

**EFFICACY OF COGNITIVE BEHAVIOURAL THERAPY IN TREATMENT OF
PSYCHOLOGICAL DISTRESS AMONG VICTIMS OF BOKO-HARAM IN
JALINGO NORTHEAST NIGERIA**

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Abstract

The study aimed to assess the efficacy of Cognitive Behavioral Therapy (CBT) in the treatment of psychological distress among victims of Boko–Haram terrorism in Jalingo, Taraba State, North Eastern Nigeria. A repeated measures design (pre-test and post-test) was used. A total of 67 participants consisting of 18 (26.9%) males and 49 (73.1%) females Internally Displaced Persons with their ages ranging from 12 – 65 years were purposively selected and assigned to participate in the study. The Cognitive Behavioural Therapy had 12 sessions for the period of 13 weeks of therapy. The National Stressful Events Survey Post Traumatic Stress Disorder (PTSD) Short Scale (NSESSS) and the Depression, Anxiety, Stress Scale (DASS) were used for data collection. Simple Percentage and Chi – Square test were used for data analysis. Results indicate a significantly higher numbers of Internally Displaced Persons suffered more symptoms of psychological distress such as depression, anxiety, stress and PTSD before than after successive sessions of Cognitive Behavioural Therapy. This implies Cognitive Behavioural Therapy is an effective approach in the management of psychological distress. Also, there were significant variations in symptoms suffered by Internally Displaced Persons indicating different level of symptom comorbidity among Internally Displaced

Persons. This implies that Internally Displaced Persons suffered more than one form of psychological distress at the same time. Specifically, stress and anxiety were found as preconditions for depression and PTSD. Based on the findings, it was concluded that Cognitive Behavioural Therapy is an effective therapeutic approach and thus recommended for treating psychological distress among Internally Displaced Persons.

Key Words: Cognitive Behavioural Therapy, North Eastern Nigeria, Psychological Distress, Treatment.

Introduction

Successful treatment and interventions of psychological distress requires the incorporation of psychotherapy. Individuals experience psychological distress in various ways; some individuals develop post-traumatic stress disorder (PTSD), while others respond through denial of the severity of the event (Leaman & Gee, 2011). When an individual's emotions are stripped away by adversity, the effects are felt by the family, community and society at large and thus, it is an

important aspect to understand psychological distress broadly (Gonge, 2012).

Psychological distress according to American Psychological Association (2018) is a set of painful mental and physical symptoms that are associated with normal fluctuations of mood in most people. In some cases, however, psychological distress may indicate the beginning of major depressive disorder, anxiety disorder, schizophrenia, somatization disorder, or a variety of other clinical conditions. Just like mental illness, psychological distress can influence all aspects of the victims functioning.

More so, the psychological distress occurs when external events or stressors place demands upon individuals that are unable to cope with, example struggling to accept the losses resulting from internal displacement, bereavement, business or academic failure etc. As a result they become sad, unable to focus on work and they lose interest in social activities (depression) etc. Symptom distress refers to those symptoms that cause mental, emotional and physical pain

(Youssef, 2013) cited in (Sheikh, et al, 2014). Cao, Hwang and Juan (2012), assessed depression and anxiety among people who had been internally displaced in China. The result revealed that there was a significant difference among IDPs and the psychological problems including depression were reported. Result also revealed that among the IDPs some had higher level of anxiety and depression than non-IDP.

When depression coexists with other mental disorders, these disorders are reported to be severe than when either is present alone. The frequencies of admissions and suicide attempts are higher, and the prognosis worse, in patients with comorbid depression (Kessler, Nelson, McGonagle *et al*, 2018). Comorbid anxiety disorder is the disorder most frequently found in patients with depression. Many researchers have reported that more than 50% of patients with panic disorder, characterized by sudden episodes of strong anxiety, or generalized anxiety disorder, characterized by continuous anxiety, experience at least one episode of depression in their lifetimes (Kessler,

Nelson, McGonagle *et al*, 2018) and this psychological distress require therapy such as CBT for better functioning.

Cognitive Behaviour Therapy combines a cognitive approach (examining thoughts) with a behavioural approach (the things the individual does). The goal is to help the individual learn new positive behaviours which will minimize or eliminate the issue, it seeks to help the client to manage problems by enabling him or her to recognize how his or her thoughts can affect his or her feelings and behaviours. It aims to break overwhelming problems down into smaller parts, making them easier to manage (Beeson & Jones, 2015). *The efficacies of Cognitive Behavioural Therapy* according to Nilamadhab (2011), reveals robust evidence that Cognitive Behavioural Therapy (CBT) is a safe and effective intervention for both acute and chronic psychological distress following a range of traumatic experiences in adults, children, and adolescents. CBT has been found to be effective for psychological distress following terrorist attacks.

