

**TRAUMA-FOCUSED COUNSELLING, SOCIAL EFFECTIVENESS TRAINING AND
IMPAIRED PSYCHOLOGICAL FUNCTIONING OF EARLY ADOLESCENTS IN
INTERNALLY DISPLACED CAMPS IN NORTH-CENTRAL NIGERIA**

BY

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CERTIFICATION

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DEDICATION

This thesis is dedicated to The Alpha and Omega (The beginning and the ending) who has made it possible for me to fulfill my long life ambition. To all my teachers, mentors and humanity.

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TABLE OF CONTENTS

CHAPTER ONE – INTRODUCTIONPages

1.1	Background to the Study	1
1.2	Statement of the Problem	11
1.3	Purpose of the Study	13
1.4	Hypotheses	13
1.4	Significance of the Study	14
1.5	Scope of the Study	15
1.6	Operational Definition of Terms	16

CHAPTER TWO - REVIEW OF RELATED LITERATURE

2.1	Theoretical review	17
2.1.1	Concept of Internally Displaced Persons	17
2.1.2	History of Internally displaced persons in Nigeria	18
2.1.3	Nature of displaced adolescents	21
2.1.4	Concept of post-traumatic stress	23
2.1.5	Concept of impaired psychological functioning	28
2.1.6	Components of impaired psychological functioning	34
2.1.7	Trauma-focused Counselling	47
2.1.8	Social effectiveness Skills Training	56
2.1.9	Locus of Control	59
2.1.10	Social support	62
2.1.11	Theories of impaired psychological functioning	63
2.1.11.1	Social Cognitive Theory	63
2.1.11.2	Self-determination theory (SDT)	66
2.1.11.3	Beck's Cognitive Depression Theory	67
2.1.11	Theoretical Framework	69
2.2	Empirical Review	70

2.2.1	Trauma-focused and Impaired Psychological Functioning	70
2.2.2	Social effectiveness and Impaired Psychological functioning	71
2.2.3	Locus of control and impaired psychological functioning	75
2.2.4	Social support and impaired psychological functioning	76
2.3	The Conceptual Model for the study	78

CHAPTER THREE - Methodology

3.1	Design	80
3.2	Population of the Study	80
3.3	Sample and Sampling Technique	81
3.4	Eligibility for Participation	81
3.5	Instrumentation	81
3.6	Procedure for Data Collection	84
3.7	Summary of the Treatment Package	84
3.8	Data Analysis	86

CHAPTER FOUR

Results	87
Summary of Results	91

CHAPTER FIVE

5.1	Discussion of the Findings	92
5.2	Conclusion	102
5.3	Implications of the Study	103
5.4	Recommendations	107
5.5	Contribution to Knowledge	105
5.6	Limitations of the Study	106
5.7	Suggestions for Further Research	106
References	101	
Appendix I	133	

LIST OF TABLES

Table 3.1:	A 3x2x3 Factorial matrix	81
Table 4.1:	Summary of ANCOVA showing the main effect of Treatment groups, Locus of control and Social supports on Impaired psychological functioning of earlt adolescents in Internally displaced capms in North-central, Nigeria	87
Table 4.2:	Scheffe Post-hoc analysis showing the significantdifferences among various treatment groups and the control group	88

LIST OF FIGURES

Figure 2.1:	Conceptual Model for the Study	78
Figure 4.1:	Graph showing the interaction effect between locus of control and social support	90

Abstract

Psychological functioning of early adolescents is critical to healthy growth and development, however when this is impaired due to posttraumatic stress, daily tasks become difficult. Previous studies have focused largely on physiological needs (food, health and shelter) of the Internally Displaced Persons (IDPs), neglecting their psychological needs. This study, therefore, was designed to determine the effects of Trauma-Focused Counselling (T-FC) and Social Effectiveness Skills Training (SEST) on impaired psychological functioning of early adolescents in IDP Camps in North-Central Nigeria. The study also examined the moderating effects of locus of control and social support.

The study was anchored on Social Cognitive theory by Bandura, while the pretest-posttest control group quasi experimental design with 3x2x3 factorial matrix was adopted. Three IDP camps were randomly selected in North-Central, Nigeria (New Kushingoro, Pegi and Garki Area 1 camp), while the cluster sampling technique was used to select 20 participants from each of the IDP camps. The IDP Camps were randomly assigned to T-FC (20), SEST (20) and control (20) groups. The Kessler Psychological Distress Scale ($\alpha = 0.81$) was used to screen the participants for impaired psychological functioning. Adolescents' Psychological Functioning ($\alpha = 0.90$), Rotter's Locus of Control ($\alpha = 0.89$) and Multidimensional of Perceived Social Support ($\alpha = 0.87$) scales were used for data collection. Treatment lasted ten weeks. Data were analysed using Analysis of covariance and Scheffe post-hoc test at 0.05 level of significance.

There was a significant main effect of treatment on impaired psychological functioning of early adolescents in IDP camps ($F_{(2, 57)} = 239.29$; partial $\eta^2 = 0.89$). Participants in T-FC had the highest post-mean score (65.05), followed by SEST (51.30) and control (27.45) groups. There was a significant main effect of social support on impaired psychological functioning of displaced early adolescents ($F_{(1, 57)} = 6.98$; partial $\eta^2 = 0.10$). The participants with high social support (50.72) benefited more from the treatment than their low social support (41.78) counterparts. There was no significant main effect of locus of control on impaired psychological functioning of the participants. There were no significant interaction effects of treatment and locus of control as well as treatment and social support on impaired psychological functioning of the participants. There was a significant interaction effect of locus of control and social support on the participants ($F_{(2, 57)} = 5.52$; partial $\eta^2 = 0.08$) in favour of high social support participants with internal locus of control. The three-way interaction effect of treatment, locus of control and social support on impaired psychological functioning of the participants was not significant.

Trauma-focused counselling and social effectiveness skills training were effective in the management of impaired psychological functioning of adolescents in internally displaced camps in North-Central Nigeria. Developmental, clinical and counselling psychologists should adopt these therapies as treatment modalities for improving psychological functioning of Internally Displaced People.

Keywords: Trauma-focused counselling, Social effectiveness skill training, Impaired psychological functioning, Internally displaced adolescents.

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.CHAPTER ONE INTRODUCTION

1.1 Background to the Study

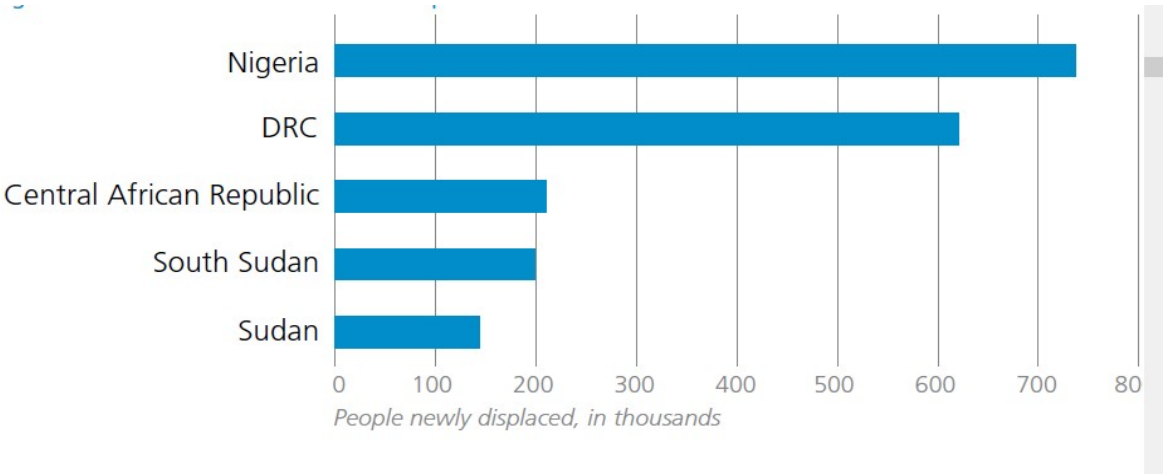
Everywhere throughout the world, war, fear monger exercises, common distress, torment, viciousness, outfitted clash and separation has turned into a general marvel that has brought about a large number of individuals being displaced from their homes and business every year including childrenadolescents and women. Numerous people and families are compelled to move out of their long place of abode to a new location because offactors beyond their control. United Nation {UN} (2015) noted three central points that cause displacement. That is, individuals could be displaced because of economic development, which is the migration of people because of economic development programme projects, for example, industrializationelectrification, road expansion/construction and urbanization. Displacement can also occur as a result of conflicts; which is, forceful migration of people because of wars, communal clashes, terrorism and violence. Disaster-induced natural and man-made is the third factor that could make people to be displaced. This is the relocation of peoples as a result of flood, earthquakes, tidal waves, tropical storms, fire outbreaks, collapsed buildings and at times plane crashes (UN 2015).

Consequently, this forceful movementhas significant deleteriousimpact on the psychological functioning and general healthof countless numbers of school age children. These impacts ranges from separation, depression, anxiety, loss of family members, homeless, hopelessness to psychological impairment; dissociative disorder, obsessive-compulsive disorder, posttraumatic stress disorder and all other forms of psychological illness. The impaired psychological functioning of thisvulnerable groups was further aggravated by exposure to several risk factors such as human trafficking and sexual exploitation resultingfrom poor living conditions in Internally Displaced Persons' camps (IDPs). According to Human Right Watch (2016) and Amnesty International(2016), about 952,029 school-age adolescents are displaced deu to the activities of insurgences in the North-East, Nigeria. This number is continually increasing rising yearly. Notably, as at December 2015, an estimate of 40.8 million people was reportedly displaced due to conflict worldwide (Global Report on Internal Displacement, 2016)[GRID], which is higher to 33.4 million in reported 2014 as.In Sub-Saharan Africa, 15

million people were displaced between 2015 and 2016 alone. The United Nations High Commissioner for Human Rights (2016), [UNHCR] affirms that, Africa is the largest continent with the highest number of IDPs in the world, which called for concern.

In Nigeria, over 3,152,000 people were displaced as of June, 31st 2016, to the list of the three nations with the highest IDPs population in Africa, trailed by Democratic Republic of Congo and Sudan, individually, while Cameroon records around 38, 215 IDPs. This is additionally shown graphically by the figure 1.1

Figure 1.1: Countries with the highest conflict related displacement in Africa between 2015 and 2016 December



Source: *Africa Report on internal displacement; December 2016*

Figure 1.1 indicates that in Nigeria alone between 2015 and 2016, more than 736,000 people were displaced because of violence and insurgence, which is more than in any other African country. This indicates the huge security problems faced by the federal governments.

Again, the ever increasing number of IDPs in Nigeria is caused by the Boko Haram insurgency activities combined with other humanitarian crisis such as herders attack, inter-communal, post-election violence and religious violence in the North-East region of Nigeria. Boko Haram, which means “western education is disallowed” was established in 2002, with their first attack in 2009 against the Nigerian security agents, conventional police and the non military personnel populace. From that point forward, Boko Haram has focused on public places including markets, parks, worship centers, government agencies and schools. Regrettably, children and school going girls are now being recruited by the group as human shields and a growing number of children and adolescents are being used as suicide bombers (UN, 2015).

International Organization for Migration's (2015)[IOM], reports that the majority of IDP population in Nigeria are children below 18 years that is 58%, while Borno State had the highest number (1,002,688), followed by Yobe State (125,484) and Adamawa State (113,437) respectively. Up to this point, no solution people are daily displaced, posing great challenge to the economic development of Nigeria and Africa as a whole. Lamentedly, internally displacement remains the greatest humanitarian challenge facing the entire world today and government has not been able to find solution to this menace. Olagunju, (2015) submit that it has been highly difficult and almost impossible for Nigeria to tackle the challenges of insurgency in the country. More troubling, is the fact that most of the adolescents who are simply acclimating to the modified appearance and working sexually developing body and in addition to social duties and also the country's future leaders are real casualties of difficulties of displacement.

Ordinarily, there are noteworthy formative changes that occur amid the progress from adolescence to adulthood, which are joined by physical and mental challenges such as facing social attitudes and values, exploring activities, self-perception arrangement, including selection of companions and profession, incorporating these sentiments, states of mind, and developing sense of self (Falaye, 2016). These challenges are more serious for displaced adolescents who need to make this progress without financial, social and mental help of significant other as compared to other adolescents in a normal environment. Similarly, intense pressure responses, modification issue, freeze issue, PTSD, tension issue anxiety disorders specific to childhood, and phobias are among psychological impairments that have been commonly documented following disaster in early adolescents who are at the beginning of their productive stage. These further make internally displaced early adolescents mostly at greater risk of low cognitive functioning than those who are stably housed and their mental and emotional functioning are easily compromised due to post-traumatic stress which make it difficult to function optimally.

Impaired psychological functioning is difficulty to perform daily tasks or capacity for essential duties due to desperate misery. American Psychological Association (2016) submits that impaired psychological functioning are signs of any or some of mental illnesses that influence day to day activities of an individual. Distress that make the individual unfit to meet personal needs. That is, poor mental health which makes the ability of an individual to function well, difficulties such as depression, anxiety, and behavioural disordered. Weissman (2015)

perceived impaired psychological functioning as the degree to which an individual has maladaptive collaborations with his or her social surroundings. Interchangeably, impaired psychological functioning is psychological difficulties, psychological dysfunction, psychological maladjustment, and interpersonal difficulties.

Undoubtedly, impaired psychological functioning is related with a huge number of psychological issues, including (not limited to) sadness, uneasiness, schizophrenia, identity issues, and substance use disorders. Psychological functioning isn't just frequently impaired because of psychopathology but additionally because of horrible experiences, misery, low confidence, difficulty to trust others, socially maladjusted and psychologically malfunctioning (Norton and Hope 2011). It isn't putting it mildly to state that the internally displaced people are traumatized, a condition that has further aggravated by the limited access to food shelter, psychological, social, educational and health services. DSM-IV (2015) opined that, trauma develops with exposure to traumatic events, which the victim experiences threat to physical attacks and generally responds with intense fear or dreadfulness.

Added to this is psychological and mental torment of displaced persons occasioned by loss of family members due to sudden death, fear of personal safety and destruction of properties. It is worthy of note that, constancy of experience of post-traumatic stress is an indication of impaired psychological functioning. That is, post-traumatic stress is an indication of impaired psychological functioning. Despite what might be expected, psychological functioning is the conduct of individual(s) in relationship to his/her (their) surroundings, social and informational adequacy, mental capacity to effectively play out a given errand and also thoughts, contemplations, feelings and states of mind of such person. The failure to decipher one's state of wellbeing into a beneficial activity is impeded psychological functioning. Although, Waterman, Schwartz, Zamboanga, Ravert, Williams, Agocha and Donnellan, (2010) described psychological functioning as identification and development of one's "actual self" (i.e., one's best potentials and fullest capacities).

Waterman et al (2010) identified six components of psychological functioning as self-discovery, perceived development of one's best potentials, a sense of purpose and meaning in life, investment of significant effort in pursuit of excellence, intense involvement in activities, and enjoyment of activities as personally expressive, which is not quite the same as the six

components of psychological well-being: self-acceptance, positive relations with others, personal growth, environmental mastery, purpose in life, and autonomy. Albeit, psychological functioning has been utilized synonymously with psychological wellbeing, this is on account that psychological functioning transmuted from psychological wellbeing which is the cornerstone of mental health.

Dolan, Peasgood and White (2014) noted that impaired psychological functioning is associated with negative physical health and interpersonal relationships difficulties. Facilitating psychological functioning therefore, becomes critical in assisting displaced adolescents to find meaning and create uplifting standpoints in life which is contrary to the present state of the displaced early adolescents. The inability of the displaced early adolescents to perform well, reintegrate to any environment is therefore referred to as impaired psychological functioning. Although, federal government of Nigeria is exerting efforts to reintegrate the displaced people back to their community, however, this effort needs to be supported by psychological reintegration or psychological adjustment Owoaje, Obioma Tumininu and Eniola (2017). Past researches by organisations and individual have intensified efforts on the internally displaced person focusing mainly on needs and conditions of the displaced people (Internal Displacement Monitoring Centre (IDMC) 2014, 2015 and 2016; International Organisation for Migration (IOM) 2015); United Nations High Commission for Refugee 2014, 2016; Oduwole and Fadeyi 2013, Obikaeze and Onuoha 2016).

Similarly, studies have established that food, protection, health, nutrition, shelter, education, livelihoods and psychosocial support are the most urgent needs of the displaced persons. However, if government of Nigeria will achieve her aim of rehabilitation, resettlement and reintegration of IDPs in the country, provision of food, health, shelter and livelihood that both government and non-governmental agencies are exerting efforts on alone are not sufficient enough. To achieve this aim, urgent attention must be given to the psychological functioning of the IDPs which is already impaired. That is, as long as the impaired psychological functioning of the displaced people is not rehabilitated and psychologically managed through evidenced based interventions such as trauma-focused counselling and social effectiveness training, resettlement and reintegration of the displaced persons will amount to efforts in futility. Consequently, further delay in instituting such interventions may expose the early adolescents in the IDP camps to a long-term of permanent social isolation, post-traumatic stress disorder, hostility,

aggression, psychosis, threat to the government and some may even become Boko Haram members.

Trauma-focused counselling is a cognitive based intervention designed to assist individual who are experiencing various forms of trauma-related challenges. Trauma-focused counselling is also an effective psychological approach that help to facilitate adjustment of individual who have experienced or experiencing war, sexual abuse, domestic violence, physical abuse, depression, as well as other traumas. The therapy was developed by Cohen, Mannarino and Deblinger (2006). Unlike other counselling interventions that rely mainly on non-structural verbal exchanges between practitioner and client, trauma-focused counselling is a manualized therapy, using instructional as well as counselling method to help people learn to cope more effectively with the specific psychological and social problems, crises, and developmental tasks been faced throughout life as a result of trauma.

Trauma-focused counselling is very useful in assisting individual to build skills and competencies that are needed reduce negative emotional and behavioural responses to trauma, correct maladaptive or unhelpful beliefs and attributions related to the traumatic experience (e.g., a belief that the child is responsible for the abuse), provide support and skills to help non-offending parents cope effectively with their own emotional distress and provide non-offending parents with skills to respond optimally to and support their children Cohen, Mannarino and Deblinger, (2010). The central reason for including trauma-focused counselling in facilitating psychological functioning of the internally displaced people is that, it is an interventional, preventive and developmental approach that can equip the displaced persons with coping skill that would help them to deal effectively with predictable challenges and an ever-changing world.

Another intervention in this study is social effectiveness training (SET) that was developed Goldfried and D'zurilla (1969) and reviewed by Beide, Turner and Morris, (2004). Social effectiveness training is a behavioural programme designed to help an individual overcome social anxiety and fears, improve social skills and interpersonal functioning, and increase participation in social activities using group and individual skills-training sessions. Social effectiveness spells out the difference between normal and abnormal functioning; it provides individual with opportunity for social functioning through newly learned social skills, which means, the newly learned social skills afford the beneficiary to function optimally in the

society. Social effectiveness skills is a positive, contrastive, teachable way of solving children, adolescents and adults' social problems. Social effectiveness training otherwise known as social effectiveness skills is the capacity to relate socially tolerable and personally beneficial to others.

In other words, social effectiveness training is to teach individuals with socially related problems the necessary skills for establishing satisfying relationships with the society. Social effectiveness skills has been used by many researchers both locally and internationally D'zurilla and Goldfried (1971), Fashina (1990), Aremu (1997), Eniola, (1998) and Fayombo (1998), it has also been proven to be an effective treatment of people with general social problems and those with depression. The benefits of this training programme are enormous among which are improving one's ability to get along with other people, maintaining self-control, learning to regulate emotions, and increasing self-esteem, self-confidence, ability to achieve success in social task, ability to negotiation, solution providing and self-efficacy. Social effectiveness is frequently implemented in order to address several patterns of social competence deficits such as social phobia/ anxiety, inability to withstand changing environment, shyness and many more. Social effectiveness is a comprehensive behavioural treatment program that combines group social skills training, peer generalization sessions, and individual exposure therapy sessions for the treatment of social phobia in children and adolescents (Beide 2016). These approaches can be used to manage impaired psychological functioning of early adolescents with post-traumatic stress (Rogers, 2000; Neisworth and Wolf, 2005). Social effectiveness training enables the beneficiaries to forget about the past post-traumatic events and move on with live, since these events are not peculiar to a particular person, other people are also involved in similar situation.

In this study, there may be several intervening factors that may affect the outcome of the study, and this is why locus of control and social support were considered in this study as moderators. Locus of control is a theoretical construct designed to assess a person's perceived control over his or her own behaviour. The classification internal locus indicates that the person feels in control of events; external locus indicates that others are perceived to have that control. Locus of control is considered to be an important aspect of personality. Locus of control implies attribution of events to internal or external factors. Individual's beliefs about outcomes of action that depend on what one does or on events outside of the individual's control (Esterhuysen and Stanz 2004 in Akinyemi 2016). Individuals with an internal locus of control believes that outcomes of actions are due to personal efforts, ability or initiative, on the other hand, external

locus of control person believes that attribute outcomes to chance, social structures, fate, or powerful others. Hence, internally displaced persons with an internal locus of control believes in

inner ability to overcome difficult are be ready to adjust, while external locus of control would blame government and may likely not adjust well.

