



Comparative Effects of Rational Emotive Behaviour and Client-Centred Therapies on Academic Resilience of In-School Adolescents in Internally Displaced Persons' Camps in Borno State, Nigeria

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Abstract. Academic resilience is the ability to maintain or regain positive academic functioning despite significant adversity. It is a multi-dimensional construct comprising cognitive, emotional and behavioural processes that enable students to 'bounce back' from academic setbacks. Despite school enrollment, many displaced adolescents experience significant difficulties meeting academic demands, largely attributable to diminished academic resilience, heightened emotional distress, maladaptive or irrational self-beliefs regarding competence and self-worth, pervasive hopelessness and a fragile or disrupted learner identity. This study investigated the effects of rational emotive behaviour therapy (REBT) and client-centred therapy (CCT) on academic resilience among adolescents in internally displaced person (IDP) camps in Borno State. The moderating effects of gender and age were also examined. The study adopted a quasi-experimental design with a 3×2×3 factorial matrix. Ninety displaced adolescents participated in the study. The Academic Resilience Scale (ARS-30) developed by Cassidy (2016) was adopted for the study. The data were analysed via descriptive statistics and analysis of covariance (ANCOVA). The results were considered significant at the $p. < 0.05$ level. The participants' average age was 14.04 ± 4.46 years; 51% were female, and 49% were male. There were significant main effects of treatments (REBT and CCT) on the academic resilience. REBT was found to be more effective than CCT. The moderating effects of gender and age were not significant. It was concluded that REBT and CCT were effective in fostering academic resilience. Counselling psychologists should deploy both REBT and CCT in enhancing academic resilience among adolescents in IDPs' camps without due consideration to gender and age, but given priority to REBT.

Keywords: Rational emotive behaviour therapy, client-centred therapy, academic resilience, in-school adolescents and internally displaced person

1. Introduction

Education remains a critical pathway for human capital development, psychosocial wellbeing and social reconstruction, particularly in fragile and conflict-affected regions like Northeast, Nigeria. The protracted insurgency and associated insecurity in Northeast, Nigeria has produced large numbers of internally displaced person (IDP), with adolescents constituting a sizable and vulnerable subset of camp populations. Displacement disrupts schooling, fractures social supports and exposes young people to multiple traumatic stressors that increase risk for poor psychosocial outcomes and educational discontinuity. Adolescents who experience prolonged conflict and displacement often face profound educational disruption, psychosocial stress and diminished opportunities for learning and personal development. Adolescence represents a critical transitional stage in the human lifespan, characterised by accelerated physical maturation alongside significant biological, cognitive and psychosocial changes (Santrock, 2010; Berger, 2011).

For adolescents, schooling functions not only as a site for cognitive and academic skill acquisition but also as a critical developmental context that fosters psychosocial stability, identity formation, future orientation and a sense of purpose (Eccles & Roeser, 2011; Masten et al., 2012). Educational engagement during adolescence provides structure, routine and opportunities for social integration, all of which are essential for healthy developmental trajectories. However, in contexts of protracted conflict and forced

displacement such as Borno State, adolescents' access to stable, safe and supportive educational environments is severely disrupted. These disruptions expose young people to cumulative academic, psychological and social adversities such as trauma, loss, instability and resource deprivation that significantly compromise their capacity to adapt to educational demands, sustain academic engagement and achieve positive learning outcomes (Dryden-Peterson, 2016; Miller & Rasmussen, 2010).

Academic resilience can be described as the ability to maintain or regain positive academic functioning despite significant adversity, it has emerged as a critical construct in educational and counselling psychology research (Martin & Marsh, 2006; Cassidy, 2016). Resilience in academic settings reflects not only individual characteristics such as self-efficacy and motivation but also the interaction between learners' internal resources and external supports including school climate, teacher expectations and family involvement (Masten & Barnes, 2018). According to Martin and Marsh (2006), academic resilience is a multi-dimensional construct comprising cognitive, emotional and behavioural processes that enable students to 'bounce back' from academic setbacks. More recent conceptualisations emphasise resilience as a dynamic and context-dependent process rather than a static trait, highlighting how learners mobilise personal and contextual resources to negotiate adversity (Ruiz, Sánchez-Pérez, & Wang et al., 2020).

