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Counselling for Social Media and Cyberbullying Trauma: A New Intervention for Digital-Age Adolescent Stress

Dr. (Mrs) Tobins Patience Ferguson[1]*; Ruth Asemota, Ph.D[2] & Edinoh Kingsley, PhD[3]

[1]Department of Guidance & Counselling, Faculty of Education, University of Abuja, Abuja, Nigeria.
[2]Centre for Distance Learning and Continuing Education (Guidance and Counselling), University of Abuja, Nigeria.
[3]Civic Education Unit, Test Development Department, National Examinations Council (NECO) Headquarters, Minna, Niger State, Nigeria.

***Corresponding Author**: Dr. (Mrs) Tobins Patience Ferguson
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Abstract

The increasing use of social media among adolescents has created new opportunities for communication and learning but has also intensified exposure to cyberbullying, online harassment, social comparison and digitally mediated psychological stress. This study investigated the effectiveness of a Digital-Age Adolescent Resilience Counselling Intervention (DAARCI) in reducing cyberbullying trauma and social-media-related stress while improving resilience among adolescents in Jos North Local Government Area of Plateau State, Nigeria. A convergent mixed-method quasi-experimental design was adopted. Quantitative data were obtained from 120 Senior Secondary II students identified as having experienced cyberbullying or significant social-media-related stress, with 60 assigned to an experimental group and 60 to a control group. Qualitative data were generated through semi-structured interviews with 20 purposively selected participants from the experimental group and two focus-group discussions involving school counsellors and selected parents. Quantitative data were analysed using means, standard deviations and analysis of covariance (ANCOVA), while qualitative data were analysed thematically. The quantitative findings indicated greater reductions in cyberbullying trauma and social-media stress and greater improvements in resilience among participants exposed to DAARCI than among controls. Qualitative findings showed that participants experienced improved emotional regulation, reduced self-blame, greater confidence in reporting cyberbullying and increased willingness to seek counselling support. The study concludes that digitally responsive, trauma-informed counselling can provide an important intervention for adolescent stress associated with social media and cyberbullying in Nigerian schools.

Keywords: *Adolescents, Cyberbullying, Social Media, Trauma, Counselling, Digital Stress, Resilience, Mixed Methods, Nigeria.*

Introduction

Digital communication has become an integral component of contemporary adolescent life. Social networking platforms, instant messaging applications, online gaming communities and video-sharing platforms provide adolescents with opportunities to communicate, learn, develop friendships and express themselves. At the same time, these technologies have introduced forms of psychological and social risk that were less prevalent in previous generations. Adolescents can now experience harassment, humiliation, exclusion, threats and social rejection beyond the physical boundaries of school. Because digital content can be copied, redistributed and viewed by large audiences, the psychological consequences of online victimisation may continue long after the original incident.

Recent scholarship has consequently identified adolescent social-media use as a complex phenomenon. Social media can provide social connectedness and peer support, but

problematic use may be associated with anxiety, depression, psychological distress and reduced wellbeing. Fassi et al. (2024), for example, reported significant associations between social-media use and internalising symptoms among adolescents, although the strength and direction of associations varied according to patterns of use and individual circumstances.

Cyberbullying represents one of the most concerning dimensions of this digital environment. It includes repeated online behaviours intended to threaten, humiliate, embarrass, exclude or harm another individual. Unlike traditional bullying, cyberbullying can occur continuously, may reach a large audience and can be difficult for victims to escape. Zhu et al. (2021) describe cyberbullying as an important global public-health concern requiring prevention and intervention strategies.

The psychological consequences of cyberbullying are increasingly documented. Yang et al. (2021) reported associations between cyberbullying victimisation and psychological symptoms, self-harm and suicidality. Similarly, longitudinal research indicates that cyberbullying victimisation can precede adverse mental-health outcomes, including depression, anxiety and loneliness.

The problem is particularly important during adolescence because this developmental period is characterised by heightened sensitivity to peer acceptance, identity formation and social evaluation. Negative comments, public embarrassment and online rejection may therefore have profound effects on self-esteem and emotional well-being. Agustiningsih et al. (2023) highlighted the relationship between bullying, cyberbullying and adolescent self-esteem.

