# AGE AND GENDER SENSITIVITIES TO CONTINGENCY MANAGEMENT AND TOKEN REINFOREMENT STRATEGIES ON SELF CONTROL LEVELS OF REMAND HOME INMATES IN NIGERIA.

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## Abstract

*The study examined Age and Gender Sensitivities to Contingency Management and Token Reinforcement strategies on Self Control levels of Remand home inmates in Nigeria.*

*The study adopted the quasi-experimental non-organized pre-test, post-test and control group involving 3x2 factorial designs. The participants were randomly assigned to three groups. Seventy two (72) clients formed the sample for the study. Three remand homes- Akure (Ondo state), Osgbo (Osun state) and Ibadan (Oyo state) were purposively sampled for the study. The clients were randomly assigned to two treatment groups and a control group. The first group was treated with Contingency Management while the second with Token reinforcement and the third served as control. Self Control Scale (SCS) was employed in gathering data and descriptive statistics, ANCOVA, and scheffe posthoc analysis were used to analyze the data. The result revealed that both Contingency Management and token reinforcement strategies were adequately effective therapies in enhancing self control levels of the clients. However no significant difference on the self-control levels of male and female was found as well as that of old and young clients, this implies that both male and females as well as old and young clients are sensitive to Contingency Management and Token Reinforcement strategies. On the basis of these findings, it was highly recommended that government at various levels should employ well trained counseling psychologies who are competent in the use of various behavior modification techniques in solving different maladjustment problems among our youths and clients should avail the opportunity of the training exposed to at various homes and realized that both male and female clients deserve the treatment while the old and the young clients need treatment equally. Though the level of their involvement on delinquent behavior differ from one another, however, both need adequate and qualified counseling psychologies in behavior modification techniques*

**Key words:-** clients, self control, contingency management, token reinforcement.

## 1. Introduction

## 1.1 Background to the Study

Juvenile Delinquency is a monster that has greatly eaten deep in to the Nigerian fabric. Hardly day pass without a report of one form of delinquent behavior the other. The alarming rate of Juvenile delinquency is therefore great concern to many people both in Nigeria and other countries(Aderanti, 2006) pointed out that Juvenile delinquency is on the increase because of the accelerated rate of socio-political changes taking place in the countries of the world(Salami, 1998)noted that Nigeria as well as other countries is littered with intellectual and emotional dropouts, school dropouts, family dropouts, depressed and oppressed individuals and people who consider their lot as hopeless and helpless as a result of low self-control among them. This is because these countries are experiencing accelerated changes and these have resulted to trauma and stress which have far reaching and disastrous effects on the society particularly the adolescent.

Our remand homes, approved schools and correctional centers' comprise of children associating as friends, clubs, associations and denominations to propagate a particular believe and value. For one to discern who is socially healthy or unhealthy, normal or abnormal, it is necessary to make reference to the person's ability to conform to the norms and values of his of her society as well as his or her self-control level. This view is better explained in the social definition of health derived by (Campbell, 2009) which referred to an individual's ability to perform roles, that is, to function socially, while he defined it as ''a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" he further stressed that "normality and abnormality are based on the norms, values, and goals of society. An individual is normal or healthy if he fulfills social rules satisfactorily, obeys most of the norms of the society and behaves in a predictable and acceptable ways''

The delinquency and non-delinquency of an individual is predetermined by the level of self-control ability of such individual. The general theory of self-control attributes crime and delinquency, as well as other forms of delinquent behaviour, to low self-control. Further, "the major 'cause' of low self-control . . . appears to be ineffective child-rearing" (Andrews and Bonta 2010) Building self-control abilities among children requires concerted efforts by the parents, whose success is reflected in indicators as measures of attachment of child to parent, degree of parental supervision, and parental punishment for delinquent acts.

Generally, delinquent activities of children are quite complex and are being perturbed by the uncontrollable rate of juvenile delinquency and low level of self-control. (Marcus, 2004) reported that, because of rapid changes in culture and low self-control the younger generation is left without models. One is tempted to blame the whole thing on industrialization, concentration in urban areas and the rapidity of change all of which have reduced the capacity of the family to transmit culture. Because of the value conflicts in the different cultures, parents have become uncertain of their roles. However, (Suleiman, 2014) remarked that owing to social and geographical mobility, the children no longer grow up in surroundings in which neighbors reinforce what the family expects. Nigeria in particular, the infiltration of foreign ideologies and culture in to ours greatly promote the delinquent rate. Ignorantly, the movies, blue films and all film tricks from developed nations are been inculcated and emulated by the children and the parents on the other hands, failed to edit the type of films that are culturally inclined with

Nigerian culture before allowing their children to watch them. The parents are forgetting that if these children are not properly trained and monitored, they could pose a threat to the nation bearing in mind that today's youth are tomorrow's adult leaders of the nation.

The study is therefore designed to investigate the sensitivity of the age and gender differences to the use of both Contingency Management and Token Reinforcement Strategies in enhancing the Self Control levels of remand home inmates in Nigeria.

## 1.2 Gender differences and delinquency

The level of emotional stability and self-control between juvenile males and females is still open to academic discussion. Larry and Joseph, (1997)In a study carried out on gender difference and delinquent behaviour found that boys make up the overwhelming majority of offenders as a result of low self-control. She explained that the typical juvenile offenders are males and those who have committed property crime come from broken families and have minimal contact with their fathers. She further explained that such boys are poorly supervised; have learning problems and low self-control, disruptive at school, and see crime as normal (Spiegler and Guevremont 2010).