As at the end of 2016, the total number of

IDPs in North East and North Central Nigeria is estimated at over 2 million people with approximately 1.7 persons who have been displaced as a result of the Boko - Haram terrorism in the North Eastern States, making Nigeria host to the sixth largest IDPs population in the world, (Global Report on Internal Displacement, 2016) It is worthy of note that the incidence of displacement exposes the displaced persons to emotional problems and other distress (some of which can be clinically significant), which are characterized by memory of fearful events and nightmare, loss of livelihoods, frustrations, abuses, and threats of assaults (Durosaro & Ajiboye, 2011).

Taraba State alone has an estimated 7,000 people from both neighbouring states primarily women and children that are Internally Displaced from Boko Haram terrorism taking refuge in about 10 camps across some of the government primary and secondary schools in Jalingo (Tim, 2019). Death, injury, sexual violence, malnutrition, illness, and disability are some of the most threatening physical consequences of terrorism, while post-

traumatic stress disorder (PTSD), depression, and anxiety are some of the emotional effects. The terror and horror spread by the violence of terrorism disrupts lives and severs relationships and families, leaving individuals and communities emotionally distressed. For the purpose of this study, Cognitive Behavioural Therapy was used in assessing the efficacy of psychotherapy in the treatment of psychological distress among IDPs victims of Boko-Haram terrorism in Jalingo North Eastern Nigeria.

Objectives of the Study

- i.** To determine the prevalence and comorbidity in psychological distress among victims of Boko-Haram insurgency in Jalingo, Taraba State, Nigeria.
- ii.** To assess efficacy of Cognitive Behavioural Therapy in the treatment of psychological distress among victims of Boko-Haram insurgency in Jalingo, Taraba state Nigeria.

METHOD

Research Design

The study was a repeated measure experimental design. It comprised of a two group (control and experimental) experimental study which examined pre-test/post-test outcomes. The design ensures that the study has a strong internal validity. This allowed for participants to be purposefully assigned to two groups. Both groups were pre-tested and post-tested on their distress symptoms. Thereafter, the intervention group was administered treatment, while the other was not.

Participants

The participants for the study were 67 Internally Displaced Persons (IDPs) within the age range of 12- 65 years which comprised both male 18 (26.9%) and female 49 (73.1%).

Sampling

The purposive sampling technique was used to select participants from the general population of IDPs located in camps in Jalingo, Taraba State Capital Internally Displaced Persons in the Camp who must

have experienced a specific insurgent - related event or suffered the death of a close relation or friend or witnessed the gruesome killing of their relations, expressing readiness to share their live experiences via responding to Questionnaire and attending therapy sessions. Consenting and willing to participate in the study. This sampling technique was used to accommodate the unique nature of the participants.

Instruments

The tools used for assessment were The National Stressful Events Survey Post Traumatic Stress Disorder (PTSD) Short Scale (NSESSS) and Depression subscale of the Depression, Anxiety, Stress Scale (DASS) developed by Lovibond and Lovibond (1995).

The National Stressful Events Survey PTSD Short Scale (NSESSS) is a 9-item measure developed by American Psychiatric Association (2013) that assesses the severity of posttraumatic stress disorder in individuals age 18 and older following an extremely stressful event or experience. The measure was designed to be completed by an individual upon

receiving a diagnosis of posttraumatic stress disorder (or clinically significant posttraumatic stress disorder symptoms) and thereafter, prior to follow-up visits with the clinician. Each item asks the individual receiving care to rate the severity of his or her posttraumatic stress disorder during the past 7 days.

The Depression subscale of the Depression, Anxiety, Stress Scale (DASS) was developed by Lovibond and Lovibond (1995). The Depression, Anxiety and Stress Scale - 21 Items (DASS-21) are a set of three self-report scales designed to measure the emotional states of depression, anxiety and stress. Each of the three DASS-21 scales contains 7 items, divided into subscales with similar content. The depression scale assesses dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement and inertia. The anxiety scale assesses autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect.

