therefore, this study examines the impact of Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavioral Therapy (REBT) on psychological wellbeing of the Internally Displaced Persons (IDPs) in North West, Nigeria.

## **Aim and Objectives of the Study**

The basic aim and objectives of the study is to examine the impact of psychological treatments on the psychological wellbeing of the internally displaced persons in North West Nigeria using Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavioral Therapy (REBT). Specifically, the objectives of the study are to:

- To identify the psychological wellbeing of the internally displaced persons;
- Provide psychological treatments for the internally displaced persons using Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavioral Therapy (REBT).
- To examine the effects of the psychological treatments (Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavioral Therapy (REBT) on the psychological wellbeing of the internally displaced persons.

## **LITERATURE REVIEW**

There is a growing number of literature reviews on armed banditry which are largely engrossed in chronological review of gold mining and cattle rustling in Nigeria and the north-west region of the country. Enable environments for armed banditry was created by non-state actors who are involved in illegal extraction of gold, competition over natural resources and cattle theft by criminal syndicates. In addition, several academic works have engrossed on the subject with arguments centered on Fulani pastoralist as noticeable actors in the armed banditry. Over the last ten years, the North West has seen an explosion in the criminal activities, amid the proliferation of both guns and arm. Hausa and Fulani men who ventured into activities such as kidnapping for ransom, cattle raiding, pillage and robbery of gold miners have now become more organized in the north west since 2013 operating with automatic rifles. These criminal gangs have also generated revenue by engaging in raiding communities for loot across the north west and kidnapping for ransom, they target both individuals (particularly rich farmers and local

businessmen) and entire communities. In Zamfara, a government constituted committee reported that over 3,600 people were kidnapped in the state between 2011 and 2019. Apart from abducting individuals in rural communities, these bandits often ambush travelers on highways killing those who resist or whose families fail to meet their demands. They also raid and loot villages, razing house, burning down barns, abducting and raping women, in some cases they write letter to village heads demanding that resident pool money and pay them to be spared from deadly attacks or impose levy on farmers as condition for gaining access to their fields.

Thousands of girls, boys, men and young women have been abducted on the highways, communities and including from their schools by Boko-Haram and bandits especially in the North- west. The abducted men and boys were forced to become fighters, many have never returned from captivity and those who have returned report suffering abuse. Global Coalition to Protect Education from Attack (GCPEA) reported that approximately six hundred (600) women and girls have been abducted from their schools, some of these women and girls reported that Boko-Haram had forced them to convert to Islam and subjected them to forced marriage and other forms of sexual and gender-based violence (SGBV). In the addition to abuses committed against female students, teachers and abducted women from various communities while held in captivity said the suffering and impact does not end once they are rescued or when they get to escape. Instead, girls and women continue to experience a wide range of harmful repercussions long after the immediate attack such as loss of education, early marriage, early pregnancy and stigma associated with sexual violence and children born from rape all of which can dramatically affect females. These harms are exacerbated by pre-existing forms of gender decimation and harmful practices that negatively affect the girls and women in the Northern region of the country.

Already before the conflict began, Nigeria had one of the highest rates of child marriage in the world with an estimated 62% of girls in the north eastern region being married before their 18<sup>th</sup> birthday and 23.5% before their 15<sup>th</sup> birthday. Mostly, young people have increased risks of acquiring mental health disorders due to environmental stressors and developmental factors (Addington et al., 2018) as 75 percent of mental illnesses arise before the age of 24 and 50 percent of mental disorders are established before the age of 14 (Kessler et al., 2005). Young person living in IDP camps are even more predisposed to acquiring mental disorders as they not only face the above factors but also experience the negative effects of the change of environment, loss of loved ones and other debilitating effects of violence (Vossoughi et al., 2018). A systematic review and meta-analysis conducted by Blackmore et al. (2020) to determine the prevalence of mental illness among children and adolescents refugees and asylum seekers in five countries revealed that Post-Traumatic Stress Disorder (PTSD), depression and anxiety disorders were common occurrence among IDPs in Borno state Nigeria, to assess their mental health burden it showed that at least 60 percent of the IDPs reported at least one mental health symptom (Kaiser & Boglosa, 2020).