There are similarities and differences between male and female patterns of offending. Factors involved in the gender difference include biological (physical, sexual), context (schema, rationale), motivation (shame, self-control), criminal opportunity (gang affiliation, skills) and organization of gender (gender norms, social controlIt has been suggested that females develop a sense of self through their relationships with others and a lack of pro-social resources may lead to antisocial choices. The available research on female offenders suggests that they do not commit the same sorts of crimes as male offenders. Female offences tend to be more property, sexual and drug abuse related, whereas male offences focus more on robbery and serious crimes. Recently, the largest gains in female arrests relative to male arrests were for non-violent Economic crimes such as fraud and forgery (Speigler and Guevremont,2010).

Suleiman, (2014) found that female inmates are more emotionally unstable and tend to experience more negative emotions such as anxiety, anger and depressive feelings than male inmates. Female inmates were also found to have higher levels of depression and suicide attempts than males (Campbell, French and Gendreau 2009). Psychiatric female inmates were more verbally aggressive than men and had more mood problems, high anxiety, showed low self-esteem, substance abuse and personality disorders, though, the gender differences are well known, current programmers' in criminal justice do not incorporate this difference between genders.

Taylor, (1980) noted that there are still many significant differences in the ways females and males are socialized, which affect their development. While males learn to value separation and independence, female are taught that their self-worth depends on their ability to sustain relationships. Girls therefore run the risk of losing themselves in relationships with others while boys may experience a chronic sense of alienation. Yet because so many personal and romantic relationships go sour, females run the risk of feeling alienated and stained because of their failure to achieve rational success.   Girls are socialized to be less aggressive than boys; they are supervised more closely by parents (Davis, 2007). They learn to respond to provocation by feeling anxious and depressed while boys learn to retaliate. Although females

get angry as often as males, many have been taught to blame themselves for harboring such negative feelings. Females are socialized to fear that their anger will harm valued relationship; males are socialized to react with "moral outrage," looking to blame others for the discomfort. Female are much more likely than males to respond to anger with feelings of depression, anxiety, fear, and shame.

Agnew, (2005) confirmed that females are more likely than males to be the target of sexual and physical abuse. Female victims have been shown to suffer more seriously from such abuse, sustaining long-time damage to self-image; victims of sexual abuse find it difficult to build autonomy and life skills. He further noted a measurable cognitive difference between adolescent males and females. Girls have been found to be superior to boys in verbal activity; boys test higher in visual-spatial performance. Girls acquire language sooner, learning to speak earlier and faster with better pronunciation. Girls are far less likely to have reading problems than boys. Boys, on the other hand, do much better on standardized math tests, attributed by some experts to their strategies for approaching math problems. In most cases, cognitive differences are small, narrowing, and usually attributed to cultural expectations. When given training, girls increase visual-spatial skills, making their abilities indistinguishable from those of the boys. Girls are often stereotyped as talkative, but research shows that males in many situations spend more time talking than females. While females are more willing to reveal their feelings, males are more likely to introduce new topics and interrupt conversations. Girls are more likely than boys to express concern for the well-being of others. They are more concerned about finding the "meaning of life" and less interested in competing for material success.

## 1.3 Age difference and delinquency

Age differences play a critical role in developing many forms of delinquency. Children in particular acquire attitudes favorable to delinquency primarily through interaction with companions and participation in small intimate groups. Such companions are found in places where social life gathers people together; such as schools, work places, and recreational facilities. At a play point; the age of the adolescence are not the same. They play and interact with one another based on their levels of maturity which invariably determined by the levels of self-control. The negative and positive aspect of the character of their age group are easily emulated through role play Snyder, (2004) remarked that the more matured adolescence (aged ranged between 13 and 19) the higher their level of self-control which indicate the less involvement in delinquency behaviour.

Peer group is a group of people (young or adults who are relatively equal in age, rank, and worth). In secondary school, it is a group of students who work together and form a group in which the group may be geared towards achieving certain motives. Though, the child's personality characteristics are being developed from home, contemporary authorities in developmental psychology have however found considerable evidence to show that the child's peer is more or less his true world. Since it is from the peer culture and group that the child and the adult individual comes to discover and to defend him.

Suleiman, (2014) noted that peers can also teach a young person delinquent behaviour. This is because such peers can exact influence on their mates by labeling them so that they can actually participate in crime and delinquent behaviour and if the young person's funds a sense of self-esteem by doing so, then

he or she can be influence to fully participate in crime and delinquent activities while (Tibbettset. al., 2002) found that association or attachment to delinquent peers increases delinquent behaviour, whereas association or attachment to conventional peers reduces it. They established that each friendship and each friend create a context with particular features and norms that might differ from other friendships and other friends. Thus, it is possible that the presence of a second or third friend who is non-deviant might decrease the negative influence of a best friend's delinquency in comparison to the presence of additional delinquent friends.

The influence of peer group on behaviour could be positive or negative, if the playgroup sharpens behaviour of its member positively; they will relate positively and there will be no problem in the society. But if the reverse is the case, there will be problems. In adolescent years for example, children are loyal to peer groups over the family and even school authorities. The influence of this peer group sometimes pushes the adolescents to behave differently (Piquro et al, 2005). This happens when parents shirk their natural responsibilities by failing to curtail the excesses of their children or not catering for them at all. This will make the children turn to their peers for support. The group that the child joins could be the ones that steal. Children in this category steal money, sweat and biscuits to mention few to bribe their playmates in order to avoid being teased by them. This type of stealing is "splurge stealing". This type of child engages in delinquent behaviour in order to be recognized as member of the gang. This study by the design is therefore to investigate the levels of sensitivities of age differences as well as gender differences of the clients using two behavioral modification therapies – Contingency Management and Token Reinforcement strategies on the self control level of remand home inmates in Nigeria.