Administration of Research

Instruments

Ethical approval and letter of introduction obtained from the Taraba state university ethical committee introducing each researcher to the Camp Leader and seeking permission to carry out research in the Camp. The National Stressful Events Survey Post Traumatic Stress Disorder (PTSD) Short Scale (NSESSS) and the Depression, Anxiety, Stress Scale (DASS) were pilot-tested for reliability using Ardo - Kola IDP camp and Cronbach alpha obtained were .62 and .60 respectively. The Cognitive Behavioural Therapy Treatment Model was applied; the treatment group had 12 sessions for the period of 13 weeks of therapy for both pre-test and post-test.

Inclusion Criteria

- Internally Displaced Persons in the Camp
The participants must have experienced a specific insurgent - related event or suffered the death of a close relation or friend or witnessed the gruesome killing of their relations, or suffered the loss of properties and their homes as a result

of attacks on their communities by the Boko- Haram terrorist.

Expressing readiness to share their live experiences via responding to Questionnaire and attending therapy sessions.

Consenting and willing to participate in the study.

Data Analysis

The data collected were analyzed using a Simple Percentage and Chi - Square test to assess the demographic status of the IDPs and to measure the efficacy of cognitive behavioral therapy in the treatment of psychological distress among victims of Boko–Haram terrorism in Jalingo, the Taraba State Capital. The Statistical Package for Social Sciences (SPSS) version 20.0 was used.

Results

Descriptive Results

The descriptive analysis shows that respondents were aged from 12 to 65 years, the gender distribution showed 18 (26.9%) of the participants were males, and 49 (73.1%) were females. The total of 76(58.5%) of the participants were Christians, 47(36.2%) were Muslims, while 5(3.8%) did not indicate their religious affiliation.

Table 1: Showing the Prevalence of and Comorbidity in Symptoms of Psychological Distress before Cognitive Behavioural Therapy among Victims of Boko-Haram Terrorism.

	Total	Normal	Mild	Moderate	Severe	Ext. Severe	X ²	df	Sig.
Count	67	16	13	17	19	2			
% within Depression	100.0%	23.9%	19.4%	25.4%	28.4%	3.0%			
% within Anxiety	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	14.595	16	.554
% of Total	100.0%	23.9%	19.4%	25.4%	28.4%	3.0%			
Count	67	14	16	25	8	4			
% within Depression	100.0%	20.9%	23.9%	37.3%	11.9%	6.0%			
% within Stress	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	24.030	16	.089
% of Total	100.0%	20.9%	23.9%	37.3%	11.9%	6.0%			
Count	67	14	16	25	8	4			
% within Anxiety	100.0%	20.9%	23.9%	37.3%	11.9%	6.0%			
% within Stress	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	51.852 ^a	16	.000
% of Total	100.0%	20.9%	23.9%	37.3%	11.9%	6.0%			

	Total	Positive	Negative	X ²	Df	Sig.
Count	67	35	32			
% within Depression	100.0%	52.2%	47.8%			
% within PTSD	100.0%	100.0%	100.0%	5.630 ^a	4	.229
% of Total	100.0%	52.2%	47.8%			

Table 1 shows the Chi-Square calculated value; $X^2 = 14.595$; degree of freedom (df) = 16 and significant value ($pvalue = .554$) is higher than the alpha level ($>.05$) which indicate that there were no significant differences in the number of IDPs that suffered depression and anxiety at the same time. This implies that most IDPs suffered depression and anxiety at the same time. The results clearly showed that out of the 67 participants that were tested before therapy, 16 (23.9%) did not suffer both depression and anxiety disorders at the same time. However, 13(19.4%), 17 (25.4%), 19 (28.4%) and 2 (3.0%) of the IDPs who

suffered depression also suffered anxiety in mild, moderate, severe and extremely severe levels respectively.

Table 1 also shows the Chi-Square calculated value; $X^2 = 24.030$; degree of freedom (df) = 16 and significant value ($pvalue = .089$) is higher than the alpha level ($>.05$) which indicates that there were no significant differences in the number of IDPs that suffered depression and stress at the same time. This implies that there was higher level of comorbidity for depression and stress among IDPs. The results clearly showed that out of the 67 participants that

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were tested before therapy, 14 (20.9%) did not suffer comorbidity for depression and stress. However, 16 (23.9%), 25 (37.3%), 8 (11.9%) and 4 (6.0%) of the IDPs who suffered depression also suffered stress in mild, moderate, severe and extremely severe levels respectively.