### **Internally Displaced Persons (IDPs)**

At present, there is no internationally agreed definition of who is an internally displaced person but the United Nations (UN) working definition of IDPs is; Displaced persons under international law are persons or groups of persons who have been forced or obligated to flee or to have cause to leave their homes or place of habitual residence in particular as a result of or in order to avoid the effect of armed conflict, situations of generalized violence, violations of

human rights or natural or human-made disasters and they must have either remain within their own national borders (as internally displaced persons) or they must have crossed an internationally recognized state border (as refugees) (Ladan, 2012). Hence displaced persons are of two categories: Refugees and Internally Displaced Persons (IDPs). Internally Displaced persons also known as IDP's are mostly victims of the inhumanity of man against man. They are victims of various kind of injustices or violence confrontations, perpetrated by either their own government against them or by others such as communal clashes, terrorism, riots, religious conflicts, natural disasters and so on.

### **National Policy on Internally Displaced Persons (IDPs) in Nigeria**

The National Policy on Internally Displaced Persons (IDPs) in Nigeria (2012) stated that the policy provides a framework for national responsibility towards prevention and protection of citizens and in some cases, non-citizens, from incidences of arbitrary and other forms of internal displacement, meet their assistance and protection needs during displacement and ensure their rehabilitation, return, re-integration and resettlement after displacement. The policy spells out principles guiding humanitarian assistance and implementation of durable solutions in situations of internal displacement in Nigeria. This same policy on Internally Displaced Persons (IDPs) was re-lunched in September 2021 by the Minister of Humanitarian Affairs, Disaster Management and Social Development Hajjiya Sadiya stating that new realities and emerging trends in the humanitarian space in Nigeria were taken into cognizance before developing and adopting the policy.

This policy has adopted the human rights-based approach and its principles. The intention is to accommodate as much as possible the provisions of existing international conventions, treaties and protocols on internal displacement guided by the dictates of international humanitarian and human rights laws. This policy therefore draws extensively from the guidance of international and national frameworks on the prevention of internal displacement as well as those on protection and assistance of internally displaced persons. The African Union Convention for the Protection and Assistance of Internally Displaced Persons in Africa (Kampala Convention), the UN Guiding Principles on internal displacement and the Sphere Minimum Standards for Humanitarian Assistance have significantly defined the direction of this policy.

### **The Goal and Objectives of National Policy on Internally Displaced Persons (IDPs) in Nigeria**

The overall goal of this policy is to strengthen institutional mechanisms and framework for the realization of the rights, dignity and wellbeing of vulnerable populations through the prevention of the root causes, mitigation of the impact and achievement of durable solutions to internal displacement in Nigeria. This policy therefore seeks to achieve the following specific objectives:

- Ensure the establishment of a comprehensive and gender responsive framework for national responsibility, coordination and collaboration with respect to protection, assistance and other humanitarian interventions related to internal displacement in Nigeria.
- Provide for the respective obligations, responsibilities and roles of various agencies and institutions of government and non-state actors including communities, civil society

organizations, armed groups, international humanitarian and development partners or any other relevant actors with respect to the prevention of internal displacement, protection of and assistance to internally displaced persons in Nigeria.

- Promote the fundamental human rights of all internally displaced persons in Nigeria and ensure their maximum access to protection and assistance without any form of discrimination whatsoever.
- Accentuate the commitment of the Government of Nigeria to the obligations of state parties under various international treaties, conventions and protocols relating to humanitarian law and human rights protection in situations of emergencies and internal displacement with special attention to the Kampala Convention.
- Ensure accountability of state and non-state actors including individuals, armed groups, multinationals and other actors whose actions or in-actions directly or indirectly result in arbitrary displacement of vulnerable populations in Nigeria.

