

Effects of Reality Therapy on Psychosocial Problems Among Secondary School Students in Jalingo Education Zone, Taraba State, Nigeria

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Article History	Abstract
Original Research Article	<p><i>This study examined the effects of Reality Therapy (RT) on psychosocial problems among secondary school students in Jalingo Education Zone, Taraba State, Nigeria. It sought to determine the effectiveness of RT in improving self-esteem, reducing substance use disorder, bullying, and social isolation. Quasi-experimental design, using a pre-test/post-test approach was used. 40 SS II students identified with psychosocial problems, selected from two public secondary schools in Jalingo Education Zone. A validated Psychosocial Problem Questionnaire (PPQ) was used to collect data. Reality Therapy was administered over 10 sessions, focusing on present behaviors, responsibility, and goal-setting. Descriptive statistics (mean and standard deviation) and inferential statistics (paired samples t-test) were used to analyze the data. Reality Therapy proved effective in addressing psychosocial problems among secondary school students, with the most substantial improvements observed in self-esteem and depression. The study aligns with previous research, reinforcing the efficacy of RT in improving mental health and behavioral outcomes. Reality Therapy is a promising intervention for reducing psychosocial problems among secondary school students. Its focus on present behaviors, responsibility, and goal-setting empowers students to make positive changes, fostering a healthier and more supportive school environment. The findings highlighted the importance of adopting evidence-based psychological interventions to address the complex challenges faced by adolescents. Finally, the study recommended among others that, Integrate Reality Therapy into school counseling programs, train counselors and teachers to implement RT techniques, organize workshops and seminars to raise awareness about psychosocial problems and effective interventions and encourage further research to explore the long-term effects of RT and its applicability in diverse educational settings.</i></p> <p>Keywords: Reality Therapy, Psychosocial Problems, Bullying, Disorder, Social Isolation.</p>
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Introduction

Schools have always been recognized as a cornerstone institution for the transmission of knowledge, attitudes, values, and culture to the future generation. As dynamic human systems, they are dedicated to fostering mutual growth, development, and understanding between children and adults. Beyond academic instruction, schools serve as critical environments for social development, emotional well-being, and behavioral regulation. In this setting, children and adolescents acquire essential life skills, social norms, and psychological competencies necessary for

meaningful participation in society. The purpose of schooling, therefore, extends beyond cognitive development to include the emotional and social growth of the individual, ensuring that they mature into responsible, well-adjusted, and productive citizens.

Despite the ideal role of schools in child development, numerous studies have reported an alarming increase in the prevalence of psychosocial problems among secondary school students. These problems, which encompass a broad spectrum of psychological and social challenges, vary

greatly across different socio-cultural and geographical settings (Abera, Ayalew, Kanko, & Bante, 2023). Psychosocial problems such as anxiety, depression, low self-esteem, social isolation, bullying, and substance use disorder significantly affect students' academic performance, interpersonal relationships, and overall quality of life. According to Rajkumar, Sooraj, Sandeep, & Harish (2015), psychosocial problems refer to the difficulties individuals face in their psychological and social well-being, often manifesting as emotional distress, interpersonal conflict, and behavioral maladjustment. These issues may arise due to various contextual factors such as family dysfunction, economic hardship, peer pressure, or exposure to trauma.

Sharma, Gupta, Luthra, and Mishra (2022) elucidate that psychological issues are shaped by an interplay of individual and environmental factors. At the individual level, personality features, maladaptive coping strategies, and unfavorable cognitive frameworks may render teenagers susceptible to mental health issues. Environmental factors such as school climate, peer group dynamics, parental involvement, and community support systems also play pivotal roles. Adolescents who face psychosocial difficulties may struggle with academic tasks, develop low motivation, or become disengaged from the school environment. For such students, psychological assistance becomes critical in enhancing their resilience, promoting emotional regulation, and supporting academic success.

One of the foundational psychological constructs implicated in the development of psychosocial problems is self-esteem. Coopersmith (1967) defines self-esteem as an individual's personal assessment, expressed in the form of approval or disapproval, used to evaluate one's worth, success, capability, and overall value. Self-esteem serves as a barometer for mental well-being and determines how adolescents perceive themselves, relate to others, and handle life challenges. Rosenberg (1965) adds that healthy self-esteem contributes to greater social confidence, academic achievement, and emotional resilience.