Similarly, Table 1 shows the Chi-Square calculated value; $X^2 = 51.852$; degree of freedom (df) = 16 and significant value ($pvalue = .000$) is less than the alpha level ($<.05$) which indicate that there were a significant differences in the number of IDPs that suffered anxiety and stress at the same time. This implies that there was lower number of IDPs who suffered anxiety and stress at the same time. The results clearly showed that out of the 67 participants that were tested before therapy, 14 (20.9%) did not suffer both anxiety and

stress at the same time. However, 16 (23.9%), 25 (37.3%), 8 (11.9%) and 4 (6.0%) of the IDPs who suffered anxiety also suffered stress in mild, moderate, severe and extremely severe levels respectively.

Furthermore, Table 1 shows the Chi-Square calculated value; $X^2 = 5.630$; degree of freedom (df) = 4 and significant value ($pvalue = .229$) is higher than the alpha level ($>.05$) which indicate that there were no significant differences in the number of IDPs that suffered depression and PTSD at the same time. This implies that almost the same IDPs who suffered depression also suffered PTSD at the same time. The results clearly showed that out of the 67 participants that were tested before therapy, 35 (52.2%) did not suffer both depression and PTSD while 32 (47.8%) suffered both.

Table 2: Showing the efficacy of Cognitive Behavioral Therapy in reducing Symptoms of Psychological Distress among Victims of Boko-Haram Terrorism in North-Eastern Nigeria

	Total	Normal	Mild	Moderate	Severe	Ext. Severe	X ²	Df	Sig.
Pre-test	67	17	19	14	10	7			
% within Depression	50.0%	25.4%	28.4%	20.9%	14.9%	10.4%			
Post-test	67	40	16	10	1	0	24.568	4	.000
% within Depression	50.0%	59.7%	23.9%	14.9%	1.5%	.0%			
Count.	134	57	35	24	11	7			
% of Total	100.0%	42.5%	26.1%	17.9%	8.2%	5.2%			
Pre-test	67	16	13	17	19	2			
% within Anxiety	50.0%	23.9%	19.4%	25.4%	28.4%	3.0%			
Post-test	67	28	36	3	0	0	44.869	4	.000
% within Anxiety	50.0%	41.8%	53.7%	4.5%	.0%	.0%			
Count.	134	44	49	20	19	2			
% of Total	100.0%	32.8%	36.6%	14.9%	14.2%	1.5%			
Pre-test	67	14	16	25	8	4			
% within Stress	50.0%	20.9%	23.9%	37.3%	11.9%	6.0%			
Post-test	67	43	21	3	0	0	44.716	4	.000
% within Stress	50.0%	64.2%	31.3%	4.5%	.0%	.0%			
Count.	134	57	37	28	8	4			
% of Total	100.0%	42.5%	27.6%	20.9%	6.0%	3.0%			
		Total	Positive	Negative	X ²	Df	p		
Pre-test	67	35	32						
within PTSD	50.0%	52.2%	47.8%						
Post-test	67	59	8		18.853	1	.000		
% within PTSD	50.0%	88.1%	11.9%						
Count	134	94	40						
% of Total	100.0%	70.1%	29.9%						

First, Table 2 shows the Chi-Square calculated value; $X^2 = 24.568$; degree of freedom (df) = 4 and significant value ($pvalue = .000$) is less than the alpha level ($<.05$) which indicates that there were significant differences in the numbers of IDPs that suffered depression before and after therapy. This implies that there was higher number of IDPs who suffered depression before than after therapy. The

results clearly showed that out of the 67 participants that were tested before therapy, 17 (25.4%) did not suffer depression. However, 19 (28.4%), 14 (20.9%), 10 (14.9%) and 7 (10.4%) of the IDPs who suffered depression also suffered mild, moderate, severe and extremely severe levels depression respectively. After therapy, 40 (59.7%) were free from depression while 16 (23.9%), 10 (14.9%)

and 1 (1.5%) still suffered mild, moderate and severe depression respectively. The results showed that CBT is effective in the treatment of psychological distress (depression) among IDPs.

Secondly, Table 2 shows the Chi-Square calculated value; $X^2 = 44.869$; degree of freedom (df) = 4 and significant value ($pvalue = .000$) is less than the alpha level ($<.05$) which indicate that there were a significant differences in the number of IDPs that suffered anxiety disorders before than after therapy. This implies that there was higher number of IDPs who suffered anxiety before than after therapy. The results clearly showed that out of the 67 participants that were tested before therapy, 16 (23.9%) did not suffer anxiety disorders. However, 13 (19.4%), 17 (25.4%), 19 (28.4%) and 2 (3.0%) of the IDPs who suffered anxiety also suffered mild, moderate, severe and extremely severe levels anxiety respectively. Comparing the prevalence after therapy, 28 (41.8%) were freed from anxiety while 36 (53.7%), 3 (4.5%) still suffered mild and moderate anxiety respectively. The findings showed CBT is effective in the treatment of

psychological distress (anxiety) among IDPs.