### **Psychological well-being of Internally Displaced Persons (IDPs)**

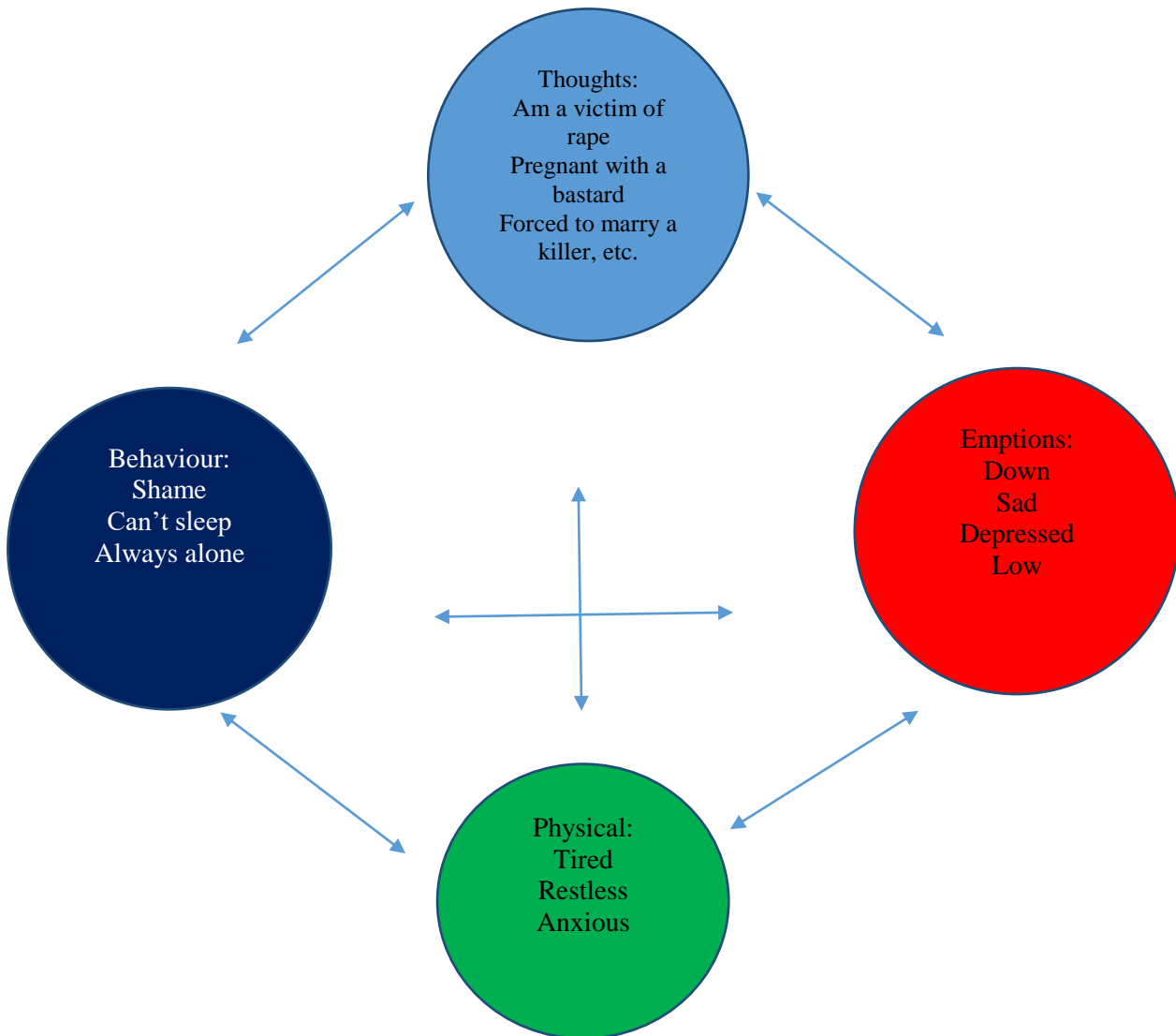
Psychological ailments and mental disorders are more common among displaced persons exposed to the trauma of wars and disasters. This condition is further heightened when these traumatized IDPs migrate to communities without social and healthcare facilities. Researchers argued that global public health systems are slow to meet these vulnerable groups' quickly emerging for psychological needs especially in poor resource countries. Potential recurring effects of poorly treated psychological problems include psychological distress, social withdrawal and physical illness. Migration triggers countless social and cultural issues; inadequate responses from host communities and battles over scarce resources increase the population's risk for diverse health problems.