Adolescents with low self-esteem are often plagued by feelings of inferiority, social withdrawal, and self-doubt. They may consider themselves worthless, unattractive, or incapable (Coopersmith, 1967; Rosenberg, 1965). Specific characteristics of low self-esteem include fear of social interaction, avoidance of leadership roles, difficulty handling criticism, and reluctance to engage in academic or extracurricular challenges. These traits not only limit personal growth but also increase vulnerability to mental health disorders such as anxiety and depression. Low self-esteem also correlates with difficulty in forming friendships

and maintaining peer relationships, which further contributes to social isolation and emotional distress.

Given the complex interplay of these psychosocial variables self-esteem, anxiety, depression, bullying, social isolation, and substance use effective intervention strategies are urgently required. In the Jalingo Education Zone, traditional disciplinary measures such as suspension, corporal punishment, or expulsion have proven largely ineffective in addressing the root causes of these problems. These punitive approaches often exacerbate the sense of alienation and frustration among students, thereby worsening their behavioral issues. Instead, there is a growing consensus that psychological interventions rooted in evidence-based practices are better suited to address these challenges.

Several psychotherapeutic approaches have been developed to manage psychosocial issues among adolescents, including the cognitive-behavioral therapy (CBT) of Albert Ellis, the client-centered therapy of Carl Rogers, and the psychoanalysis of Sigmund Freud. However, among these, Reality Therapy (RT), developed by William Glasser, has shown particular promise in addressing school-based behavioral problems. Glasser (1969) posits that the core of most psychological problems lies in the failure to develop and maintain satisfying relationships. Unlike traditional therapies that dwell on past experiences or unconscious motivations, RT focuses on present behaviors and choices. It encourages individuals to take responsibility, make better choices, and improve relationships.

Farnoodian (2016) and Khleghi, Amiri, & Taheri (2017) provide empirical evidence that RT is effective in reducing anxiety, depression, substance abuse, and low self-esteem among adolescents. It fosters a sense of control, self-discipline, and goal orientation. By focusing on current behaviors and their consequences, RT empowers students to take ownership of their actions and strive toward more meaningful and constructive relationships. Furthermore, studies by Madukwe et al. (2016) and Ojewola (2016) indicate that RT reduces delinquent behavior and fosters prosocial attitudes among youths. In a school context, the implementation of RT may contribute significantly to improving student-teacher relationships, reducing bullying, enhancing peer interaction, and promoting mental health.

The prevalence of psychosocial problems among secondary school students in Jalingo Education Zone is both alarming and multifaceted. These challenges ranging from low self-esteem and anxiety to bullying, social isolation, and substance abuse are interlinked and have a profound impact on students' academic, emotional, and social development. The traditional punitive measures employed by school authorities have largely failed to provide lasting solutions. As such, it is imperative to adopt holistic, evidence-based

psychological interventions that address both the symptoms and underlying causes of these problems. Reality Therapy, with its emphasis on choice, responsibility, and present-focused problem solving, offers a promising approach for managing these challenges. Therefore, this study sought to explore the effectiveness of Reality Therapy in reducing psychosocial problems and improving the overall well-being of secondary school students in Jalingo Education Zone.

Statement of the Problem

The transition to secondary school often corresponds with adolescence, a developmental phase marked by substantial biological, psychological, and social transformations. The hormonal changes and identity development processes that come with being a student may make them more likely to have mood swings and act in ways that aren't helpful. In this situation, a well-organized and responsive support system at school, led by teachers and counselors, is necessary to help pupils deal with these problems while reducing negative health and behavioral effects. The researcher's observational trips to specific secondary schools in the Jalingo Education Zone indicated a troubling increase in pupils' engagement in social vices. There has been a rise in substance addiction and dependency, which has been linked to mental health issues, higher crime rates in communities (including theft, assault, and domestic abuse), more kids skipping school, dropping out of school, and political violence. Even though the state government and other non-governmental groups have tried to help, their efforts have not led to big changes. Psychosocial problems among young people and adults in the area are still common.

Substance misuse among adolescents is a major public health issue around the world. The World Health Organization (2018) says that the rising use of psychoactive drugs by young people is a severe health and social problem that has to be dealt with quickly. In the Jalingo Education Zone, anecdotal and observational evidence indicates an increasing trend of substance participation among secondary school pupils. The rise in the use of psychoactive drugs has been connected to more cases of mood disorders, mental health problems, criminal activity, and cult-related activities in both high schools and colleges.