## 1.0 METHOD

### 2.1    Design

This study adopted the quasi-experimental non-randomized pre-test, post-test and control group design. The participants in this study were randomly assigned to three groups. The first group was treated with Contingency Management (CM). While the second group with Token Reinforcement (TR); the third group serves as control. The two experimental and one control were represented schematically below:

$A1 = O_1 X_1 \quad O_2$

$A2 = O_3 X_2 \quad O_4$

$A3 = O_5 \quad - \quad O_6$

Where

$O_1 \quad O_3 \quad O_5$—represents the pre-test

$O_2 \quad O_4 \quad O_6$—represents the post-test

$X_1$—treated with contingency management strategy

$X_2$—treated with token reinforcement strategy

-    - No treatment for control group

The diagrammatical expression of the treatment strategies shown indicates that the experimental groups (A1 and A2) were pre-tested after which they were made to undergo experimental treatment and

the post-test was administrated on them. For the control group A3, no treatment was administered but subjects were made to respond to pre-test and post-test instrument.

## 2.2 Population

The target population of the study comprised of all clients in remand home Akure - Ondo state, remand home in Osogbo- Osun state and remand Ibadan Oyo state. As at the time of this study, remand home Akure has 37 girls and 61 boys clients while remand home Osogbo has 45 girls and 67 boys and remand home Ibadan has 90 girls and 120 boys The age of the clients is between 9 and 17 years.

## 2.3 Sample and Sampling Techniques

The sample consists of 72 clients from the three remand homes purposefully selected for the study. The self-control scale (SCS) was administered on all of the inmates in the three remand homes. The highest score on each item on the instrument is 4 and the lowest score is 1. The maximum points obtainable by a respondent is 4x36 items = 144 while the lowest score obtainable is 1x36 = 36. Thus the mid point of the scale is 54 (i.e. (144-36)/2). The scores obtainable were divided into two. 144-54 or 36+54 which in either case is 90. Therefore the respondents whose scores on the questionnaire ranged from 90-144 were considered as having high and adequate self-control and therefore need no treatment while the respondents who scored less than 90 were considered as having low self-control and need treatment to bust their self- control levels. The range: 36-89 was set as cut off for the subjects that were selected for the experiment (treatment group) while 90 and above was set for the subjects that did not require the treatment package.

The scores from the first administration of the SCS were taken as the pre-test scores for the clients. There after 72 clients were purposefully sampled in this study which were twenty four (24) clients from Akure were treated with Contingency Management and twenty four (24) clients from Osogbo were treated with Token reinforcement while twenty four (24) (clients) from Ibadan served as the control group.

## 2.4 Instrument for Data Collection

For the purpose of this study, self-control scale (SCS) which was developed by (Akinranti 1984) and which had been used by researchers such as (Bello 1986, Idowu 1999 and Aderanti 2006) was adapted for the study. Some items that seemed irrelevant to the study were ignored, while items that focused on prison inmates were reframed to reflect Juvenile delinquent behavior because of their maturity levels. The SCS is a 4-point Likert Scale. The 36 items on SCS are framed to cover every aspect of juvenile delinquency such as behaviour, affective, imaginary, cognition, interpersonal relationship, drugs and diets.

One of the most crucial of all properties of any measurement is its validity, which is concern with whether a test or scale really measures what it claims to measure.

The content and construct validity of the self-control scale (SCS) was established by four experts in guidance and counseling department two each from Adekunle Ajasin University Akungba Akoko, Ondo State and University of Ilorin, Kwara state. They scrutinized the test items on the instrument and made

adequate corrections and suggestions. There suggestions were embedded in the instrument to avoid ambiguity in the items. The instrument was critically assessed by the experts in terms of facial value, content and constructs to ensure that the instrument was capable of measuring what it intends to measure. The researcher further carried out a pilot pre-test on fifteen clients in the Remand Home, Ibadan. The purpose was to find out if the scale would be suitable for use among the clients for the study. The 36 items were subjected to an internal consistency analysis. A co-efficient alpha 0.78 was obtained. This showed the content analysis of Self-control Scale was suitable for the study.

To establish the reliability of this instrument, a pre-test study of test-retest procedure was carried out by administering the self-control scale (SCS) on fifteen clients at Ibadan remand home Two weeks later, the same instrument was given to the same group of clients. The scores from the two separate administrations were subjected to Pearson's product movement correlation analysis to determine the reliability co-efficient of the instrument. The correlation co-efficient of the instrument was found to be 0.89 which represents a relative high degree of stability. This confirms that the scale was actually reliable for among the clients.

## 2.5 Procedure

The researcher personally distributed the questionnaire to the seventy-two clients from Juvenile Remand Home inmates, Akure, remand home Osogbo and remand home Ibadan. All the clients where gathered together in their large hall for a welcoming address in the first week of the program. The role expected of all the participants was clearly spelt out for them. The treatment packages were under two experimental groups and the control group. The procedure for the administration of the instruments and data collected were in three phases

- Pre-treatment phase
- Treatment phase and
- Post-treatment phase.

**Pre- treatment session:** Before caring out this study, the researcher sort for permission from the chief warden in the Juvenile Remand Home Akure, Osogbo and Ibadan. All the clients participated in the pre-test activities. The Self Control Scale (SCS) were administered on all of the clients at the beginning of the session. The Tokens and the Token Reinforcement cards were handled by the wardens under due instruction.

In setting the experiment, each group was briefed separately regarding the venue of the experiment and the time-table for the treatment session. The group (1) were exposed to Contingency Management (CM); group (2) were exposed to Token Reinforcement strategy (TR) while group (3), the Control Group, (were not exposed to any treatment at all). The treatment took one hour and lasted for nine weeks.