Generally, displaced persons are recognized as suffering from common mental disorders (CMDs) most notably depressive episodes and anxiety. Women and children are the groups most severely affected by conflicts and disasters making up the highest proportion of the displaced population in sub-Saharan Africa. The United Nations High Commissioner for Refugees (UNHCR) has suggested that many internally displaced persons (IDPs) in Nigeria have expressed their willingness to be re-integrated into their ancestral homes. Still, they have met obstructions such as heightened insecurity, secondary displacements and inaccessible healthcare, nutrition and shelter. Consequently, rebuilding plans have been thwarted, supplies of palliatives are limited and the provision of healthcare is inadequate. By right of citizenship, IDPs are entitled to better legal protection from their country than that offered to refugees and asylum seekers who have fled their homeland. However, in most settings refugees have attracted more support than IDPs over the years. This disparity has negatively affected the long-term psychological health of IDPs who reside in host communities because they have been deprived of essential healthcare.

### **Cognitive Restructuring**

Cognitive Restructuring is an evidence based intervention for the treatment of low mood or anxiety, recommended by the National Institute for Health and Clinical Excellence (NIHCE, 2009). It is an evidence based treatment used to challenge unhelpful thoughts in low mood or anxiety. It works by identifying negative or unhelpful thoughts and gathering evidence to the

accuracy of the thought. This evidence then helps us to develop a more realistic and helpful thought.



### **The Vicious Cycle of Unhelpful Thinking**

When we have a negative or unhelpful thought about a specific situation, ourselves, other people or the world it can make us feel low or anxious. Our thoughts tend to focus mainly on the threat or current problem when we are low or anxious, this is called a negative bias. This can impair our ability to take into account other perspectives. In this way, negative or unhelpful thinking can maintain the way we are feeling. These unhelpful thoughts can easily be noticed in victims of rape, early marriage, early pregnancy, forced marriage and other forms of sexual and gender-based violence (SGBV)

In most cases, victims feel afraid or feel that he or she has no control over what is happening. Among co-occurring psychiatric disorders, some mental health professionals have suggested, depression may be most prevalent and most lethal (Palgi et al., 2009). Such life-threatening events include: combat, military sexual trauma, terrorist attacks, physical violence



and sexual violence such as rape, serious accident such as car wreck and natural disasters such as a fire, tornado, flood or earthquake. After many of these event, the victims might be thinking a lot about what happened, avoiding reminders about the events and thinking negative thoughts about themselves and the world.

Our thoughts can have a big impact on the way we feel, when we feel low or anxious we may find this is in fact due to having negative or unhelpful thoughts. By challenging these thoughts and developing more helpful and realistic thoughts we can help improve the mood of the internally displaced persons in North West Nigeria using this psychological treatment. Helpful and realistic thinking is neither negative nor positive; it takes all perspectives into account. This would mean looking at yourself, others and the world in a balanced and fair way which will to a large extent help improve the mental health of victims in the North West region of Nigeria.

American Psychological Association (APA) (n.d) identified some of Posttraumatic Stress Disorder (PTSD) symptoms reliving the event (also called re-experiencing symptoms): memories of the traumatic event can come back at any time. The victim may feel the same fear and horror she or he did when the event took place. For example the victim may have nightmare such as a flashback feeling as if he or she is going through the event again or seeing or hearing, or smelling something that triggers the relive of the event. The victim may try to avoid situations or people that trigger memories of the traumatic event. She or he may even avoid talking or thinking about the event. For example, he or she may avoid crowds because they believe such action keeps them from having to think or talk about the event. The way the victims thinks about him or her-self and others change because of the trauma. This symptom has many aspects, including the following: the victim may not have positive or loving feelings towards other people by staying away from relationships or may think the world is completely dangerous and no one can be trusted. PTSD symptoms can change the victim's behaviour and how they live their lives, some people with PTSD also have panic attacks which are sudden feelings of fear or worry that something bad is about to happen.

The main concern of this research work is to identify those who have and are experiencing such behavioural approach in the North West and the goal is to help individuals and groups learn new positive behaviours using cognitive restructuring which will help individuals and groups minimize or eliminate the issues.