Borno State has experienced prolonged armed conflict associated with insurgency, resulting in large-scale internal displacement and the establishment of numerous IDP camps. Adolescents residing in these camps are frequently exposed to traumatic experiences, loss of family livelihoods, disrupted schooling, overcrowded living conditions, poverty and limited access to psychosocial and educational support services. Although humanitarian responses have increasingly prioritised access to basic education within IDP camps, schooling in such settings is often characterised by inadequate infrastructure, shortages of trained teachers, overcrowded classrooms and minimal counselling support. These structural challenges, combined with trauma-related emotional and cognitive difficulties, place adolescents at heightened risk of poor academic engagement, low motivation, school dropout and diminished educational aspirations.

Despite being enrolled in school, many displaced adolescent learners struggle to cope with academic demands due to low academic resilience, emotional distress, irrational beliefs about self-worth and

competence, hopelessness and weakened learner identity. These challenges underscore the need for targeted psychosocial interventions that not only address emotional distress but also fosters academic resilience, strengthen students' cognitive appraisals, self-beliefs and adaptive coping strategies related to learning and schooling. One way to enhance academic resilience is through implementation of counselling interventions. In this study, we selected REBT and CCT that aimed to foster academic resilience among displaced school-attending adolescents.

The REBT, developed by Albert Ellis, is grounded in the cognitive-behavioural tradition and posits that emotional and behavioural disturbances arise not from events themselves but from individuals' irrational beliefs about those events (Ellis, 1995). REBT emphasises the identification, disputation and restructuring of irrational beliefs such as catastrophising, low frustration tolerance and global self-downing, into more rational and adaptive cognitions. In educational contexts, irrational beliefs about academic failure, self-worth and future prospects can significantly impair motivation, persistence and emotional regulation. Many empirical studies have demonstrated the effectiveness of REBT in reducing maladaptive behaviours, improving emotional adjustment and enhancing students' adaptive functioning. REBT have been linked to improve coping skills, self-efficacy and academic resilience among adolescents exposed to adversity (Martin & Marsh, 2006; Rousseau et al., 2023). For displaced adolescents in IDP camps, REBT holds particular promise in addressing trauma-related cognitive distortions and defeatist academic beliefs that undermine resilience. By fostering rational thinking patterns, REBT may enhance students' capacity to interpret academic challenges realistically, regulate emotional responses and persist despite adversity.

On the other hand, the CCT, rooted in Carl Rogers' humanistic theory, adopts a fundamentally different therapeutic stance. Rather than focusing on cognitive restructuring, CCT emphasises the therapeutic relationship as the primary mechanism for change, characterised by empathy, unconditional positive regard and congruence (Rogers, 1951). CCT assumes that individuals possess an inherent tendency toward growth and self-actualisation, which can be facilitated within a supportive, non-judgmental environment. In context of displacement, adolescents often experience invalidation, marginalisation and loss of agency. CCT offers a relational space in which displaced youths can rebuild self-worth, emotional safety and intrinsic motivation. Many studies have shown that CCT is

associated with improvements in psychological resilience, hope, emotional regulation and self-concept among vulnerable populations (Rezapour-Mirsaleh et al., 2023). Although empirical evidence directly linking CCT to academic resilience remains limited, its theoretical foundations strongly indicate its relevance in enhancing the emotional, motivational and self-regulatory capacities that underpin sustained academic engagement and adaptive functioning.

Despite on-going efforts to improve access to education within IDP camps in Borno State, many in-school displaced adolescents continue to demonstrate low academic resilience, reflected in poor persistence, emotional disengagement, reduced academic self-efficacy and increased risk of school dropout. Adolescents in IDP camps are exposed to multiple, cumulative adversities: armed conflict, disrupted schooling, poverty and limited mental health and psychosocial support (MHPSS), which negatively affect motivation, future orientation and beliefs about academic competence (Betancourt et al., 2014; Ungar, 2013). However, educational responses in humanitarian contexts have largely focused on access and instruction, with limited integration of evidence-based counselling interventions targeting the psychosocial foundations of academic resilience (Dryden-Peterson, 2016; Panter-Brick et al., 2018). Although REBT and CCT have demonstrated effectiveness in improving adolescents' emotional and behavioural adjustment (Ellis & Dryden, 2007; Rogers, 1957; Szentagotai & David, 2013), research examining their impact on academic resilience, particularly through comparative designs in displacement settings remains scarce. It is against this backdrop, the present study investigates the effects of REBT and CCT on the academic resilience of in-school adolescents residing in IDP camps in Borno State, Nigeria.