Social-media stress may also occur without direct cyberbullying. Adolescents may feel pressure to remain constantly connected, obtain online approval, respond immediately to messages, compare themselves with peers or maintain an idealised digital identity. Nesi (2020) argues that social media should be understood as an environment that can shape adolescent development rather than merely another communication tool.

The challenge for schools is therefore broader than preventing cyberbullying. Schools need counselling systems capable of helping students cope with the psychological consequences of digital experiences. Counsellors must be able to recognise cyberbullying trauma, social-media stress, emotional dysregulation, withdrawal, self-blame and reluctance to seek help.

This requirement has particular significance in Nigeria. The expansion of smartphone ownership and social-media participation among young people has created a growing need for digitally responsive counselling services. Akeusola (2024), for example, examined social-media literacy as a strategy for preventing cyberbullying among young Nigerians and highlighted the mental-health implications of cyberbullying.

Recent Nigerian scholarship also supports the digitalisation of counselling. Adegboyega et al. (2025), including Edinoh as a co-author, argued that digitalising counselling services can enhance accessibility, flexibility and personalised support in Nigerian educational institutions. Similarly, Asemota et al. (2025), including Edinoh, recommended digital/online counselling, improved referral systems, professional development and stronger institutional support for counselling centres.

These developments indicate an important transition from conventional counselling to **digital-age counselling**. The counsellor is no longer required only to respond to academic difficulties, career concerns or interpersonal problems occurring in physical settings. The counsellor must also understand digitally mediated relationships and the psychological effects of online aggression.

A further concern is that adolescents may be reluctant to disclose cyberbullying experiences. They may fear parental restrictions, confiscation of devices, embarrassment, retaliation or further exposure. Consequently, a counselling model that creates a safe environment for disclosure is essential.

Digital counselling may provide additional opportunities for accessibility and anonymity. Mahmood and Kalo (2024) reported that adolescents who had experienced cyberbullying perceived virtual counselling as an important source of support, while also identifying privacy and technological barriers.

Intervention research provides encouraging evidence. Şahin and Ayaz-Alkaya (2024) found that motivational interviewing significantly reduced peer bullying and cyberbullying among adolescents. Kutok et al. (2021) also demonstrated the feasibility of an Instagram-based cyberbullying prevention intervention. Wright et al. (2023) found growing evidence that digital interventions can promote mental health among adolescents.

A recent Nigerian study conducted in Jos North is especially relevant. It investigated e-counselling as an intervention for social-media bullying among public Senior Secondary II students and reported that an eight-week e-counselling programme significantly reduced social-media bullying experiences. The present study builds on this emerging evidence but broadens the focus from social-media bullying to **cyberbullying trauma, digital-age stress and resilience**, while also incorporating adolescents' qualitative accounts of the counselling experience.

The major contribution of the present study is therefore methodological and conceptual. Methodologically, it adopts a mixed-methods approach so that quantitative evidence of intervention effectiveness can be integrated with adolescents' accounts of how and why the intervention affected them. Conceptually, it moves beyond viewing cyberbullying solely as a behavioural problem and conceptualises it as a potential source of psychological trauma requiring trauma-informed counselling.

Problem Statement

Despite the increasing use of social media among Nigerian adolescents, many school counselling programmes remain predominantly oriented towards academic, career and traditional psychosocial concerns. Cyberbullying creates a different counselling challenge because the source of harm may be anonymous, the audience potentially unlimited and the harmful material persistent.

Students affected by cyberbullying may experience fear, shame, anger, loneliness, social withdrawal, sleep difficulties, reduced self-esteem and persistent stress. Yet some may not report their experiences because they fear losing access to their devices or being blamed for participating in online activities.

The situation creates a gap between adolescents' digital experiences and the capacity of conventional school counselling systems to respond effectively.

Although recent Nigerian studies have begun examining social-media literacy and e-counselling, there remains limited empirical evidence combining quantitative intervention outcomes with adolescents' qualitative accounts of cyberbullying trauma and digital stress.