### **Objectives of Cognitive Restructuring Therapy**

The objective of this therapy includes the followings:

- To educate the client about the specific posttraumatic stress disorder (PTSD) symptoms and the way the treatment will help him/her overcome it.
- Inform the client about his/her thoughts and feelings.
- Help the client develop skills of questioning his/her own thoughts.
- Help the client to recognize changes in his/ her beliefs about what happened after going through the traumatic events.

## **Conceptualization of Cognitive Restructuring Therapy**

Monson et al. (2006) noted that emotions are often overwhelmingly negative and difficult to cope with because PTSD sufferers can block the natural recovery process by using avoidance of traumatic triggers as a strategy to function in day-today living. Unfortunately, this limits their opportunity to process the traumatic experience and gain a more adaptive understanding of it. Cognitive restructuring incorporates trauma-specific cognitive techniques to help individuals with PTSD more accurately. Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event. It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This fight or flight response is a typical reaction meant to protect a person from harm.

The acronym CBT is used as a generic denomination for the many forms of therapy in the cognitive-behavioral paradigm. Despite many and considerable difference, Beck's cognitive therapy, Ellis's rational emotive behavioral therapy, Linehan's dialectical behaviour therapy, Wells's meta-cognitive therapy and Hayes's acceptance and commitment therapy to name but a few are all considered part of CBT family. Therefore, it is not easy to provide a summary of CBT interventions that can do justice to all their approaches, goals and methodology. As clients begin to change their usual patterns of behaviour; the therapist begins to apply a number of strategies aimed at making cognition flexible. This is generally known as cognitive restructuring.

### **Steps in Identifying Unhelpful Thoughts Using Cognitive Restructuring Intervention**

There are three steps in identifying unhelpful thoughts in terms of cognitive restructuring:

#### **Identifying Unhelpful Thoughts**

The first step of Cognitive Restructuring is to identify unhelpful thoughts that are causing us distress. We then record these captured thoughts into a Thought Diary along with the situation we had the thought in, how much we believe the thought and how it made us feel.

#### **Gathering Evidence**

The second step of Cognitive Restructuring is to choose a thought from what causes the most intense emotion to challenge. This step involves gathering evidence for and against the accuracy of your chosen thought, much like in a court case. Gathering evidence both for and against the thought enables one to assess whether the thought is realistic or helpful.

#### **Increasing balanced thinking**

The third step of Cognitive Restructuring is to develop a balanced thought using the evidence gathered in Step Two. Looking at the evidence for and against from step 2, consider the accuracy of the original thought and use the evidence to develop a thought taking all evidence into account. It is then important to rate your belief in the new thought and whether it would have made you feel differently at the time.

## **Rational Emotive Behavioral Therapy (REBT)**

Rational emotive behaviour therapy (REBT) is a type of therapy introduced by Albert Ellis in the 1950s. It is an approach that helps to identify irrational beliefs and negative thought patterns that may lead to emotional or behavioral issues. REBT can be particularly helpful for the victims of kidnapping and banditry living with a variety of issues in North Western Nigeria including depression, anxiety, phobias, overwhelming feeling of anger, guilt or rage; aggression, sleep problems, etc.

This therapy helps a person pinpoint negative thought patterns that lead to behavioural or emotional problems. Once a person identifies what those behaviours are, they then learn how to change, replace and improve them with a more rational expression (Red Oak Recovery, 2021). Several principles make up the use of REBT and are sometimes called the ABC or REBT. Activating event or a situation that in some ways triggers a negative response from a person, for instance, a negative comment made by someone else on a rape victim triggers something:

- Beliefs or irrational thoughts occur as a result of that adverse situation or event. In this case, that may lead to the victims of rape having ideas that something is wrong with her.
- Consequences are the emotions that follow the irrational thoughts. In this case, it may include the victims (s) having self-hate or anxiety.

REBT will help the victims of kidnapping and banditry in the North West identifies what is happening to them at the moment. Instead of using drugs or alcohol, it will help them engage in reframing those negative thoughts or confront someone about it without taking it as a personal assault. Reframing victim's thoughts can lead to reduced mental health disorder symptoms or avoidance of drugs and alcohol addiction by teaching the affected victims the key techniques. This technique includes problem solving such as learning to improve social skills, decision making skills and conflict resolution skills to gather accurate information for an improved social relations, interaction and integrations. This may also include cognitive restructuring techniques that uses guided imagery, looking at situations in a new way and disruption of the negative thoughts.