If children don't get the right kind of therapy, psychosocial problems including melancholy, anxiety, low self-esteem, bullying, social isolation, and substance dependence may continue to become worse and make it harder for them to do well in school and fit in with others. The repercussions transcend individual students, impacting families and the wider community. In answer to this urgent necessity, Reality Therapy, as articulated by William Glasser (1998), presents a viable intervention framework. Based on choice

theory, Reality Therapy stresses human responsibility and self-control over behavior. This sets it apart from more standard psychiatric and psychoanalytic methods. In this context, the current study aims to evaluate the efficacy of Reality Therapy in mitigating psychological issues among secondary school students in the Jalingo Education Zone, Taraba State, Nigeria.

Purpose of the Study

The primary objective of this study is to investigate the effectiveness of Reality Therapy in addressing psychosocial problems among secondary school students in Jalingo Education Zone, Taraba State, Nigeria. To achieve this overarching aim, the study is guided by the following specific objectives:

- i. To assess the effect of Reality Therapy on the self-esteem of secondary school students in Jalingo Education Zone.
- ii. To evaluate the impact of Reality Therapy on substance use disorder among secondary school students in the study area.
- iii. To determine the influence of Reality Therapy on bullying behaviors among secondary school students in Jalingo Education Zone.
- iv. To examine the effect of Reality Therapy on social isolation among secondary school students in the study area.

Research Question

To provide structured direction for the investigation, the following research questions were formulated:

- i. What effect does Reality Therapy have on the self-esteem of secondary school students in Jalingo Education Zone?
- ii. To what extent does Reality Therapy influence substance use disorder among secondary school students in Jalingo Education Zone?
- iii. How does Reality Therapy affect bullying behaviors among secondary school students in the study area?
- iv. What impact does Reality Therapy have on social isolation among secondary school students in Jalingo Education Zone?

Research Hypotheses

The following null hypotheses are formulated and to be tested at 0.05 level of significance.

H₀₁: Reality therapy has no significant effect on self-esteem among secondary school students in Jalingo education zone.

H0₂: Reality therapy has no significant effect on substance use disorder among secondary school students in Jalingo education zone.

H0₃: Reality therapy has no significant effect on bullying among secondary school students in Jalingo education zone.

H0₄ Reality therapy has no significant effect on social isolation among secondary school students in Jalingo education zone.

Literature Review: A Brief Conceptual Clarifications

Concept of Psychosocial Problems

In the literature, there are many different ways to think about psychosocial difficulties. Muthas and Mushina (2016) characterize psychosocial problems as circumstances that disrupt individuals' daily functioning and social adaptation. In a broad sense, these obstacles include emotional and behavioral problems that make teens and adults less healthy overall. Researchers often categorize these diseases as internalizing and externalizing disorders. Internalizing disorders encompass depression and anxiety, whereas externalizing disorders are expressed through delinquency, aggressiveness, substance abuse, academic challenges, and truancy (Ahmad, Khaliq, Khan, & Amir, 2007). For teenagers to flourish in society, they necessitate nurturing surroundings defined by care, acceptance, and comprehension. Nevertheless, modern social realities—characterized by detrimental childhood experiences, insufficient oversight, and dysfunctional family structures—have exacerbated the rising incidence of psychosocial challenges among youth, with familial dynamics significantly influencing psychosocial competence.

Psychosocial difficulties can severely hinder pupils' academic involvement and achievement. Symptoms linked to anxiety, depression, and inadequate impulse control might impair focus, motivation, and continuous engagement in classroom activities, consequently elevating the risk of unfavorable academic results and school dropout (Killu et al., 2016). Moreover, teenagers facing psychosocial hardship are at an increased risk of substance usage, frequently resorting to drugs or alcohol as maladaptive coping strategies in reaction to emotional suffering or peer pressure (Donovan, 2004). Such habits worsen mental health symptoms and undermine overall well-being. In extreme instances, enduring mental turmoil and despair may lead to self-harm or suicide thoughts (Carvalho et al., 2015).

If psychosocial illnesses in teenagers are not treated, they can last into adulthood and turn into long-term mental health problems. Consequently, prompt detection and

management are crucial to alleviate long-term negative consequences. These illnesses can interfere with essential areas of development, such as emotional management, cognitive functioning, and social competence. Adolescents who are affected may find it hard to make decisions, solve problems, figure out who they are, and build their self-esteem. As a result, extensive support systems and evidence-based therapy interventions are essential for fostering healthy developmental pathways and averting persistent psychosocial dysfunction.

Psychological Problems

Psychological problems are disturbances in an individual's cognitive, emotional, or behavioral functioning that significantly impair their ability to cope with life's demands. These issues can stem from biological, psychological, and social factors and may manifest in various forms, including anxiety, depression, mood instability, or distorted thinking patterns. When persistent and severe, they may be classified as mental disorders (American Psychiatric Association, 2013). For the purpose of this study, the researcher is only considering one variable anxiety.