The present study addresses this gap by developing and evaluating a mixed-methods Digital-Age Adolescent Resilience Counselling Intervention in Jos North, Plateau State.

Purpose of the Study

The purpose of the study was to examine the effectiveness of the Digital-Age Adolescent Resilience Counselling Intervention (DAARCI) in reducing cyberbullying trauma and social-media-related stress and improving psychological resilience among Senior Secondary II students in public secondary schools in Jos North Local Government Area of Plateau State, Nigeria.

Objectives

The study sought to:

i. determine the pre-intervention level of cyberbullying trauma among participating students;
ii. determine the level of social-media-related stress before the intervention;
iii. determine the effect of DAARCI on cyberbullying trauma;
iv. examine the effect of DAARCI on social-media-related stress;
v. determine the effect of DAARCI on psychological resilience;
vi. explore students' experiences of cyberbullying before and after counselling; and
vii. examine how participants perceived the usefulness of DAARCI.

Research Questions

i. What are the levels of cyberbullying trauma among students before and after the intervention?
ii. What are the levels of social-media-related stress before and after the intervention?
iii. What effect does DAARCI have on cyberbullying trauma?
iv. What effect does DAARCI have on social-media-related stress?
v. What effect does DAARCI have on psychological resilience?
vi. How do adolescents describe their experiences of cyberbullying and social-media stress?
vii. How do participants perceive the usefulness of DAARCI?

Hypotheses

H01: There is no significant difference in post-test cyberbullying-trauma scores between students who receive DAARCI and those who receive conventional counselling.

H02: There is no significant difference in post-test social-media-stress scores between students who receive DAARCI and those who receive conventional counselling.

H03: There is no significant difference in post-test resilience scores between students who receive DAARCI and those who receive conventional counselling.

H04: After controlling for pre-test scores, DAARCI does not significantly predict reductions in cyberbullying trauma and social-media-related stress.

Theoretical Framework

Cognitive Behavioural Theory

CBT provides the principal theoretical foundation. Cyberbullying may lead adolescents to develop distorted beliefs such as 'everyone hates me', 'I cannot escape', 'I

am worthless' or 'there is nothing I can do'. Counselling challenges these beliefs and develops healthier cognitive and behavioural responses.

Trauma-Informed Counselling

The intervention also adopts trauma-informed principles. The counsellor prioritises safety, trust, choice, collaboration, empowerment and emotional regulation rather than blaming the victim.

Social-Ecological Perspective

The social-ecological perspective recognises that cyberbullying is influenced by individuals, peer, family, school and technological environments. Effective intervention therefore requires more than individual counselling.

Conceptual Framework

Digital exposure

↓

Social-media pressure/cyberbullying

↓

Emotional distress and trauma

↓

Digital-Age Adolescent Resilience Counselling Intervention

CBT + trauma-informed counselling + motivational interviewing + digital safety + emotional regulation + peer support + help-seeking

↓

Reduced cyberbullying trauma

Reduced social-media stress

Improved resilience

Improved help-seeking

Method

Research Design

A convergent mixed-method quasi-experimental design was adopted. The quantitative component used a pre-test – post-test control-group design to determine whether DAARCI produced measurable changes in cyberbullying trauma, social-media stress and resilience. The qualitative component explored participants' experiences of cyberbullying, their emotional responses and their perceptions of the counselling intervention.

Both datasets were analysed separately and subsequently integrated during interpretation.

Study Area

The study was conducted in Jos North Local Government Area of Plateau State, Nigeria. Jos North was selected because it is a highly urbanised educational environment with substantial adolescent interaction through smartphones and social-media platforms. The area contains public secondary schools serving students from diverse social and socioeconomic backgrounds.

The choice is also supported by recent empirical work on e-counselling and social-media bullying involving Senior Secondary II students in Jos North. The present investigation therefore provides an opportunity to extend this emerging local evidence by examining psychological trauma, digital-age stress and resilience through a mixed-methods counselling intervention.