A combination of these types of therapies; Cognitive Behavioral Therapy (CBT) and Rational Emotive Behavioral Therapy (REBT) will help victims in the North West region of Nigeria become more confident in their ability to change thoughts into better actions, empower and give them a better level of control over what is happening around them leading to better decision making.

## **METHODOLOGY**

The study adopted pre-test and post-test control group quasi-experimental design. The layout of the design is shown as follow:

Experimental Group 1 – O<sub>1</sub> X<sub>1</sub> O<sub>2</sub>  
Experimental Group 2 – O<sub>1</sub> X<sub>2</sub> O<sub>2</sub>  
Control Group - ~O<sub>1</sub> X<sub>3</sub> O<sub>2</sub>

Where:

- O<sub>1</sub> = Pre-test on psychological wellbeing;
- O<sub>2</sub> = Post-test psychological wellbeing;
- X<sub>1</sub> = Group assessed using Cognitive Behavioral Therapy (CBT);
- X<sub>2</sub> = Group assessed using Rational Emotive Behavioral Therapy (REBT);
- ~X<sub>3</sub> = Control group not exposed to any psychological treatment.

This enabled the researcher to make a bias-free estimation of the true effect of the research work and made the evidence very much objective. The population of the study comprised identified victims of kidnapers and bandits, rape, sexual abuse, early and forced marriage victims in the North West. Community leaders, security agencies, and experts in counseling psychology and related professionals helped in psychosocial behavioral treatment of the victims. The study area was four of the seven states in North West Nigeria (Kaduna, Kano, Zamfara, and Katsina) where there were presence of IDPs and people affected by kidnapping and banditry. Purposive sampling technique was used to select participants who were victims of either kidnapping or banditry. Instruments used for the study were questionnaires on psychological wellbeing of victims of kidnapping and banditry and cognitive restructuring and rational emotive therapy treatment models. These instruments were developed and validated by the researcher. Visitation was made by the researcher to the affected areas that were selected for the study for data collection for a period of three weeks. Community leaders and family members were approached to facilitate the researcher's visit to areas and individuals for accurate data collection and easy assessment. Data were analysed using frequency and percentages. This helped determine the difference between observed data and expected data.

## RESULTS AND DISCUSSION

**Socio Demographic Data of Participants:** The data of participants used for this study includes; age, gender and marital status.

Table 1: Treatment Group

Group	Frequency	Percentage %
Treatment 1	40	66.66
Treatment 2	10	16.67
Control	10	16.67
<b>Total</b>	<b>60</b>	<b>100</b>

Table 1 shows 60 participants where 40 (66.66%) in treatment group 1, 10 (16.67%) in treatment group 2 and another 10 (16.67%) in the control group were involved in the five selected States of the North West region of Nigeria. The participants in the treatment group 1 were those who have exposed to Cognitive Behavioural Therapy (CBT), those in treatment group 2 were not exposed to Cognitive Behavioural Therapy (REBT) while those in the control group were not exposed to any of the therapies.

The study involved 60 participants from the North-Western region of Nigeria, specifically from five selected states. The participants were divided into three groups: Treatment Group 1 (CBT), Treatment Group 2 (REBT), and the Control Group. Treatment Group 1 (CBT) consisted of 40 participants (66.66%), who received Cognitive Behavioural Therapy. This group

showed significant improvement in psychological wellbeing, indicating the effectiveness of CBT in addressing the mental health needs of IDPs. Treatment Group 2 (REBT) consisted of 10 participants (16.67%), who received Rational Emotive Therapy. Although this group showed some improvement in psychological wellbeing, the results were not as significant as those in the CBT group. The Control Group consisted of 10 participants (16.67%), who did not receive any therapy. This group showed little to no improvement in psychological wellbeing, highlighting the need for effective interventions like CBT and REBT. The findings suggested that CBT is a more effective intervention than REBT in improving the psychological wellbeing of IDPs in North-West Nigeria. This may be due to CBT's focus on identifying and challenging negative thought patterns, which is particularly relevant for IDPs who have experienced trauma and displacement. The results findings revealed the important implications for the provision of mental health services to IDPs in North-West Nigeria. The findings suggest that CBT should be considered as a primary intervention for improving psychological wellbeing, with REBT being used as a supplementary or alternative therapy.

