

## Cognitive Behaviour Therapy as a Counselling Strategy for Managing Academic Stress among Adult Learners in Nigeria

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**Abstract.** Adults Learners are matured men and women between the ages 25 -50years and above who are returning back to school to obtain degree(s) due to various reasons such as demand of workplace, promotion in the office, need for career change or need to earn higher salary etc. Many of these adult learners are married, have children, jobs and playing other multiples roles in the society while pursuing their educational goals. Many of these adult learners that cannot cope with academic stress are dropping out of school and will not be able to achieve their educational goals. Numerous factors contribute to their academic stress such as family, work, financial resources, school environment etc. Thus, this paper provides information on how Cognitive Behavioural Therapy (CBT) can be used as a counselling strategy for handling academic stress in adult learners in Nigeria. The paper covers review of relevant literature on the theoretical background of concept of adult learners, academic stress, symptoms of academic stress and sources of academic stress. The paper therefore concluded that counsellors through the use of cognitive behaviour therapy should teach adult learners new and healthier ways of thinking which is restructuring of negative cognitions and other strategies which will help the adult learners manage their academic stress effectively.

**Keywords:** Adult learner, Academic stress, CBT

### 1. Introduction

Adult learners are the fastest growing population of students in various institutions of distance learning such as National Teachers' Institute, National Open University and sandwich students in various universities in Nigeria. They seek career

advancement and opportunities to improve their quality of life, to meet employment expectations, facilitate and accommodate life changes, to bring additional skills etc. that will benefit the workplace and the nation at large, and to enhance their employabilities.

Adult learners face unique challenges such as work, family, and numerous responsibilities and obligations that they must juggle while pursuing a degree with limited time and financial resources. Adult learners are different from traditional college students. Many adult learners have responsibilities (e.g. family and jobs) and situations (e.g. transportation, child care, domestic violence and need to earn more income) that can interfere with the learning process. Most adults entered educational programmes voluntarily, managing their classes around work and family responsibilities. Additionally, most adult learners are highly motivated and task-oriented (Merriam & Caffarella, 1999). According to Ismail (2008), adults who are working and studying at the same time face a lot of challenges daily. They have commitment not only to their works and studies; but also to their families. Some of them are the care-givers and providers to the families. Having a lot of commitments and responsibilities can cause a lot of stress to a person.

Stress occurs in different situations and settings such as homes, workplaces or colleges and any other human setting, for example, in an academic setting, students do experience academic stress, so named because it occurs in an academic environment. Stress has become an important topic in academic circles. Many scholars in the field of behavioural science have carried out extensive research on stress and its outcomes and concluded that the topic needed more attention (Agolla, 2009). Stress in academic

institutions can have both positive and negative consequences if not well managed (Stevenson & Harper, 2006). Academic institutions have different work settings compared to non-academic and therefore one would expect the difference in symptoms, causes and consequences of stress (Chang & Lu, 2007).

## 2. Academic Stress

Academic stress among students have long been researched on and researchers have identified stressors as too many assignments, competitions with other students, failures, and poor relationships with other students or lecturers (Fairbrother & Warn, 2003). Academic stressors include the student's perception of the extension knowledge base required and the perception of an inadequate time to develop it (Carveths, Gesse, & Moss, 1996). Students report experiencing academic stress at predictable times each semester with the greatest sources of academic stress resulting from taking and studying for examination, grade competition and the large amount of content to master in a small amount of time (Abouserie, 1994). When stress is perceived negatively or becomes excessive, students experience physical and psychological impairment. Methods to reduce stress by students often include effective time management, social support, positive reappraisal, and engagement in leisure pursuits (Murphy & Archer, 1996).

### 2.1 Sources of Academic Stress of Adult Learners

Mercer (1993) divided barriers to persistence into three classes; situational, dispositional and institutional. Family, job and civic commitment all play a part in determining situational barriers. Dispositional barriers are intrapersonal and consequently much harder to define and they include dissonance among role demands.