**Treatment session:** this is the real psychotherapy session, only the clients in the experimental groups (group 1 and group 2) that is, those whose score in the self-control scale falls between 36 and 89 were subjected to a nine weeks treatment program. The clients in the control group only participated in the

pre-test and post-test and were not treated with any of the strategies. Each of the session lasted for one hour. The observation for the token award covered a period between 6.00am and 6.00pm daily.

Contingency Management (Akure)           Group A1           (treated)

Token Reinforcement           (Osogbo)    Group A2           (treated)

Control Group                (Ibadan)     Group A3           (no treatment)

**Post Treatment session**: This is the evaluation of the Treatment Programs. This session was devoted to the evaluation of the treatment programs and the entire packages. The researcher carried out a post-test by given out self-control scale (SCS) to all the clients in experimental group (1 and 2) and control group to determine the post-treatment scores which is expected to reveal the present level of the clients' self-control after the treatment. This lasted for forty minutes.

## 2.0 RESULTS AND DISCUSSION

### 3.1 Descriptive Analysis

Descriptive statistics were used to answer the research question while the hypothesis was subjected to Analysis of Covariance (ANCOVA). The hypothesis was tested at 0.05 level of significance. The results are presented in two parts based on the question raised and the hypothesis that guided the study. The results are as presented below

### 3.2 Research Questions

### Question 1

Is there any difference in sensitivity to self-control levels of male and female clients before the treatment? In answering the question, the pretest mean scores of both male and female clients were computed. The results were presented in table 1 figure 1.

**Table 1: Descriptive Analysis Showing sensitivity to Self-Control Levels of Male and Female Clients before the Treatment.**

| Groups | N | Mean | SD |
|--------|-----|-------|------|
| Male | 33 | 77.36 | 2.56 |
| Female | 39 | 79.59 | 2.68 |

The table revealed that male and female clients had pretest mean score of 77.36 and 79.59 respectively. The female clients are having a relatively higher self-control mean score than the male. This implies that the female are of a higher self-control than the male counterparts. However, both the male and female clients had less mean score than the bench mark.
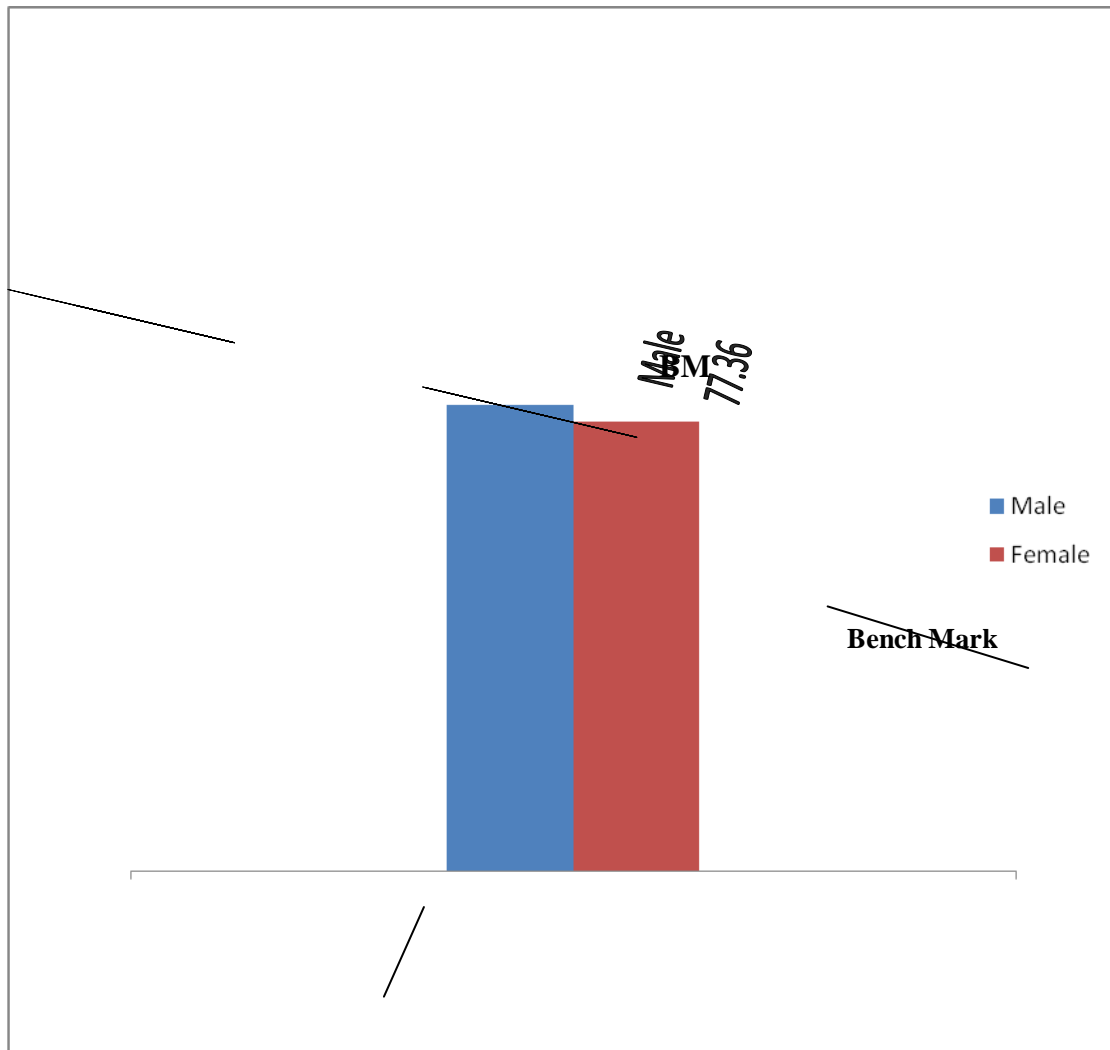
**Figure 1: Self-control levels of Male and Female clients before the treatment.**

**Question 2**

Would male and female affect the Sensitiveness of the clients to contingency management and token reinforcement strategies on self-control levels?