More so, internal locus of control individual, tends to attribute outcomes of events to self-efforts or ability. It is commonly assumed that individuals with an internal locus of control are more psychologically healthy and can function psychologically, Rotter and Hochreich stated that either end of the continuum could be problematic. Locus of control does not describe whether an individual behaves in accord with one's own goals/desires versus the desires of others, rather, it describes whether an individual perceives particular reinforcements as resulting from one's own behaviour or other factors around the individual such as chance, luck, or powerful others. It is the belief of this study that, internally displaced persons with internal locus of control who attribute events of displacement to natural phenomenon and internal forces would adjust faster and better than those with external locus of control who feel that external factors such as government and other powerful forces around them cause the problem.

Social support has been defined as an exchange of resources between at least two individuals or group of individuals perceived by the provider or the recipient to be intended to enhance the well-being of the recipient(s) (Lirio, 2007). It also means the satisfaction of the basic needs of human being such as food, shelter, belonging, love, health and social recognition which are provided by international organization in the case of internally displaced persons and refugees, governmental agencies, religion bodies and individuals (Ekinci and Ekinci, 2013). To achieve and maintain good health, social support is crucial. Typically, there are four categories of social support: informational, emotional, appraisal, and instrumental (Guruge, Thomson, George, and Chaze, 2015). Each category has the potential to fulfill an important role in the psychological functioning and well-being of an individual. Social support can be provided via formal and informal networks that are comprised of family members, friends, neighbors, colleagues, community members, and others (Guruge, Thomson, George, and Chaze, 2015).

Social support is providing actual help or binding the individual to a social system in which they believe to be loved and protected or developing coping and resilience skills intended

to enhance wellbeing of the recipient. People are mostly in need of social support especially in crisis times or emotional strain occasions, displacement which serve as sources of stress for the human organism that can result into a mental breakdown. Therefore social supports available to internally displaced persons will determine the level of adjustment as well as how well they functioning psychologically. Social support is consistently linked to well-being, health, and decreased risks of mortality (Uchino 2006). It brings out the significance of relationships in human lives. In a society a support can come from any source such as from close relatives like family members, neighbors and even from colleagues. Lower levels of social support are associated with higher mental illness rates, especially impaired psychological functioning that is characterized by post-traumatic stress disorder, acute depression and social anxiety (Uchino and Bert, 2012).

Availability of social support from relevant agencies would boost the recovery of IDPs person who are undergoing trauma of some kinds. The more social support an individual receives the more resilient they can become (Seeman, 2008). Armstrong, Shelly and Michael (2015) assert that social support contributed to quick recovery of individual with multiple trauma and find purpose in life. Social support is therefore an important factor that boosts recovery after trauma and enables individuals to be resilient, adapt and adjust to the difficult situations and gives better chance of coping. Successful treatment and interventions of trauma requires the incorporation of organisations government international agencies individual and religion bodies and the community members at large who can offer supports. It has also been defined as a network of family, friends, neighbors and community members who are available in times of need to give psychological and financial help. It is the trust of this study that actual social support would moderate the effect of treatment on psychological functioning of adolescents in IDP camps in North-central, Nigeria.

To this end, research evidence is very scanty as regards how to manage impaired psychological functioning of early adolescents in the IDP camps in Nigeria. Also, the studies that focus on trauma-focused counselling and social effectiveness training skills were mostly were mainly done outside Nigeria. As such, there is the need to effectively use these two interventions to foster psychological functioning of early adolescents. This has made it imperative to fill the gaps observed in this field of research by engaging in this study. Essentially, this study focused on the effectiveness of trauma-focused counselling and social

effectiveness training in the management of impaired psychological functioning of internally displaced early adolescents in North-Central, Nigeria. Locus of control and social support acted as moderating variables in this study.

1.2 Statement of the Problem

Psychological and mental wellbeing of youths and adolescents are key to the general strength of any country. In Nigeria, internally displaced early adolescents have purportedly reported to constitute more than 60% of the aggregate populace of internally displaced individuals. The real uprooting and development of these teenagers has critical negative effects on their psychological functioning and general wellbeing. These impact ranges from separation, depression, anxiety, loss of family members, homeless, hopelessness, sexual abuse, unwanted pregnancy, anti-social behaviour to psychological impairment; dissociative disorder, obsessive-compulsive disorder, posttraumatic stress disorder and all other forms of psychological illness. Also, this situation is further compounded by daily increase in the number of children and early adolescents who continue to reside in internally displaced camps in Nigeria under difficult circumstances. Although, Nigeria government is exerting efforts to rehabilitate, resettle and reintegrate this displaced persons by providing food, health, shelter and livelihood without focusing of psychological aspect of this displaced persons that might have been impaired.

Moreover past studies which have focused so much on the physiological needs (food and shelter) of the internally displaced persons have come to term that there is need for further studies on psychological problems (impaired psychological functioning). This is not surprising since long term displacement with its resultant poor living conditions, insecurity and restricted movements erodes self-esteem and dignity of its victims. The mental health needs of the affected internally displaced adolescents as they suffer from severe malnutrition has until recently received scanty attention. Likewise, most of the past studies carried out on IDPs have focused on children and women, however, there are little study on the adolescents in the camps who are mostly vulnerable and at productive age.

Despite the fact that, trauma-focused therapy and social effectiveness training have been utilized as a part of the treatment of a few maladjusted behaviour, but to the best knowledge of the researcher, there is little submission on the combination of the two therapeutic techniques on the management of impaired psychological functioning. More so, trauma-focused therapy and

social effectiveness training skills have not been used on internally displaced early adolescents in Nigeria. It is worthy of note that several studies have been carried out on psychological needs, psychological well-being, psychological distress, emotional stability and psychosocial support of internally displaced adolescents, however, there is paucity of literature on the psychological functioning of displaced adolescents who are already impaired across the nation. This study is therefore highly desirable at a time like this in Nigeria, when government is concerned in reintegrating and relocating the IDPs back to their community resettlement. This study intends to fill the gaps by assessing the impact of Trauma-focused counselling and social effectiveness training in the management of impaired psychological functioning of internally displaced adolescents in North-Central, Nigeria.

1.3 Purpose of the Study

This study mainly investigated the effectiveness of Trauma-focused counselling and social effectiveness skills in the management of impaired psychological functioning of internally displaced early adolescents in North-Central, Nigeria.

The specific objectives of the study also:

- assessed the main effect of treatments (Trauma- focused counselling and social effectiveness training skills) on impaired psychological functioning of displaced adolescents in North-Central.
- examined the interactive effect of the treatments (Trauma- focused counselling and social effectiveness training) and the moderating variables (locus of control and social support) on impaired psychological functioning of displaced adolescents in North-Central.
- determined the interactive effects of the two moderating variables (locus of control and social support) on impaired psychological functioning of displaced adolescents in North-Central.

1.4 Hypotheses

Seven hypotheses were tested at 0.05 level of significance.

1. There is no significant main effect of treatments on impaired psychological functioning of displaced adolescents.

2. There is no significant main effect of locus of control on impaired psychological functioning of displaced adolescents.
3. There is no significant main effect of social support on impaired psychological functioning of displaced adolescents.
4. There is no significant interaction effect of treatment and locus of control on impaired psychological functioning of displaced adolescents.
5. There is no significant interaction effect of treatment and social support on impaired psychological functioning of displaced adolescents.
6. There is no significant interaction effect of locus of control and social support on impaired psychological functioning of displaced adolescents.
7. There is no three-way interaction effect of treatment, locus of control and social support on impaired psychological functioning of displaced adolescents.

1.5 Significance of the Study

The findings of this investigation is of massive advantage to the members (Internally displaced adolescents across IDPs camps in the country), counselling psychologists, NGOs, government, society, educationalists, internally displaced stakeholder and future researchers. It will equally add to the existing literature.

In particular, the internally displaced adolescents were furnished with skills to empower them bargain decidedly with mental difficulties confronted. It likewise improved their capacity to interpret their state of prosperity into gainful exercises, coordinated towards monetary advancement and social estimations of our country. The outcome of the study ensure that the internally displaced adolescents intentionally recreate their reasoning example, advance social cooperation (soul of sportmanship), create constructive mental self view; support their confidence and passionate

The discoveries of this study is of great advantage to National Emergency Management Agency of Nigeria (NEMA), United Nations Commission for Refugees (UNHRC), religious bodies, organizations, NGOs and different partners of Internally Displaced Persons who may require proper mental systems to best oversee calamity casualties in Nigeria Camps. The result of the investigation additionally helped them to viably deliver their statutory roles.

The knowledge and research on impaired psychological functioning can serve as a useful tool to clinicians, teachers, and the community in that it will enable them to understand the need and importance of IDP adolescents' functioning in order to provide interventions and treatment programmes. This study will benefit practicing and upcoming counselling professionals (counsellors) in that, counsellors, through this study will be more enlightened on the appropriate intervention for treating impaired psychological functioning as a result of post-traumatic stress disorder of the displaced persons. The findings from this study are expected to enable counsellors to help displaced adolescents to change their irrational beliefs and distorted thoughts.

With the outcome of this study, counsellors can develop preventive measures for IDPs caregivers on how to manage impaired psychological functioning of adolescents. Through counselling, campaigns, seminars, presentations and workshops, by encouraging the caregivers to serve as good models, establish a good rapport with children most especially (adolescence) which is a stage of stress and storm.

This study will serve as a valuable source of information to various personnel in different institutions that are dealing with children and adolescents. When the nation's adolescents attain a level of optima psychological functioning it would lead to sanity, makes them useful not only to themselves but to the nation, improve their interpersonal skills and develop their skills in small income generating activities, so that the economy of the nation can increase, peace can be restored in the nation. Finally, the outcome of the study will add up to the existing literature on psychological functioning.

1.6 Scope of the Study

This study investigated the effectiveness of Trauma- focused counselling and social effectiveness training skills in the management of impaired psychological functioning of displaced adolescents in North-central, Nigeria. It also considered early adolescents who were internally displaced in the camps. The study also determined the overriding influence of locus of control and social support as moderating variables on the impaired psychological functioning of adolescents in internally displaced camps.

1.7 Operational Definition of Terms

For the purpose of this study, the following terms are operationalized as used in the study;

Internally displaced: forceful movement of early adolescents from their residences to another place within the home country for reasons beyond their control but who have not crossed international border

Adolescent: An individual in internally displaced camps whose age falls in between of 11-15 years who are in the transitional period from childhood to adulthood. These are the participants in this study.

Impaired psychological functioning: the difficulty of internally displaced early adolescents to perform daily functioning optimally as a result of distress or post-traumatic stress.

Trauma-focused Counselling: it is a psychological intervention that helps internally displaced early adolescents to be equipped with coping and resilience skills needed to reduce negative psychological, emotional and behavioural challenges due to traumatic events.

Social effectiveness Training: this is a psycho-therapeutic intervention that helps to infuse social skills which are deficient in displaced early adolescents so as to successfully pursue personal goals in a way that is socially acceptable and does no harm to others.

Locus of control: the extent to which internally displaced early adolescents attribute events around to either self or significant others in the society.

Social support: is the actual assistance or comfort internally displaced early adolescents receive from individual, International organisations, NGOs, government, religion bodies to help the displaced persons cope with their present problems.

CHAPTER TWO

REVIEW OF LITERATURE

This chapter will review the literature relevant to this study. This will be reviewed both theoretically and empirically.

2.1 Theoretical Reviewed

2.1.1 Concept of Internally Displaced Persons

The Internally Displaced Persons (IDPs) population is daily increasing which is drawing attention globally, most especially in African countries, where war-scarred and civil unrest are rampant, including Nigeria. Owoaje, Obioma, Tumininu and Eniola (2017) submitted that conflicts and disasters often cause large scale displacement of people due to destruction of homes and environment, religious or political persecution or economic necessity. Adesola and Akin-Ola (2015) viewed internal displacement as “relocation” or “forced relocation” of people from place of resident to another place within the country for safety as a result of armed conflict. Kalin, (2008) described IDPs as individuals who are forced or obliged to flee their residences as a result of conflicts or any form of violence, natural disasters but have not crossed the border to another country.

Wasike (2000) defined IDPs as a person who have been mandated to vacate their place of abode so as to keep away from the vehemence, community clashes and who have are still within the home country. To Martin (1995) IDPs are the individuals who have been compelled to leave their homes and wellsprings of business yet are still inside the outskirts of a nation under-going rough or inner clash. As a rule, inside uprooting is intense movement of individuals from place of home because of reasons out of hand to somewhere else for wellbeing without intersection nation fringe. Boycott Ki-Moon (2014) (former Secretary-General of the United Nations) pointed that inward uprooting is the most noteworthy helpful test confronting the

world today. This is the reason the focal point of every single global organization are on internally displaced individuals.

In facilitate endeavors to increase comprehension to why individuals are internally displaced, United Nations (UN) [2015] said three noteworthy classifications namely: development– actuated removal, conflict instigated uprooting and catastrophe prompted relocation. Improvement actuated dislodging is the movement of individuals because of financial advancement projects, for example, industrialization, charge, street extension/development and urbanization. Conflict-incited uprooting then again is the constrained and automatic relocation of individuals because of wars, psychological oppression, savagery and numerous all the more however who are still inside the nation. The third classification of relocation is fiasco prompted, where a man or gathering of people are constrained or obliged to escape or to leave the spots of ongoing home because of normal or man-made catastrophes UN, (2015). The real procedure of uprooting and development prompt wellbeing related challenges, especially for powerless gatherings, for example, adolescentssters, teenagers, ladies and the elderly and are normally vulnerable to different level of mental pulverization which ranges from family breaking down, to all types of post-traumatic stress issue (PTSD). Likewise, this compelling development is awful and related with flight cover wellbeing related issues including an absence of essential survival necessities required to support 'great' fundamental wellbeing, for example, nourishment, safe house and water.

2.1.2 History of Internally displaced people in Nigeria

Violence in Nigeria is as old as it political independence in 1960. Majorly, advent of various policies as a result of the British colonization has given rise to series of unending violence in the country. Forinstance, Iseyin-Okeho crisis 1916 in the west, Aba women riot in 1929 in the east, also ethnic violent in the post-colonial era in 1962 (Adesola and Akin-Ola 2015). The fissure between political giants has also led to a series of crises and clashes which invariably caused resentment and triggered off a backlash among the regionals.(Adesola and Akin-Ola, 2015).The resultant effect of this developing hatred prompted the first Civil war in Nigeria (1967-1970) with the majority of people from the east slaughtered in the North. Since the re-emergence of democracy in May 1999 there have been seires of crises in Nigeria (Omojeje and Adesote 2015). The democratic transition to civil rule in May 1999 unleashed a host of hitherto repressed political forces. The most terrific among the crises is the feared Islamic group (Boko Haram).The most grievous is the waythe

leaders of the feared group are faceless, the sect have not make their requests known other than to continue killing of innocent lives by bombings. Post-government transition in Nigeria kept on encountering continues violence across the six geo-political zones born out of agitation fro a better govance. Adesola and Akin-Ola, (2015) pointed out that weak polical system is one major reason for violence and conflicts in Nigeria. Destitution, military intercession in governmental issues, subject's indifference to the State, elitist eagerness and control are responsible major clashes in the country(Olu-Adeyemi (2008).

Likewise,Adeniji (2003)submitted that land issues and asset accessibility, jurisdictional debate between monarchs, dismiss for social images and contamination of social practices also account for violence in some part of the country (Adesola and Akin-Ola, 2015). This prompted intense migration of dominant part of Igbo individuals, who are dominatingly Christian, for security reasons, christians and muslims moved to another area, why numerous were slaughtered. In retaliation for the Kaduna viciousness, Igbo bunches in the south slaughtered many for the most part Muslim Hausa vagrants from the north. (Adesola and Akin-Ola, 2015). Lion's share of between ethnic viciousness have being occurring in Northern piece of the nation, generally in Taraba, Plateau, Nasarawa, Kaduan, Kano and Benue States. All the more as of late, a feared Islamic group prominently known as Boko Haram propelled an imposing and frontal assaults on government security organizations, open foundations, venerate focuses and representative landmarks and in addition death of critical open figures and numerous other shocking people groups through continuous sending of bombs and different instruments of mass pulverization (Adesola and Akin-Ola, 2015).

2.1.3 Nature of displaced adolescents

Essentially, there are three noteworthy formative points of reference in particular pre-adulthood and adulthood. Every one of this stage is portrayed by particular area of human advancement that is, intellectual, physical and psychosocial. Likewise, each stage is additionally subdivided into two; childhood: infancy/early childhood and late childhood/school age, adolescence; early and late adolescence, emerging adult and adulthood. Early adolescents has been drawing worry of sevral scholars, this is on the grounds that the stage is frequently vital social and economic responsibilities and characteristics by the secondary sexual characteristics. It is a unique period of growth and development between childhood and adulthood. During this

remarkable stage of the life cycle, young adolescents, usually between 10 to 13-years, experience rapid and significant developmental change (Falaye 2016).

Early adolescents is viewed as transitional period that is preoccupied with a lot of changes in the body and emotion and occurring simultaneously (Coulter 2014). In particular, early adolescents is set apart by emotional physiological changes, and additionally increments in intellectual limit, bringing about modified social and mental advancement (Coulter 2014). At this stage of development, more abstract mode of thought which is called formal-operational is paramount Piaget (1983). It involves hypothetical thinking that may not be real. This is why Spear, (2012) pointed that increased formal reasoning enhances interpersonal relationships and social interaction of an individual. That is peer affiliation that is helpful to the development of social skills. Interpersonal relationship contribute to the early adolescent's establishment of an identity, the major developmental milestone of adolescence (Erikson, 1963 as referred to in Coulter 2014). Identity is made out of durable feelings of self, what he or she needs from the future, and where he or she fits into society. The inescapable perplexity experienced by adolescents with respect to these great parts of life is named a personality. Kaslow, Adamson, and Collins (2012), noted that during early adolescence is a critical stage with an increase rate of depression such as it's found in adults.

According to American Psychiatric Association, (2000) [APA], adolescents usually experience anxiety as a result of numbers of events or activities include worries, restlessness, fatigue, lack of concentration and sleep disturbances. Studies revealed that majority of early adolescents do experience symptoms of anxiety (Kutcher and MacCarthy, 2011). When such anxiety becomes acute, it has devastating

Similarly, IDP adolescents face more severe challenges and risks: discrimination, the breakdown of or separation from family member, physical injury and psychosocial impact, violence, abuse and exploitation and unwanted and sometimes dangerous pregnancies other violations of child rights (Barrett and Pahl, 2016). Conflict has a physical, emotional and psychological impact majorly on early adolescents. At the same time, internally displaced children encounter specific risks and challenges. The very nature of displacement jeopardises most of the human rights guaranteed to the child in international law, exposing displaced children to sexual exploitation, abuse and violence, forced labour, abduction and recruitment by armed groups. Displaced girls and adolescents are particularly vulnerable to trafficking, sexual

exploitation, and other forms of gender-based violence adolescents (Dirdikmon-Eiron, Inredavik, Bratberg, Taraldsen, Bakken, and Colton, 2011). All these factors negatively affects various spheres of psychological functioning.

2.1.4 Concept of post-traumatic stress

Internally displaced individuals, especially those influenced by conflict, are at a high danger of mental issues, for example, emotional wellness and weakened psychological functioning. The ordinarily detailed mental responses are post awful pressure issue (PTSDs) in response to viciousness and gloom as a response to misfortune (Getanda, Papadopoulos and Evans 2015; Mujeeb 2015 and Asad, Karmaliani, Somani, Hirani, Pasha and Hirani 2013). Saxon, Makhshvili, Chikovani, Seguin, McKee and Patel (2016) called attention to that different sorts of impaired psychological functioning which have been accounted for are freeze assaults and tension issue The mental pain happening in the post conflict condition likewise adds to hurtful wellbeing practices, for example, risky drinking and expanded smoking. These practices are connected to an expanded weight of mental weaknesses incorporate melancholy, dissociative confusion, social tension, hypertension and horrendous issue Owoaje, Obioma, Tumininu and Eniola (2017). Regardless of the expanding quantities of IDPs in African nations and the weight of different mental and medical issues in these populaces, most investigations up to this point have concentrated on particular medical issues, for example, PTSD (Olwedo, Mworozzi, Bachou and Orach 2008 and Owoaje, Obioma, Tumininu and Eniola 2017).

Acquaye (2016) noticed that, interior clashes do happen, and the contentions are psychologically prepared through ruminative action and significance making, particularly in circumstances where foundational sees have been broken. Individuals for the most part have convictions about the world and their association with it. Traumatic events have the ability to smash these convictions, leaving individuals in a condition of reevaluation versus their encounters. This reconsideration has regularly been alluded to as "rumination," "intellectual training," and "subjective engagement" (Tedeschi, Calhoun, and Cann, 2007). The reconsideration that prompts worry past the pre-injury state is posttraumatic push (Acquaye 2016). The posttraumatic push pervade particular parts of human working constructive changes in relational connections, all the more importance throughout everyday life, more otherworldly profundity, thankfulness forever, individual qualities, and transparency for new potential outcomes (Powell, Rosner, Butollo, Tedeschi, and Calhoun, 2013). Injury is characterized as a

"disturbance in the story of life where occasions travel through individual and social time and space where the way toward adapting likewise travels through time, with input circles caused by horrendous memory" (Oakes, 2012, p. 59-60).