1.1 Purpose of the Study

The aim of this study was to investigate the effectiveness of REBT and CCT in fostering academic resilience among in-school adolescents at Temporary Learning Centres (TLCs) in IDP camps in Borno State, Nigeria.

Specifically, the study investigated the:

- Main effect of treatments (REBT & CCT) on academic resilience of in-school adolescents at TLCs in IDP camps in Borno State.
- Interaction effect of treatments and gender on academic resilience of in-school adolescents at TLCs in IDP camps in Borno State.

- Interaction effect of treatments and age on academic resilience of in-school adolescents at TLCs in IDP camps in Borno State.

1.2 Hypotheses

The following null hypotheses were tested at 0.05 level of significance:

H₀₁: There is no significant main effect of treatments (REBT and CCT) on academic resilience among in-school adolescents at TLCs in IDP camps in Borno State.

H₀₂: There is no significant interaction effect of treatments and gender on academic resilience among in-school adolescents at TLCs in IDP camps in Borno State.

H₀₃: There is no significant interaction effect of treatments and age on academic resilience among in-school adolescents at TLCs in IDP camps in Borno State.

2. Methodology

The study adopted a pre-test, post-test and control group quasi-experimental design with a 3×2×3 factorial matrix. It consists of two treatments (REBT and CCT) and a control group, gender at two levels (male and female) and age range at three levels (10 – 12 yrs, 13 – 15 yrs and 16 – 18 yrs). The population for the study consisted of all in-school adolescents at TLCs in IDPs' camps in Borno State, Nigeria. Multistage sampling strategy was adopted for the study. Firstly, three (3) IDPs' camps with TLCs were randomly selected from Borno State. Secondly, purposive sampling technique was used to select in-school adolescents with low academic resilience (aged 10 – 18 yrs) at TLCs in these IDPs' camps. However, Academic Resilience Scale (ARS-30) was used to screen out the out-of-school adolescents with low academic resilience at TLCs. A cut-off score between thirty (30) and sixty (60) on ARS-30 was used as benchmark for low academic resilience; the screening tool was administered on about three hundred (300) in-school adolescents and almost 70% of the screened population were eligible based on inclusion criteria. In the third stage, out of the approximately 70% potential participants, ninety (90) were randomly recruited to participate in the study (i.e. 30 participants per group: REBT, CCT and control groups).

Academic Resilience Scale (ARS-30) was adopted for the study. The ARS-30 developed by Cassidy (2016), is a multi-dimensional construct measure (sub-scale: perseverance, self-regulation and motivation), primarily designed to measure academic resilience

based on students' response to academic adversity in educational context. ARS-30 comprises of thirty (30) items and is scored along a 5-point likert scale from "Likely" (1), "Somewhat Likely" (2), "Neutral" (3), "Somewhat Unlikely" (4) and "Unlikely" (5) with theoretical range of 30 to 150. Positive items are reversed, so a high score on this scale indicates greater academic resilience. Based on content, items 1, 3, 6, 7, 12, 14, 15, 19 and 28 are negative and others are positive. Many studies have shown that ARS-30 has a good sensitivity, specificity, concurrent and convergent validity and high reliability coefficient (Cronbach's $\alpha = .72$ to $.85$) across different population. Also, ARS-30 was pilot tested among fifty (50) in-school adolescents at TLCs in the study area. The data obtained from the pilot test was processed using Cronbach Alpha method, and results revealed

that ARS-30 is highly reliable with internal consistency ($\alpha = .84$), thus, it can be generalized among in-school adolescents in Borno State.

The participants in the two experimental groups (REBT & CCT) were exposed to ten sessions each of 60 minutes weekly for ten weeks. Descriptive statistics (mean and standard deviation) and Analysis of Covariance (ANCOVA) were used to analyze data in the study. The socio-demographic variables were processed by descriptive statistics while ANCOVA was used to determine the main effect of treatments (REBT & CCT) on academic resilience as well as interaction effects of treatments, gender and age. Likewise, Duncan post hoc analysis was used to ascertain the differential effects between the two therapies (i.e. REBT and CCT). All the statistical significance was considered at $p < 0.05$.