Mean scores of male and female clients exposed to contingency management and token reinforcement strategies were compared. The results are presented in table 2 and figure 2.

**Table 2: Descriptive Analysis of Gender sensitivity and Treatment on Self Control levels of the Clients.**

| GROUPS | | Male | | | | | Female | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Pretest | | Posttest | | | Pretest | | Posttest | |
| | N | Mean | SD | Mean | SD | N | Mean | SD | Mean | SD |
| Contingency Management | 11 | 61.91 | 3.42 | 127.64 | 1.63 | 13 | 61.00 | 2.12 | 127.85 | 1.07 |
| Token Reinforcement | 10 | 58.40 | 2.01 | 117.30 | 1.95 | 14 | 59.21 | 2.12 | 117.86 | 0.54 |
| Control | 12 | 64.00 | 2.76 | 63.42 | 2.15 | 12 | 61.67 | 2.15 | 62.50 | 2.75 |

The table revealed that male and female clients in the contingency management group had posttest mean scores of 127.64 and 127.85 respectively. Similarly, Token reinforcement and control groups followed the same trend i.e. male – TR (mean=117.30, SD=1.95), female – TR (mean=117.86, SD=0.54), male – control (mean=63.42, SD=2.15), female – control (mean=62.50, SD=2.75). This revealed that male and female clients exposed to the same strategy are almost similar in their self-control levels and it implies that both male and female clients are sensitive to the treatment.
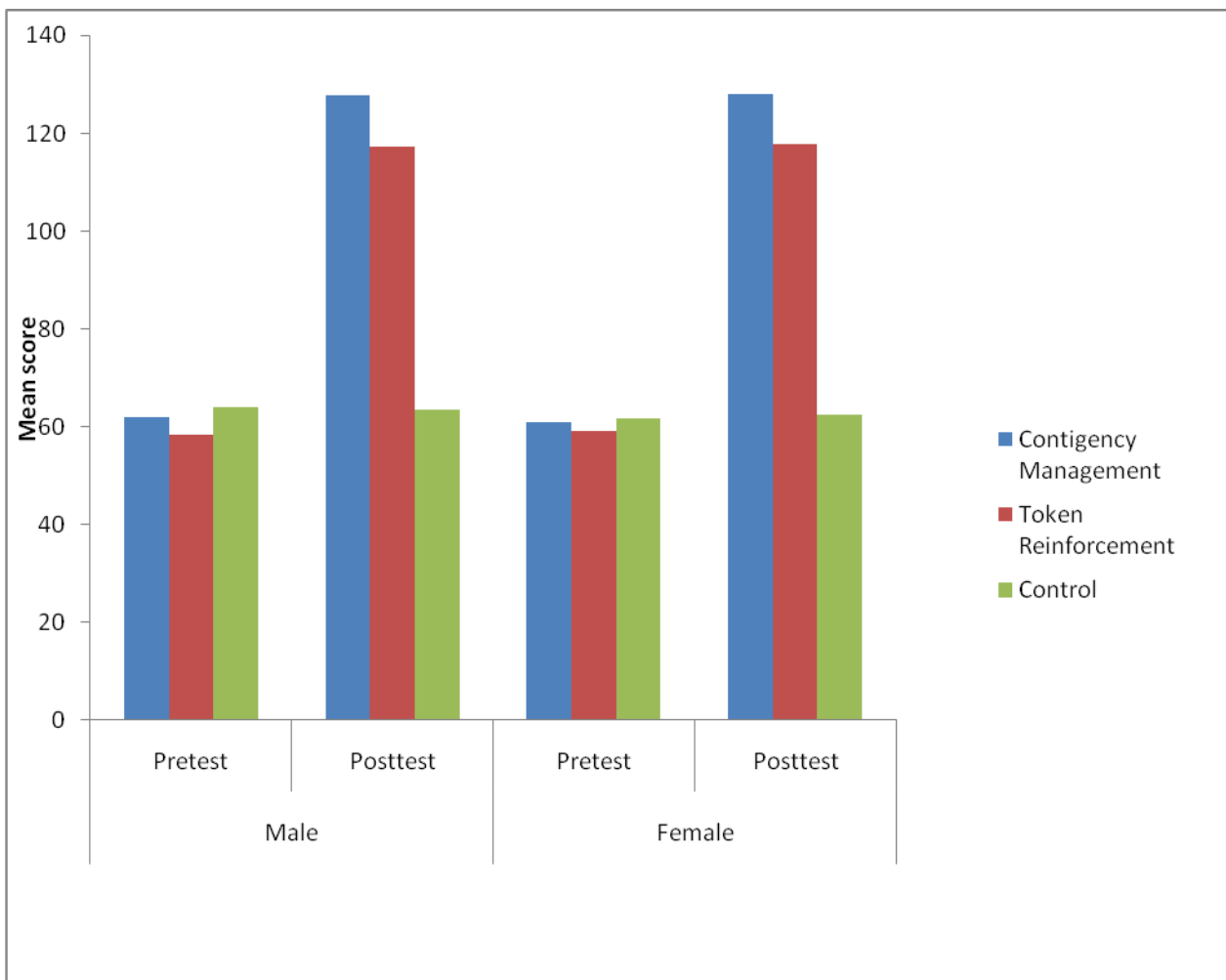


**Figure 2: Effect of gender sensitivity and treatment on self-control levels of**

**Question 3**

Would age differences influence the sensitiveness of clients to contingency management and token reinforcement strategies on their self-control levels?