APA (2013) defined traumatic events in the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM) as events that an individual is exposed and causes death or threatened death and injurious to such person. It's further specifies that the event could be experienced by the person, witnessed by someone else, a close relative or close friend experienced the threatened violent or accident or extreme exposure to distressing event. Serious physical illness, bereavement, terrorism, and natural disasters are the most frequently experienced traumatic events as reviewed by Vishnevsky, Cann, Calhoun, Tedeschi and Demakis (2010). It is widely observed that exposure to potentially traumatic events such as earthquakes might have negative psychological consequences including post-traumatic stress reactions, unwanted intrusive thoughts, avoidance of reminders, fear, anger, sadness, and problems of memory, concentration, sleep, and appetite (Karanci, 2005). The experience of traumatizing experience is additionally connected with an assortment of weakened psychological functioning mental issue. Also, the DSM-5 (APA, 2013) a new section on trauma- and stressor-related disorders has also been added to group and classify disorders in which an adverse event preceded the onset of symptoms (Friedman, 2013). WHO (2015), alighted severe form of posttraumatic stress as acute stress disorder, reactive attachment disorder, disinhibited social engagement disorder, adjustment disorder, and other specified and unspecified trauma- and stressor-related disorder. DSM-5 (2015) also introduced a preschool subtype of PTSD for children aged six years or younger.

More importantly, trauma-related symptoms following disasters and other traumatic experiences has long been the subject of research (Warsini West, Ed, Res Meth, Mills, and Usher, 2014). The four symptom clusters of PTSD in DSM-5 are re-experiencing, avoidance, negative alterations in cognition and mood, and alterations in arousal and reactivity. The demonstrative criteria for PTSD, stipulated that: A; exposure to a traumatic event, B; intrusion side effects (at least one indications). These incorporate intermittent, automatic, and nosy upsetting recollections or repeating troubling dreams identified with the event(s), dissociative responses, for example, flashbacks, extreme or delayed mental or physiological responses to interior or outer signals identified with the event(s), C; Persistent evasion (at least one side

effects). This includes shirking of troubling recollections, contemplations, or emotions related with the horrendous event(s) or evasion of outer updates that stir these recollections, musings, or sentiments and the negative modifications in discernments and mind-set (at least two side effects). These include failure to recollect a vital part of the event(s), determined and misrepresented,

D; Negative convictions or assumptions around oneself, others, or the world and tenacious resulting from traumatizing experiences that lead the person to point the finger at himself/herself or others, industrious antagonistic passionate state, decreased intrigue/investment in exercises, sentiments of separation or irritation from others, or persevering powerlessness to encounter constructive feelings. E; Marked adjustments in excitement and reactivity (at least two manifestations) including bad tempered conduct and furious upheavals, foolhardy or reckless conduct, hypervigilance, misrepresented startle reaction, issues with fixation, or rest unsettling influence. F; the unsettling influence keeps going over 1 month. G; the unsettling influence is related with clinically noteworthy trouble or disability or working in significant zones of life. Basis H: The aggravation can't be ascribed to therapeutic conditions. (Warsini West, Ed, Res Meth, Mills, and Usher, 2014). In addition to PTS reactions and PTSD, studies have shown that individuals who are exposed to traumatic events experience symptoms of PTS Norris and colleagues (2002), which is a common characteristic of impaired psychological functioning, since psychological effects of disaster are depression, anxiety, demoralization, perceived stress and negative affect and health concerns including sleep problems.

2.1.5 Concept of impaired psychological functioning

Impairment is ostensibly the core of the field of clinical brain science. Psychological disorders would not be considered thusly in the event that it didn't bring about some type of brokenness or critical pain. Determining adequate measures of impairment lies in the various numerous DSMs (APA, 2013). The assessment of impairment, however, remains considerably flawed despite efforts to develop or select a meaningful measure of impairment. However, the DSM-IV used social and psychological functioning or symptom severity (the Global Assessment of Functioning, GAF). Non-DSM-related assessments of impairment frequently rely on self-report. Both of these assessment types are problematic to the extent that they

conflate impairment as a result of psychological symptoms with the symptoms themselves; the former does so explicitly and the latter is susceptible to state/trait biases (e.g., mood). In fact, the GAF was dropped from the DSM-5 due to “conceptual lack of clarity (i.e., including symptoms, suicide risk, and disabilities in its descriptors) and questionable psychometrics in routine practice” (American Psychiatric Association, 2013).

Impaired psychological functioning is characterized as the degree to which an individual has maladaptive cooperations with his or her social condition. We additionally utilize the terms social challenges, social brokenness, social maladjustment, and relational troubles conversely. Enthusiasm for social hindrance, in any event halfway, developed because of deinstitutionalization as people with mental clutters were reintegrated into the group (Lawton 2014). Undoubtedly, weakened psychological functioning is the manifestation of some of mental issue that messed with every day social working. Social working isn't just as often as possible weakened because of psychopathology, it is additionally the center accentuation of a few issue, for example, Social Anxiety Disorder, the third most common mental issue (Norton and Hope 2001). This expanded enthusiasm for the social sequelae of psychopathology drove Weissman (1975 as referred to Lawton 2014). A comprehension of regularity is expected to comprehend unusual, de-to dialog of impaired psychological functioning.

The writing on impaired psychological functioning has advanced quickly since the rise of the field over a few decades prior. Clinicians have offered distinctive depictions of psychological functioning or mental prosperity, with regards to the diverse branches of brain science, for example, formative or clinical brain science. Jesus, Beatriz, Ignacio, Fernando, Jose and Francisco (2010) described parts of emotional wellness creates over the accompanying arrangement of consecutive stages: a feeling of essential put stock in, a feeling of independence, a feeling of activity, a feeling of industry, a feeling of sense of self personality, warmth and uprightness. Amid every one of these stages a contention happens, and the individual's improvement will be pretty much sound, contingent upon how this contention is settled. As per Erikson's vision, advancement of the sense of self is a nonstop development process, which advances, all through a man's life expectancy, towards an unrivaled limit.

From the point of view of clinical brain science, creators, for example, Maslow, Allport and Rogers have offered different portrayals of mental prosperity. In his notable pyramid,

Maslow (1958) incorporates five fundamental needs that a man must satisfy to wind up completely working (Physiological, wellbeing, love and cherish, confidence and self-realization). A man starts by fulfilling the most essential needs and subsequent to satisfying the first, at that point proceeds onward to the following. Rogers (1963) presents the idea of the completely working individual to allude to individuals who can live completely with the majority of their own emotions and responses. Jesus, Hidalgo, Navarro, Ignaci, Fernando, Miguel and Francisco, (2010) saw psychological functioning as develop related with the ideal or constructive working of a man.

Psychological well-being in any case, is among the most focal thoughts in directing brain science. It assumes a significant part in hypotheses of identity and improvement in both unadulterated and connected structures; it gives a gauge from which advising therapists survey psychopathology; it fills in as a guide for clinical work by helping the instructor decide the course clients may move to reduce misery and discover satisfaction, reason, and importance; and it illuminates objectives and goals for directing related mediations (Tsegaye, 2013). Therapists and other wellbeing experts who contemplated prosperity widely reasoned that two wide mental customs have verifiably been utilized to investigate Psychological well-being (Keyes, Shmotkin and Ryff 2002; Ryff and Singer 2003). These include: Hedonic prosperity which depends on the idea that expanded joy and diminished agony prompts bliss. Hedonic ideas depend on the thought of subjective prosperity. Subjective prosperity is a logical term that is normally used to signify the cheerful or great life. It involves a full of feeling segment (high positive effect and low negative effect) and an intellectual part (fulfillment with life). It is recommended that an individual encounters joy when constructive effect and fulfillment with life are both high (Carruthers and Hood, 2004). Eudaimonic prosperity then again, is emphatically dependent on Maslow's thoughts of self-completion and Roger's idea of the completely working individual and their subjective prosperity. Eudaimonic happiness is therefore based on the premise that people feel happy when there is fulfilment of life purpose regardless life challenges.

The eudaimonic suggests that happiness lies in the actualization of human potential, or fulfilling one's true nature. Aristotle characterized prosperity as an existence of ethical action, by which he implied exceeding expectations at one's exercises. Ideals for the Greeks was comparable to magnificence, and a temperate individual was somebody who plays out the

unmistakable action of being human well. Aristotle concentrated on the significance of reasonability as a methods for isolating people from plants and creatures. Early humanistic clinicians concurred with the eudaimonic conceptualization of prosperity: for instance, Abraham Maslow (1943) contended that the most noteworthy human objective is self-completion, and Rogers (1961) recommended that "the great life" comes about because of ideal advancement, the constant procedure of endeavoring to satisfy ones maximum capacity. The eudaimonic see proposes a qualification between the things singular wants and need (Nussbaum, 1992). Eudaimonic approaches recommend that not all delights are useful for individuals, and that subjectively felt joy can't be likened with prosperity.

In any case, Waterman et.al (2010) who conceptualized psychological functioning as an all inclusive possibilities that when created through quest for by and by expressive exercises, advance a feeling of completion. Waterman, et al. (2010) additionally support their point that possibilities that are (about) widespread incorporate formative turning points, for example, getting a handle on, strolling, and talking, and in addition unique ideals, for example, genuineness and strength. Seen advancement of these parts of the "genuine self" amid by and by expressive exercises (eudaimonia) which is viewed as instrumental to the accomplishment of psychological functioning (Waterman, 1993; Waterman et al., 2010). Two of the most pervasive eudaimonic ideas that penetrate the study of prosperity have been Waterman et.at (2010) idea of psychological functioning and Ryff's (1989) idea of Psychological well-being (PWB).

Ryan and Deci (2001) all alone characterized psychological functioning to demonstrating a wide homological net of related factors predictable with carrying on with a good life. Such factors incorporate life fulfillment, general joy levels, confidence, interior locus of control, versatile adapting techniques, good faith, extraversion and realness. Waterman (2008), writing in support of eudaimonic research, postedthat reservations in regards to whether the conflation of psychological functioning with psychological well-being was fitting right now. Ryff and Singer (2008) situated PWB in Aristotelian framework, stressing the significance of the quest for objectives other than subjective encounters of hedonia. The mental characteristics describing PWB are without a doubt parts of psychological well-being and effective working and constitute a feasible conceptualization of prospering.

The Relationship between Eudaimonic (Psychological functioning) and Hedonic (Psychological well-being)

Before considering any potential cover between unique originations of joy, it is important to quickly survey the convention of hedonic joy inside the investigation of prosperity. In light of this necessity, subjective prosperity (SWB) is talked about as the idea most regularly lined up with hedonic thoughts of joy. Starting from the experiences of hedonic scholars, for example, Aristippus of Cyrene and Jeremy Bentham, SWB comes from the position that joy is the sole great, and that any idea of "the great life" must be likened with most extreme accomplishment of delight (Ryan and Deci, 2001; Waterman, Schwartz, and Conti, 2008). The idea of SWB coming from this philosophical custom has been conceptualized as including both full of feeling and psychological segments (Diener, 1984). All the more particularly, SWB has been conceptualized as comprising of: high frequencies of positive effect, low frequencies of negative effect, and a worldwide psychological assessment of life as fulfilling (Diener, Suh, Lucas, and Smith, 1999).

As augmentations of hedonic and eudaimonic philosophical philosophies, SWB and psychological functioning speak to related, yet unmistakably one of a kind ideas of prosperity (e.g., Waterman et al., 2010). At the point when SWB is received as a marker of prosperity, respondents are given the opportunity to characterize satisfaction. In like manner, an interminable number of exercises and practices may encourage expanded impression of joy and SWB (Winter 2013, Waterman, 1993). Then again, practices encouraging expanded levels of psychological functioning are compelled by the analyst to reflect exercises and practices of a particular sort (e.g., just those that are seen as by and by expressive). Advancement of one's fullest potential amid by and by expressive exercises is, however liable to create attendant sentiments of delight and SWB. Accordingly, it has been hypothesized that psychological functioning is adequate, yet superfluous for the achievement of SWB (Telfer, 1990).

From Aristotelian theory and Maslow's (1954) perspectives of higher request needs (e.g., self-realization) give unmistakable clearness between psychological functioning and Psychological well-being as far as their individual segments. The cover between these Psychological well-being segments and the hypothetical underpinnings of Psychological well-being has prompted the selection psychological functioning. Clarify that Ryff's Psychological

well-being scale was composed fundamentally to survey hedonic prosperity and not the eudaimonic prosperity (psychological functioning).

Model of psychological functioning

Waterman (2008), perspective of prosperity, psychological functioning consolidates both subjective and target components. The subjective elements are encounters of eudaimonia/emotions of personal expressiveness. The target components include those practices associated with the quest for eudaimonic goals, for example, self-acknowledgment involving the identification and improvement of individual possibilities and their utilization in ways that give reason and meaning to life.

Self-discovery

Norton (1976) distinguished two incredible Hellenic objectives as communicating focal components in eudaemonist rationality: (1) 'know thyself' (the engraving on the sanctuary of Apollo at Delphi) and (2) 'pick yourself', or in the expressions of Pindar, 'move toward becoming what you are'. Eudaimonism, as a moral hypothesis, calls upon every individual to perceive and live as per his/her daimon, that is, to endeavor toward self-acknowledgment. In any case, before it is conceivable to gain any striking ground toward self-acknowledgment, it is important to have perceived and chosen what sort of individual one as of now is. This makes the procedure of self-disclosure key to eudaimonic working. It likewise serves to connect eudaimonic prosperity to achievement during the time spent character arrangement (Waterman, 1992, 1993a, 2004).

Development of one's best potentials

Eudaemonist perceived that to be the best one's unique potential must be identified (Norton, 1976). Not this alone, effort must be made to effectively utilize the identified potential.

A sense of purpose and meaning in life

It is one thing to have recognized one's gifts and skills, yet it is another to have chosen toward what life objectives those skills and skills are to be coordinated. To encounter psychological functioning, people (adolescents IDP) must discover courses for putting their skills and gifts to use in the quest for actually important destinations.

Investment of significant effort in pursuit of excellence

At the point when people are occupied with by and by significant exercises that make full utilization of their skills and gifts, the power of their contribution in these exercises ought to be extensively higher than while taking part in other, more standard exercises. Csikszentmihalyi (1990) has marked such extreme inclusion 'stream' and has exhibited that it is related both with the adjust of difficulties and skills amid the execution of exercises and with an unmistakable arrangement of subjective encounters. Waterman and partners (1993b; Waterman et al., 2003, 2008) found that sentiments of individual expressiveness (eudaimonia) were emphatically associated both with an adjust of difficulties and skills and with subjective encounters of stream. Along these lines, a file of the degree of psychological functioning experienced ought to be the recurrence of exceptional association in the exercises in which a man locks in.

Enjoyment of activities as personally expressive

One of the clearest and most fundamental characterizing parts of psychological functioning is immediate encounters of satisfaction as eudaimonia. A person that capacity mental is the individual that a by and by communicated life, having no clarification for individual activity. It is the conviction of this investigation that internally displaced adolescents people's mental capacity if upgrade, individual possibilities would be used in order to give reason and importance to their lives.

2.1.6 Components of impaired psychological functioning

There are a few markers of weakened psychological functioning of displaced teenagers, yet with the end goal of this examination, social slander, discouragement, confidence, self-destructive ideation and social tension would be considered.

2.1.6.1 Social stigmatization

The consequences of being social stigmatization can be harmful because individual that is stigmatized is often victims of prejudice, thus leading to discrimination (Corrigan and O'Shaughnessy, 2007). Goffman (1963) perceived stigma as an "attribute that is deeply discrediting". According to Corrigan and colleagues (2003), stigma includes three main components: stereotypes, prejudice, and discrimination. An individual that is stigmatized (e.g., displaced) react negatively to social stigma, which impairs psychological functioning (Hinshaw and Steir, 2008).

This rejection exacerbates their social alienation and lack of social support, thus feeding into a vicious cycle (Nooe and Patterson, 2010). Most stigma-related research has focused on mental illness and, with few exceptions (Snow and Reeb, 2013), studies have not examined stigma associated with the co-occurrence of homelessness and mental illness, nor have studies determined if stigma is less severe when displaced adolescents have a documented history of trauma. In a literature review, it was found that stigma (and associated discrimination) is related to self-stigma which is the internalization of public stigma that leads to a loss of self-esteem and self-efficacy, a tendency to fully blame oneself for a problem or condition, and a general feeling of shame (Corrigan and Watson, 2002; Corrigan, 2000).

Apart from social stigmatization of the displaced adolescents which often affect their psychological functioning, stigma is individuals' perception of own stigmatized identity or condition. Additionally, perceived stigma, or individuals' self-perceptions of holding a stigmatized identity or condition, may shape social interactions or relationships with others (Goffman, 1963). Further, research suggests that increased anticipated stigma predicts increased psychological distress (Quinn and Chaudoir, 2009). Quinn and Chaudoir(2009) recognized that there is vast variability in how individuals cope with and respond to stigmatized identities. Self-stigma on the other hand, damages psychological functioning (Corrigan, Watson, and Barr, 2006). The present study considered stigmatization as an environmental factor that affects optima functioning of adolescents.

2.1.6.2 Depression

Depression is a common psychological disorder in adolescents, with up to one out of three girls and one out of five boys having at least one episode of depression by age 18 (Merrell, 2008). Depression is characterized by a loss of interest in activities and varies from sad mood by being more persistent and intense, accompanied with cognitive, behavioural and physiological changes, to functional and social impairment (National Institute for Health and Clinical Excellence, (2011) [NICE]). That is, it can be mild moderate or severe which may occur in a single episode (first major depressive episode) or recurrent (if one or several major depressive episodes have been experienced previously). An individual with depression may experience other symptoms such as; lack of joy (anhedonia), loss of feelings (apathy), a feeling of hopelessness, social withdrawal, lowered or heightened appetite, sleeping difficulties,

pessimistic or negative thoughts and lowered self-esteem. Psychotic symptoms such as delusions or hallucinations may occur in severely depressed clients.

Depression, which is usually caused by post-traumatic stress disorders, dementia, schizophrenia, alcoholism, hypothyroidism, and in response to sustained stress has several clinical implications (WHO, 2008). Since it is a symptom of a disease, its approach is linked directly to the treatment of the baseline condition. Milam, Richardson, Marks, Kemper and McCutchan (2004) classified depression symptoms into mood changes and psychological symptoms: psychomotor (increased latency between questions and answers), cognitive (attention and concentration deficit), of the instinctive and neurovegetative sphere (fatigue, despair), ideation (pessimism, regrets, and guilt), self-depreciation (low self-esteem, feelings of insufficiency), and psychological symptoms (delirium and hallucinations).

Cognitively, a depressed person exhibits confusion and finds it difficult to relate well with others (Araya, Flynn, Rojas, Fritsch and Simon, (2006); Rahman, Patel, Maselko and Kirkwood, (2008). Depressed persons are often agitated and irritable, poor disposition and become aggressively hostile to others (Bolton, Bass and Neugebauer, 2003). Other manifestations include loss of sense of humor, tiredness, intense feelings of shame and guilt, feelings of inadequacy, withdrawal from family and friends, feelings of inferiority which eventually lead to feelings of hopelessness and so on. Adolescents are not exempted from depression most especially those who are displaced whose social and family relationships, schoolwork, self-worth, and decision making might have been inflated (Merrell, 2008; Seeley, Rohde, Lewinsohn, and Clarke, 2002)

2.1.6.3 Suicidal attempt

Suicidality is the present term used to envelop self-destructive considerations, signals or practices and endeavors. Suicide is a deliberate and purposeful act of taking one's own life due to condition of distress and hopelessness (Schneidman, 1996). A deliberate attempt to hurt self that does not result to death (Soubrier, 1993). This action, to some is a way of coping with an extremely overwhelming problem. Schneidman (1996) submit that suicide behaviour is a deliberate effort to escape from unbearable emotional pain. Beck (1996) affirm that suicide attempt is the critical part of sadness and subjective sharpening of self-destructive musings and practices. Linehan (1993) inspected the part of enthusiastic dysregulation and suicide conduct.

As per this hypothesis, self-destructive people as often as possible experience compelling feelings which they experience issues enduring without falling back on practices that assistance them escape or direct these serious and difficult feelings. Joiner (2005) in his theory of suicide posts that people are not conceived with the limit with regards to deadly self-damage. He includes that individuals get the want to bite the dust by losing their intrinsic dread of death through the procedure of habituation as they are rehashed desensitized by musings of suicide and past suicide endeavors. The theory specifically opined that for individual to commit suicide, such person must posses the capacity to do so (Joiner, 2005). Lately, Seguin and Tate (2007) proposed a fascinating way to deal with the investigation of suicide utilizing the life-course technique. This approach enables one to distinguish particular pathways of suicide by evaluating the aggregation of weight after some time expedited by psychosocial factors. Seguin's adjustment of the life schedule way to deal with suicide examine includes the recognizable proof of negative life occasions beforehand connected to suicide (e.g. sexual or physical mishandle, Adolescents division, spousal detachment). This widely inclusive approach looks at the aggregation of psychophysiological wear and tear that outcomes from continuous versatile endeavors to keep up strength because of psychosocial stressors. As of late, as will later be talked about, Brenner Vanderploeg and Terrio (2009b) readapted Seguin's way to deal with better conceptualize the total impacts of PTSD and TBI among people in danger for suicide.