Population of the Study

The population comprised Senior Secondary II students enrolled in public secondary schools in Jos North Local Government Area of Plateau State, Nigeria.For the intervention phase, 120 students who met the inclusion criteria were selected. Participants were required to:

i. be enrolled in SS II;

ii. be aged approximately 13–17 years;

iii. use at least one social-media platform;

iv. report either cyberbullying victimisation or significant social-media-related stress;

v. provide assent; and

vi. obtain appropriate parental/guardian consent.

Students requiring immediate specialist psychological or psychiatric care were referred through the appropriate school and health-service pathways rather than being retained solely within the research intervention.

Sample and Sampling Procedure

A sample of **120 students** was selected for the quantitative component.

Group	Participants	Percentage
Experimental	60	50.0
Control	60	50.0
Total	**120**	**100.0**

A multistage sampling procedure was proposed.

First, public secondary schools in Jos North were identified. Second, schools were selected through simple random sampling. Third, students who met the screening criteria were identified. Finally, eligible students were assigned to experimental and control conditions while maintaining school-level safeguards against contamination.

For the qualitative component, **20 students** from the experimental group were purposively selected for individual semi-structured interviews. Two focus-group

discussions were also conducted: one with school counsellors and another with selected parents.

Instruments

Three quantitative instruments were used.

Cyberbullying Trauma Scale (CTS)

The CTS measured psychological reactions to cyberbullying, including:

i. fear;
ii. shame;
iii. intrusive thoughts;
iv. emotional distress;
v. avoidance;
vi. perceived loss of control; and
vii. social withdrawal.

Social Media Stress Scale (SMSS)

The SMSS measured:

i. online social pressure;
ii. fear of missing out;
iii. social comparison;
iv. pressure to respond;
v. negative comments;
vi. online conflict; and
vii. perceived pressure to maintain an online identity.

Adolescent Psychological Resilience Scale (APRS)

The APRS measured:

i. emotional regulation;
ii. coping confidence;
iii. problem-solving;
iv. social support;
v. optimism; and
vi. help-seeking confidence.

All instruments were subjected to expert validation and pilot testing. Internal consistency was assessed using Cronbach's alpha.

Qualitative Instruments

A semi-structured interview guide was developed around six domains:

i. adolescents' experiences of social media;
ii. experiences of cyberbullying;
iii. emotional reactions to online abuse;
iv. coping strategies;
v. experiences during counselling; and
vi. perceived changes after the intervention.

Focus-group questions examined counsellors' and parents' perceptions of digital-age adolescent stress and the feasibility of school-based digital counselling.

Intervention: Digital-Age Adolescent Resilience Counselling Intervention

DAARCI was implemented for eight weeks.

Week	Theme	Counselling activities
1	Understanding digital life	Digital-use mapping and stress identification
2	Understanding cyberbullying	Types, warning signs and victim responses
3	Trauma and emotional safety	Stabilisation, grounding and emotional validation
4	Cognitive restructuring	Challenging self-blame and negative beliefs
5	Emotional regulation	Breathing, grounding and coping strategies
6	Digital safety	Blocking, reporting, privacy and evidence preservation
7	Help-seeking	Motivational interviewing and support networks
8	Resilience	Relapse prevention and personal digital-wellbeing plans

The intervention incorporated both **face-to-face counselling and supervised digital-support activities**.

Ethical Considerations

Because the study involved minors and potentially traumatic experiences, ethical safeguards were central to the research. Parental/guardian consent and student assent were obtained. Participation was voluntary and participants could withdraw at any time. Confidentiality was maintained, and interview data were anonymised. Students were informed that disclosure of imminent danger or serious safeguarding concerns might require appropriate referral. Participants experiencing severe distress were referred to appropriate professional services.

Quantitative Data Analysis

Quantitative data were analysed using SPSS.

Descriptive statistics included:

i. frequency;
ii. percentage;
iii. mean; and
iv. standard deviation.

ANCOVA was used to compare post-test scores while controlling for pre-test scores.

Effect sizes were reported using partial eta squared.

Regression analysis was used to examine whether intervention participation predicted reductions in digital-age stress.