**Situational barriers:** One of the major forms of stress to female adult learners is their unavailability for their children. Parents feel guilty about being unavailable when their children need them, with mothers or children younger than thirteen feeling the most conflict (Terell, 1990). The age of the children may well determine the persistence of women. Those with older children may persist to graduation, whereas those with young children may interrupt or stop their education (Carney-Crompton & Tan, 2002). This is especially true of female adult learners who are prone to dropping out in response to barriers created by their unique pressures (Muller, 2008; Fincher, 2010) Institutions rarely recognize the needs

of female adult students and as a result, may inadvertently impose more barriers on their success.

**Financing Education:** Funding the education is another stress and challenge to adult students encounter; the difficulty may be due to multiple roles most of them play with the present economic recession, high rate of job layoffs, family responsibilities, and financing have become a big need to adult students as school fees and other dues, writing papers for seminars increases, the demand for internet services for assignments and research, condition at home, special child care needs, work demands, transportation, family's health, friends or colleagues requires huge finance, this mounts pressure on adult students (Terell, 1990).

Finances play a significant role in the ability of adults to complete their academic goals. In addition to tuition and related expenses, parents with young children may have to pay for child care while at work and in class. Lower-income families cannot afford such services as child care or summer camp while school is out of session (Terell, 1990).

Time and energy spent trying to "make ends meet" can drain the most dedicated student. Financial aids received by students are all variables that determine the persistence rate of adult students (Carney-Crompton & Tan, 2002). Although other variables can be negotiated, income levels cannot. The basic needs of the family, like food and rent or mortgage, take priority over educational outlays. Adult students with complex problem who believe the financial involvement is enormous quit the academic programme.

**Job demand:** Job responsibilities are both a blessing and a curse for adult students. Hours of employment have a positive effect on the psychological well-being of adults (Chartrand, 1992) but at the cost of most of their spare time (Terell, 1990). Adult students may have to make career compromises for the sake of both their families and academic work, leading to health and financial consequences. (Terell, 1990).

Full time students report role overload and student, family and job demands all contribute to role contagion (Home, 1998). Many full time students are unable to fully anticipate the effects of their combined role demands. In contrast to jobs with fixed hours, student and family demands never seem to end. Caregivers may be more vulnerable to role contagion because of the guilt associated with the demand (Home, 1998).

Support from family and friends are essential when adults are making the decision to stay in school or drop out (Chartrand, 1992). Carney-Crompton and Tan (2002) report that traditional-aged students have more supportive individuals available in their lives than do adult students. This may well be an area in

which institutions can develop services to strengthen social support networks.

**Institutional barriers:** Schools often are not structured to accommodate adult students (Benshoff & Lewis, 1992). Colleges and universities are not equipped to deal with the career orientation of adults (Bauer & Mott, 1990) and class work may do little to meld life experiences into academic subject matter. Office and class hours may not meet the needs of students. Adult students may never find a cohort of similar students with whom they can connect socially or emotionally.

**Ageing condition:** Ageing conditions occurs as one ages, one undergoes a number of physiological changes which affect not only how one looks, but how one functions and respond to daily living. The consequences of these changes can include decreased stamina with shortness of breath and fatigue, which in turn may impair one's ability to perform activities of daily living, such emotional disturbances and conditions challenge ones mental health, sometimes resulting in loss of interest or pleasure in usual activities, changes in appetite and weight, sleep disturbance, motor agitation or retardation, fatigue and loss of energy, feelings of worthlessness, self-reproach or excessive guilt, suicidal thinking, or attempts and difficulty with thinking or concentration.

These create negative health outcomes such as traumatic stress, depression, anxiety phobias/panic disorder, sexual dysfunction, substance abuse, high blood pressure, stroke and other problems which narrow the focus of attention (Chartrand, 1992), it can lead to an inattention to peripheral details (Carney- Crompton & Tan, 2002). All these and much more put pressure on adult students making learning difficult and boring.

**Low self-esteem:** Adult students who have experienced or experiencing abuse which they may include attempts to dehumanize or intimidate them, use of verbal and non-verbal act that reduce their sense of self-worth or integrity have low self-esteem, great frustration, stress resulting to inability to achieve goals and wishes. This makes some adult students to build fear and anger that affect their personality structure, sometimes destroy the ability to learn.