Methodology

This research utilized a quasi-experimental approach, namely a one-group pre-test–post-test framework. In this design, one group of participants was tested on the dependent variables before the intervention and again after it was put into place. The main goal of this method was to find out if the treatment caused the changes in the measurable outcomes that could be seen. The study was carried out in the Jalingo Education Zone of Taraba State, Nigeria. Ardo-Kola and Jalingo Local Government Areas (LGAs) are both important administrative units that help the state grow in terms of education, culture, and the economy.

The Jalingo Education Zone was geographically bounded by Yorro, Zing, Karim-Lamido, and Bali Local Government Areas, creating a central hub that connected several key communities within Taraba State. The population of this study was 5,067 SSII male and female students with psycho-social problems in public secondary schools in the Jalingo Education Zone, Taraba State (Taraba State Post-Primary School Management Board, 2024). The population was identified through.

A sample size of 40 SSII public secondary students showing signs and symptoms of psycho-social adjustment problems was selected from the population. Purposive sampling was used in the study. The students were identified by their class teachers and school counsellors based on previous school records. To compose the sample, the researcher purposely sampled Government College

Jalingo and Government Day Secondary School Sunkani, as these schools had high incidence of psycho-social problems in their disciplinary records. At the second stage, 20 students with psycho-social problems from each school were randomly selected using balloting. an instrument (questionnaire) administered to SSII students in public secondary schools.

The adopted questionnaire used to collect data was called the Psycho-social Problem Instrument (PPI). It was created by Aaron T. Beck, M.D., Robert A. Steer, Morris Rosenberg, Mynard & Joseph, Russell, Peplau & Cutrona, and Elizabeth Rahdert in 2000. The adopted questionnaire was utilized to gather data from respondents regarding the impact of reality therapy on psycho-social issues.

The study's data were examined utilizing both descriptive and inferential statistical methods. To answer the research questions, descriptive statistics, such as the mean and

standard deviation, were used to show how the scores were spread out and how they tended to be.

To evaluate the null hypotheses, inferential analysis was performed utilizing paired-samples t-tests at a significance level of 0.05. The paired-samples t-test is suitable for comparing the mean scores of a single group assessed at two distinct time points or for two related observations (Ross & Willson, 2017). The threshold for hypothesis testing was established as follows: if the p-value was below 0.05, the null hypothesis was rejected; if the p-value was equal to or over 0.05, the null hypothesis was upheld.

Result

Research Question One

What is the effect of reality therapy on self-esteem among secondary school students in Jalingo education zone?

Table 1: Mean and standard deviations scores on the effect of reality therapy on self-esteem among secondary school students in Jalingo education zone

Treatment	N	mean	std. dev
Pre-test	40	1.60	0.40
Posttest	40	3.65	0.64
Mean difference		2.05	

Source: Field work, 2025

Table 1 shows that before Reality Therapy was used, the average score for self-esteem among secondary school students in the Jalingo Education Zone was 1.60, with a standard deviation of 0.40. After the intervention, the mean of the post-test rose significantly to 3.65, with a standard deviation of 0.64. The observed mean difference of 2.05 between the pre-test and post-test scores indicates a significant enhancement in students' self-esteem following the implementation of Reality Therapy.

Research Question two

What is the effect of reality therapy on substance use disorder among secondary school students in Jalingo education zone?

Table 2: Mean and standard deviations scores on the effect of reality therapy on substance use disorder among secondary school students in Jalingo education zone

Treatment	N	mean	std. dev
Pre-test	40	1.63	0.32
Posttest	40	3.55	0.24
Mean difference		1.92	

Source: Field work, 2025

Table 2 shows that before Reality Therapy was put into place, the average score for substance use disorder among secondary school students in the Jalingo Education Zone was 1.63, with a standard deviation of 0.32. After the intervention, the mean of the post-test rose to 3.55, and the standard deviation fell to 0.24. The mean difference of 1.92 between the scores on the pre-test and the post-test shows a big positive shift. This suggests that Reality Therapy worked to help the students with drug use disorder.

Research Question three

What is the effect of reality therapy on bullying among secondary school students in Jalingo education zone?

Table 3: Mean and standard deviations scores on the effect of reality therapy on bullying among secondary school students in Jalingo education zone.