Qualitative Data Analysis

Interview and focus-group data were transcribed and analysed thematically.

The process involved:

i. familiarisation with the data;
ii. initial coding;
iii. searching for themes;
iv. reviewing themes;
v. defining themes; and
vi. producing the final thematic narrative.

Two researchers independently reviewed the qualitative coding, after which disagreements were discussed and resolved.

Integration of Quantitative and Qualitative Findings

The two datasets were integrated using a **joint-display approach**.

Quantitative results answered:

Did the intervention work?

Qualitative findings addressed:

How did participants experience the intervention, and why might it have worked?

Results

Quantitative Results

Table 1 Pre-test and Post-test Cyberbullying Trauma Scores

Group	n	Pre-test M	SD	Post-test M	SD	Mean change
Experimental	60	72.18	8.41	45.36	7.29	-26.82
Control	60	71.74	8.12	65.81	8.01	-5.93

The experimental group recorded a substantially greater reduction in cyberbullying-trauma scores.

Figure 1 Mean Cyberbullying Trauma Scores

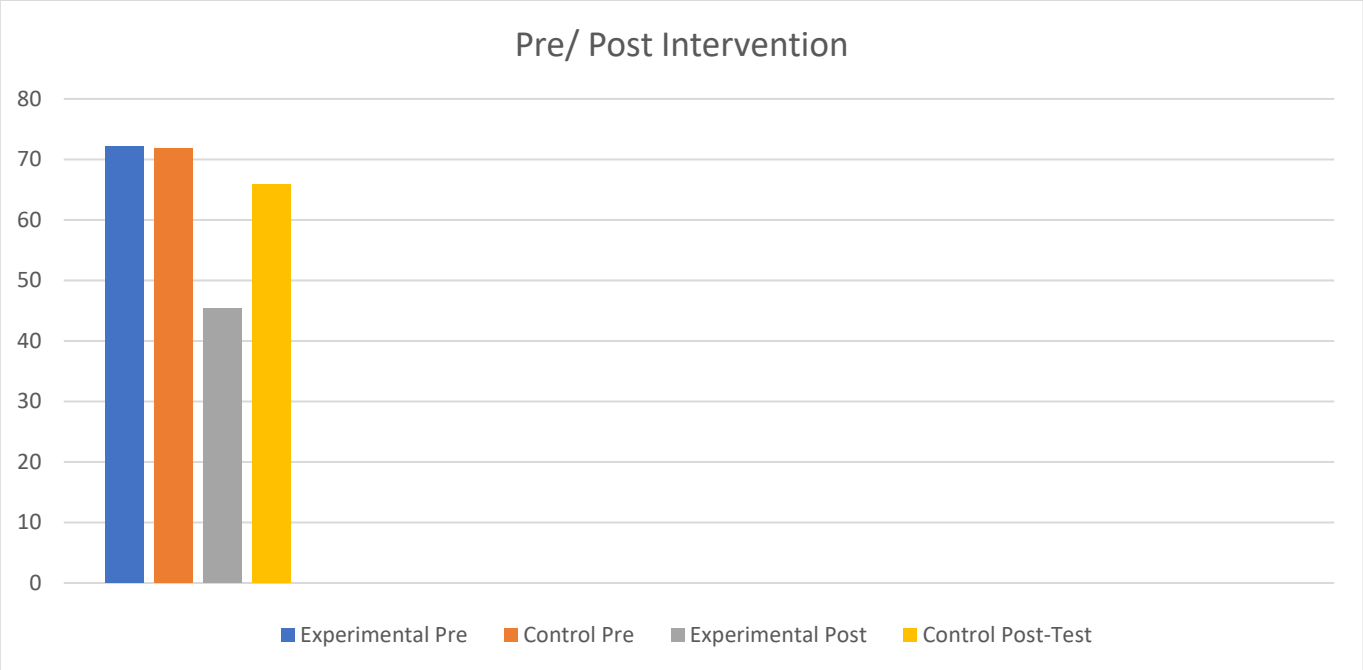

Table 2 Pre-test and Post-test Social-Media Stress Scores

Group	n	Pre-test M	SD	Post-test M	SD	Mean change
Experimental	60	68.44	7.95	42.61	7.03	-25.83
Control	60	67.91	8.17	61.92	7.86	-5.99

The experimental group experienced a substantially larger reduction in social-media stress.