Based on the findings, the study highlighted the need for increased access to mental health services for IDPs in North-West Nigeria. The fact that only 60 participants were involved in the study, despite the large number of IDPs in the region, underscores the need for more comprehensive mental health interventions. The study provided valuable insights into the impact of CBT and REBT on the psychological wellbeing of IDPs in North-West Nigeria, highlighting the need for evidence-based interventions to address the mental health needs of this vulnerable population.

Table 2: Participants Age in the Treatment Group

Age Range	Frequency	Percentage %
25- 35	16	40%
36-45	12	30%
46-55	12	30%
<b>Total</b>	<b>40</b>	<b>100</b>

Table 2 shows that 16 (40%) of the participants were age between 25-35 years, 12 (30%) were between the age of 36-35 years and another 12 (30%) aged between 46-55 years. The age distribution of participants in the Treatment Group provides valuable insights into the impact of Cognitive Behavioural Therapy (CBT) on different age groups. The findings show that CBT may be effective across different age groups, but with varying degrees of effectiveness. Younger adults (25-35 years old), who represent 40% of the participants, may be more responsive to CBT due to their adaptability and openness to new experiences. Middle-aged adults (36-45 years old), who represent 30% of the participants, may benefit from CBT as a way to cope with additional stressors and responsibilities. Older adults (46-55 years old), who also represent 30% of the participants, may benefit from CBT as a way to address age-related challenges and promote healthy aging.

The fact that CBT is effective across different age groups suggests that it may be a versatile intervention for improving psychological wellbeing among IDPs in North-West Nigeria. However, the varying degrees of effectiveness across age groups suggest that CBT may need to be tailored to meet the unique needs of each age group. For example, younger adults may benefit from more interactive and technology-based CBT approaches, while older adults may benefit from more traditional and supportive CBT approaches. The findings suggested that CBT

is a promising intervention for improving psychological wellbeing among IDPs in North-West Nigeria, regardless of age. By tailoring CBT to meet the unique needs of each age group, mental health professionals can maximize its effectiveness and promote healthy aging among IDPs.

Table 3: Participants Gender in the Treatment Groups

Gender	Frequency	Percentage %
Male	18	45
Female	22	55
<b>Total</b>	<b>40</b>	<b>100</b>

According to table 3, there were 18 male participants. 4 of the participants were from Kaduna State, 2 from Kano State, 4 from Zamfara State, 2 from Sokoto State and 6 from Katsina State in the North-West Region of Nigeria representing 45 % of the treatment group while there were 22 female participants, 4 from Kaduna State, 4 from Kano State, 5 from Zamfara State, 4 from Sokoto State and another 5 from Katsina State in North-West Region of Nigeria representing 55% of the treatment group.

The gender distribution of participants in the Treatment Group reveals a notable trend, with 55% (22 participants) being female and 45% (18 participants) being male. This suggests that women may be more likely to seek therapy or be referred to therapy for psychological wellbeing, potentially due to societal factors or gender roles that encourage women to prioritize their mental health. The representation of female participants was highest in Zamfara and Katsina States, with 5 and 5 participants respectively, indicating that women in these states may be more likely to experience psychological distress or seek therapy. In contrast, male participants were more represented in Kaduna and Katsina States, with 4 and 6 participants respectively, suggesting that men in these states may also be seeking therapy for psychological wellbeing. The findings suggested that both female and male participants may benefit from CBT and REBT, although female participants may benefit more given their higher representation in the Treatment Group. This may be due to the fact that women are more likely to experience anxiety, depression, and trauma, which can be effectively addressed through CBT and REBT.

The findings of the study have significant implications for mental health professionals working with IDPs in North-West Nigeria. Firstly, they highlight the need for gender-sensitive interventions that cater to the unique needs and experiences of both male and female IDPs. This may involve tailoring therapy approaches to address gender-specific issues, such as gender-based violence or societal expectations.