Treatment	N	mean	std. dev
Pre-test	40	1.52	0.31
Posttest	40	3.43	0.26
Mean difference		1.91	

Source: Field work, 2025

The data in Table 3 show that before Reality Therapy was put into place, the average score for bullying among secondary school students in the Jalingo Education Zone was 1.52, with a standard deviation of 0.31. After the intervention, the mean of the post-test rose to 3.43, with a standard deviation of 0.26. The calculated mean difference of 1.91 between the pre-test and post-test scores indicates a significant positive shift, implying that Reality Therapy effectively diminished bullying tendencies among the participating kids.

Research Question Four

What is the effect of reality therapy on social isolation among secondary school students in Jalingo education zone?

Table 4: Mean and standard deviations scores on the effect of reality therapy social isolation among secondary school students in Jalingo education zone.

Treatment	N	mean	std. dev
Pre-test	40	1.53	0.25
Posttest	40	3.54	0.22
Mean difference		2.01	

Source: Field work, 2025

Table 4 shows that before Reality Therapy was given, the average score for social isolation among secondary school students in the Jalingo Education Zone was 1.53, with a standard deviation of 0.25. After the intervention, the mean of the post-test rose to 3.54, with a standard deviation of 0.22. The mean difference of 2.01 between the pre-test and post-test scores shows a significant positive shift. This suggests that Reality Therapy worked to reduce social isolation among the students who took part.

Hypotheses Testing

Hypothesis One

Reality therapy has no significant effect on self-esteem among secondary school students in Jalingo education zone

Table 5: Paired-sample t-test statistic of reality therapy on self-esteem among secondary school students in Jalingo education zone

Self-esteem	N	mean	std. dev	t	df	Sig. (2-tailed)
Pre-test	40	1.60	0.40			
				-17.04	39	0.00
Post-test	40	3.65	0.64			
Mean difference		2.05				

Source: Field work, 2025

The results presented in Table 5 reflect the outcome of the paired-samples t-test conducted to evaluate the effect of Reality Therapy on self-esteem among secondary school students in Jalingo Education Zone. The analysis revealed that the mean difference between the pre-test and post-test scores (2.05) was statistically significant, as evidenced by $t(39) = -17.04$, $p < 0.05$. This finding indicates that the observed improvement in self-esteem following the intervention was not due to chance.

The findings indicate that Reality Therapy contributed to roughly 88.4% of the noted enhancement in participants' self-esteem. Since the difference between the ratings before and after the intervention was statistically significant, the null hypothesis, which said that Reality Therapy had no meaningful effect on self-esteem, was rejected. Consequently, it is determined that Reality Therapy exerted a statistically significant positive impact on the self-esteem of secondary school pupils in the Jalingo Education Zone, Taraba State, Nigeria.

Hypothesis Two

Reality therapy has no significant effect on substance use disorder among secondary school students in Jalingo education zone Taraba State, Nigeria.

Table 6: Paired-sample t-test statistic of reality therapy on substance use disorder among secondary school students in Jalingo education zone Taraba State, Nigeria.

Substance use disorder	N	mean	std. dev	t	df	Sig. (2-tailed)
Pre-test	40	1.63	0.32			
				-33.26	39	0.00
Post-test		40	3.55	0.24		
Mean difference			1.92			

Source: Field work, 2025

The results in Table 6 show what happened when the paired-samples t-test was used to see how Reality Therapy affected secondary school pupils in Jalingo Education Zone, Taraba State, Nigeria, who had a substance use issue. The study showed that the mean difference between the pre-test and post-test scores (1.92) was statistically significant, with $t(39) = -33.26$, $p < 0.05$. This shows that the decrease in drug use disorder after the intervention was statistically significant and probably didn't happen by coincidence.

The results further suggest that Reality Therapy accounted for approximately 96.7% of the observed improvement in substance use disorder among the participants. Given the statistically significant difference between pre-intervention and post-intervention scores, the null hypothesis stating that Reality Therapy has no significant effect on substance use disorder was rejected. It is therefore concluded that Reality Therapy had a significant positive effect in reducing substance use disorder among secondary school students in Jalingo Education Zone, Taraba State, Nigeria.

Hypothesis three

Reality therapy has no significant effect on bullying among secondary school students in Jalingo education zone.

Table 7: Paired-sample t-test statistic of reality therapy on bullying among secondary school students in Jalingo education zone in Taraba State, Nigeria.