In answering the question, mean scores of young and old clients exposed to contingency management, token reinforcement strategies and control groups were computed and compared. The results are presented in Table 3 and Figure 3.

**Table 3: Descriptive Analysis of Age Sensitivity and Treatment on Self-control Levels of the Clients.**

| GROUPS | | Young | | | | Old | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Pretest | | Posttest | | | Pretest | | Posttest | |
| | N | Mean | SD | Mean | SD | N | Mean | SD | Mean | SD |
| Contingency Management | 8 | 61.50 | 3.38 | 127.500 | 2.00 | 16 | 61.38 | 2.53 | 127.88 | 0.89 |
| Token Reinforcement | 10 | 57.90 | 2.13 | 118.10 | 0.57 | 14 | 59.57 | 1.79 | 117.29 | 1.59 |
| Control | 9 | 62.67 | 3.24 | 63.67 | 1.87 | 15 | 62.93 | 2.43 | 62.53 | 2.72 |

The table showed that that old clients in contingency management had slightly higher mean score (127.88) than the young clients (127.50) while the reverse were cases of token reinforcement and control group. Young – CM (mean=127.50, SD=2.00), Old – CM (mean=127.88, SD=0.89), Young – TR (mean=118.10, SD=0.57), Old- TR (mean=117.29, SD=1.59), Young – control (mean=63.67, SD=1.87), Old – control (mean=62.53, SD=2.72). This implies that though both old and young clients are sensitive to the treatment but the old client is having a slightly higher sensitivity than young clients
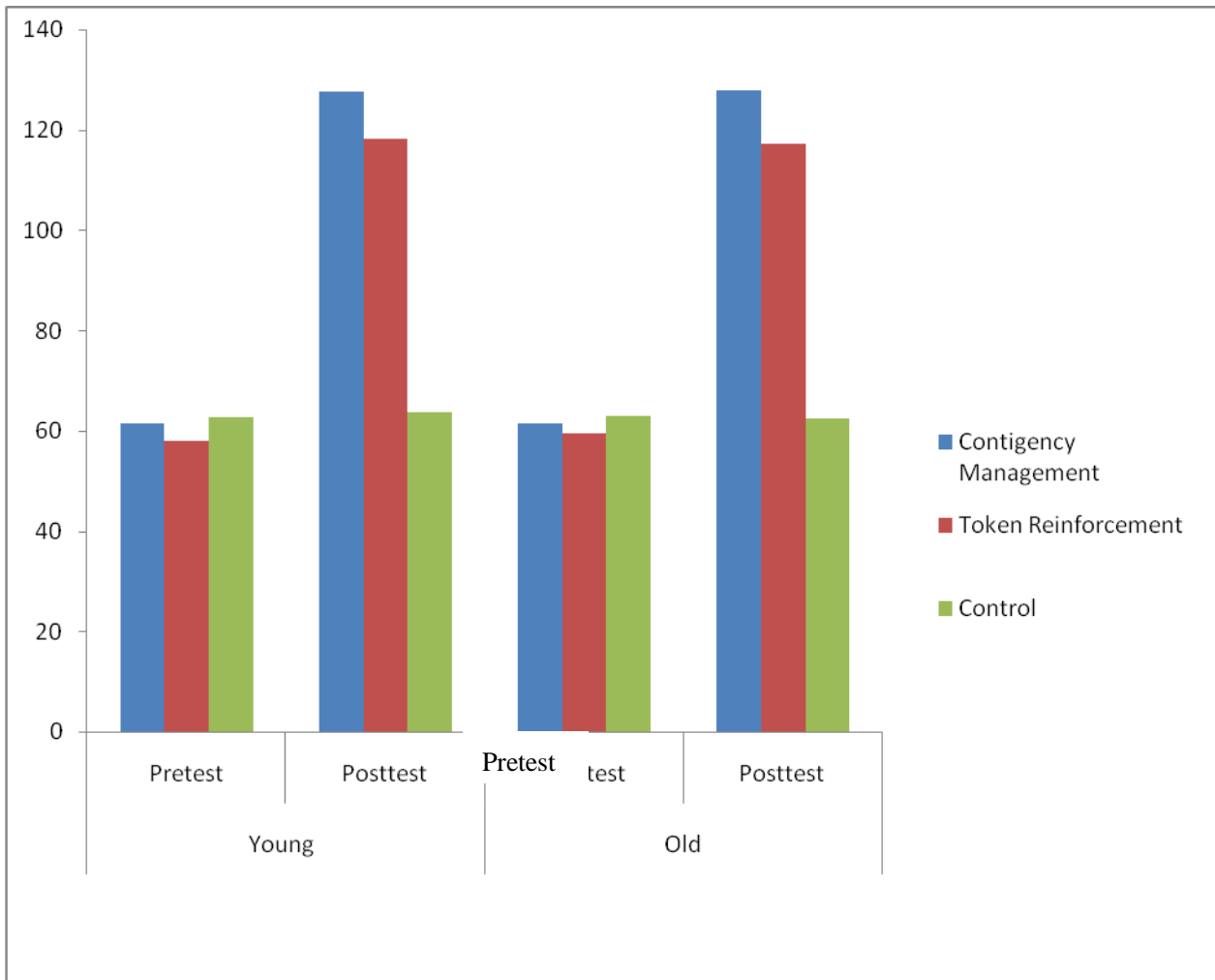
**Figure 3: Effect of age sensitivity and treatment on self-control levels of the**

## 3.3 Hypotheses Testing

### Hypothesis 1

There is no significant difference in the sensitivity to self-control levels of male and female clients in the experimental and control groups before and after treatment.