3. Results

Table 1: Descriptive Statistics and Main Effects of REBT and CCT on Academic Resilience

| Measure | Pre-Intervention | | | | | | Post-Intervention | | | | | | Main Effect (Treatments) | | |
|------------|-------------------|------|------------------|------|----------------------|------|-------------------|------|------------------|------|----------------------|------|--------------------------|---------|----------|
| | REBT ^a | | CCT ^b | | Control ^c | | REBT ^a | | CCT ^b | | Control ^c | | F(2,71) | p. val. | η^2 |
| | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | | | |
| Acad. Res. | 40.30 | 5.83 | 44.17 | 6.66 | 39.43 | 6.60 | 141.77 | 5.15 | 117.18 | 7.11 | 46.50 | 6.40 | 1705.31 | <.001 | 0.98 |

Note: REBT = Rational Emotive Behaviour Therapy; CCT = Client-Centred Therapy; Acad. Res. = Academic Resilience; N = 90 (^an = 30; ^bn = 30; ^cn = 30); * $p < 0.05$

The results in this study revealed that ninety (90) adolescents participated in the study; the 90 participants were grouped into three (REBT, CCT & Control) groups with 30 clients each. As shown in Table 1, the scores on the ARS-30 measure at pre-treatment phase (REBT: $\bar{x} = 40.30$, SD = 5.83; CCT: $\bar{x} = 44.17$, SD = 6.66; Control Group: $\bar{x} = 39.43$, SD = 6.60) were obtained. On contrary, the following results were obtained at post-treatment phase (REBT: $\bar{x} = 141.77$, SD = 5.15; CCT: $\bar{x} = 117.18$, SD = 7.11; Control Group: $\bar{x} = 46.50$, SD = 6.40). Nonetheless, even a cursory look at the means shown in Table 1 indicates that fairly large differences exist between means of REBT & CCT at pre and post treatments, with the exception of control group. Additionally, one-way ANCOVA, $F(1, 71) = 1705.31$, $p < .001$ and $\eta^2 = .98$ demonstrated that there was significant main effect of REBT & CCT on academic resilience of the participants. The partial eta value ($\eta^2 = .98$), illustrated that 98% variance in the academic resilience is explained by the interventions, and thus the main effects of the treatments are rated large.

Table 2: Duncan Post Hoc Analysis of Treatments (REBT, CCT & Control Group)

| Treatment | N | Sub-Set for Alpha = 0.05 | | |
|---------------|----|--------------------------|--------|-------|
| | | 1 | 2 | 3 |
| REBT | 30 | 141.37 | | |
| CCT | 30 | | 116.23 | |
| Control Group | 30 | | | 46.13 |
| Sig. | | 1.00 | 1.00 | 1.00 |

Means for groups in homogeneous in subsets are displayed

There was significant differences in the post-hoc test mean scores in the REBT ($\bar{x} = 141.37$), CCT ($\bar{x} = 116.23$) and control group ($\bar{x} = 46.13$) levels of academic resilience. The Duncan post-hoc revealed that participants in the REBT group benefitted more than those participated CCT group. The results confirmed that there were statistically significant differential effects between the two therapies, however, both therapies were found to be effective in enhancing the academic resilience of the participants.

Table 3: Descriptive Statistics and Interaction Effects of Treatments and Gender on Academic Resilience

| Measure | Pre-Intervention | | Post-Intervention | | | | Interaction Effects (Treatments & Gender) | | | | |
|------------|--------------------|------|----------------------|------|--------------------|-------|---|-------|---------|---------|----------------|
| | Males ^a | | Females ^b | | Males ^a | | Females ^b | | F(1,71) | p. val. | η ² |
| | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | | | |
| Acad. Res. | 39.96 | 6.15 | 42.70 | 6.88 | 101.15 | 41.17 | 101.34 | 41.29 | .35 | 0.556 | 0.005 |

Note: Acad. Res. = Academic Resilience; N = 90 (^an = 46 for Males; ^bn = 44 for Females); * *p.* < 0.05

The results presented in Table 3 indicated that the participants in this study comprised of 46 males and 44 females. The two-way ANCOVA results: $F(1, 71) = 0.35, p. < .556$ and $\eta^2 = .005$, found that there was no significant interaction effect between treatments (REBT, CCT & control group) and gender on academic resilience of the participants.