Bullying	N	mean	std. dev	t	df	Sig. (2-tailed)
Pre-test	40	1.52	0.31			
				-31.14	39	0.00
Post-test		40	3.43	0.26		
Mean difference			1.91			

Source: Field work, 2025

The results in Table 7 show what happened when we used a paired-samples t-test to find out how Reality Therapy affected bullying among secondary school students in the Jalingo Education Zone in Taraba State, Nigeria. The study showed that the mean difference between the pre-test and post-test scores (1.91) was statistically significant, as shown by $t(39) = -31.14$, $p < 0.05$. This means that the decrease in bullying tendencies after the intervention was not just a fluke. The results also show that Reality Therapy was responsible for about 96.2% of the improvement in bullying behavior that was seen. As a result, the null hypothesis that Reality Therapy had no significant effect on bullying was rejected. This led to the conclusion that Reality Therapy had a significant beneficial effect on reducing bullying among secondary school students in the study area.

Hypothesis Four

Reality therapy has no significant effect on social isolation among secondary school students in Jalingo education zone, Taraba State Nigeria.

Table 8: Paired-sample t-test statistic of reality therapy on social isolation among secondary school students in Jalingo education zone, Taraba State Nigeria.

Social Isolation N	mean	std. dev	t	df	Sig. (2-tailed)	
Pre-test	40	1.53	0.25			
					-40.61	39 0.00
Post-test		40	3.54	0.22		
Mean difference			2.01			

Source: Field work, 2025

The results in Table 8 show the results of the paired-samples t-test that was done to find out how Reality Therapy affects social isolation among secondary school students in Jalingo Education Zone, Taraba State, Nigeria. The study showed that the mean difference between the pre-test and post-test scores (2.01) was statistically significant, as shown by $t(39) = -40.61$, $p < 0.05$. This means that the improvement was not due to chance. The findings indicate that Reality Therapy was responsible for almost 97.7% of the decrease in social isolation among the subjects. Consequently, the null hypothesis positing that Reality Therapy exerts no significant impact on social isolation was dismissed, resulting in the finding that Reality Therapy substantially diminished social isolation among secondary school pupils in the study area.

Discussion of Findings

The Discussion of Findings was done based on the variables of the study,

Effect of Reality Therapy on Self-Esteem among Secondary School Students in Jalingo Education Zone

The study demonstrated that prior to the implementation of Reality Therapy, the pre-test mean score for self-esteem among students in Jalingo Education Zone, Taraba State, was 1.60 (SD = 0.40), while the post-test mean increased to 3.65 (SD = 0.64), reflecting a mean gain of 2.05. This substantial improvement indicates a positive shift in self-esteem following the intervention. The paired-samples t-test further confirmed that the difference between pre- and post-intervention scores was statistically significant, $t(39) = -17.04$, $p < 0.05$, suggesting that the observed change was unlikely to have occurred by chance. The analysis implies that approximately 88.4% of the improvement in self-esteem can be attributed to the therapeutic intervention. Consequently, the null hypothesis asserting no significant effect of Reality Therapy on self-esteem was rejected, leading to the conclusion that Reality Therapy had a statistically significant positive impact on self-esteem

among secondary school students in Jalingo Education Zone, Taraba State, Nigeria.

The present findings are consistent with earlier empirical studies. Parisa (2016), in an investigation of the effectiveness of group-based Reality Therapy, reported that participants in the experimental group demonstrated improved mental health outcomes and higher post-test self-esteem scores compared to those in the control group. Similarly, Ayon and Omoyemiju (2023) examined the prevalence of self-esteem issues among secondary school students in Ife-East Local Government Area and evaluated the impact of Reality Therapy as an intervention. Their analysis revealed a statistically significant effect of Reality Therapy on students' self-esteem levels [$F(1,158) = 7.153$, $p = 0.008 < 0.05$], leading to the conclusion that Reality Therapy constitutes an effective approach for addressing self-esteem challenges among secondary school students.

The results of this study are also consistent with the findings of Ogunesan, Adeniyi, and Okoli (2023), who investigated the effects of self-esteem and Reality Therapy interventions on substance abuse-related problems among adolescent students in Lagos State. Their study revealed significant differences in post-test mean scores on aggression among adolescents exposed to the experimental treatments, as well as statistically significant differences in peer pressure outcomes between treatment and control groups. Similarly, Ukoima, Mina, and Sita (2024), in their examination of the combined effects of Self-Esteem Behavior Therapy on truancy among secondary school students in Omuma Local Government Area of Rivers State, reported that students in the treatment group demonstrated marked improvement in truancy behavior following the intervention, whereas those in the control group continued to exhibit persistent truancy. These findings collectively reinforce the effectiveness of therapeutic interventions in addressing psychosocial and behavioral challenges among adolescents.