A current developing collection of writing has inferred that there is a solid relationship between post-awful pressure issue casualties and a height of suicide chance (IOM, 2008). Such discoveries are huge since people with battle related PTSD speak to a gathering of patients that convey a lifetime hazard for both suicide endeavors and fruitions (Farberow, Kang and Bullman 1990; Freeman, Roca and Moore, 2000) Despite this set up chance for suicide, PTSD is once in a while specified as a hazard factor for suicide in the suicide writing (Krysinska, Lester and Martin, 2009; Mehlum, 2005; Meichenbaum, 2005). A broad 50 article metaanalysis that inspected the relationship amongst PTSD and suicide ideation/practices observed PTSD to be related with an expanded rate of earlier suicide endeavors and current suicide ideation even in the wake of controlling for other mental diseases (Krysinska and Lester, 2010). These discoveries are compatible with comparable examinations that have likewise observed PTSD to be related with raised suicide ideation and suicide endeavors (Jakupcak, Cook, Imel, Fontana,

Rosenheck and McFall 2009; Marshall, Olfson, Hellman, Blanco, Guardino, Struening 2001; Sareen, Cox, Stein, Afifi, Fleet and Asmundson, 2007).

PTSD assumed a particular part in clarifying suicide ideation subsequent to controlling for despondency and substance misuse (Waldrop, Back, Verduin and Brady, 2007). Late research into people presented to exceedingly horrible mishaps shows that interruption, and hyperarousal are the most usually embraced side effects of PTSD. Interestingly, shirking and desensitizing side effects are the minimum every now and again manifestations yet are referred to fill in as conceivable markers for PTSD and other comorbid mental sicknesses (Breslau, Reboussin, Anthony and Storr 2005; McMillen, North, and Smith, 2000; North, Nixon, Shariat, Mallonne, McMillen, Spitznagel and Smith 1999; North, Tivis, McMillen, Pfefferbaum, Spitznagel, Cox 2002; North, Pfefferbaum, Narayanan, Thielman, McCoy, Dumont, Kawasaki, Ryosho, Kim and Spitznagel, 2005). There is probability that displaced adolescents people who have been discouraged may need submit suicide as a coping system henceforth the result of this investigation might be disturbed (psychological functioning).

2.1.6.4 Social Anxiety

Anxiety, just like depression, is a side effect that exists along a continuum, from trouble that is normal and might emerge occasionally (as talked about above), through to crippling tension characteristic of a particular mental disorder (Nogueira, De Fa'tima and Crosland, 2006). As per Liuzzi, Menichetti, Libertone, Salvatori, Balestra and Bellagamba (2008), Anxiety is a condition in which an individual is in a steady condition of stress or is constantly anxious paying little heed to ordinary activities. These analysts additionally assert that this condition of Anxiety in the end prompts tension issue which are then viewed as passionate or mental wellbeing conditions. Nogueira, De Fa'tima and Crosland, (2006) states that Anxiety and uneasiness related disarranges are a standout amongst the most widely recognized mental purposes behind observing restorative experts today. This is the reason late insights demonstrate that about a fourth of the nation's populace have displayed side effects of Anxiety issue. It is a stressing pattern for nursing specialists particularly and for the medicinal calling all in all since it means genuine psychological wellness issues. One of the real purposes behind these exorbitant events is that society's requests have changed. The workplace is additionally

requesting today and individual connections are ending up progressively hard to keep up in this manner filling in as rich ground for proliferating tension. Anxiety may happen in different structures. Infrequently, it might be shown as a mellow case, in different situations; it can advance to end up serious and can block one's everyday life.

Anxiety normally shows itself as a progression of clutters the vast majority of which incorporate; fears, summed up tension issue, post-horrible pressure issue, over the top impulsive issue and detachment uneasiness issue. A portion of the last said shapes display pretty much similar indications. Therefore, one can manage them as particular gatherings. Fox, Shelton, Oakes, Converse, Davidson and Kalin, (2010) state that the significant attributes in all people who experience the ill effects of uneasiness are the presence of dread. All people are looked with fear at some point in their lives. Nonetheless, the individuals who are controlled by it are said to experience the ill effects of uneasiness or tension issue (Craske, Rauch, Ursano, Prenoveau, Pineand Zinbarg, 2009). This dread is intense to the point that it hampers the individual from playing out their every day commitments or parts.

In specific situations; Anxiety might be showed as pressure or foresight about a specific issue. The last shape is mellow. In different examples, uneasiness might be displayed by intense fits of anxiety. Bourne (2000) clarifies that the accompanying physical side effects are pervasive in various patients determined to have tension. They are; strain, cerebral pains, loss of hunger, stomach upsets, absence of rest, looseness of the bowels, and also muscle throbs. Other than these side effects, Hoffman and Barlow, Chorpita and Turovsky (2006) opined that intense instances of dread among patients with Anxiety issue might be portrayed. For example, certain people get freeze assaults. At the point when this happens they may start having a dry mouth, encounter deadness in their bodies, trouble breathing, chest distress, hustling hearts, confusion, low focus ranges, dazedness and insecurity. Anxiety side effects may imitate physical disease (e.g, cardiovascular side effects or shortness of breath of a fit of anxiety) or may add to a complement of existing physical indications. Anxiety may happen as a side effect of physical sickness or its medications, or result from other essential drivers (e.g, substance withdrawal) (Marwick and Kaaya, 2010). Essential tension issue are portrayed by their effect on working, the perseverance of the side effects after some time, and in addition the nearness of some center related highlights (e.g, in freeze issue) (Marwick and Kaaya, 2010).

Scientists, Chipimo and Fylkesnes, (2009) additionally expressed that, the biggest level of instances of Anxiety are described by subjective qualities where psychological alludes to issues concerning the brain. Nonetheless, when tension strikes, certain thoughts or pictures are normally present in ones' brain, typically; on edge people imagine that some peril may come to pass for them or the individual they think about. This is normally delineated as a fear where an individual trusts that something hazardous may transpire notwithstanding when the odds of its event are very thin. All together words, one of the major psychological attributes is ownership of silly considerations. Such individual for the most part mutilates undeniable realities and need control over their considerations (Bourne, 2000). In any case, these subjective characteristics are not past the sufferer of the Anxiety issue. Truth be told, these patients are very much aware of the exorbitance of their considerations. Be that as it may, they do not have the capacity to confine these overabundances and as a rule keep pondering the issue paying little heed to its unreasonableness.

Haug, Nordgreen, Öst and Havik, (2013) asserted that social fears may happen when people fear conditions encompassing social circumstances. For example, one may accept that they can get humiliated by interfacing with others. Likewise, there might be a situation in which one feelings of dread disappointment or gathering endorsement from one's companions. In freeze assaults, Cohen, (2008) clarified that when people get freeze assaults, they are probably going to envision that they are very nearly demise, losing control or going insane. The last creators have likewise featured the issue agoraphobic considerations. Here, the person under assault will more often than not work under the dread of another fit of anxiety and may require the nearness of another person keeping in mind the end goal to stop them. Additionally, such people for the most part accept that these are things that present steady threat in their lives.

2.1.7 Trauma-focused Counselling

Trauma Focused Counseling (TF-C) is otherwise called Trauma-centered Cognitive Behavioural Therapy. It is a therapeutic technique that is used to reduce the long lasting effects of stress and behaviours of those affected by trauma due to war, abuse, accidents, social anxiety and many more. Trauma-focused counselling was designed by Mannarino, Cohen and Deblinger (2006) to assist children and adolescents recover from trauma of various type. TF-C was

initiated following a series of assessment studies documenting the impaired emotional and behavioural problems exhibited by children who have experienced sexual abuse.

More specifically, children and adolescents (ages 4 to 18) who have experienced significant behavioural or emotional problems related to traumatic life events can be treated using TF-C. Various clinical trials of TF-C have demonstrated efficacious, effective and better treatment in diminishing clinical symptomatology in adolescents. Conversely, Deblinger and Heflin (1996), used behavioural gradual exposure as the central intervention for traumatized clients. “The treatment encourages the use of in vivo to the traumatized persons as an approach to defeat shirking and anxiety (Cary and McMillen, 2012). TF-C is a components-based psychosocial treatment that incorporates elements of cognitive-behavioural, attachment, humanistic, empowerment and family therapy models (Child Sexual Abuse Task Force and Research Practice Core, National Child Traumatic Stress Network, 2004)”.

TF-C likewise consolidates four other models include Exposure, Attachment, Family and Cognitive Behavioural therapies. For instance, attachment theory is used for client with attachment problems so as to be able to provide meaning, context, support, effective modeling of skills, positive parent-client attachment and to reiterate and create a safe environment for the traumatized person (Mannarino, Cohen and Deblinger; 2014). Family therapy is also incorporated into TF-C by way of guiding parents on a way of addressing behavioural difficulties as well as assisting communication and support. While exposure and cognitive behavioural therapy models allow for the client to reflect on and make connections between triggers, symptoms and behaviours in order to change the maladaptive trauma related thoughts, feelings and behaviours (Mannarino, Cohen and Deblinger; 2014, CWIG; 2012).

What Trauma Focused-Counselling can be used for;

TF-C, fundamentally comprised of the four models introduced previously. These specific guidelines for enacting TF-CBT are well known in the literature and are reviewed in this study. TF-C is a 12 session treatment designed to address the unique needs of children and adolescents who have trauma-related symptoms such as: Post-Traumatic Stress Symptoms (PTSS), behavioural problems, anxiety as a result of traumatic experience, sexual abuse experience, sadness, maladaptive or unhelpful beliefs, negative attributions about the world and other difficulties and mental health disorders related to traumatic life experiences (Child Welfare

Information Gateway, 2013; Cohen et al., 2010; Cohen and Mannarino, 2008). TF-C are thought to be with the person and additionally the guardian independently and conjoint sessions. Every session is intended to "build the remedial relationship while giving instruction and a protected domain in which to address and process horrible recollections" (CWIG, 2013). The joint sessions are aimed at helping the parents and clients practice using the skills together while the participant shares his/her traumatic experience. This joining allows for more viable parent-client communication with respect to the traumatic experience (CWIG, 2013). The specific components utilized throughout the treatment sessions are summarized by the acronym PRACTICE. Psycho-instruction and Parenting skills; Relaxation skills; Affect articulation and adjustment skills; Cognitive coping skills; Trauma story and handling; In-vivo introduction; Conjoint parent-client sessions and Enhancing security and formative direction. Sessions are discussed as follows;

Psycho-education and parenting skills.

Psycho-education is to provide psychological education about condition of impaired psychological functioning. It focuses on the misguided judgments and broken reasoning of the parents as to potentially change the mindset of the clients (Deblinger et al., 2006). A component of psycho-education is to give information on the client and parents' circumstances. For instance, "adolescents who witnessed the sudden death of his/her parents will develop sense of trauma and feelings of loneliness (Cohen and Mannarino, 2010). With the knowledge provided, clients are assisted to reduce their tendency of isolation as a result of the trauma are expected to respond to the traumatizing incident. Also, in psycho-education the therapist provides general information regarding the client's traumatic experiences without making direct reference to their personal experience (Cohen and Mannarino, 2010).

Relaxation techniques.

Relaxation techniques is a way of helping clients to be at a relaxed mood so as to meaningfully overcome disturbing physiological problems caused by traumatizing experience (Cohen and Mannarino, 2008; Cohen and Mannarino, 2010). Relaxation skills incorporate profound breathing, visual symbolism, drawing, yoga, tuning in to music, body examines, perusing, composing verse, moving, tuning in to relaxation tapes, singing, or more dynamic exercises, for example, playing sports, breathing in for a minute and gradually breathing out.

Expression and modulation.

It is a way of helping clients to recognize, express and modulate feelings. That is, continuous talking about what happened until feeling of the events disappeared from one's mind and actively search out for social support that can enable one to move forward with life (Cohen and Mannarino, 2010). Also, the clients were asked to figure out how to adjust and express their feelings in regards to the trauma events.

Cognitive coping and processing.

Cognitive coping and processing allows for clients to re-assess thoughts about current situations and traumatic experiences. This enables more control of thoughts, feelings and behaviour rather than their thoughts controlling their feelings and behaviours; which is very common in traumatized individuals. At that point clients are urged to analyze and explore the association between any exact or mistaken attributions made, such as the world is unsafe for me. The thoughts are examined and clients are made to see that the thought is most likely not as accurate as they may believe it to be.

Trauma narrative and processing.

This has to do with continuous recounting the specifics traumatic events, typically it focuses on overcoming avoidance of traumatic memories, identifying and processing maladaptive cognitions about the trauma through the client telling about it in his or her own words and contextualizing the client's trauma experience into the larger perspective of the client's life through telling the story. This allows the client to see him or herself as someone other than a casualty. The narrative generally starts with recognizing "who am I" and after that goes ahead to depict the client's relationship with the culprit and the great recollections previously or if the culprit is not known, the clients can portray what they can recall of life before the traumatic incident. (Cohen and Mannarino, 2010).

Conjoint parent/client sessions.

The objectives of conjoint sessions is to facilitate a place for open communication and expression of feelings between social support groups and clients. Instead of the client talking to the therapist the client has the opportunity to discuss the traumatic event directly with the significant person around. These sessions not only provides reassurance to the client that the significant others are a safer reliable resource, it also allows for the client to talk about other concerns related to the trauma, and for the future. This is incorporated in the future wellbeing,

planning for trauma updates, discourse on the most proficient method to advance together, and now and again a space where the clients can make inquiries.

Enhancing safety and developmental trajectory.

The last session is optimizing safety for the individual, which is in addition to all the skills provided in the training. This involves developing an alternative way of safety in the future events.

2.1.8 Social effectiveness Skills Training

Social skills are critical for the ability to interact with, adapt to, and function within the environment. In addition, being ready to connect effectively with others is a key to many of the encounters that enhance life, for example, having friendships, taking an interest in recreational exercises, or joining gatherings. Besides, the obtaining of social skills is basic to turning into a contributing part of society. As indicated by Cartledge and Milburn (1995), social skills are viewed as socially satisfactory scholarly behaviours that empower people to collaborate in ways that elicit positive reactions and help with keeping away from negative responses from them. It is particular systems used by a person to perform social assignments adequately and thus be judged socially equipped. Social skills are composed of skills important for understanding to initiate and keep up positive social connections with their peers, instructors, family, and different community members (Walker McConnell, Holmes, Todis, Walker and Golden, 1995). Social skills are particular verbal and non-verbal practices used to impart and communicate with others. The practices are utilized for an assortment of purposes, for example, setting up and keeping up kinships and can be noticeable incorporate unmistakable practices (requesting that somebody play), full of feeling practices, (for example, hinting at feeling), or non-perceptible intellectual practices. Every ability might be novel to the social circumstance (Bellini, 2006, Gresham, Sugai and Horner, 2001; Neisworth and Wolf, 2005).

Social Effectiveness Skills Training

Social skills training refers to the teaching of social behaviours. Training may occur individually or in a small group situation. Social skills training approaches include contextual, individual, and peer mediated methods. Social skills training has been effectively taught to Adolescents in previous studies both locally and internationally, (Fashina 1990, Aremu 1997, Eniola, 1998 and Fayombo, 1998) and (Nangle, Erdley, Carpenter and Newman, 2002; Ollendick

and Hersen, 1979; Stewart, Carrand LeBlanc, 2007; Thompson, 2008). Training has focused on teaching the ability to achieve success in social situations and to recognize appropriate discriminative stimuli for social opportunities. Spence (2003) defines social skills as ‘a range of verbal and nonverbal responses that influence the perception and response of other people during social interactions’ (p.84). This ability, to experience success in social interactions, could have a major impact on an individual’s life.

Social effectiveness skill has been defined by several researchers; Bandura (1977) described it as processes by which individuals observe models of particular behaviours and vicariously learn these behaviours. Applied to social skills, children often grow up observing adults and peers in their natural environment demonstrating various social skills. Through observation of the performance and reinforcement of these behaviours by others, as well as imitation of these models, children learn many necessary social skills (Bandura, 1977). Societal changes, including social mobility and the changing role of the church, have made it less likely that social skills will be taught in a child’s natural environment (home, church, neighborhood, etc.). Given these and other factors, the explicit instruction of social skills has, in many cases, become a necessity (Cartledge and Milburn, 1986). The roots of social skills training can be found in the psychological skill training movement developed as a response to the lack of attention to teaching behaviours (Goldstein, 1981).

Lochman and Dodge (1994) showed that children with aggressive behaviour tendencies commonly misinterpreted the behaviour of others and were likely to respond with aggression. If those children had been able to interpret the social discriminative stimuli accurately it could be hypothesized that a decrease in aggressive behaviour would have occurred. Youth can benefit from such skills in numerous ways, whether it is requesting help on a task, asking seeking participation, or offering invitations. Each of these social tasks can lead to forming closer relationships with others. An adolescent’s learning history will play a great role in those adolescents’ social skill ability, as it is likely that adolescents will demonstrate the social skills that caregiver or adult influences demonstrated for them. It is unknown what types of social skills are modeled for many young adolescents in foster care; therefore, it is unknown what social skills have been learned. Providing youth with an appropriate model of social skills is one step to training the acquisition of social skills (Spence, 2003).

Past research has been led on social skillstraining with normally creating adolescents people, formatively debilitated people, and adolescent delinquents (Ollendick and Hersen, 1979; Stewart, et al., 2007; Thompson, 2008). Thompson (2008) led a social skillstraining for regularly creating adolescentsful females. This was done in a one day classroom training incorporating instructions, modeling, role-playing and feedback. The participants were taught three skills/tools from a behaviour skills training curriculum that was modified from a successful parent training program curriculum. The adolescents were shown particular apparatuses in view of essential conduct investigation standards. Through pre-and post-evaluation pretends, it was discovered that normally creating adolescents people exhibited an expansion in the precision of their instrument utilize following training. These skills additionally kept up amid follow-up appraisals. There are various examinations which bolster the adequacy of SST over an assortment of conditions. Just a single article was discovered depicting the impacts of an after school program on social skillstraining. (Thompson, 2008)

Previous research has been conducted on social skills training with typically developing teenagers, developmentally disabled individuals, and juvenile delinquents (Ollendick and Hersen, 1979; Stewart, et al., 2007; Thompson, 2008). Thompson (2008) conducted a social skills training for typically developing adolescent females. This was done in a one day classroom training incorporating instructions, modeling, role-playing and feedback. The participants were taught three skills/tools from a behaviour skills training curriculum that was modified from a successful parent training program curriculum. The Adolescents were taught specific tools based on basic behaviour analysis principles. Through pre- and post-assessment role plays, it was found that typically developing adolescents demonstrated an increase in the accuracy of their tool use following training. These skills also maintained during follow-up assessments. There are numerous studies which support the effectiveness of SST across a variety of conditions. Only one article was found describing the effects of an after school programme on social skills training.(Thompson,2008)

This assessment did not observationally gauge social abilities, nor did it incorporate a formal social aptitudes preparing program. It did, be that as it may, subjectively explore parent and educator observations as to children's master social connections with each other. By and large, the assessment incorporates positive comments, showing positive effects on kids' social abilities. Different examinations, while not in an after school program setting, have all the more

straightforwardly bolstered social abilities preparing programs. Ang and Hughes (2001) led a meta-investigation on effect of SST with kids portrayed as solitary. A general impact size of .62 was found, demonstrating a measurably critical preferred standpoint to those getting SST. The specialists additionally analyzed the distinction between SST bunches made out of all kids marked as freak and gatherings made out of both degenerate and model companions. A measurably noteworthy distinction was found between the gatherings, with blended gatherings yielding a normal impact size of .15 higher than every single freak gathering. Moreover, follow-up information propose that the impacts of SST on blended gatherings kept up and summed up more than with the every degenerate gathering. With all gatherings, however, SST was appeared to be a successful mediation. Pflingsten, and Losel (1994) directed a meta-investigation of social fitness preparing, including SST. Generally, they observed social ability preparing to be a successful intercession, in any event temporarily. Be that as it may, speculation and upkeep segments of the examinations included did not bolster long haul adequacy. Moreover, impacts were more articulated for particular result factors (e.g., coordinate perception of the objective aptitudes) instead of general result factors (e.g., measures of expansive ideas, for example, "social competence").

2.1.9 Concept of Locus of Control

Locus of control is a theory in personality psychology referring to the extent to which individuals believe in ability to control events that affect them. Locus of control refers to the degree to which a person perceives that the outcomes of the situations they experience are under their personal control (Hunter, 2002). Rotter (1954) gave way to the understanding of the concept and has since become an important aspect of personality studies. Locus is a Latin word for "place" or "location") can either be internal (meaning the person exercise control) or external (meaning that it is the environment, some higher power, or other people that have control crucial decisions and life events).

Lefcourt (1976) defined perceived locus of control as follows: as as a generalised expectancy for internal as opposed to external control of reinforcements. Early work in the field of psychology opined that people who were more likely to display typical expectancy shifts were those who more likely to attribute their outcomes to ability, whereas those who displayed atypical expectancy would be more likely to attribute their outcomes to chance. This was interpreted as saying that people could be divided into those who attribute to ability (an internal

cause) versus those who attribute to luck (an external cause). However, after 1970, Bernard Weiner pointed out that attributions to ability versus luck also differ in that the former are an attribution to a stable cause, the latter attribution to an unstable cause. Also Locus of control is a theory in personality psychology referring to the extent to which individuals believe that they can control events that affect them. (Hunter, 2002).