Secondly, the findings suggested that CBT and REBT may be effective interventions for improving psychological wellbeing among IDPs in North-West Nigeria, regardless of gender. However, further research is needed to confirm this and explore the specific needs and experiences of male and female IDPs. The findings emphasize the importance of considering gender in the development and implementation of mental health interventions for IDPs in North-West Nigeria. Consequently, mental health professionals can promote more effective, inclusive and gender-sensitive care that addresses the unique needs of both male and female IDPs.

Table 4: Participants Marital Status in the Treatment Group

Marital Status	Frequency	Percentage %
Married	25	62.5
Unmarried	15	37.5
<b>Total</b>	<b>40</b>	<b>100</b>

As shown in table 4, the numbers of married participants were 25 (62.5%) (Kaduna 5, Kano 4, Zamfara 6, Sokoto 4 and Katsina 6) while 14 (37.5%) (Kaduna 3, Kano 3, Zamfara 4, Sokoto 2 and Katsina 3)

The marital status of the participants in the Treatment Group reveals a significant trend, with 25 participants (62.5%) being married and 14 participants (37.5%) being unmarried. The majority of married participants are represented across all states, with Zamfara and Katsina States having the highest number of married participants. In contrast, unmarried participants are also represented across all states, although in smaller numbers. The impact of marital status on treatment outcomes is a significant consideration in this study. Married participants may have different support systems and stressors compared to unmarried participants, which can affect their psychological wellbeing and response to therapy. For example, married participants may have a spouse or family members to provide emotional support, while unmarried participants may rely more on friends or community networks.

The findings suggested that CBT and REBT may be effective for both married and unmarried participants, although further research is needed to explore the specific needs and experiences of each group. Mental health professionals working with IDPs in North-West Nigeria should consider the marital status of participants when developing and implementing treatment plans, taking into account the unique challenges and support systems of each group. Thus, they can promote more effective and inclusive care that addresses the diverse needs of IDPs. The findings of the study highlight the importance of considering marital status in the development and implementation of mental health interventions for IDPs in North-West Nigeria. With due acknowledgement of the differences in support systems and stressors between married and unmarried participants, mental health professionals can tailor their approaches to meet the unique needs of each group, ultimately promoting better treatment outcomes and improved psychological wellbeing.

## **CONCLUSION**

The findings of the study contribute to the growing body of research on the effectiveness of CBT and REBT in improving psychological wellbeing among IDPs. The study's conclusions highlight the importance of tailoring mental health interventions to meet the diverse needs of IDPs, ultimately promoting better treatment outcomes and improved psychological wellbeing. The findings have revealed the significant implications for mental health professionals working with IDPs in North-West Nigeria. Considering the fact that, the age, gender, and marital status of participants, mental health professionals can develop more effective interventions that address the unique needs of each group. Additionally, the study's findings suggest that CBT and REBT are effective interventions for improving psychological wellbeing among IDPs, and further research is needed to explore the specific needs and experiences of married and unmarried participants. The findings emphasize the need for culturally sensitive, age-sensitive, and gender-sensitive mental health interventions that address the unique needs of IDPs in North-Western region of Nigeria. By prioritizing the mental health and wellbeing of IDPs, we can promote more effective interventions and improve the lives of this vulnerable population.

## Recommendations

Based on the discussion of the findings the following recommendations were made:

- Mental health professionals working with IDPs in North-West Nigeria should consider the age, gender, and marital status of participants when developing and implementing treatment plans.
- Developing age-sensitive interventions that cater to the unique needs of different age groups.
- Creating gender-sensitive interventions that address the specific challenges faced by male and female IDPs.
- Considering the marital status of participants and developing interventions that address the unique needs of married and unmarried IDPs.
- CBT and REBT should be considered as effective interventions for improving psychological wellbeing among IDPs, regardless of age, gender, or marital status. This includes:
  - Monitoring and evaluating the effectiveness of CBT and REBT interventions
  - Conducting in-depth interviews or focus groups with married and unmarried IDPs to understand their unique challenges and needs
  - Developing and testing interventions that specifically address the needs of married and unmarried IDPs

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