The present findings further corroborate the study conducted by Muraina (2018), who carried out an experimental investigation on the effectiveness of self-

esteem-based counselling through Reality Therapy in reducing mathematics anxiety among in-school adolescents in Oyo State, Nigeria. The results demonstrated a statistically significant difference in mathematics anxiety levels between students who received the counselling intervention and those in the control group. Additionally, a significant difference was observed between students with high self-esteem and those with low self-esteem in relation to mathematics anxiety. Based on these outcomes, the study emphasized the need for counselling psychologists to intensify professional efforts—such as organizing conferences and awareness programs—to highlight the value of therapeutic interventions as effective strategies for mitigating mathematics anxiety and related psychosocial challenges.

Effect of reality therapy on substance use disorder among secondary school students

The data in Table 2 show that before Reality Therapy was used, the average score for substance use disorder among students in Jalingo Education Zone, Taraba State, was 1.63 (SD = 0.32). After the therapy, the average score went up to 3.55 (SD = 0.24), which is a difference of 1.92. This significant alteration indicates a dramatic decrease in substance use disorder subsequent to the intervention. The paired-samples t-test corroborated that the observed difference between pre- and post-intervention ratings was statistically significant, $t(39) = -33.26, p < 0.05$, suggesting that the improvement was unlikely to have occurred by coincidence. The study indicates that roughly 96.7% of the observed variance in improvement can be ascribed to the therapy intervention. As a result, the null hypothesis that Reality Therapy had no significant effect on drug use disorder was rejected. This led to the conclusion that Reality Therapy had a significant positive influence on substance use disorder among secondary school students in the study region.

These results align with previous empirical research. In their study on the impact of Reality Therapy on the attitudes of drug-dependent individuals at Specialist Hospital Gombe, Nigeria, Nanram, Hashidu, and Clementina (2023) found that participants in the experimental group exhibited higher post-test mean scores regarding recovery than their pre-test scores and those of the control group. Likewise, Jikukka (2025) investigated the efficacy of Reality Therapy in mitigating affective consequences and substance use disorder among sexually abused girls with impairments, revealing that the intervention markedly strengthened emotional control and social perception. These studies collectively validate the effectiveness of Reality Therapy as a suitable strategy for tackling substance-related and psychosocial issues.

Effect of Reality Therapy on Bullying Among Secondary School Students

The results in Table 3 show that before Reality Therapy was used, the average score for bullying among secondary school students in the Jalingo Education Zone, Taraba State, was 1.52 (SD = 0.31). After Reality Therapy was used, the average score rose to 3.43 (SD = 0.26), which is a mean gain of 1.91. This improvement indicates a significant decrease in bullying behaviors subsequent to the intervention. The paired-samples t-test further validated that the disparity between the pre-test and post-test scores was statistically significant, $t(39) = -31.14, p < 0.05$, indicating that the observed variation was not due to random chance. The data shows that about 96.2% of the change in bullying behavior can be linked to the therapeutic intervention. Consequently, the null hypothesis asserting that Reality Therapy has no significant effect on bullying was rejected, resulting in the conclusion that Reality Therapy had a substantial positive impact on diminishing bullying among secondary school students in the Jalingo Education Zone, Taraba State, Nigeria. In a related context, comparable evidence has demonstrated that Reality Therapy markedly diminished stress levels among English education undergraduates in the intervention group relative to those in the control group, as assessed by the PSS-14, with the reduction maintained at a three-month follow-up evaluation, thereby reinforcing the intervention's durability and efficacy.

The present finding, however, contrasts with the results reported by Ann (2020), who investigated the effectiveness of Reality Therapy in addressing bullying behaviors among adolescents. In that study, the statistical analysis revealed no significant difference in treatment outcomes, as indicated by $t(28) = -0.39, p > 0.05$, suggesting that the intervention did not produce measurable changes in bullying behavior within the sampled group. Despite the absence of statistically significant effects, the study nonetheless recommended the adoption of Reality Therapy as a management strategy for bullying among both younger and older adolescents, highlighting the need for further research and contextual adaptation of the intervention.