Locus of control has generated much research in a variety of areas in psychology. The construct is applicable to fields such as educational psychology, health psychology or clinical psychology. There will probably continue to be debate about whether specific or more global measures of locus of control will prove to be more useful. (Hunter, 2002). Careful distinctions should also be made between locus of control (a concept linked with expectancies about the future) and attributional style (a concept linked with explanations for past outcomes), or between locus of control and concepts such as self-efficacy. The importance of locus of control as a topic in psychology is likely to remain quite central for many years. Locus of control has also been included as one of four dimensions of core self-evaluations – one's fundamental appraisal of oneself – along with neuroticism, self-efficacy, and self-esteem. The concept of core self-evaluations was first examined by Judge, Locke, and Durham (1997), and since has proven to have the ability to predict several work outcomes, specifically, job satisfaction and job performance.

Rotter (1975) cautioned that internality and externality represent two ends of a continuum, not an either/or typology. Internals tend to attribute outcomes of events to their own control. Externals attribute outcomes of events to external circumstances. It should not be thought however, that internality is linked exclusively with attribution to effort and externality with attribution to luck, as Weiner's work makes clear. This has obvious implications for differences between internals and externals in terms of their achievement motivation, suggesting that internal locus is linked with higher levels of N-ach (Need for Achievement). Due to their locating control outside themselves, externals tend to feel they have less control over their fate. People with an external locus of control tend to be more stressed and prone to clinical depression (Benassi, Sweeney and Dufour, 1988; cited in Maltby, Day and Macaskill, 2007). Internals were believed by Rotter (1966) to exhibit two essential characteristics: high achievement motivation and low outer-directedness.

This was the basis of the locus of control scale proposed by Rotter in 1966; although this was actually based on Rotter's belief that locus of control is a uni-dimensional construct. Since 1970, Rotter's assumption of unidimensionality has been challenged, with Levenson, for example, arguing that different dimensions of locus of control, such as belief that events in one's life are self-determined, are organized by powerful others and are chance-based, must be separated. Weiner's early work in the 1970s suggested that more-or-less orthogonal to the internality-externality dimension; we should also consider differences between those who attribute to stable causes, and those who attribute to unstable causes (Weiner, 2004). This meant that attributions could be to ability (an internal stable cause), effort (an internal unstable cause), task difficulty (an external stable cause) or luck (an external, unstable cause). It is the belief of this study that displaced adolescents who attributes the events in their life (crisis disaster) as self-determined, organized by powerful others and chance-based may find it difficult to functioning effectively except being assisted through such intervention as Trauma-focused counselling and social effectiveness skills training.

2.1.10 Concept Social supports

The concept of social support has been considered for many years as a positive factors in moderating the effects of stress on an individual's mental health. It is a complex multidimensional construct which remains debated as there is little consensus over the definition, conceptualization and measurement (Cohen, and Wills, 2005). Social support can buffer or protect one from the negative effects of stress. Social support, including instrumental and emotional support from friends, family, the community, and professionals. Pilisilk and Parks (2001) defined social support as "a set or range of regular interpersonal transactions that assist the individual in meeting physical, psychological and social needs." Social support, especially perceived emotional support, is protective against the development of depressive symptoms in times of stressful life events (Pancer, Hunsberger, Alisat and Berkeley, 2007).

Also, functional aspects of social support include psychological resources such as emotional, instrumental and informational support and support satisfaction. This type of social support indicates the extent to which interpersonal relationships between members of a social group fulfill important functions. Researchers have stressed more on the structural aspects than the functional aspects and the psychological aspects including perceived quality of support remains grossly overlooked. Lopez and Cooper (2011) have highlighted three broad categories

of social support: social connectedness or social embeddedness, perceived social support and actual or enacted social support. Social support can be formal and informal.

Formal social connections depend on group communications between essential part players, for example, emotional wellness experts, doctors, guides, educators, ministry individuals, among others. Then again, casual social connections incorporate relatives, family companions, associates, neighbors and others. Formal and casual social relations can be recognized based on the degree/degree of custom engaged with common relational social collaborations among the distinctive individuals from a general public. Social connectedness joins both the basic

(quantitative) and useful (subjective) parts of social associations with alternate people in their group of friends. Explanation of the idea of social help stays diverse for various scientists. There is variety in the estimation of the develop. Notwithstanding, the vast majority of the hypothetical models controlling and guarding social help can be sorted into the accompanying points of view as demonstrated by Lakey and Cohen(2000) and Lopez and Cooper (2011):

- Stress and Coping Perspective (Stress Buffering Model)
- Social Constructionist Perspective (Social Cognitive Model)
- Relationship Perspective

These points of view are quickly examined underneath:

Stress and Coping Perspective (Stress Buffering Model): It is the most broadly cited and examined point of view. Cobb (1976) has given proof that social connections among individuals gives cradle (assurance) to individuals from the negative repercussions caused by distressing life occasions. A substantial report saw low levels of social help were related with expanded pressure, yet that more elevated amounts did not go about as a cushion against pressure (Ostberg and Hagekull, 2000). The impact of social help on psychological working of the dislodged teenagers can't be over underlined. It builds up a method for dealing with stress that can encourage mental working, else it hinder mental working of the person. Subsequently, the negative impact of pressure is diminished and the individual is in a condition of prosperity.

Social Constructionist Perspective (Social Cognitive Model): This point of view resorts to the

sociological hypotheses of learning which have gotten colossal consideration in the subject of brain research. It depends on the introduce that the truth is socially developed. Vaux (1990) in his paper entitled, 'An Ecological Approach to Understanding and Facilitating Social Support' proposed that social help is a procedure which works in an environmental setting portrayed by exchanges amongst individuals and their informal organizations. He demonstrated that pressure and prosperity are identified with help forms. Improved social help and positive social cooperations with different individuals in the group are probably going to decrease negative sentiments of disengagement, stress and depression.

2.1.11 Theories of impaired psychological functioning

2.1.11.1 Social Cognitive Theory

The foundation of social cognitive theory of Bandura is based reciprocal determinism and triadic reciprocity which perceived human functioning as a central role to cognitive, vicarious, self-regulatory, and self-reflective processes in human adaptation and change. The theory views people as self-organizing, proactive, self-reflecting and self-regulating rather than as reactive organisms designed and driven by environmental forces or inner impulses. In this way, psychological functioning is viewed as the product of a dynamic interplay of personal, behavioural, and environmental influences. For example, how people interpret the results of personal behaviour informs and alters their environments and the personal factors possessed which, in turn, inform and alter subsequent behaviour. Social cognitive theory is based on social learning, which emphasizes that the cognition plays a critical role in people's capability to construct reality, self-regulate, encode information, and perform behaviours. The reciprocal nature of the determinants of human functioning in social cognitive theory makes it possible for therapeutic and counselling efforts to be directed at personal, environmental, or behavioural factors. Strategies for increasing well-being can be aimed at improving emotional, cognitive, or motivational processes, increasing behavioural competencies, or altering the social conditions under which people live and work.

Social cognitive theory believes that human beings are agents of their fortunes and misfortunes, which depends largely on self-beliefs that enable one to exercise a measure of control over personal thoughts and feelings, which is why people's behaviours are affected by their thoughts, beliefs, and feelings (Bandura, 1986, p. 25). Thus, individuals are viewed both as products and as producers of their own environments and social systems. It was further expanded that human adaptation and change in collectivistically-oriented societies as well as individualistically-oriented ones. (Pajares, 2002).

Further, environments and social systems influence human behaviour through psychological mechanisms of the self-system. Hence, social cognitive theory posits that factors such as economic conditions, socioeconomic status, and educational and familial structures do not affect human behaviour directly as much as personal aspirations, self-efficacy beliefs, personal standards, emotional states, and other self-regulatory do. Individual psychological functioning can be impaired due to difficulty in human adaptation and inability to regulate cognition vice versa.

Fundamental Human Capabilities

Rooted within Bandura's social cognitive perspective is the understanding that individuals are imbued with certain skills that define what it is to be human. Primary among these are the capabilities to symbolize, plan alternative strategies (forethought), learn through vicarious experience, self-regulate, and self-reflect. These capabilities provide human beings with the cognitive means by which human beings are influential in determining their own destiny. Human beings possess an extraordinary capacity to *symbolize*. By drawing on their symbolic capabilities, they can extract meaning from their environment, construct guides for action, solve problems cognitively, support forethoughtful courses of action, gain new knowledge by reflective thought, and communicate with others at any distance in time and space. Pajares (2002). Through the use of symbols, individuals solve cognitive problems and engage in self-directedness and *forethought*. People plan courses of action, anticipate the likely consequences of these actions, and set goals and challenges for themselves to motivate, guide and regulate their activities. It is because of the capability to plan alternative strategies that one can anticipate the consequences of an action without actually engaging in it. People learn not only from their

own experience but by observing the behaviours of others. This *vicarious learning* permits individuals to learn a novel behaviour without undergoing the trial and error process of performing it. In many situation, it keeps them from risking costly and potentially fatal mistakes. The observation is symbolically coded and used as a guide for future action. Observational learning is governed by the processes of attention, retention, production, and motivation. Attention refers to one's ability to selectively observe the actions of a model. For their part, observed behaviours can be reproduced only if they are retained in memory, a process made possible by the human capability to symbolize. Production refers to the process of engaging in the observed behaviour. Finally, if engaging in the observed behaviour produces valued results and expectation, the individual is motivated to adopt the behaviour and repeat it in the future.Pajares (2002).

Individuals have *self-regulatory mechanisms* that provide the potential for self-directed changes in their behaviour. The manner and degree to which people self-regulate their own actions and behaviour involve the accuracy and consistency of their self-observation and self-monitoring, the judgments they make regarding their actions, choices, and attributions, and, finally, the evaluative and tangible reactions they make to their own behaviour through the self-regulatory process. This last subfunction includes evaluations of one's own self (their self-concept, self-esteem, values) and tangible self-motivators that act as personal incentives to behave in self-directed ways.For Bandura (1986), the capability that is most "distinctly human" (p. 21) is that of *self-reflection*, hence it is a prominent feature of social cognitive theory. Through self-reflection, people make sense of their experiences, explore their own cognitions and self-beliefs, engage in self-evaluation, and alter their thinking and behaviour accordingly.

2.1.11.2 Self-determination theory (SDT)

Self-determination theory developed by Ryan and Deci (2000)viewed psychological functioning as effort towards self-actualization and accomplishment. The theory belief that there are three basic fundamental mental needs; independence, skill, and relatedness and that the satisfaction of these requirements are basic for mental working. Need satisfaction is hence seen as a characteristic point of human life that depicts huge numbers of the implications and purposes hidden human activities (Deci and Ryan 2000). Determination of fundamental needs

characterizes the base necessities of mental wellbeing as well as outlines prescriptively the nutriments that the social condition must supply for individuals to flourish and develop mentally. In this way, SDT depicts the conditions that encourage versus undermine prosperity inside shifted formative periods and particular social settings, for example, schools, work environments, and kinships which remain as avocation for human working. SDT does not, be that as it may, propose that the essential needs are similarly esteemed in all families, social gatherings, or societies, yet it maintains that obstructing of these necessities will bring about negative mental results in all social or social settings which may disable mental working. In that capacity, relevant and social, and in addition formative, factors ceaselessly impact the methods of articulation, the methods for fulfillment, and the surrounding bolsters for these requirements, and it is a direct result of their consequences for require fulfillment that they, thus, impact development, uprightness, and prosperity at both amongst individual and inside individual levels of investigation.

SDT has both vital similitudes and contrasts with Ryff and Singer's (1998) eudaimonic approach. SDT sets that fulfillment of the fundamental mental needs regularly encourages SWB and additionally eudaimonic prosperity. This outcomes from the conviction that being happy with one's life and feeling both generally more positive effect and more positive effect (the run of the mill measures of SWB) do every now and again point to mental wellbeing, for, as Rogers (1963) recommended, passionate states are demonstrative of organismic valuation forms. That is, the evaluation of positive and negative influence is valuable seeing that feelings are, to a limited extent, examinations of the pertinence and valence of occasions and states of existence as for the self.

In this way, in SDT investigate, SWB was commonly utilized as one of a few markers of prosperity. Notwithstanding, there are diverse kinds of positive experience and that a few conditions that cultivate SWB don't advance mental working. For instance, there search by Nix et al (1999) demonstrated that prevailing at a movement while feeling constrained to do as such brought about satisfaction (a positive influence firmly connected to SWB), yet it didn't bring about essentialness (a positive influence all the more firmly lined up with mental working). Then again, as anticipated by SDT, prevailing at a movement while feeling independent brought about both bliss and imperativeness. In this way, since conditions that advance SWB may not

really yield mental working SDT inquire about has regularly supplemented SWB measures with evaluations of self-completion, essentialness, and emotional wellness with an end goal to survey prosperity imagined as solid, consistent, and imperative working

2.1.11.3 Beck's Cognitive Depression Theory

According to Beck's (1976) theory, depression occurs when life events involving loss occur and reactive negative cognitive schemas formed early in childhood as a result of early loss experiences. The negative schemas entail negative assumptions, such as 'I am only worthwhile if everybody likes me'. When activated, such schemas underpin the occurrence of negative automatic thoughts, such as 'No one here likes me', and cognitive distortions, such as all-or-nothing' thinking.

Negative schemas have their roots in loss experiences in early childhood, including;

- loss of parents or family members through death (accidents, bomb blast and incessant killing), illness or separation.
- loss of positive social care through social rejection, criticism, severe punishment, overprotection, neglect or abuse.
- loss of personal health.
- loss or lack of positive peer relationships through bullying or exclusion from peer group.
- expectation of loss, e.g. maybe there still going to be another bomb blast or that we are going to die of starvation.

According to Beck, two negative schemas which contain latent attitudes about the self, the world and the future are of particular importance in depression. The first relates to interpersonal relationships and the second to personal achievement. He referred to these as sociotropy and autonomy. Individuals who have negative self-schemas where sociotropy is the central organising theme define themselves negatively if they perceive themselves to be failing in maintaining positive relationships. Thus their core assumption about self may be 'if I am not liked by everyone, then I am worthless. Individuals who have negative self-schemas where autonomy is the central organising theme define themselves negatively if they perceive themselves to be failing in achieving work-related goals (Williams, 1992). Thus their core assumption about the self may be 'if am not a success and in control, then I am worthless'.

When faced with life stresses, individual is vulnerable to depression because of early loss experience and the related development of negative self-schemas become prone to interpreting ambiguous situations in negative, mood-depressing ways. The various logical errors that they make are referred to by Beck as cognitive distortions, these include the following.

Depressed individuals interpret situations in terms of their negative cognitive schemas, and so their automatic thoughts are characterised by these depressive cognitive distortion. Automatic thoughts are self-statements which occur without apparent volition when an individual attempts to interpret a situation so as to respond to it in a coherent way. It can be inferred from this theory that internally displaced persons become depressed because of the dysfunctional or negative interpretations that are made about their present condition. The negative or dysfunctional interpretation includes social stigma, fear of rejection and isolation, traumatic stress symptoms, the physical and emotional depression caused by disaster and traumatic events.

2.1.11 Theoretical Framework

This study is therefore, anchored on Social cognitive theory (Bandura, 1986), that views human functioning as a central role to cognitive, vicarious, self-regulatory, and self-reflective processes in human adaptation and change. The theory belief that people are viewed as self-organizing, proactive, self-reflecting and self-regulating rather than as reactive organisms shaped and shepherded by environmental forces or driven by concealed inner impulses. From this theoretical perspective, psychological functioning is viewed as the product of a dynamic interplay of personal, behavioural, and environmental influences. This will therefore examine the relevance of this theory in fostering psychological functioning of displaced adolescents. This is because it could be assumed that for displaced adolescents to function psychologically; innate potentials must be fully developed which are agents of development. Key to this sense of agency is the fact that, among other personal factors, individuals possess self-beliefs that enable one to exercise a measure of control over thoughts, feelings, and actions, that “what people think, believe, and feel affects behaviour” When displaced adolescents feel sense of self-organizing, proactive, self-reflecting and self-regulating as major constructs in social cognitive theory, there is likelihood for them to function effectively and develop social competence. Social cognitive theory would positively enhance displaced adolescents to develop capacity to extract meaning from any environment, construct guides for action, solve problems cognitively, support

forethoughtful courses of action, gain new knowledge by reflective thought, and communicate with others at any distance in time and space. Relatedness in another way makes the displaced adolescents feel sense of belonging and connectedness with others. It fosters good interpersonal relationships with others, thereby learning through them. However, self-regulatory mechanisms will give the possibility to self-coordinated changes in any conduct. The way and degree to which individuals self-direct their own behavior and conduct include the precision and consistency of self-perception and self-checking and esteem judgments.

2.2 Empirical Review

2.2.1 Trauma-focused Counselling and Impaired Psychological Functioning

Studies have shown that trauma-focused counselling otherwise known as trauma-focused cognitive behaviour therapy has been found to be an effective psychotherapy in managing adolescents' behavioural problems, social anxiety, complex trauma, domestic violence, sudden natural disasters, and sexual abuse (Cohen and Mannarino 2008; Cooley and Frazer, 2006; Gustaffsson, Coffman, and Cox 2015; Nguyen, Edleson, and Kimball 2012; Prior, 1996). Also, a number of randomized clinical trials have demonstrated the effectiveness of trauma-focused cognitive behavioural therapy in treating direct victims and victims of different types of trauma (King, Tonge, Mullen, Myerson, Heyne, Rollings, Martin and Ollendick, 2000). In a research conducted by Smith, Yule, Perrin, Tranah, Dalgleish and Clark (2007) on trauma-centered subjective behavioural treatment for post-traumatic stress disorder in adolescents and youths, their discoveries delighted that kids who were managed with trauma-centered intellectual conduct treatment showed essentially bring down measures of traumatic stress symptoms and better functioning. Additionally, Thornback and Muller (2015) researched the connections among feeling direction and side effects amid trauma-centered CBT for school-matured kids, the investigation discovered that upgrades in enthusiastic control prompted positive changes in indications from trauma. The examination additionally uncovered that in spite of the fact that hindrance and dysregulation extraordinarily enhanced, their maladaptive passionate control did not (Thornback and Muller, 2015).

So also, the examination led by Webb, Hayes, Grasso, Laurenceau and Deblinger (2014) affirm the viability of the Trauma centered advising in upgrading mental working of uprooted teenagers. The focal point of the examination was to test the treatment of Trauma centered directing in a group setting. Members for the exploration were enlisted from facilities and by means of intentional cooperation. Their investigation demonstrated that "TF-CBT on behavioural results could be upgraded by concentrating more on child rearing aptitudes, expanding treatment length, giving follow-up sessions, give more parental, group, or institutional help. The investigation additionally uncovered that Trauma centered treatment is compelling in the lessening of enthusiastic and behavioural issues of youths. Another examination led by Holt, Jensen, and Wentzel-Larson (2014) on the change and the interceding part Trauma-concentrated treatment on damaged adolescents in Minnesota, the investigation utilized 71 members who answered to be bothered young people. The examination discovered that Trauma centered treatment was powerful in overseeing damaged young people. The examination directed by Dorsey, Pullmann, Berliner, Koschmann, Mckay and Deblinger (2014) to "look at the effect of supplementing TF-CBT with prove construct engagement systems in light of encouraging youth working," The result of the investigation demonstrated that TF-CBT was preferred in improving mental working over proof based mediation.

Study led by Thao, (2016) Trauma-Focused Cognitive Behavioural Therapy to decrease post-horrendous side effects of adolescents. The examination is comprehensive of kids ages three to 18 years of age, who saw aggressive behavior at home. The discoveries for this investigation uncovered that Trauma-Focused Cognitive Behavioural Therapy diminished the externalizing, disguising, and post-horrible indication. This infers once the externalized disguised post-Traumaindications are decreased, mental working would then be able to be upgraded. The examination moreover demonstrated that TF-CBT can adequately decrease manifestations of misery, antagonistic practices, and PTS indications. The exceptional viewpoints that made this treatment compelling is the accentuation on using adapting techniques, building wellbeing abilities, and revamping or setting up a trusting association with a non-affronting parental figure (Cohen, Mannarino, Kliethermesand Murray 2012). Alternately, the investigation directed by Holstead and Dalton (2013) that investigated how youth with intellectual and formative handicaps who have distinguished complex Trauma

through Trauma centered guiding. The discoveries proposed that Trauma-centered advising was incapable with the gathering in light of the fact that the investigation members were with complex Trauma and they needed full of feeling vocabulary and experienced issues executing adapting procedures. Base on empirical evidences in past studies, it is obvious that trauma-focused counselling has not been used in West-Africa sub region to the best of the researcher's knowledge which is one of the identified gap that this study tends to fill. This current study is therefore hoping that trauma-focused counselling would be an effective therapeutic approach in enhancing psychological functioning of displaced adolescents in Nigeria.