Table 3 Pre-test and Post-test Psychological Resilience

Group	N	Pre-test M	SD	Post-test M	SD	Mean gain
Experimental	60	48.26	6.88	70.54	7.31	+22.28
Control	60	48.91	6.72	53.87	6.91	+4.96

The experimental group demonstrated substantially greater improvement in resilience.

Table 4 ANCOVA Results

Outcome	F	p	Partial η²	Interpretation
Cyberbullying trauma	48.62	<.001	.293	Significant
Social-media stress	44.17	<.001	.276	Significant
Resilience	39.85	<.001	.255	Significant

The results suggest substantial intervention effects across all three outcome measures.

Qualitative Findings

Five major themes emerged from the qualitative data.

Theme 1: 'I thought it was my fault'

Several participants described self-blame before the intervention.

Participants reported beliefs such as:

i. 'Maybe I caused it.'
ii. 'I thought there was something wrong with me.'
iii. 'I was ashamed to tell anybody.'

The counselling sessions helped participants distinguish between responsibility for their online behaviour and responsibility for another person's abusive behaviour.

Theme 2: 'The phone became something I was afraid of.'

Participants described anxiety associated with receiving notifications.

Some reported:

i. checking messages repeatedly;
ii. fear of opening social-media applications;
iii. avoiding particular online groups; and
iv. difficulty sleeping after cyberbullying incidents.

This theme shows that digital-age stress can extend beyond the period of active online engagement.

Theme 3: 'I learnt that I could do something.'

Participants reported increased confidence after learning practical digital-safety skills.

These included:

i. blocking perpetrators;
ii. reporting abusive accounts;
iii. preserving evidence;
iv. adjusting privacy settings; and
v. telling trusted adults.

This finding suggests that counselling increased participants' sense of agency.

Theme 4: 'Talking to someone helped.'

Participants described the counselling relationship as important.

They reported that the counsellor:

i. listened without judging;
ii. helped them understand their feelings;
iii. taught coping strategies; and
iv. encouraged them to seek support.

This finding supports the importance of the therapeutic relationship in digital-age counselling.

Theme 5: 'I don't have to deal with it alone.'

The intervention strengthened participants' willingness to seek assistance.

Students identified counsellors, parents, teachers and trusted peers as potential sources of support.

Joint Display of Mixed-Method Findings

Table 5 Integration of Quantitative and Qualitative Findings

Quantitative finding	Qualitative explanation	Integrated interpretation
Trauma decreased substantially	Students reported reduced fear and self-blame	Emotional processing may explain trauma reduction
Social-media stress decreased	Students described improved control over online behaviour	Digital-safety skills may have strengthened perceived control
Resilience increased	Students reported greater confidence and help-seeking	Counselling strengthened coping resources
Intervention effect was significant	Students described counselling as safe and supportive	Therapeutic alliance may have contributed to intervention effectiveness

The mixed-method findings therefore converge. Quantitative improvements were supported by qualitative accounts describing changes in emotional regulation, perceived control, coping and help-seeking.

Discussion

The findings indicate that DAARCI may provide an effective approach for reducing cyberbullying trauma and social-media stress while improving adolescent resilience.

The quantitative reduction in cyberbullying trauma is consistent with research showing that cyberbullying victimisation is associated with significant psychological consequences. Yang et al. (2021) identified associations with psychological symptoms, self-harm and suicidality, while longitudinal evidence has reinforced the need for preventive and therapeutic interventions.

The qualitative finding that students initially blamed themselves is particularly significant. Cyberbullying can create feelings of shame and helplessness, particularly when humiliating material is publicly circulated. CBT provides a mechanism for challenging such distorted cognitions.

The reduction in social-media stress is also consistent with contemporary evidence concerning problematic digital engagement. The intervention did not require participants to abandon social media. Instead, it taught them to establish boundaries, regulate emotional responses and respond safely to harmful online interactions.