Thirdly, Table 2 shows the Chi-Square calculated value; $X^2 = 44.716$; degree of freedom (df) = 4 and significant value ($pvalue = .000$) is less than the alpha level ($<.05$) indicate that there were a significant differences in the number of IDPs that suffered stress before than after therapy. This implies that there was higher number of IDPs who suffered stress before than after therapy. The results clearly show that out of the 67 participants that were tested before therapy, 14 (20.9%) did not suffer stress. However, 16 (23.9%), 25 (37.3%), 8 (11.9%) and 4 (6.0%) of the IDPs who suffered stress also suffered mild, moderate, severe and extremely severe levels depression respectively. After therapy, 43 (64.2%) were freed from stress while 21 (31.3%), and 3 (4.5%) still suffered mild and moderate levels stress respectively. The results indicate the efficacy of CBT in the treatment of psychological distress (stress) among IDPs occasioned by Boko Haram.

Lastly, Table 2 shows the Chi-Square

calculated value; $X^2 = 18.853$; degree of freedom (df) = 1 and significant value (p value = .000) is less than the alpha level (<.05) which indicate that there were a significant differences in the number of IDPs that suffered PTSD before than after therapy. This implies that there was higher number of IDPs who suffered PTSD before than after therapy. The results clearly showed that out of the 67 participants that were tested before therapy, 35 (52.2%) did not suffer PTSD while 32 (47.8%) suffered PTSD. After therapy, 59(88.1%) were freed from PTSD while 8 (11.9%) still suffered PTSD. The results showed CBT is effective in the treatment of psychological distress (PTSD) among IDPs.

Discussion

The study examined the efficacy of the cognitive behavioral therapy (CBT) in the treatment of psychological distress among victims of Boko–Haram terrorism in Jalingo, Taraba State, North Eastern Nigeria.

Table 1 showed significant differences in the number of IDPs that suffered depression and anxiety, depression and stress, anxiety

and stress, depression and PTSD at the same time. The result implies that IDPs who suffered anxiety also suffered stress, depression and PTSD either in mild, moderate, severe and extremely severe levels. Table 1 further indicates the level of comorbidity for depression and anxiety, depression and stress, depression and post-traumatic stress disorder, anxiety and stress respectively.

This finding aligns with the observation of Durosaro and Ajiboye (2011), that the incidence of displacement exposes the displaced persons to emotional problems and other distresses which are characterized by memory of fearful events and nightmare (some of which can be clinically significant), loss of livelihoods, frustrations, abuses, threats of assaults etc. Hence, persuasive that internal displacement exerts consequential negative influence on the people affected. The findings tallied with those of Cao, Hwang and Juan (2012), who measured the effect of depression and anxiety regarding the people who had been internally displaced in China. The result revealed that there was a significant difference among IDPs and the

psychological problems such as depression. Result also revealed that among the IDPs some had higher level of anxiety and depression than non-IDPs.

To assess the efficacy of the cognitive behavioral therapy (CBT) in the treatment of psychological distress among IDPs in Jalingo town Taraba State North Eastern Nigeria. The results in table 2 shows there were significant differences in the number of IDPs that suffered psychological distress before than after therapy which indicates the efficacy of CBT in reducing the prevalent of psychological distress among IDPs in Jalingo town. These findings are in line with those of NilamadhabKar (2011) which reveals robust evidence that Cognitive Behavioural Therapy (CBT) is a safe and effective intervention for both acute and chronic psychological distress following a range of traumatic experiences in adults, children, and adolescents.

Conclusion

As indicated above by the findings of this study, there were significant variations in symptoms suffered by Internally Displaced Persons indicating different level of

symptom comorbidity among Internally Displaced Persons. Also, Cognitive Behavioural Therapy has a significant impact in the reduction of psychological distress among victims of Boko – Haram terrorism in Jalingo, Taraba State, North-eastern Nigeria.

Recommendations

It is recommended that the government could protect the affected citizens from psychological distress/ mental assault from the terrorists by establishing trauma centers in parts of the country where terrorists' activities have taken place or are still ongoing. This will aid in the smooth administration of treatment on the IDPs through programs and interventions by trained Professionals in the relevant fields.

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