2.2.2 Social effectiveness Skill Training and Impaired Psychological functioning

Social effectiveness training otherwise known as social skills training is the ability to interact with others in specific ways that are socially acceptable or valued and at the same time personally beneficial, mutually beneficial or beneficial primarily to others”(MacDonald, 1975). Social effectiveness skills composed of very flexible and functional notions about how people interact in ways that are interdependent and potentially mutually satisfying to them. (Fashina, 1990). Social effectiveness skills has been used by many researchers both locally and internationally, it has also been proven to be an effective treatment of people with general social problems and those with depression. Goldfried and D'zurilla (1969), Bellack and Hersosen (1979), Argyle (1981), Fashina (1990), Aremu (1997), Eniola, (1998) and Fayombo (1998).Aremu (1998) examined enhancing the interpersonal relationship of police officers in Osun State police command through social skill training and problem solving skill programmes. The study adopted 3 x 2 factorial design using Analysis of covariance (ANCOVA),it was found in the study that the two treatment progarmmes were significantly enhanced interpersonal relationship of the study participants. Also, the result further revealed that social skill training was found to be more effective in enhancing interpersonal relationship than problem solving skill training programmes. There is no doubt that social effectiveness skill training would also enhance psychological functioning of displaced adolescents. Fayombo (1998) equally investigated the differential effectiveness of communication and social skill training on the drug abuse of some secondary school students in Ibadan. The study adopted 3 x 2 factorial design using Analysis of covariance (ANCOVA), the study sampled 120 participants through purposive sampling techniques with their age range between 12 and 17. It was found in the

study that the two treatment programs effectively reduce drug abuse among secondary school students in Ibadan. A comparison of the mean score of the two treatment groups – communication and social skills it was discovered that the participants in the two treatment groups had their drug habits reduced equally, which indicates that both communication and social effectiveness skill training are equally effective in the reduction of drug abuse among secondary school in Ibadan.

Nangle, Erdley, Carpenter and Newman, (2002); Ollendick and Hersen, (1979); Stewart, Carr, and LeBlanc, (2007) and Thompson, (2008) used social effectiveness skill training to teach Adolescents the ability to achieve success in social situations and to recognize appropriate discriminative stimuli for social opportunities. Ollendick and Hersen, (1979); Stewart, Carr and LeBlanc, (2007) conducted an experimental studies on social skills training with typically developing teenagers, developmentally disabled individuals, and juvenile delinquents. Their result shown that social skills training is an effective intervention in managing teenage developmentally difficulties individuals, and juvenile delinquents. Thompson (2008) conducted a social skills training for typically developing adolescent females. This was done in a one day classroom training incorporating instructions, modeling, role-playing and feedback. The participants were taught three skills/tools from a behaviour skills. The Adolescents were taught specific tools based on basic behaviour analysis principles. Through pre- and post-assessment role plays, it was found that typically developing adolescents demonstrated an increase in the accuracy of their tool use following training and make them to be psychological function. These skills also maintained during follow-up assessments.

Ollendick and Hersen (1979) evaluated the effects of social skills training with juvenile delinquents. The 27 participants were 13 to 16 year-old male adolescents who were incarcerated. Participants were randomly assigned to one of three groups: social skills, discussion or control. The social skills group consisted of instruction, feedback, modeling, behaviour rehearsal, social reinforcement and graduated homework assignments. The discussion group met on a weekly basis and discussed what their goals were and how to achieve them. The control group only received already existing programmes that everybody participated in, which consisted of a token economy and individual behavioural contracting. Social skills training was found to be effective in teaching the acquisition of skills to these teens, hence this training appeared to be effective with juvenile delinquents. Social skills were achieved at a higher accuracy with Social

Skills Training (SST) than with the discussion or control groups. One adverse finding was that the teens did initially have a negative reaction toward participating in the role plays; however, most reluctantly participated and reported the role-plays were helpful in learning the skills.

Conversely, Barry, Klinger, Lee, Palardy, Gilmore and Bodin, (2003) examined the effectiveness of an outpatient clinic-based peer training social skills group using four participant sets based on the DSM-IV criteria. The social skills rating scale (SSRS, Gresham and Elliot, 1990) was used to acquire baseline data from parents. The results revealed no change overall in the pre- and posttest SSRS. Limitations to the study include a small sample size, no generalization of skills because of the clinical setting and the instruments used to take data did not address frequency or duration issues to determine a true increase of skills. Howlin and Yates (1999) conducted a study investigating the effectiveness of social skills groups for adults with autism. All 10 participants in the study were diagnosed with autism with an average age of 28.4 years. The format of the study was a group setting which met monthly and lasted approximately 2 ½ hours. The group met for one year and covered topics such as conversational skills, problem solving and coping with stress. Changes in conversational skills were determined using video-taped, simulated social activities at the beginning and the end of the sessions. The findings shown an improvement in social functioning skills in various areas were evident although not consistently demonstrated across the participants. However, data did not indicate a clinical change in skills. Limitations of the study include methodology issues such as the small sample sizes, lack of a control group, data that did not indicate frequency or duration of the conversational skills, and there was a lack of formal assessments.

Malky, Attia and Alam (2016), examined the effectiveness of social skill training programme on self-esteem, depression and interpersonal difficulties among schizophrenic patients in Psychiatric Hospital in Tanta and the Psychiatric Hospital in Mit-Khalf at Menoufyia, Egypt. The study used quasi-experimental design (one group pretest posttest design) was used to achieve the aim of the study. (50) was selected in the chosen setting inpatient department. The results revealed that there was a highly significant reduction of the mean score of depressive symptoms and interpersonal difficulties at 0.001 while highly significant increase of the mean score of self-esteem at 0.001 post-test than pre-test. The study concluded that the social skills training programme had a positive effect on interpersonal

difficulties, depressive symptoms and self-esteem of the schizophrenic patients after receiving social skill training programme. The studies of Pfammatter, Tunghanand Brenner(2006), Lin, Yang, Chen, Hse, Chang, Tzengw., Chouand Chou (2008) and Cheung and NG, (2006) investigated the effects of social skill training (SST) on measures skills acquisition, assertiveness, social functioning. Their studies found that social effectiveness training was effective in enhancing social and psychological functioning.

Michel, (2008) and (Michel, 2008) who found that people who are more assertive tend to be less depressed and have better health outcomes. Less assertive people have a greater low self-esteem, and likelihood of substance abuse. Moreover, may experience depression, resentment, frustration, temper, anxiety, relationship difficulties, and stress-related problems (Alwan and Reeve, 2005). Segrin, (2008) and (Kopelowicz, LibermanandZarate. 2006), Stated that SST is improving the quality of patient's interpersonal communication and relationships and reducing their psychiatric symptoms. The result of the study reveals that there were statistically significant negative correlation between self-esteem and difficulty of interpersonal relationship of the studied samples pre and post program implementation. This means that when interpersonal difficulties decrease self-esteem increase. Tavakoli, Setoodeh, Dashtbozorgi, Saniand Pakseresht,(2014), found out that assertiveness and self-esteem have a direct strong relationship with each other. Ratson, 2011) stated that assertiveness promotes low self-esteem and social anxiety. While, on the other hand, the low level of self-esteem will result in many psychological, physical, and social problems. Shimizu, Kubota, Mishima and Nagata(2004) found out that there were a two way relationship between assertiveness and self-esteem.

2.2.3 Locus of control and impaired psychological functioning

Evidence from previous studies Gultekin and Bayhan (2011), Massie, Lloyd-Williams and Irving (2011); Ibbotson, Maguire and Selby (2006), found that internal locus of control individuals tends to have better coping skills than externals among depressed adolescents'. Gultekin and Bayhan, (2011), discovered that an internal locus of control led people to adopt active coping strategies by contributing to a sense of self confidence needed to confront problems directly, which make them function optimally. However, the generalized belief on the part of the individual concerning the extent to which outcomes are determined by internal factors (such as personal effort and ability) as opposed to external ones (such as fate, chance or powerful others), is chosen as the personality variable of interest in this study. Past studies in

the areas of general life stresses and psychological functioning of disaster victims have indicated the beneficial effect of internal control beliefs on psychological functioning.

Massie, Lloyd-Williams and Irving (2011); Ibbotson, Maguire and Selby (2006) Following this reasoning, a sense of control was associated with less depression, anxiety and mood disorder symptoms. An individual learns through social interaction and personal experiences whether his/her actions and efforts affect outcomes or not. In addition, Burns and Dillon, 2005 found that locus of control moderated the relationship between psychological distress and other mental health outcomes. In this case, external control was found to act as a vulnerability factor. Draycott (2012) found LOC moderated the relationships of dissonance, resistance, and commitment to therapy in an offender sample; the effects of LOC proved to be complicated and dependent on several different combinations of these relationships. Majewski (2008) found that an external LOC can contribute to criminal behaviour.

Page and Scalora, (2004) utility of locus of control for surveying adolescent manageability to treatment, discovered that locus of control as predicts of participation and accomplishment in treatment; outside LOC predicts less collaboration and achievement in treatment though inward LOC predicts the inverse outcome. An person's locus of control can have expansive effect on work and life. Somebody with an inner locus of control would consider difficulties to be open doors for learning and expert development. Conversely, somebody with an outside locus of control would overlook these difficulties because of their feeling that learning won't affect him/her. Discoveries of an investigation by Judge et al. (1997) discovered that locus of control is profoundly corresponded with self-adequacy. They characterize self-adequacy as one's gauge of one's abilities to activate the inspiration, psychological assets, and game-plans expected to practice general control over occasions in a single's life. An investigation directed by Cummins (1989) inspected the connection between social help and locus of control in deciding examination levels and stress. He studied an aggregate of ninety-six understudies from classes in business organization at a college in the south-western United States. Those with an interior locus of control created approaches to shield pressure while those with an outside locus of control depended on supervisory help to decrease pressure.

2.2.4 Social support and impaired psychological functioning

Survey of earlier studies indicated that the impaired psychological functioning in life are determined to some extent by some social and environmental factors, like social support, social participation. Social variables play important roles in buffering the effects of depressive symptoms, cognitive impairment and impaired psychological functioning. For example, social support and social participation mediate impaired psychological functioning symptoms. Lower levels of perceived social support are associated with higher levels of impaired psychological functioning symptoms (Kim, Carver, Rocha-Lima and Shaffer 2011; Losada, Perez-Penaranda, Rodriguez-Sanchez, Gomez-Marcos, Ballesteros-Rios, Ramos-Carrera and Garcia-Ortiz 2010). In addition, social network size is a predictor of depression. Adolescents with larger social networks reported lower amounts of depressive symptoms compared to adolescents with smaller social networks (Haley LaMonde, Han, Burton and Schonwetter 2003; Piercy Fauth, Norton, Pfister, Corcoran, Rabins and Tschanz 2013; Williams, 2005).

Another study by (Croezen, Avendano, Burdorf and van Lenthe, 2015; Ghosh and Greenberg, 2012) concludes that social support participation also plays a role in influencing impaired psychological functioning symptoms. Lower levels of social support are linked with higher levels of depressive symptoms and psychological impairment, (Loucks-Atkinson, Kleiber and Williamson, 2006; Mausbach, Patterson and Grant, 2008). Loucks-Atkinson and colleagues (2006) reported in their longitudinal study on activity restriction in middle-aged and older caregivers. Restriction in instrumental activities, such as household chores, managing finances, doing laundry, making meals, restriction in self-care activities, and restriction in expressive activities, such as socializing with friends, predicted higher levels of depressive symptoms one year later into the study. Restricting participation in instrumental and expressive activities at Time one also was associated with lower social support, lower perceived health status and increases in physical symptoms (Loucks-Atkinson et al., 2006). The findings from these studies highlight that social support and social participation can have an important influence on adolescents' mental health.

A study by Miller, Townsend, Carpenter, Montgomery, Stull and Adolescents (2001) revealed that lower levels of informal instrumental and emotional support are linked with higher levels of depressive symptoms. Instrumental informal support refers to amount of assistance an individual receives from family or friends with tasks such as household chores (Miller et al., 2001). Social network size is another factor associated with depressive symptoms. A larger

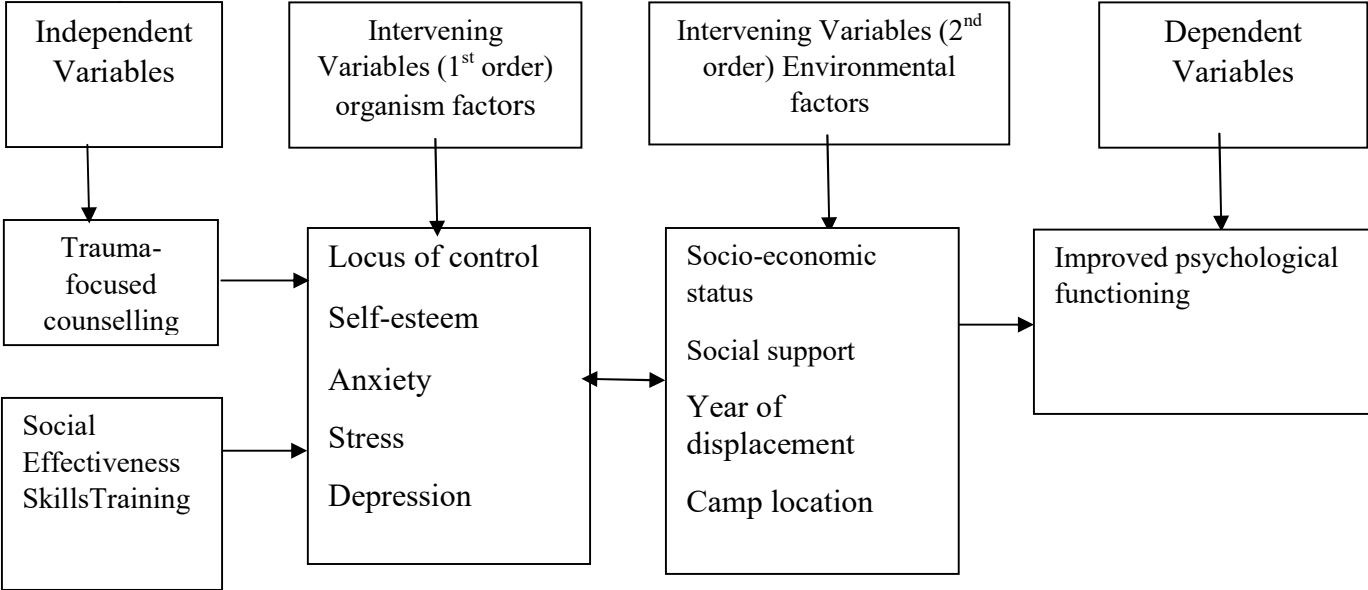
social network is related to lower amounts of depressive symptoms (Haley et al., 2003; Piercy et al., 2013; Williams, 2005). Bambara, Turner, Williams, and Haselkorn, 2011; Trivedi et al., 2009) study on social support revealed that there was a significant relationship between social support and levels of impaired psychological functioning, the study further established that higher amounts of social support that an individual enjoyed are linked with lower levels of depressive symptoms and impaired psychological functioning.

Likewise, in a pathanalysis study of between social support and depression examined by Sibalija (2017), higher perceived amounts of affectionate support and positive social interaction were significantly associated with lower levels of depressive symptoms. However, when the indirect effect of the participants status on depression via social support was tested, affectionate support was the only domain of the Medical Outcome Study (MOS) Social Support Survey that remained statistically significant. The significant indirect effect of social support emphasized the vital role social support may play in improving psychological functioning. The other three domains of the MOS survey (emotional/informational support, positive social interaction, and tangible support) are situation-specific. Equally, Iglesia, Stover and Liporace (2014) study found that social support was correlated with psychological well-being but only with some of the college population. The study further affirmed that, correlation of psychological well-being with perception of social support was only found to be significant for female students.

Rees and Freeman (2009) found that social help moderates connection amongst stressors and assignment execution. He found the connection between social help and target assignment execution was certain. Social help expands the self adequacy which thusly brings about increment working. This writing demonstrates that if an individual feels that he/she is bolstered by companions, family in critical moment, and huge others, it will have positive effect on their prosperity, assignment execution and mental working. Be that as it may, when see social help is low, it prompts disabled mental and social. Research confirm by Kilneberg, Clark, Bhui, Haines, Viner, Head and Woodley (2006) demonstrated that checked challenges in social help builds the odds of emotional wellness issues, for example, impeded mental working, backslide in treatment of dejection. Back, Dobson and Jones (2010) and antagonistic restorative results (Pederson, 2009) among adolescents. Alimoradi, Asadim, Asadbeigy and Asadniya (2104) discovered noteworthy negative relationship among social help and mental pain (sadness,

tension and stress). Jibeen (2015) led an exploration on saw social help and psychological well-being issues among Pakistani college understudies, she discovered huge negative connection between saw social help and emotional well-being issues. This literature review suggests that there is a strong negative relation between perceived social support and impaired psychological functioning.

2.3 The Conceptual Model for the study



S (Stimulus) O (Organism) R (Response) —————>

In this study, a conceptual framework was developed around the interventions with a view to manage displaced adolescents' impaired psychological functioning. From the model, Trauma-focused counselling and social effectiveness skills were the two treatment packages that were used in the study. These therapies were referred to as the independent variables in the framework, because the two therapies that were manipulated by the researcher, in order to determine their effects on the dependent variable (impaired psychological functioning). The intervening variables include locus of control and social support.

CHAPTER THREE

3.0 METHODOLOGY

This chapter discusses the design, sample and sampling techniques, instrumentation, procedure for data administration and collection and method of data analysis.

3.1 Design

This study employed a pre-test, post-test, control group, quasi experimental design with a 3 x 2 x 2 factorial matrix. The factorial matrix consist of two treatment groups (Trauma-focusedCounselling and Social effectiveness) and a control group in the rows, while the columns have two moderating variables of locus of control and social support. Locus of control varied at two levels of internal and external locus of control, while social support varied at two levels high, and low. The design is presented in Table 3.1.

Table 3.1: A 3 x 2 x 3 Factorial Design for the Management of Psychological Functioning

Treatments Techniques	Locus of Control			
	Internal LOC (B1)		External LOC (B2)	
	Social Support (C)		Social Support (C)	
	High SS (C1)	Low SS (C3)	High SS (C1)	Low SS (C3)
T-F CA1	1	5	1	13
SETA2	1	5	1	13
Control A3	2	0	7	11

Key: T-F C:Trauma-focused counselling; SET: Social effectiveness training; LOC: Locus of control; SS; Social suport.

3.2 Population

The population consisted all early adolescents in internally displaced peoples' (IDPs) camps in North-central, Nigeria. there are seven states in North-Central Nigeria (Kwara, Niger, Kogi, Nasarawa, Benue, and Plateau States, and FCT, Abuja)The IDP population is composed of 53 % women and 47% men. 56% of the total IDP population are children of which more than half are up to 5 years old, while 42% are adults. 92% of IDPs were displaced by the insurgency (NEMA, 2016). The majority of the current IDP population was displaced in 2014 (79%). There are several other IDPs camps in the country, most especially in Adamawa, Bauchi, Borno,

Gombe, Taraba and Yobe. However, this research focused on three IDP camps in North-central which were Nasarawa, (FCT), Abuja and Benue states.

3.3 Sample and Sampling Techniques

The study adopted cluster random sampling techniques in selecting the participants. This technique was adopted based on the fact that the sample frame is unknown. It refers to a type of sampling method by which the researcher divides the population into separate groups, called clusters of adolescents. Then, a sample was selected from the population using simple random sampling. There are about twenty-four IDPs camps in North-central, Nigeria with diverse population of women, children and early adolescents. The study was carried out in three camps which were randomly selected by the researcher which include; New Kushingoro, Pegi and Garki Area 1 camp. From each of the three camps, early adolescents were selected from each of the selected camp. This constitute the participants of the study.

3.4 Eligibility for Participation

The study inclusion criteria include:

- Participants were adolescents who have spent less than two year in the IDPs camps in the selected location.
- Participants were between 11 and 14 years of age.
- Participants were both male and female.
- Participants who scored above average on psychological distress scale.
- Participants who filled and signed the consent form participated in the study.

3.5 Instrumentation

Four research instruments were used in the study; psychological depressed scale which was used to screen the early adolescents in IDP camps with high level of depression. Adolescents Impaired Psychological functioning Scale, Multidimensional Locus of Control, and Social support scale. These instruments were sectionalized as follows: Section A: bio-data information of the participants, Section B: Psychological distress scale Section C: Adolescents impaired psychological functioning Scale, Section D: Multidimensional Locus of Control Scale and Section E: Social support Scale. The Instruments were translated to Hausa language at the

department of Linguistics and African languages, University of Ibadan. This is to ensure easy understanding of the contents of the instruments by the English language non – speaking participants.

Pilot Testing

To ensure understanding of the scale on early adolescents impaired psychological functioning Scale, Multidimensional Locus of Control and Social Support. A pilot test was carried out to ensure that the scale is suitable to be used within the Nigerian context and in order to establish its psychometrics properties. The pilot study was to ensure consistency and dependability of the scale and the ability to tap data that answered the objectives of the study. Generally, the reliability of the questionnaire was determined using Cronbach alpha reliability test.

Section B: Kessler Psychological Distress Scale (K10)

Kessler Psychological Distress Scale (K10) by Kessler, Barker, Colpe, Epstein, Froerer and Hiripi (2003), was used to recruit participants for the study. The 10-item questionnaire is a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period. The K10 was also designed with item response theory models to optimise its precision and sensitivity in the clinical range of distress, and to ensure a consistent sensitivity across gender and age groups (Kessler et al. 2002). The scale was used to evaluate how often participants experienced anxio-depressive symptoms (e.g., Anxiety, sadness, restlessness, hopelessness, worthlessness) over the last 30 days. Each item is scaled from 1 (none of the time) to 4 (all of the time) and the total score was used as an index of psychological distress. Some examples of the items are; *I feel so nervous that nothing could calm me down, I feel hopeless and I am restless or fidgety*. Several studies showed no substantial bias for the K10 in relation to gender, education, culture Akinyemi (2016) or age (O'Connor and Parslow 2010) and (Baillie 2005). The scale has an internal consistency reliability of 0.81.