In some adult students, these feelings of threats are expressed by failure to participate, dropping out, resisting examinations, refusing to take part in discussion. Such negative peak experience characterized with confusion and unhappiness may also "intensify pre-existing conflict, emotional pain and inner confusion and chaos that may potentially lead to intra-psychic depletion, fragmentation and debilitating anxiety. Adult students with a fragile

sense of self or damaged self- image may be in great danger. Knowles (1990) states that educators need to focus on the needs, interest and desires of adult students.

However, in fulfilling these attributes educators first have to understand who these adult learners are, how they learn, why they learn and why they enter the learning process. Kerka (2002) maintained that meeting the needs is not a viable guiding principle at the heart of practice. He stated andragogical methods which purports to provide a relaxed, trusting, mutually, respectful, informed, warm, collaborative and supportive learning environment are more conclusive to learning at all ages. It is obvious that adult students come into the programme with numerous challenges, some which are not stated here, battling with these needs without counselling services hinders the development of full potentials and ability to adapt to newer role.

### 3. Cognitive Behavioural Therapy

Cognitive Behaviour Therapy (CBT) was pioneered by psychologists Aaron Beck and Albert Ellis in the 1960s (Rachman, 1997; Gale Encyclopaedia of Medicine, 2008). Cognitive behaviour therapy is one of the major orientations of psychotherapy (Roth & Fonagy, 2005) and represents a unique category of psychotherapy intervention because it derives from cognitive and behavioural psychological models of human behaviour that include for instance, theories of normal and abnormal development, and theories of emotion and psychopathology. Cognitive Behavioural Therapy (CBT) combines cognitive and behavioural therapies, and involves changing the way one thinks (cognitive) and how one responds to thoughts (behaviour). CBT focuses on the 'here and now' instead of focusing on the cause of the issue, and breaks overwhelming problems into smaller parts to make them easier to deal with. These smaller parts can be described as thoughts, emotions, physical feelings and actions. Each of these has the ability to affect the other, for instance, the way one thinks about things can affect how one feels emotionally and physically, and ultimately how one behaves. CBT is based on the principle that individuals learn unhelpful ways of thinking and behaving over a long period of time. However, identifying these thoughts and how they can be problematic to feelings and behaviours can enable individuals to challenge negative ways of thinking, leading to positive feelings and behavioural changes. It is possible for the therapy to take place on a one-to-one basis, with family members or as a group depending on the issue and how the individual feels most comfortable.

Cognitive Behavioural Therapy is useful in dealing with issues such as anger, anxiety, depression, drug or alcohol problems, eating disorders, obsessive-

compulsive, phobias, post-traumatic stress disorder, sexual and relationship problems (Driessen & Hollon, 2010). The emphasis on cognitive or behavioural aspects of therapy can vary depending on the issue at hand. For example, the emphasis may be more towards cognitive therapy when treating depression and the emphasis may be more towards behaviour therapy when treating obsessive compulsive disorder. CBT is a practical therapy, hence it is likely to work best when used in treating a specific issue per time as it focuses on particular problems and how to overcome them. CBT sessions may consist of a number of activities, including: Coping skills, Assessments, Relaxation, challenging certain thoughts, thought stopping, homework projects, and training in communication (Salman, Esere, Omosho, Abdullahi, & Oniyangi, 2011).

The underlying concept behind CBT is that thoughts and feelings play a fundamental role in behaviour. For example, a person who spends a lot of time thinking about plane crashes, runaway accidents and other air disasters may find themselves avoiding air travel. The goal of cognitive behaviour therapy is to teach clients that while they cannot control every aspect of the world around them, they can take control how they interpret and deal with things in their environment (Burns, 1999). Cognitive behaviour therapy has become increasingly popular in recent years with both mental health consumers and treatment professionals because CBT is usually a short-term treatment option, it is often more affordable than some other types of therapy. CBT is also empirically supported and has been shown to effectively help patients overcome a wide variety of maladaptive behaviour (Ledley, Marx & Heimberg, 2005).