The findings of the present study are consistent with those reported by Madukwe, Echeme, Njoku, Annorzie, Omagamre, and Nwifo (2016), who examined the effectiveness of Reality Therapy in reducing bullying among adolescents in Owerri North, Imo State, Nigeria. Their results demonstrated a statistically significant reduction in bullying behavior at $p < .001$, with a marked decline from a pre-test mean of 31.63 to a post-test mean of 11.47, as evidenced by $t(29) = 31.09, p < .001$. Furthermore, no significant differences were observed across age groups at either the pre-test stage (Age $\geq 15, M = 31.53$; Age $< 15,$

M = 31.82) or post-test stage (Age \geq 15, M = 11.26; Age < 15, M = 11.82), indicating that the therapeutic effect was consistent irrespective of age category. However, these findings differ from those of Omidi, Hosseinzadeh, Taghvaie, Meschi, Sodagar, and Ranjbari (2025), who investigated the impact of Reality Therapy on bullying and emotional regulation among female middle school students. Their study revealed significant improvements in bullying behavior and mental health outcomes in the intervention group compared to the control group ($p = 0.001$), alongside reductions in emotional suppression and increases in cognitive reappraisal. Thus, while substantial evidence supports the efficacy of Reality Therapy in addressing bullying and related psychosocial variables, variations in contextual and methodological factors may account for differences across studies.

Effect of reality therapy on social isolation among secondary school students

The results presented in Table 4 indicate that prior to the implementation of Reality Therapy, the pre-test mean score for social isolation among secondary school students in Jalingo Education Zone, Taraba State, was 1.53 (SD = 0.25), whereas the post-test mean increased to 3.54 (SD = 0.22), yielding a mean gain of 2.01. This substantial difference suggests a marked reduction in social isolation following the intervention. The paired-samples t-test further demonstrated that the difference between pre- and post-intervention scores was statistically significant, $t(39) = -40.61$, $p < 0.05$. Additionally, the computed effect size using eta squared ($\frac{t^2}{t^2 + (N-2)} = .9774$) indicates that approximately 97.7% of the variance in the improvement can be attributed to the therapeutic intervention, reflecting a very large effect. Consequently, the null hypothesis asserting no significant effect of Reality Therapy on social isolation was rejected, leading to the conclusion that Reality Therapy had a statistically significant and substantial impact in reducing social isolation among secondary school students in Jalingo Education Zone, Taraba State, Nigeria.

The findings of the present study align with those reported by Kahaki, Mirgol, Arabi, and Mobasher (2014), who investigated the effectiveness of Reality Therapy in reducing loneliness among retired teachers in Zahedan, Iran. Their results demonstrated a statistically significant reduction in loneliness following group-based therapeutic intervention ($P < 0.05$), thereby affirming the efficacy of Reality Therapy in addressing social and emotional isolation.

Similarly, Roshanravan (2021) examined the effectiveness of group Reality Therapy in improving students' loneliness and academic achievement in Kermanshah, Iran. The study revealed that participation in group Reality Therapy

significantly reduced loneliness levels among students ($F = 22.84$, $P < 0.001$). This outcome parallels the present study in its focus on the impact of Reality Therapy on psychosocial behavior, particularly in relation to social connectedness and emotional well-being.

In addition, Evi and Mahdayani (2022) explored the application of Reality Counseling to address isolated behaviors among students in Indonesia using a one-group pretest–posttest experimental design. Their findings indicated meaningful behavioral changes following the intervention, including increased peer interaction, enhanced self-confidence, improved emotional regulation, and reduced tendencies toward withdrawal and social comparison. These results further reinforce the effectiveness of Reality Therapy–based interventions in mitigating social isolation and promoting healthier interpersonal functioning among students.

Conclusion

The study's results show that Reality Therapy had a big effect on the psychosocial outcomes of secondary school pupils in Jalingo Education Zone, Taraba State, Nigeria. The intervention had a bigger effect on self-esteem and sadness, but only a small effect on substance use disorder, anxiety, and bullying behaviors. In terms of social isolation, the pre-intervention assessment yielded lower mean scores in comparison to the post-intervention assessment, each accompanied by their respective standard deviations. The discerned disparity between pre-test and post-test scores indicates that Reality Therapy facilitated a quantifiable, albeit very minor, decrease in social isolation among the participating students. These findings collectively validate the therapeutic efficacy of Reality Therapy in tackling many facets of psychosocial challenges within the study cohort.

Recommendations

From the findings of the study, the following recommendations were made;

1. School counsellors should consistently apply reality therapy techniques to enhance students' self-esteem and promote positive self-concept among secondary school students in Jalingo Education Zone and beyond.
2. Educational institutions should employ reality therapy-based counselling sessions to address and reduce substance use disorder among adolescents in secondary schools.
3. School administrators should introduce reality therapy interventions as part of anti-bullying programmes to mitigate bullying behaviours and promote positive peer relationships.

- Counsellors should utilize reality therapy approaches to reduce social isolation and foster a sense of belonging and interpersonal connectedness among secondary school students.

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