Section C: Adolescents Impaired Psychological Functioning

Adolescents' impaired psychological functioning questionnaire was adopted the scale was developed by Waterman, Schwartz, Zamboanga, Ravert, Williams, Agocha, and Donnellan, (2010). The scale consists 21 items covering the range of elements associated with

psychological functioning. The item statements are responded to on a 4-point likert- scale, with possible choices ranging from 1 (Strongly Disagree) to 4 (Strongly Agree). Example if the items are; *My life is centered around a set of core beliefs that give meaning to my life and I think it would be ideal if things came easily to me in my life. (Reverse item)*. 14 of the items are written in an affirmative direction with high scores indicative of psychological functioning; and 7 items are written in the negative direction, implying psychological dysfunctioning and are reverse scored. The reliability, internal consistency of the test was reported to be 0.92, using Cronbach's alpha coefficients. The scale was further subjected to pilot testing to confirm culture compatibility and elimination of biases, using (30) sampled in school adolescents who did not form part of the participants of the study and Cronbach alpha value of .90

Section D: Rotter's Internal-External Locus of Control Scale (I-E Scale)

I-E Scale is a self-report instrument which was developed by Rotter (Kontrol, 2002) to evaluate the generalized control expectancies of the persons on an internality-externality continuum. The scale is consisted 29 forced-choice items 6 of which are filler items that are used to cover the purpose of the scale. The rest of 23 items are scored as 1 or 2 point. Items indicating an external control orientation are scored as 1 point and higher scores indicates higher levels of external locus of control .Possible scores on the scale range from 1 to 23(Kontrol, 2002). In terms of reliability, internal consistency of the original scale was reported as .77; split-half reliability was reported as ranging from .65 to .79. The scale has been used by several local researcher who have confirm the scale cultural compatibility and obtained new reliability coefficient. In other to confirm cultural compatibility of the scale, the researcher revalidated the scale and Cronbach alpha value of .89 was obtained after administering the instrument in a pilot study to (30) sampled in-school adolescents, who did not form part of the participants of the study. Example of the items are; *To a great extent my life is controlled by accidental happenings, and I have often found that what is going to happen will happen.*

Section E: Social Support Scale

The participants' social support was assessed using Multidimensional Scale of Perceived Social Support. The MSPSS is a measurement for perceived social support (emotional, instrumental, informational and appraisal) from three sources of individuals' social lives: family, friends, and significant others. The MSPSS, developed by Zimet, Dahlem, Zimet and Farley (1998). It was originally contained 12 items, but was reduced to 10 after it has been

pilot tested. The scale has three-factor model which includes; support from friends, family and significant others. Each item was answered on a 4-point Likert type scale, ranging from 1 (strongly disagree) to 4 (strongly agree). The range of possible scores is 12 to 84 and the mean score ranges from one to seven, with higher scores (or mean scores) representing higher levels of perceived social support. Sample items include; *I enjoy emotional support I need, and this community is sensitive to my personal needs.* The reliability value of the scale was $\alpha = 0.87$. The instrument was, however, revalidated by the researcher and the Cronbach alpha value of .84 was retained after administering the instrument in a pilot study to (30) sampled in-school adolescents, who did not form part of the participants of the study.

3.6 Procedure for Data Administration and Collection

A letter of introduction was collected from the Department of Guidance and Counselling, University of Ibadan which was submitted to the Director-general of National Emergency Management Agency (NEMA) which is the agency in charge of IDPs camps in Nigeria. After which the letter was redirected to the office of FCT Relief and Rehabilitation National Emergency Management Agency (FEMA), who gave the approval for the research to be carried out. Also ethical approval will be sort from the University of Ibadan Ethical committee. The researcher was introduced to the selected camp chairman by the officer in charge of camps. Two research assistance (teachers in the cell school in the camp) were recruited to interpret and coordinate the section. Because of the nature of the participants, the research assistants were able to speak both English and Hausa languages. The research experiment span through two weeks training session for each of the experimental groups while the control group lasted for a week. However, the same pre-test and post-test instruments was administered for the three groups.

3.7.1 Summary of the Treatment Package

Experimental Group 1 (Trauma-Focused Counselling)

Objective of the therapy: The goal of trauma focused counselling is to help clients (Displaced adolescents) to overcome trauma-related difficulties and enhance their behavioural functioning otherwise known as psychological functioning

Session 1: General orientation and administration of instrument to obtain pre-test scores

- Session 2** Discussion of impaired psychological functioning, displacement and its causes and post-traumatic stress and trauma-focused counselling on displaced adolescents
- Session 3:** Training of the participants on Psycho-educational technique
- Session 4:** Discussion of relation techniques with the participants
- Session 5:** Training of the participants on affective expression and modulation
- Session 6:** Discussion of Cognitive coping and processing
- Session 7:** Training on trauma narrative exposure and processing
- Session 8:** Enhancing the clients in In-vivo exposure and conjunct
- Session 9:** Explanation of how the clients could enhancing personal safety and future growth
- Session 10:** Revision of all activities in the previous session and administration of instrument for post treatment measures and conclusion

Experimental Group 2: Social Effectiveness skills Training (SES-T)

Objective of the training: The goal of social effectiveness skill training is to help clients (Displaced adolescents) in reducing social anxiety, increase interpersonal skills, and improve social competence for psychological functioning.

- Session1:** General orientation and administration of instrument to obtain pre-test scores
- Session 2:** Discussion of impaired psychological functioning, displacement and its causes and the concept of social skill deficit and social effectiveness therapy on displaced adolescents
- Session 3:** Training of the participants in empathy and cue sensitivity skills
- Session 4:** Explanation on alternative and consequential thinking to the clients
- Session5:** Discussion of communication and negotiation skills with the participants
- Session 6:** Training in various entrepreneurial/vocationalSkills
- Session 7:** Encouraging the participants in resilience skills (Develop their skills in small income generating activities)
- Session 8:** Discussion of skills implementation and integration with the participants

Session 9: Revision of all activities in the previous session and administration of instrument for post treatment measures and conclusion

Control Group:

Participants in this group were selected using cluster sampling method. No treatment was administered on them although the participants were exposed to pre-test. Prior to the post test the participants were given motivational talks on importance of personal and environmental hygiene.

3.8 Data Analysis

Data collected was analysed using analysis of Covariance (ANCOVA) at 0.05 level of significance to determine the main and interaction effects of the independent and moderating variables on the dependent variable (impaired psychological functioning). Magnitude of the mean scores of the participants in each of the treatments and the control group was ascertained by Scheffe Post-hoc analysis.

CHAPTER FOUR

RESULTS

This chapter presents the results obtained in the study. This is done based on the analysis of the seven hypotheses formulated for the study; the summary of findings concludes the chapter.

4.1 Hypotheses

Hypothesis One: There is no significant main effect of treatments on impaired psychological functioning of displaced adolescents.

To test this hypothesis, Analysis of Covariance (ANCOVA) was adopted to analyze the post-test scores of the participants on their impaired psychological functioning of displaced adolescents using the pre-test scores as covariate to ascertain if the post experimental differences are statistically significant. The summary of the analysis is presented in Table 4.1 below.

Table 4.1: Summary of 3x2x3 Analysis of Covariance (ANCOVA) Post-Test Impaired Psychological Functioning Of Displaced Adolescents

Source	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared
Corrected Model	15736.495 ^a	7	2248.071	95.225	.000	.921
Intercept	3765.937	1	3765.937	159.519	.000	.737
Pre	168.153	1	168.153	7.123	.010	.111
Treatment	11298.693	2	5649.346	239.298	.000	.894
Loc	8.381	1	8.381	.355	.554	.006
Socsup	164.814	1	164.814	6.981	.011	.109
treatment * loc	8.434	1	8.434	.039	.843	.001
treatment * socsup	7.320	1	7.320	.310	.580	.005
loc * socsup	130.439	1	130.439	5.525	.022	.088
treatment * loc * socsup	40.957	2	20.479	.836	.444	.056
Error	1345.659	57	23.608			
Total	163501.000	65				

Corrected Total 17082.154 64
 a. R Squared = .921 (Adjusted R Squared = .912)

The results from table 4.1 showed that there is significant main effect of treatments on impaired psychological functioning of displaced adolescents ($F_{2, 57} = 239.298, p < 0.05, \eta^2 = 0.894$). This means there is significant difference in the mean scores of the impaired psychological functioning of displaced adolescents exposed to Trauma-Focused Counselling (TFC) and Social Effectiveness Training (SET) when compared with the control group. Hence, hypothesis one is not accepted. It was therefore concluded that there is significant main effect of treatments on impaired psychological functioning of displaced adolescents. This implies that TFC and SET are effective in reducing on impaired psychological functioning of displaced adolescents.

To further provide information in the reduction of the severity of the participants among the three groups (TFC, SET and Control), it is good to ascertain the direction of the differences and determine the magnitude of the mean scores of the participants in each of the treatments and the control group). Thus, the Scheffe post-hoc analysis was calculated and presented in Table 4.2.

Table 4.2: Significant Differences in the Treatment Groups

Treatment	N	Subset for alpha = 0.05		
		1	2	3
Control	20	27.4545		
Social Effectiveness Training	20		51.3043	
Trauma focused Counselling	20			65.0500
Sig.		1.000	1.000	1.000

The following observations were made on table 4.1, (1) There was statistical significant difference between the post-hoc test mean scores on impaired psychological functioning of displaced adolescents in the TFC and SET groups. The participants in the TFC (Mean = 65.05) benefited better than those in the SET (Mean = 51.30)

(ii) There was significant difference in the post-hoc test mean scores on impaired psychological functioning of displaced adolescents exposed to TFC and control group. The participants in

TFC (Mean = 65.05) improved significantly better than those in the control group (Mean = 27.45).

(iii) There was significant difference in the post-hoc test mean scores on impaired psychological functioning of displaced adolescents exposed to SET and control group. The participants in SET (Mean = 51.30) improved significantly better than those in the control group (Mean = 56.29).

This implies that there is significant difference between the mean score of participants in TFC, SET and those in the control group, while TFC and SET are more effective than control group, and even pointed out that the TFC had the greatest potency of improving impaired psychological functioning of displaced adolescents than SET.

Hypothesis Two: There is no significant main effect of locus of control on impaired psychological functioning of displaced adolescents.

The results from Table 4.1 showed that there was no significant main effect of locus of control on impaired psychological functioning of displaced adolescents ($F_{1, 57} = 0.355$, $p > 0.05$, $\eta^2 = 0.006$). This means there was no significant difference in the mean scores of the locus of control on impaired psychological functioning of displaced adolescents in the internal and external level when compared with each other. Hence, hypothesis two was accepted.

Hypothesis Three: There is no significant main effect of social support on impaired psychological functioning of displaced adolescents.

The results from Table 4.1 showed that there was significant main effect of social support on impaired psychological functioning of displaced adolescents ($F_{1, 57} = 6.981$, $p < 0.05$, $\eta^2 = 0.109$), the hypothesis is therefore not accepted. This implies that there was significant main effect of social support on impaired psychological functioning of displaced adolescents. Thus, the null hypothesis three is also not accepted. Those with the high social support (with mean = 50.72) benefited from the treatment more than those with the low social support (with mean = 41.78).

Hypothesis Four: There is no significant interaction effect of treatments and locus of control on impaired psychological functioning of displaced adolescents.

The results from Table 4.1 showed that there was no significant interaction effect of treatments and locus of control on impaired psychological functioning of displaced adolescents ($F_{1, 57} = 0.039, p > 0.05, \eta^2 = 0.001$). This means there was no significant interaction effect of treatment and locus of control on impaired psychological functioning of displaced adolescents. Hence, hypothesis four was accepted.

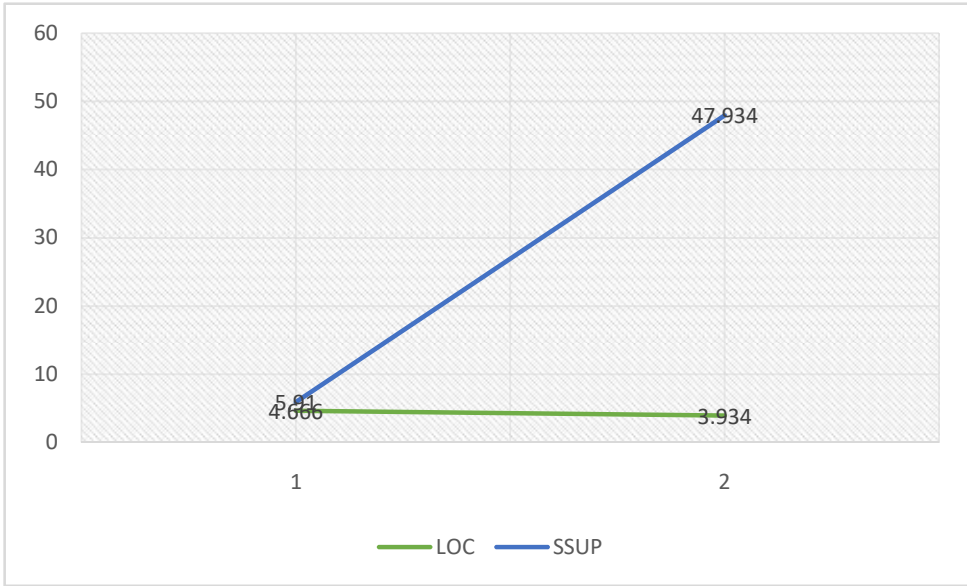
Hypothesis Five: There is no significant interaction effect of treatment and social support on impaired psychological functioning of displaced adolescents.

The results from Table 4.1 showed that there is no significant interaction effect of treatment and social support on impaired psychological functioning of displaced adolescents ($F_{1, 57} = 0.310, p > 0.05, \eta^2 = 0.005$). This means there was no significant interaction effect of treatment and social support on impaired psychological functioning of displaced adolescents. Hence, hypothesis five was accepted.

Hypothesis Six: There is no significant interaction effect of locus of control and social support on impaired psychological functioning of displaced adolescents.

The results from Table 4.1 showed that there was significant interaction effect of locus of control and social support on impaired psychological functioning of displaced adolescents ($F_{2, 57} = 5.525, p < 0.05, \eta^2 = 0.088$), the hypothesis is therefore not accepted. This implies that the interaction of the locus of control (internal and External) and social support (low and high) have significant interaction effect in improving impaired psychological functioning of displaced adolescents. Thus, the null hypothesis six is also not accepted.

Fig 4.2: Graph Showing the Interaction Effect between Locus of Control and Social Support



Hypothesis Seven: There is no three-way interaction effect of treatment, locus of control and social support on impaired psychological functioning of displaced adolescents.

The results from Table 4.1 showed that there was no significant interaction effect of treatment, locus of control and social support on impaired psychological functioning of displaced adolescents ($F_{2,57} = 0.836$, $p > 0.05$, $\eta^2 = 0.056$), the hypothesis was therefore accepted. This implies that the interaction of treatments (TFC, SET and Control), locus of control (internal and external) and social support (low and high) have no significant interaction effect on impaired psychological functioning of displaced adolescents.

Summary of Findings

The following hypotheses are the summary of the findings.

1. There was significant main effect of treatments on impaired psychological functioning of displaced adolescents.
2. There was no significant main effect of locus of control on impaired psychological functioning of displaced adolescents.
3. There was significant main effect of social support on impaired psychological functioning of displaced adolescents.
4. There was no significant interaction effect of treatment and locus of control on impaired psychological functioning of displaced adolescents.
5. There was no significant interaction effect of treatment and social support on impaired psychological functioning of displaced adolescents.
6. There was significant interaction effect of locus of control and social support on impaired psychological functioning of displaced adolescents.
7. There was no three-way interaction effect of treatment, locus of control and social support on impaired psychological functioning of displaced adolescents.

CHAPTRE FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATION

This chapter presents the discussion of findings based on the seven null hypotheses generated and tested in the study. The discussion involves carefully interpretation relating to previous empirical studies that have been carried out on the phenomena Conclusion, implications and recommendations were made based on the findings.

5.1 Discussion of Findings

This study investigated the effectiveness of Trauma-focused counselling and Social effectiveness skills in the management of impaired psychological functioning of internally displaced adolescents in North-Central, Nigeria. Data collected were analyzed using ANCOVA.

5.1.1 Hypothesis one

The first hypothesis states that there is no significant main effect of treatments on impaired psychological functioning of displaced adolescents. The hypothesis was rejected, as the result in table 4.1 indicates that there was significant main effects of treatments impaired psychological functioning of internally displaced adolescents. That is, both Trauma-focused counselling and Social effectiveness skills were effective in managing impaired psychological functioning of internally displaced adolescents. Also, the result revealed that the participants in the Trauma-focused counselling benefited better than those in Social Effectiveness Skills training. This denotes that trauma-focused counselling was more potent in the management of impaired psychological functioning of internally displaced adolescents as the result in Table 4.2

indicates that Trauma-focus counselling had the greatest potency in of impaired psychological functioning of internally displaced adolescents.

The result attested to the fact that impaired psychological functioning could be managed with the effective use of Trauma-focused counselling and Social effectiveness skills. The findings proved that exposure to traumatic events such as disaster that made many adolescents be displaced and experience physical and psychological impairments. As a result of the negative effects of trauma on internally displaced children and adolescents, trauma-focused is the best effective counselling therapy available in helping participants with deflated thoughts and feelings due to traumatic life experiences to be well adjusted to live a good and normal life, develop positive interpersonal relationship; hope for the future, motivated, and get set to be integrated back to either the host community or country home.

The possible explanation for the current finding revolves around the fundamental goal of trauma-focused cognitive behavioural therapy as proved by Cohen and Mannarino (2016) which are to address and re-direct the individual's spaces of Trauma affect, tension, trouble, outrage, full of feeling dysregulation, shirking of Trauma updates, self-harmful practices, maladaptive practices displayed amid Trauma (e.g., sexual practices, tormenting, animosity), rebelliousness, extreme behavioural dysregulation that meddle with working, nosy Trauma related musings and recollections; maladaptive Trauma related convictions, separation, crazy indications, subjective dysregulation, impeded associations with family, companions, peers, social withdrawal, decrease in school focus, execution as well as participation; hindered connection as well as trust. This finding is in consonance with prior studies (Coffman, and Cox 2015; Gustaffsson, Nguyen, Edleson, and Kimball 2012; Cohen and Mannarino 2008; Cooley and Frazer, 2006; King, Tonge, Mullen, Myerson, Heyne, Rollings, Martin and Ollendick, 2000).

The significant impacts of trauma-focus counselling on impaired psychological functioning was best understood in the fact that trauma-focused cognitive therapy was designed to manage various adolescents behavioural problems such as; social anxiety, complex trauma, domestic violence, sudden natural disasters, and sexual abuse as well as in treating direct victims and victims of different types of trauma. This finding substantiate the study of Thao, (2016) who found out that Trauma-Focused Therapy is effective in reducing post-traumatic symptoms

of children. That is, impaired psychological functioning can be managed with trauma-focused therapy.

Similarly, finding from Takazawa (2015) on effectiveness of Trauma-focused Cognitive Behaviour Therapy on Adolescents with complex trauma, found out that Trauma-focused Therapy was effective and can be utilized with children and adolescents suffering of posttraumatic stress disorder/posttraumatic stress symptoms who have experienced complex trauma. Also, Webb, Hayes, Grasso, Laurenceau and Deblinger (2014) confirms that trauma-focused counselling is effective in enhancing behavioural outcomes especially when after treatment service is done, that is follow-up, feedback and community, or institutional support.

Social effectiveness training was also effective in managing of impaired psychological functioning of the internally displaced adolescents. This implies that social effective could also be used to manage impaired psychological functioning of the internally displaced adolescents. Although, the effect was not as high as trauma-focused counselling, this may be because since the main goal of social effectiveness is to develop ability of an individual to interact with others being sociable and tolerance. It is noteworthy that these participants are living in the camp, which limit their interaction with other people in the community. The participants are afraid of being stigmatized which thereby limit their social interaction. This notwithstanding, the low effectiveness of the intervention is significant.

This is in line with the study of Malky, Attia and Alam (2016), who found out that social skills training programme is positively effective on interpersonal difficulties of the schizophrenic patients. The finding is in congruence with studies of earlier researchers (Pfammatter, Tunghanand Brenner 2006; Lin, Yang, Chen, Hse, Chang, Tzengw. Chou and Chou 2008 and Cheung and NG 2006) who conclude that social skill training (SST) was effective in enhancing social and psychological functioning. Likewise, Fashina (1990), Aremu (1997), Eniola, (1998) and Fayombo (1998) submitted that social effectiveness skills was effective treatment of general social and psychological problems most especially when combined with other cognitive behaviour therapy.

5.1.2 Hypothesis Two

The second hypothesis asserts that, there is no significant main effect of locus of control on impaired psychological functioning of displaced adolescents. This hypothesis was accepted since the results revealed that there was no significant main effect of locus of control on impaired psychological functioning of displaced adolescents. This implies that, there was no significant difference among internally displaced adolescents' impaired psychological functioning irrespective of the category of their locus of control (internal and external). The outcome of this hypothesis lends credence to the study of Akinyemi (2016) who found no significant main effect of health locus of control on psychologically depressed of diagnosed people living with HIV/AIDS in Oyo State, Nigeria. Also, the finding of this study compliment the study of Takakura and Sakihara (2011) who investigated the relationship between psychological distress symptoms among sampled Japanese high school adolescents focusing on internal and external locus of control. The study discovered that the negative mental health of external locus of control beliefs was related to adolescents' feelings of hopelessness and helplessness when events that are beyond personal control are perceived.