### 3.1 Techniques of Cognitive Behavioural Therapy

In the process of using Cognitive Behavioural Therapy, the client and therapist collaborate through an open dialogue to develop a problem definition and goal. Goals can be behavioural, cognitive, or physical in nature and can be defined by problem or process. Cognitive Behavioural Therapy uses a range of therapeutic techniques to achieve these goals. Ultimately, however, despite the vast toolbox of techniques, client change is related to his/her investment in the process of CBT (Burns, 1999). Cognitive Behavioural Techniques according to Burns (1999) are:

**Socratic Questioning:** Questioning allows the therapist to stimulate the client's self-awareness, focus on the problem definition, expose the client's belief system, and challenge irrational beliefs while revealing the clients' cognitive processes.

**Homework:** To assist with cognitive restructuring, clients are often assigned homework. Typical CBT homework assignments may include activities in behaviour activation, monitoring automatic thoughts, reviewing the previous therapy session, and preparing for the next therapy session.

**Self-monitoring:** Also called diary work, self-monitoring is used to record the amount and degree of thoughts and behaviours. This provides the client and therapist information regarding the degree of a client's negative affirmations.

**Behavioural Experiment:** The Experiment process includes experiencing, observing, reflecting and planning. These steps are conducted through thought testing, discovering, activity, and/or observation.

**Systematic Desensitization:** systematic desensitization pairs relaxation with exposure to something stressful. Clients are taught to relax in anxiety provoking situations (Grohol, 2010).

Cognitive Behaviour Therapy values and empowers the individual to take control of his/her life through psycho-education with a vast array of techniques specific to individual diagnosis. Unconditional self-regard is extended to include the unconditional regard of others, which is congruent with social work's strength-based values. The goal of CBT is to allow a client to take control of his/her problems and to manage life in a healthy adaptive way.

The cognitive model hypothesizes that people's thoughts and feelings are not determined by a situation, but by their interpretation and construction of the situation. Recognizing this discrepancy, CBT seeks to modify the dysfunctional core beliefs that result in automatic thought which trigger emotion in any given situation. Behavioural methods are often used to accomplish this task and education components are often coupled with client homework for successful treatment.

Cognitive behaviour therapy has been used to treat people suffering from a wide range of disorders, including anxiety, phobias, depression and addiction. It can also be used to change the negative attitude of people. CBT is one of the most researched types of therapy, in part because treatment is focused on a highly specific goal and results can be measured relatively easily (Grohol 2010).

## 4. Cognitive Restructuring

Cognitive Behavioural Therapy holds that most of our emotions and behaviors are the result of what one thinks or believe about oneself, other people and the world. It shapes how one interprets and evaluates what happens to him / her, influences how one feels about it and provide a guide to how one should respond. Unfortunately, sometimes ones' interpretation, evaluations and underlying beliefs

thoughts contains distortions, errors, or biases that are not very useful or helpful. This results in unnecessary suffering and often causes one to react in ways that are not in ones' best interest.

Cognitive restructuring in layman's term is the process of learning to replace one's current negative thoughts with better and more beneficial thoughts. It is the process of learning a better way of speaking to one's self. Salman, Esere, Omotosho Abdullahi and Oniyangi (2011) defined cognitive restructuring as a psychotherapeutic process of learning to identify and dispute irrational or maladaptive thoughts such as all or nothing (splitting), Magical thinking and emotional reasoning which commonly are associated with many mental health disorders.

Cognitive restructuring is a set of techniques for becoming more aware of our thoughts and for modifying them when they are distorted or are not useful. This approach does not involve distorting reality in a positive direction or attempting to believe the unbelievable. Rather, it uses reason and evidence to replace distorted thought patterns with more accurate, believable and functional ones. Cognitive restructuring is essentially changing the way one thinks about situations, also called reframing. Cognitive restructuring is a tool that helps one reduce negative, irrational or critical self-talk and get to the truth about a situation. It is based on the theory that one's attitude are determined by what we tell ourselves and therefore, positive self-talk can create a positive mood and reduce stress.