The null hypothesis was tested by comparing the mean scores of male and female clients in experimental and control groups for statistical significance using Analysis of Covariance (ANCOVA) at 0.05 level of significant. The results are presented in Table 4

**Table 4: 2 x 3 Showing ANCOVA of Gender sensitivity and Treatment on Self-Control Levels of the Clients**

| Source | S S | Dt | M S | Fcal | Ftable |
|---|---|---|---|---|---|
| Corrected model | 58319.365 | 6 | 9719.894 | 2993.149 | 2.17 |
| Covariate (pretest) | 0.889 | 1 | 0.889 | 0.274 | 3.92 |
| Sex | 0.002 | 1 | 0.002 | 0.001 | 9.92 |
| Group | 49778.594 | 2 | 24889.297 | 7664.423 | 3.07 |
| Sex*Group | 5.507 | 2 | 2.753 | 0.848 | 3.07 |
| Error | 211.080 | 65 | 3.247 | | |

| Corrected Total | 58530.444 | 71 | | | |
|---|---|---|---|---|---|
| Total | 819086.000 | 72 | | | |

P>0.05

The result in Table 4 reveals that Fcal (0.848) is less than Ftable (3.07) at 0.05 level of significance. The null hypothesis is therefore accepted. This implies that there is no significant difference in the self-control levels of male and female clients in the experimental and control groups before and after treatment. Also, the main effect of gender on self-control level of clients is not significant at 0.05 level (F=0.001, P > 0.05). However, the effect of treatment on clients' self-control levels is statistically significant at 0.05 levels.

**Hypothesis 2**

There is no significant difference in the sensitivity to self-control levels of the old and young clients in the experimental and control groups before and after treatment.

To test the hypothesis, the mean scores of young and old subjects in experimental and control groups were compared for statistical difference using Analysis of Covariance (ANCOVA) at 0.05 level of significance. The result was further subjected to Multiple Classification Analysis (MCA) to determine the effect of age and treatment on the adjusted mean scores of subjects. The results are presented in Table 5.

**Table 5: 2x3 ANCOVA Showing Old and Young sensitivity and treatment on self control levels of the Clients.**

| Source | S S | Dt | M S | Fcal | Ftable |
|---|---|---|---|---|---|
| Corrected model | 58327.574 | 6 | 9721.262 | 3114.711 | 2.17 |
| Covariate (pretest) | 4.370 | 1 | 4.670 | 1.400 | 3.92 |
| Age | 5.667 | 1 | 5.667 | 1.816 | 3.92 |
| Group | 46620.561 | 2 | 23310.280 | 7468.657 | 3.07 |
| Age*Group | 7.766 | 2 | 3.883 | 1.244 | 3.07 |
| Error | 202.870 | 65 | 3.121 | | |
| Corrected Total | 58530.444 | 71 | | | |
| Total | 819086.000 | 72 | | | |

P>0.05

The table depicts that there is no significant difference in the sensitivity to self-control levels of the old and young clients in the experimental and control groups (F=1.244, P > 0.05). It implies that old and young clients exposed to the same counseling strategies do not differ significantly in their sensitivity to self-control levels. The null hypothesis is accepted. Also, the main effect of age on sensitivity to self-control levels of clients is not significant at 0.05 levels (F=1.816, P > 0.05). However, treatment had significant on clients self-control levels at 0.05 level (F=7468.657, P < 0.05).

**Discussion**

The anticipated social ills that often characterized our youths now a day is not unassociated with zero levels of self-control Nigerian are having. An individual having a relatively high self-control would be able to adapt positively to the social norms required by the society which invariably earns him a

meaningful and acceptable live within such society. The study revealed no significant difference in the sensitivity to self-control levels of male and female clients in the experimental and control groups before and after treatment. The findings showed that male and female clients exposed to the same treatment did not differ significantly in their sensitivity to self control levels based on the treatment therapies. The null-hypothesis was accepted because the main effect of gender sensitivity on self control levels of clients is not significant

The result of this study supports that Agnew (2005) who rated the involvement of male and female delinquency as the same especially in minor crimes and status offences such as truancy, drinking of alcohol, smoking and sex related offences. The result is also consistent with the findings of (Salami 1998) who could not find a significant difference in self-control levels of student that steals in the class room. Though the studies of (Akinranti 1984) confirms that males clients have low self-control and therefore would likely to commit violet crimes while females are mostly involved in sex related offences. Similarly, (Tibbetts 2002) discovered that there was no significant differences exist in the frequency of stealing between male and female subjects in their studies. Aderanti (2006) also find a significant effect on self-control levels on male and female; that is, male inmates respond to self-management better than female inmates while also a significant difference was noticed in the effect of token reinforcement on male and female inmates.

The result of the study indicated no significant difference in the sensitivity to self-control of old and young clients in the experimental and control groups before and after the treatment (f=1.244,p>0.05). This invariable implies that all the clients exposed to both Contingency Management and Token reinforcement Strategies do not differ significantly in their self control levels both before and after the treatment. This result agreed with (Akinranti, 1984) who could not discover any significant relations using Contingency Management in the treatment of stealing behavior among Nigeria adolescence in the secondary schools. However both the contingency management and token reinforcement strategies had succeeded in enhancing high self-control levels among old and young clients.

**Implication for counseling**

The counseling psychologists should Endeavour not to undermine the use 0f any behavioural modification techniques to curb irrational behavior and other anti-social behaviour into positive both within educational structure and as well as other social institutions among the children. The use of one technique should not be placed undue advantage over the others or view one technique as been superior to the others. Hence this study indicated that the clients exposed to the two strategies (Contingency Management and Token reinforcement) do not differ significantly in enhancing their self control levels. All subjects that participated in this study are sensitive to the treatment.