However, this study found that internally displaced adolescents' internal locus of control beliefs are not predictive of their psychological discomfort. One plausible explanation is that locus of control beliefs are more deeply implanted in the mind of already adjusted internally displaced individual than in the newly displaced persons and the beliefs are related to positive adjustment to psychological functioning. By implication, internally displaced adolescents with external locus of control beliefs attribute displacement to environmental factors such as; government incompetence and leaders failure. However, explicit guidelines of active self-care, strong guidance and supervision with structured activities that can also facilitate better health outcomes and greater satisfaction as well as better adherence to a medical regimen.

While there are some mixed findings, there is a growing body of evidence that numerous psychological variables are significantly related to impaired psychological functioning of internally displaced adolescents. Gultekin and Bayhan (2011), Massie, Lloyd-Williams and Irving (2011); Ibbotson, Maguire and Selby (2006), found that internal locus of control individuals tends to have better coping skills than externals among depressed adolescents'. Gultekin and Bayhan, (2011), discovered that an internal locus of control led people to adopt active coping strategies by contributing to a sense of self confidence needed to confront problems directly, which make them function optimally. A possible explanation to this finding

could be that locus of control is the personality characteristic that provides the most consistent and the strongest evidence of psychological distress-moderation. In this case, external control was found to act as a vulnerability factor (Burns and Dillon, 2005). However, the result of this study contradicts the finding of Sun and Stewart (2012) who discovered that external locus of control beliefs such as fate and chance are also found to be associated with more psychological symptoms than internal locus control beliefs.

5.1.3 Hypothesis Three

The third hypothesis states that there is no significant main effect of social support on impaired psychological functioning of displaced adolescents. This hypothesis was not accepted, as Table 4.1 revealed that there was significant main effect of treatment and social support on impaired psychological functioning of internally displaced adolescents. This connotes that social support moderated the influence of the treatments (Trauma-focused counselling and Social effectiveness skill training) on impaired psychological functioning of the participants. The reasons observed for the influence of social support among the groups (low and high social support) may be that the internally displaced adolescents who participated in this study may have access to relative amount of social support, may be some individuals, NGOs, philanthropists and government agencies do visit the camp to give support; hence, there was sufficient significant relationship between the experimental and control groups.

This result corroborates the findings of Carrico (2017) who found out that social support also decreased depressive symptom predictability for adolescents. This suggests that these IDP adolescents are at least partially more likely to have depressive symptoms which indicate impaired psychological functioning because of lack social support. Though IDP adolescents should be given a degree of priority when it comes to depression interventions, since social support doesn't explain away all the significance of being IDP camp, could also take measures to promote social bonding among adolescents in the host community with the specific purpose of forming support networks and protecting mental health hence, psychological functioning. Prior studies of (Mouzon 2014; 2013) lend credence to the current finding. Sources of social support like family and close friendships do not vary greatly enough to explain why some research shows blacks as having lower rates of depression than whites. The plausible

explanation to this is that the depressed white people have better access to social support or better put, enjoy high social support than the blacks.

More so, the finding of this study support past findings. Bukhari and Afzal (2017) who examined perceive social support as predictors of depression and anxiety. His result indicated that both for depression and anxiety, the perceived social support is a significant negative predictors. Worfel, Gusy, Lohmann, Topritz and Kleiber (2016) have found out that social support from friends as significant predictor of depression and anxiety. All other pervious researches are co-relational in nature and they all have found significant negative relationship between perceived social support and depression, anxiety and stress. (Alimoradi et al. 2014; Kugbey Osei-Boadi and Atefoe 2015) and are supportive of our findings. Lee and Dunkle (2010) concludes that emotional support from adult children, but not instrumental support, had a powerful buffering effect on the relationship between general stresses of life and depressive symptoms.

5.1.4 Hypothesis Four

In hypothesis four which state that, there is no significant interaction effect of treatments and locus of control on impaired psychological functioning of displaced adolescents. It was observed in table 4.1 that there was no significant interaction effect of treatment and locus of control on impaired psychological functioning of displaced adolescents. This means that locus of control did not significantly moderate the influence of the intervention on internally displaced adolescents impaired psychological functioning. One conceivable reason is that the level of locus of control of the study participant was not known to the researchers. Also, it may that the participants with external locus of control are more than the participants who attribute their belief of the events around them to internal factors (internal locus of control). It further means that the participants will not benefit from the two treatments unless the level of locus of control is determined (external or internal locus of control).

This result substantiate the finding of Goldzweigi, Hasson-ohaya, Alen and Shalit (2016) who eexamined the possible moderating role of health locus of control on the relationship between perceived threat and depression. A significant relationship between perceived threat and depression was found only among participants reporting low levels of internal locus of control. Similarly, the result of this study is in line with the finding of

Ashtarian and Moshki (2010) who investigated the perceived locus of control, self-esteem and its relation to psychological well-being in Iranian students. The study found a negative relationship between perceived internal locus of control and self-esteem with psychological well-being. Their result further indicated that participants with internal locus of control had better psychological well-being, while those with external locus of control had less psychological well-being.

However, the result did not agree with the result of Akinyemi (2016) and Huntner and Locke (2008) who both found out that locus of control significantly moderated psychological distress, life stress and psychopathology. Akinyemi (2016) provided an explanation to the significant moderating effect of locus of control on psychological depression that participants with internal locus of control benefited more in the treatment than those with external locus of control in relation to psychological depression. Also, the finding of this current study opposes the study of Draycott (2012) who found that locus of control moderated the relationships of dissonance, resistance, and commitment to therapy; the effects of locus of control proved to be complicated and dependent on several different combinations of factors.

5.1.5 Hypothesis Five

Hypothesis five states there is no significant interaction effect of treatments and social support on impaired psychological functioning of displaced adolescents. The result as revealed in table 4.1 indicates that there was no significant interaction effects of treatments and social support on impaired psychological functioning of displaced adolescents. Hence, hypothesis five was accepted. This implies that social support of the participants did not moderate the effect of treatments in managing impaired psychological functioning of displaced adolescents. Furthermore, the non-significant interaction effect revealed that the social support level available to the participants was unknown to the researcher. This could be because the participants were having the same level of social support or that the participants with low social support were more than those participants with high social support. This explains why the treatment was not significant with social support in relation to impaired psychological functioning of the internally displaced adolescents.

This finding buttresses the result of Dindinger (2012) who found no significant association between perceptions of social support and Adolescents psychotherapy. This result

was further proven with the fact that psychotherapeutic interventions may not be effective with poor social support. This current finding further attest to other previous studies; Warren and Dindinger (2010) found out that social support did not significantly moderate the effects of psychotherapy on the rate of change in Adolescents depression symptoms. Alimoradi, Asadim, Asadbeigy and Asadniya (2104) found significant negative relationship among social support and psychological distress (depression, anxiety and stress). Contrarily, Dishion, 2000; Jackson and Warren (2000); Jackson, kim and Delap (2007); Vitaro, Brendgen and Tremblay, (2000); Warren, Nelson, Mondragon, Baldwin and Burlingame (2010) explored the extent to which children and adolescents perceive the availability of social support from family members, peers, and other adults indicated that social support acts as either a protective shield against or a predictor of future psychological maladjustment for children and adolescents.

In the same vain, Salami (2010) who examine the moderating effects of resilience, self-esteem and social support on Posttraumatic Stress disorder of secondary school adolescents in Kwara state, Nigeria, claimed that social support was found to moderate the relationship between exposure to violence and posttraumatic Stress disorder. Adding that social support prevents negative appraisals and increases treatment adherence. Lack of social support are associated with increased morbidity and mortality in many psychiatric/medical illnesses. Social support serves as buffer or protective means of dealing with PTSD by using active coping mechanisms when dealing with stressful life situations. Also, Haglund, Cooper, Southwick and Charney (2007) conclude that social support reduced risk- taking behaviour, encouraged active coping, decreased loneliness, increased feelings of self-worth and resilience and helped a person put problems into perspective.

5.1.6 Hypothesis Six

The sixth hypothesis says that there is no significant interaction effect of locus of control and social support on impaired psychological functioning of displaced adolescents. This null hypothesis was not accepted because, the result in table 4.1 showed that there was significant interaction effects of locus of control and social support on impaired psychological functioning of displaced adolescents. This denotes that the interaction of the locus of control (internal and External) and social support (low and high) have significant interaction effect in managing impaired psychological functioning of displaced adolescents. This further means that locus of

control and social support have influence on impaired psychological functioning of the participants. It could be explained that participants in this study differ in level of locus of control and social support.

This result is in line with the study of Gultekin and Bayhan (2011) who discovered that an internal locus of control led people to adopt active coping strategies by contributing to a sense of self-confidence needed to confront problems directly. However, the generalized belief on the part of the individual concerning the extent to which outcomes are determined by internal factors (such as personal effort and ability) as opposed to external ones (such as fate, chance or powerful others). In addition, Massie, Lloyd-Williams and Irving (2011) revealed that locus of control has been shown to moderate the relationship between psychological distress and other mental health outcomes. This could be explained that that locus of control is the personality characteristic that provides the most consistent and the strongest evidence of psychological distress-moderation. Stupnisky, Renaud, Perry, Ruthig, Haynes and Clifton (2007) in their study concluded that lack of relationship between locus of control and gender can be attributed to the general collectivist nature of the state, arising from the common beliefs.

Similarly, Coleman, Zeng, McMartin, Naicker, Ataulhjan, Weeks and Galambos (2014); Krok, (2014) both disclosed that social support was significant interaction effects of locus of control and social support on mental health of adolescents. Lower levels of social support was found to be linked with higher levels of depressive symptoms and psychological impairments, (Loucks-Atkinson, Kleiber and Williamson, 2006; Mausbach, Patterson and Grant, 2008).). This is to say that social support and social participation can have an important influence on adolescents' mental health. Iglesia, Stover and Liporace (2014) conclude that social support influenced psychological well-being but only with some of the college population with high internal locus of control. However, Jibeen (2015) research on perceived social support and mental health problems among Pakistani university students, found significant negative relation between perceived social support and mental health problems. This suggest that social support did not influence mental health of the sampled population. Whereas, this present study revealed that both locus of control and social support significantly moderate the effect of the intervention on impaired psychological functioning of internally displaced adolescents.

5.1.7 Hypothesis Seven

Hypothesis seven claims that there is no significant interaction three-way interaction effect of treatments, locus of control and social support on impaired psychological functioning of displaced adolescents. Table 4.1 revealed that there was no significant interaction effect of treatment, locus of control and social support on impaired psychological functioning of displaced adolescents. Hence, the null hypothesis seven was accepted. This implies that the interaction of the two treatments and control (TFC, SET and Control), locus of control (internal and external) and social support (low and high) had no significant interaction effect on impaired psychological functioning of displaced adolescents. However, the likely reason why treatments, locus of control and social support did not interactively have significant influence in managing impaired psychological functioning of the participants could be premised on the ground that internally displaced adolescents experience similar psychological challenges that makes the adolescents depressed, frustrated, lack social support, having external attribution and hopeless in the camp.

Contrary to this hypothesis, but consistent with some current research on impaired psychological functioning and IDP adolescents, this study did not find evidence for the significant interaction effect of treatments, locus of control and social support on impaired psychological functioning of internally displaced adolescents. Onder (2012) discovered that individuals with internal locus of control shown better response to psychological treatment than individual with external locus of control. On the other hand, the results of the current study did not congruent with some past evidences in terms of locus of control Scott, Carper, Middleton, White, Renk and Grills-Taquechel, (2010); Arslan, Dilmaç and Hamarta, (2009). It was stated that there was positive and significant relationships between external locus of control and psychological interventions such as cognitive behaviour therapy, trauma-focused therapy, social effectiveness and emotional coaching. Moreover, their studies further revealed that locus of control predicted problem-focused coping, emotion-focused coping and seeking social support coping.

This result substantiate the outcome of Loiselle, Devine, ReedKnight, and Blount (2011) who found that impaired psychological functioning was significantly and positively

related to lack of social support, external locus of control active and problem-focused coping strategies. In the study of Prati and Pietrantonio (2009) it was found that social support was related to Posttraumatic problem; cognitive impairment. The study corroborate the study of Grav, Hellzèn, Romild and Stordal (2012) who conclude that there was higher probability of experiencing impaired psychological functioning among people who have a lack of social support, since subjective perception that support would be available if needed may reduce and prevent depression and impaired psychological functioning. More so, study done by Martins (2011) conclude that negative effects of treatment, locus of control was found on psychological depression. Social support from different source (family, friends, and significant other) indicated that family support played a unique role in buffering the negative effects of stress depression (Raffaelli, Andrade, Wiley, Sanchez-Armass, Edwards, and Aradillas-Garcia, 2013)

5.2 Conclusion

This study investigated the effectiveness of Trauma-focused Counselling and Social effectiveness skill training in managing impaired psychological functioning of internally displaced adolescents. Locus of control and social support were the moderating variables in the study. To this effect, the selected participants were exposed to the therapies; the required data were collected and analyzed, revealing the outcome of this study. Based on the finding, the following conclusions are given;

Trauma-focused Counselling and Social effectiveness skill training were effective in managing and reducing impaired psychological functioning of adolescents in internally displaced camps. By implication, the prevalence of impaired psychological functioning also seems high, especially in adolescents who are internally displaced; those with depressive symptoms and high anxiety, schizophrenia, personality disorders, and substance use disorders, therefore, a proper application of the principles underling these psychological interventions should produce a similar result. However, Trauma-focused Counselling was more potent in managing impaired psychological functioning of adolescents as reported in the study.

In addition, the present results offer preliminary evidence that locus of control and social support did not moderate the relationship between treatments and impaired psychological functioning of adolescents in internally displaced camps. However, there was no significant main effect of locus of control on impaired psychological functioning of adolescents in IDP camps. Also, there was significant interactive effect of social support and treatment on the impaired psychological functioning of adolescents in IDP camps. A significant interactive effect exists between locus of control and social support on impaired psychological functioning, but no significant interaction exists between treatment and social support on impaired psychological functioning and no significant interactive effect of treatment, locus of control and social support on the impaired psychological functioning of adolescents in IDP camps in the present study.

5.3 Implication of the Study for Counselling Practice, NEMA, NGOs and Government agencies

The findings of this study have far-reaching implications for counselling and developmental psychologists practice, NGOs, government agencies and policymakers. The study has proved that trauma-focused counselling and social effectiveness skill training are effective in managing impaired psychological functioning of adolescents in internally displaced camps. The outcomes of this study are important for the adolescents in internally displaced camps to become functional, productive, self-discovery, perceived development of one's best potentials, sense of purpose and meaning in life, investment of significant effort in pursuit of excellence, intense involvement in activities, and enjoyment of activities as personally expressive, by reducing depression, social frustration, suicide behaviour, suicide thought, loneliness, anxiety and other form of psychological problems associated with displacement.

Owing to people experience in the internally displaced camps, many adolescents lose hope in pursuing academic career, psychological well-being and mental alertness as a result of displaced trauma include loss of family members due to displacement and death, fear for personal safety and destruction of properties. The results of this research assisted the participants to effectively handle their psychological condition. It will enhance adolescents' ability to translate their condition of well-being into productive activities, directed towards economic

development and social values of our nation. It also laid the foundation for developing development of one's "true self" (i.e., one's best potentials and fullest capacities) and selection of therapeutic interventions of limiting the increasing prevalence of psychological problems of IDP and its negative consequences on future of adolescents, through the use of trauma-focused counselling and social effectiveness skill training.

It is essential for the NGOs, National Emergencies Management Agencies United Nations Commission for Refugees (UNHRC) and FCT Emergencies Management Agencies (FEMA) to design and encourage implementation of programmes that would facilitate the usage of the techniques used in this study. This should be managed by developmental counselling psychologists for the needed purpose of helping adolescents in IDP camps to develop high psychological functioning as well as good social and interpersonal relationship that will enhance their chances of functioning, socially, academically and career.

This study also provides the basic information necessary for identifying psychological impaired and distressed adolescents to the camps managements and counselling and developmental psychologists. It equally furnishes United Nations Commission for Refugees (UNHRC), FCT Emergencies Management Agencies (FEMA) and the newly established internally displaced and refugee commission with the knowledge of conceptualizing IDPs impaired psychological functioning cases and adequately managing the menace using trauma-focused counselling and social effectiveness skill training packages.

5.4 Recommendations of the Study

Based on the findings of this study, the following recommendations are imperative;

- ✓ The present study has the potential to generate meaningful information for understanding impaired psychological functioning. Adolescents in internally displaced camps should use the outcome of the study to get valuable cues on impaired psychological functioning so that they are equipped with skills necessary to deal positively with psychological challenges.
- ✓ The study also suggest that adolescents in IDP camps may also be enhanced in their ability to translate their condition of well-being into productive activities, directed towards economic development and social values of our nation.

- ✓ The findings of the study through the techniques adopted in this study is germane in impacting the internally displaced adolescents to consciously reconstruct their thinking pattern, promote social participation, develop positive self-image; boost their self-esteem and emotional functioning.
- ✓ National Emergency Management Agency of Nigeria (NEMA), United Nations Commission for Refugees (UNHRC), religious bodies, agencies, NGOs and other stakeholders of Internally Displaced Persons should utilize these interventions in helping adolescents who are experiencing psychological trauma, distress and difficulties.
- ✓ Counselling developmental psychologists could employ trauma-focused counselling and social effectiveness skill training individually or jointly to help clients at risk of psychological functioning impairment.
- ✓ Developmental psychologists should utilize information on impaired psychological functioning in dealing with children and adolescents. In that, it provided adequate knowledge of adolescents attainment of optima psychological functioning, which would lead to sanity, makes them useful not only to themselves but to the nation, improve their interpersonal skills and develop their skills in small income generating activities.
- ✓ Government/policy makers-should intensify efforts in ensuring IDPs are exposed to psychological interventions that could facilitate rehabilitation, resettlement and reintegration, aside the provision of food, shelter and health.
- ✓ Future researchers could crop ideas relating to trauma-focused counselling and social effectiveness skills training from this study.

5.5 Contributions to Knowledge

This study has been able to contribute to knowledge in the following areas:

- The study has been able to demonstrate that trauma-focused counselling and social effectiveness skills training could be used to manage impaired psychological functioning of adolescents in IDP camps.
- The study has been able to demonstrate that trauma-focused counselling was more potent than social effectiveness skills training in managing impaired psychological functioning of adolescents in IDP camps.

- This study has provided an opportunity to bridge the gaps in past research works on the use of therapies in impaired psychological functioning of adolescents in IDP camps.
- The outcome of this research finding facilitates a clearer understanding of the relationship between impaired psychological functioning, locus of control and social support among adolescents in IDP camps.
- It has provided developmental, clinical and counselling psychologists a rich treatment packages with high sensitivity and repository of quality skills for effective psychological functioning.
- It has also provided empirical data to assist clinical and counselling psychologists, as well as counsellor educators navigate the problem of poor counsellor self- efficacy and effectiveness.
- The extensive literature reviewed impaired psychological functioning, locus of control and social support, and the relationship between the two independent variables provide practitioners with valuable information regarding the psychological factors embedded within the psychological problem of adolescents IDP camps

5.6 Limitation of the Study

Despite the fact that this study demonstrated the effectiveness of trauma-focused counselling and social effectiveness skills training in managing impaired psychological functioning of adolescents in IDP camps; the researcher still encountered a number of limitations in the course of the study.

This study mainly considered only early adolescents in IDP camps between the ages of 12 to 14 years were included in study. Also, only early adolescents who have been in the camps more than two years were not recruited even though they also may be experiencing some forms of psychological problems such as exposure and experience through orientation. Also, the nature of the study only permit three IDP camps of several IDP camps, limiting the generalization of the study.

Similarly, the moderating variables selected in this study were locus of control and social support, leaving out other organic and environmental factors, such as self-esteem, socio-

economic status and year spent in the camp which could also possibly affect the outcome of the treatment on the impaired psychological functioning of the participants.

Finally, the study is directed at early adolescents in IDP camps alone, living out children, late adolescents, adult and elderly. This however, suggests that the results should cautiously not be generalized to the entire population of IDPs.

5.7 Suggestions for further studies

In accordance with the fact that there is no finality in research, this study is open for further investigations and challenges. The researcher thus welcomes the replication of this study elsewhere. This may validate and establish further the findings of this research. This study was limited to three IDP camps in North-central, Nigeria. The researcher suggests a further extension of the scope to include larger samples. It is suggested that the study also be carried out in other IDP camps in Nigeria to broaden the generalizations of this study. Finally, it is suggested that the participants could be extended to include children, late adolescents, women and elderly in order to ensure continuity and re-invigoration of training. For faster adjustment it is suggested that psychological interventions should be included in the relief intervention being giving to IDPs to facilitate rehabilitation, resettlement and reinstatement of the displaced people.

More psychosocial variables that were not considered here, such as stress, depression, anxiety, personality, socio-economic status should be considered as moderating variables. In addition, empirical approaches geared towards developing intervention measures and studies should attempt to develop models of adolescents functioning and adjustment. There are other psychological interventions that could be potent in managing impaired psychological functioning of adolescents in IDP camps which other researchers could explore. A similar study can also be revalidated by re-conducting the same study using the same target population over a longer period of time.

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