The cognitive restructuring theory asserts that humans are directly responsible for generating their own negative emotions and that these self-created negative emotions over time leads to dysfunctions such as stress, depression, anxiety and even social awkwardness. When utilizing cognitive restructuring in cognitive behavioural therapy (CBT), it is combined with psycho-education, monitoring, in vivo experience, imaginal exposure, behavioural activation and homework assignments to achieve remission (Huppert, 2009). Hope, Burns, Hyes, Herbert and Warner (2010) identified four steps involved in cognitive restructuring and six types of automatic thoughts.

The four steps include:

- (i) Identification of problematic cognitions known as "automatic thoughts" which are dysfunctional or negative views of the self, world or future;
- (ii) Identification of the cognitive distortions in the automatic thoughts;
- (iii) Rational disputation of automatic thought to the automatic Socratic dialogue; and

- (iv) Development of a rational rebuttal to the automatic thoughts.

The six types of automatic thoughts are:

- (a) Self-evaluated thoughts;
- (b) Thoughts about the evaluations of others;
- (c) Evaluative thoughts about the other person with whom they are interacting;
- (d) Thoughts about coping strategies and behavioural plans;
- (e) Thoughts of avoidance; and
- (f) Any other thoughts that were not recognized.

The purpose of cognitive restructuring is to widen one's conscious perspective and thus allow room for a change in perception. Conclusively, cognitive restructuring helps client consider any maladaptive patterns in their thinking-feeling-behaviour cycles. The client's goal is to rethink these patterns and consider more adaptive alternatives that will work better for him or her. Ultimately, the goal is to have the adult learners recognize that sometimes their thoughts lead to feelings and actions which are maladaptive. By examining and changing their thoughts (belief), feelings and actions are altered in a pro-social direction. The shift in thinking if successful can help the adult learners to achieve their educational goal (Baker & Scarth, 2002).

### 5. Cognitive Distortions

The term "Cognitive distortions" refers to errors in thinking or patterns of thought that are biased in some ways. They may include:

- (i) interpretations that are not very accurate and which selectively filter the available evidence;
- (ii) evaluations that are harsh and unfair and/or
- (iii) expectations for one-self and for others that is rigid and unreasonable.

The more a person's thinking is characterized by these distortions, the more they are likely to experience disturbing emotions and to engage in maladaptive behaviour. A number of common patterns of cognitive distortions have been identified including:

- (a) All – or – Nothing thinking: looking at things in absolute, black and white categories, instead of a continuum. For examples, if something is less than perfect, one sees it as a total failure.
- (b) Overgeneralization: viewing a negative event as a part of a never ending pattern of negativity while ignoring evidence to the contrary. You can often tell if you overgeneralizing If you use words such as

never, always, all, everyone, no one, nobody or everyone.

- (c) Mental filters: focusing on a single negative detail and dwelling on it exclusively until one's vision of reality becomes darkened. "I can't trust men, they only let you down".
- (d) Magnification or minimization (e.g. magnifying the negative and minimizing the positive): Exaggerating the importance of one's problems and shortcomings. A form of this is called "catastrophizing" in which one tells oneself that an undesirable situation is unbearable, when it is really just uncomfortable or inconvenient.
- (e) Discounting the positive: Telling oneself that one's positive experiences, deeds or personal qualities do not count in order to maintain a negative belief about oneself or doing this to some else.
- (f) Mind Reading: concluding what someone is thinking without evidence, not considering other possibilities and making no effort to check it out.
- (g) Fortune telling: Anticipating that things will turn out badly and feeling convinced that the prediction is an already established fact. It often involves; A) Overestimating the probability of danger, B) exaggerating the severity of the consequences should the feared event occur and c) underestimating one's ability to cope should the event occur. B and C are also examples of catastrophizing.
- (h) Emotional Reasoning: Assuming that one's negative emotions necessarily reflect the way things really are (e.g. "Because I feel it, it must be true". "I feel stupid; therefore, I am stupid).
- (i) Rigid rule (perfectionism): Having a precise, fixed idea of how oneself or other should behave and overestimating how bad it is when these expectations are not met, often phrased as "should" or "must" statements.
- (j) Unfair judgment; Holding oneself personally responsible for events that are not (or are not entirely) under one's control, or blaming other people and overlooking ways in which one might have also contributed to the problem.
- (k) Name calling: Putting an extremely negative and emotionally loaded label on oneself or others. It is an extreme form of magnification and minimization, and also represents a gross over generalization.