The study confirmed that females are more likely than males to be the target of sexual and physical abuse. Female victims have been shown to suffer more seriously from low self-control which resulted to such abuse, sustaining long-time damage to self-image; victims of sexual abuse and therefore find it difficult to build autonomy and life skills. However, girls have been found to be superior to boys in verbal activity; boys test higher in visual-spatial performance. Hence the females are therefore likely to involve themselves in gossiping, telling lies and tend to be more aggressive than males which could invariably

lead them to delinquent behavior which should be immediately checked and controlled.

## Recommendation

This study underscores the reason why the counseling psychologists should ensure that the male clients are allowed to exhibit their traits by designing interventions that will address anger management training are exciting as extreme sport, craft and other exciting activities would be more lively to curb or suppliant their anti-social behavior. The female counterparts at the other hands could be engaged in such social activities like cultural displaying, dancing, quiz competition, drama and debating.

In order to avert the act of frequent bulling which is often more peculiar among the males than the females clients as a result early physical development and frequent of sexual and physical abuse in female than male. The counseling psychologists should therefore ensure adequate and regular sex education to compliment the marital counseling for both sexes.

The counseling psychologists who are more of concerned with the training of the counselors in personality development, adjustment programs and sharp place special attention on the training on how to better maintain healthy personally, better deposition, show empathically feelings and be able to ensure desirable changes in adolescence behavior through the use of Contingency Management, Token reinforcement and other behavioral modification strategies.

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# Appendix

Please supply the following information by placing a (X) in the appropriate box.

1)   Sex      male [       ]      female [       ]

2)   Age      9 – 12 yrs [       ] – 19 yrs [       ]

**SELF CONTROL SCALE (SCS)**

This Questionnaire is designed purely for finding out the level of self-control among the juvenile delinquent inmates. Your responses should be of your feelings of satisfaction or dissatisfaction to each of the statement and your responses will be treated with most confidence.

Kindly respond with all sincerity by making a tick ( ✓ ) as it applies to you the following. Rate yourself with the item of statements below by entering in the box the figure that best describe your situation using the following format.

    4 = Exactly True of me (ET)

    3 = Moderately True of me (MT)

    2 = Barely True of me (BT)

    1 = Not at all True of me (NT)

| S/N | ITEM | ET 4 | MT 3 | BT 2 | NT 1 |
|---|---|---|---|---|---|
|  | **BEHAVIOUR** | | | | |
| 1. | I need to steal to make up for the poor financial assistance received from my parents. | | | | |
| 2. | Knowing fully that stealing is bad, yet I do engage in it. | | | | |
| 3. | I feel embarrassed each time I'm caught stealing. | | | | |
| 4. | I cheat because most of my friends cheat during the examination. | | | | |
| 5. | It is not bad to use violence on ground of self-protection. | | | | |
| 6. | It is not bad to take other people's material if one never had his or her own. | | | | |
|  | **AFFECT** | | | | |
| 7. | If an act arouses my feelings too much, I can calm myself without been scolded. | | | | |
| 8. | I can easily control my anger when I am haut | | | | |
| 9. | I always exercise some control over my depression | | | | |
| 10. | Going to school without any learning materials always make me fear teachers actions. | | | | |
| 11. | There is nothing bad if a person strikes, touches or applies forces on another person. | | | | |
| 12. | Little depression pushes me to insult people. | | | | |
|  | **IMAGERY** | | | | |
| 13. | The use of force on people makes me achieve my objectives easily. | | | | |
| 14. | The fear of been rejected makes me behave well always. | | | | |
| 15. | Setting a standard way of life for people always encourages them to have a focus. | | | | |
| 16. | I always admire people of high integrity and good reputation in the society. | | | | |
| 17. | No matter the difficulties faces, I must succeed in life at all cost. | | | | |
| 18. | I give little thought to what the outcome will be if I shall be rejected by my parents and friends. | | | | |
|  | **COGNITION** | | | | |
| 19. | I always think badly of someone who offends me. | | | | |
| 20. | Setting an achievable goal is always difficult for me. | | | | |
| 21. | The right type of decision to be taken to achieve my aspiration is difficult for me. | | | | |
| 22. | I can easily initiate a positive way forward towards solving my personal problems. | | | | |
| 23. | I always satisfy with whatever I do without the approval of anybody. | | | | |
| 24. | I like people to acknowledge the importance of all that I do. | | | | |
|  | **INTER-PERSONAL RELATIONSHIP** | | | | |
| 25. | I feel ashamed of myself when caught with bad deed. | | | | |
| 26. | I consider threatens of an opposite sex as a normal behaviour and a way of life. | | | | |
| 27. | I consider unprotected sex or forcing opposite sex into sexual act as just a mere play. | | | | |
| 28. | I believe in my parents saying that keeping descent friends makes one descent. | | | | |
| 29. | I cannot resume cordial relation with any of my family who halts me. | | | | |
| 30. | It is not bad if two friends test their strength in an open duel. | | | | |
|  | **DRUGS AND DIETS** | | | | |
| 31. | It is not bad to take alcohol moderately without been intoxicated. | | | | |
| 32. | I have a strong belief that not all alcohol intoxicates. | | | | |
| 33. | Un-recommended drugs could be taken at will. | | | | |
| 34. | Drinking beer makes me popular among my friends. | | | | |
| 35. | I consider gambling as nothing but just a game. | | | | |
| 36. | I belief that betting for the winner in a game of football is just ordinary a game. | | | | |