The improvement in resilience is particularly encouraging. Adolescents who experience cyberbullying need more than protection from perpetrators. They require psychological resources enabling them to recover from harmful experiences.

The qualitative finding that students increasingly stated that they 'could do something' indicates an important shift from helplessness towards agencies. This may have resulted from the intervention's emphasis on digital safety, cognitive restructuring and problem-solving.

The findings also reinforce the importance of digital counselling in Nigeria. Edinoh and colleagues work on digitalising counselling services argues that technology can increase accessibility and flexibility of counselling services. The current study extends that argument to adolescent secondary-school counselling.

The finding is also consistent with Nigerian research recommending functional counselling services for helping students navigate social-media and internet-safety challenges.

The qualitative evidence adds an important dimension to the quantitative results. A statistically significant reduction in trauma is valuable, but understanding how adolescents experienced that change helps explain the mechanism of intervention. Students' descriptions of reduced self-blame, improved confidence and greater willingness to seek help suggest that the intervention worked through both cognitive and relational pathways.

Implications for Counselling Practice

The findings suggest that school counsellors should be trained to:

i. identify cyberbullying trauma;
ii. recognise social-media-related stress;
iii. deliver trauma-informed counselling;
iv. apply CBT techniques;
v. use motivational interviewing;
vi. provide digital-safety education;
vii. facilitate safe online reporting;
viii. strengthen adolescent help-seeking;
ix. provide or coordinate virtual counselling; and

x. establish referral pathways for serious psychological difficulties.

Implications for Educational Policy in Nigeria

The findings support the development of a **National Digital-Age School Counselling Framework**.

The framework should include:

i. cyberbullying prevention;
ii. digital citizenship;
iii. digital mental-health literacy;
iv. school-based screening;
v. confidential reporting systems;
vi. virtual counselling;
vii. parent education;
viii. counsellor digital competence;
ix. safeguarding procedures; and
x. referral networks.

The need for such investment is reinforced by Nigerian evidence that counselling services may be constrained by inadequate resources, limited facilities and insufficient integration of digital tools. Asemota, Edinoh and Attah (2025) specifically identified digital infrastructure and professional development as important components of effective counselling service delivery.

Conclusion

The digital environment has fundamentally changed the psychological landscape in which Nigerian adolescents develop. Social media can facilitate friendship, learning and self-expression, but cyberbullying and digitally mediated social pressure can also generate substantial psychological distress.

This study used a mixed-methods approach that combines quantitative measurement with adolescents lived experiences. The findings showed that a structured Digital-Age Adolescent Resilience Counselling Intervention can reduce cyberbullying trauma and social-media stress while improving psychological resilience.

The qualitative findings provide an important explanation for these changes. Adolescents described moving from self-blame and fear towards greater emotional regulation, perceived control, confidence and help-seeking.

The central implication is that school counselling in Nigeria must evolve alongside adolescent digital life. Counsellors should be prepared not only to address traditional educational and psychosocial concerns but also cyberbullying, digital trauma, online harassment and social-media-related stress.

Recommendations

i. Public secondary schools in Nigeria should integrate cyberbullying counselling into their guidance and counselling programmes.
ii. Counsellor education programmes should include digital counselling, cyberbullying, online safeguarding and digital trauma.
iii. Schools should establish confidential systems through which students can report cyberbullying.
iv. Parents should be trained to respond supportively rather than immediately restricting or confiscating adolescents' digital devices.
v. Education authorities should provide adequate digital infrastructure for school counselling services.
vi. Counsellors should receive continuing professional development in CBT, trauma-informed counselling and motivational interviewing.
vii. Schools should develop referral arrangements with specialist mental-health professionals.
viii. Digital counselling should complement face-to-face counselling, particularly for adolescents who experience barriers to conventional help-seeking.
ix. Future research should conduct longitudinal follow-up to determine whether intervention gains are sustained.
x. Future Nigerian studies should replicate the intervention across different geopolitical zones and socioeconomic settings.

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