Table 4: Descriptive Statistics and Interaction Effects of Treatments and Age on Academic Resilience

| Measure | Pre-Intervention | | | | Post- Intervention | | | | | | Interaction Effects (Treatments & Age) | | | | |
|------------|------------------------|------|------------------------|------|------------------------|------|------------------------|-------|------------------------|-------|--|-------|---------|--------|----------------|
| | 10–12 yrs ^a | | 13–15 yrs ^b | | 16–18 yrs ^c | | 10–12 yrs ^b | | 13–15 yrs ^b | | 16–18 yrs ^c | | F(2,71) | p.val. | η ² |
| | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | \bar{x} | SD | | | |
| Acad. Res. | 41.85 | 5.58 | 39.89 | 6.45 | 43.27 | 7.31 | 101.30 | 44.38 | 100.16 | 41.51 | 103.04 | 38.94 | 0.138 | 0.138 | 0.054 |

Note: Acad. Res. = Academic Resilience; N = 90 (^an = 20 for 10–12 yrs; ^bn = 44 for 13–15 yrs; ^cn = 26 for 16–18 yrs); Participants' mean age = 14.04 ± 4.46 years old; * *p* < 0.05

The results of the study as presented in Table 3 have shown that the participants had average age 14.04 ± 4.46 years old and their age ranges from 10 to 18 years. The ANCOVA, $F(1, 71) = 2.040, p. < .138$ and $\eta^2 = .054$ showed that there was no significant interaction effect between treatments and age on academic resilience of the participants.

4. Discussion

The aim of our study was to compare effects of REBT and CCT on academic resilience of in-school adolescents in IDP camps in Borno State. At baseline, participants across the REBT, CCT and control groups demonstrated comparably low levels of academic resilience, reflecting the adverse effects of conflict, displacement and prolonged educational disruption on adolescents' adaptive academic functioning. This pattern is consistent with prior studies documenting compromised resilience among conflict-affected youth due to cumulative trauma, instability and limited MHPSS (Masten & Barnes, 2018; McBride et al., 2022), and it strengthens the internal validity of the observed post-intervention effects.

Following the intervention, both treatment groups exhibited substantial improvements in academic resilience, with the REBT group achieving significantly higher post-test scores than the CCT group, while the control group showed minimal change. The statistically significant main effect of treatment, coupled with an exceptionally large effect size ($\eta^2 = .98$), underscores the potency of structured counselling interventions in high-risk and under-resourced settings such as Borno State. Consistent with prior intervention research, such pronounced effects are likely attributable to the absence of prior

systematic MHPSS among displaced adolescents (Tol et al., 2011; Betancourt et al., 2014).

The superior effectiveness of REBT can be theoretically and empirically explained by its directive, cognitively oriented focus on identifying and restructuring irrational beliefs and maladaptive cognitions that undermine academic engagement and persistence (Ellis & Dryden, 2007; David et al., 2018). By enhancing emotional regulation, adaptive coping and problem-solving, REBT directly targets core mechanisms underlying academic resilience (Martin & Marsh, 2006; Wang et al., 2020). These findings are consistent with previous studies demonstrating the effectiveness of REBT in improving academic self-efficacy, emotional adjustment and coping among adolescents (Szentagotai & David, 2013; Eremie & Akinboye, 2019; Ogunwale et al., 2020).

Although CCT produced comparatively smaller gains, its significant impact on academic resilience remains noteworthy. Grounded in Rogers' (1957) humanistic theory, CCT fosters a therapeutic climate characterised by empathy, unconditional positive regard and congruence; conditions that are particularly salient for adolescents affected by displacement and trauma. Such relational support has been shown to promote self-worth, motivation, and emotional stability, which are foundational to resilient academic functioning (Ungar, 2013; Masten & Barnes, 2018). Empirical evidence similarly supports the positive effects of CCT on school engagement and emotional regulation among vulnerable youth populations (Cooper et al., 2013; Murphy et al., 2016). The observed differential effectiveness between REBT and CCT aligns with comparative psychotherapy research suggesting that while non-directive approaches are

effective for emotional support, structured cognitive-behavioural interventions often yield stronger outcomes for goal-oriented and performance-related constructs such as academic resilience (David et al., 2018; Schunk & DiBenedetto, 2020).

Additionally, this study examined whether gender and age moderate the effects of REBT and CCT on the academic resilience of in-school adolescents in IDP camps in Borno State. The findings revealed a near-equal gender distribution among participants and demonstrated no statistically significant interaction effects between treatments and gender on academic resilience, with a negligible effect size. This indicates that the effectiveness of REBT and CCT was not contingent upon participants' gender. The absence of gender-based differential effects suggests that male and female adolescents benefited comparably from the interventions. This finding is consistent with contemporary resilience frameworks that conceptualise academic resilience as a dynamic and malleable construct shaped primarily by psychosocial resources, cognitive appraisals and environmental supports rather than biological sex (Masten & Barnes, 2018; Wang et al., 2020).

Empirically, these findings align with prior intervention studies reporting non-significant gender differences in the effectiveness of cognitive-behavioural and humanistic therapies among adolescents, however REBT-based interventions have been shown to produce comparable cognitive and emotional gains across genders (Szentagotai & David, 2013), while CCT has similarly demonstrated gender-neutral effects on adolescent wellbeing and school engagement (Cooper et al., 2013). Studies on academic resilience further report minimal or inconsistent gender effects, particularly in high-risk educational environments (Martin & Marsh, 2006; Morales & Trotman, 2011). Evidence from humanitarian and conflict-affected settings also supports the present findings, with psychosocial interventions yielding similar benefits for boys and girls (Betancourt et al., 2014; Ogunwale et al., 2020).

With respect to age, the findings indicated that participants ranged from early to late adolescence, yet no statistically significant interaction effect was observed between treatments and age on academic resilience. This suggests that both younger and older adolescents benefited similarly from the interventions. This result is consistent with developmental resilience perspectives, which posit that resilience is responsive to psychosocial interventions across adolescence (Masten & Barnes, 2018; Ungar, 2013).

Furthermore, many empirical studies evidence indicates limited age-related moderation effects in counselling and resilience-based interventions. REBT interventions have demonstrated comparable outcomes across adolescent age groups (Szentagotai & David, 2013), while psychosocial programmes for conflict-affected youth have shown consistent benefits across broad age ranges (Tol et al., 2011). Moreover, research suggests that academic resilience is more strongly influenced by psychosocial and school-related factors than by chronological age, particularly in high-risk educational contexts (Martin & Marsh, 2006; Wang et al., 2020). Although certain developmental studies have identified age-related variations in coping and self-regulation, with older adolescents typically demonstrating greater cognitive sophistication and self-regulatory capacity (Eccles & Roeser, 2011; Zimmermann, 2013), these differences may be attenuated in displacement contexts due to shared exposure to chronic adversity and environmental constraints. The structured and developmentally sensitive nature of the interventions, combined with shared contextual constraints within IDP camps, may have contributed to the observed uniformity in treatment effects across age groups. While the small-to-moderate effect size suggests that age may exert a modest influence warranting further investigation, the present findings provide preliminary evidence of the broad applicability of REBT and CCT across adolescent developmental stages.

5. Conclusion

In conclusion, this study demonstrates that REBT and CCT are effective psychosocial interventions for enhancing the academic resilience of in-school adolescents living in IDP camps in Borno State, with REBT yielding comparatively stronger effects. The absence of significant moderating effects of gender and age indicates that the benefits of these interventions are consistent across male and female adolescents and across early to late adolescence, underscoring their broad applicability in humanitarian contexts. These findings highlight the critical role of structured, culturally responsive counselling interventions in addressing the educational and psychosocial challenges associated with displacement and conflict and they support the integration of evidence-based counselling programmes within school and camp-based educational services to promote sustained academic engagement and positive developmental outcomes among displaced adolescents.

6. Recommendations

Based on the findings of the study, the following recommendations are proposed:

- The Federal Ministry of Education through State Ministry of Education in collaboration with Education in Emergencies Working Group in Nigeria should integrate REBT and CCT into school-based support services in Internally Displaced Persons' (IDP) camps, given priority to REBT.
- The United Nations agencies, International Non-Governmental Organisations (INGOs) and National Non-Governmental Organisations (NNGOs) should focus on intervention quality, therapist competence and cultural sensitivity rather than demographics such as gender or age, ensuring equitable access and benefit for all adolescents within education sector.
- The Borno State Government through Borno State Emergency Management Agency (BOSEMA) should invest in the capacity building training and deployment of counselling psychologists skilled in REBT and CCT within IDP camps in Borno State.

7. Ethical Considerations

The University of Ibadan, Social Sciences and Humanities Research Ethics Committee (SSHREC) provided ethical approval for this research work, with approval number: UI/SSHREC/2023/00106. The Borno State Emergency Management Agency (BOSEMA) has also granted permission to access IDP camps in Borno State. Additionally, all participants and their parents/guardians/caregivers fill in and provided written informed consent or informed assent as appropriate.

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