In addition to the above list which is largely influenced by Aaron Beck's version of cognitive

therapy, Albert Ellis produced a similar list that highlights what he called irrational beliefs (which consist of faulty assumptions and unreasonable rules about life).

#### 6. Techniques of Stress Inoculation Training

**Relaxation Techniques:** Relaxation is antonym of stress. A relaxed person is less apt to be stressed. When one feels stress, one should relax. Relaxing one's body and mind should be done consciously, adult learners should focus on changing the things they can and accepting the things they cannot. Relaxing can reverse the physical effects of stress and make an adult learner feel better, think better and perform better (Akinade, 2007).

**Sleep:** Sleep is the best form of relaxation. It is good for our health. Adult learners should always create time to sleep but do not oversleep. Sleep enhances the immune system. Some people believe they should not sleep unless they complete a task, especially one that is even not a one – shot affair or one that demands a long time. When one loses sleep for a prolonged time, the body may / will break down which may eventually affect the realization of one's dream or goals in life.

Relaxation techniques can help adult learners manage stress and improve their concentration and health. Other relaxation techniques available to adult learners include muscle relaxation, correct posture, visualization, meditation and deep breathing etc. Other cognitive restructuring techniques available to adult learners are listed and explained subsequently.

**Positive Self Talk:** Talking is good, adult learners should always say something positive and the more of that, the better for them and those they relate with. It is beneficial to adult learners avoid negative thoughts, statements or feelings. This is because they are capable of poisoning the body system and increasing one's stress levels. Instead adult learners should think, feel and act positively most of the time. Talking to oneself in beautiful and positive ways is a powerful tool. Making a mental prone situation will calm one down even when such event comes up. It may not even come up again, adult learners should just relax in their mind

The following assertions can help improve adult learner's efforts to reduce stress: I have a fantastic brain, I have a limitless intellect, I can never fail, I am great, I am confident of my abilities, I can, I will etc.

**Regular Exercise:** Adult learners feel stressed, He or she can engage in reasonable physical exercise. This can help an adult learner relax and effectively reduce stress. The American Council on Exercise recommended that one can use physical activity to manage stress. Daily exercise at least 20 minutes of

rhythmic aerobic activity six to seven days a week. One may follow a TV or video recorded programme to do this. This can be done in the comfort of one's home. Engaging in a variety of physical exercises such as walking, riding a bike, swimming, and jogging or join gym and attend regularly. Adult learner may also learn yoga and yoga-type of activities. In this way, the mind relaxes as the body increases its amounts of muscular work. Play recreational sports. A vigorous game of squash, tennis, racquetball, volleyball or badminton purges the body of adrenaline and other stress-producing hormones.

**Re-evaluate the importance you place on many of your sources of stress:** Adult learners often make things bigger than they really are due to their many sources of stress like family, work and school. They need to know how they feel when they are stressed, if they do have any physical, mental or emotional signals that show up when they are stressed. The first line of defense against stress may be to reduce their symptoms of stress. Taking a walk, doing yoga, meditating and "venting" about their stress are common examples of symptoms reduction strategies. They are geared to relieve the common symptoms of stress. Once the symptoms are relieved a little, they will be ready to identify their source of stress (if it is not already apparent to them).

**Manage time to manage stress:** Effective time management is a key approach to preventing avoidable stress. Adult learner should keep him/herself organized and plan ahead. Anticipate their peak stress times and clear their schedule as much as possible to be able to focus on the most important assignments, exams and other schoolwork. Keep a running "to do" list, and keep doing the tasks on the list in order of their priority.

**Keep out of the rut with routines:** Adult learners should work on developing productive, healthy routines; He/she will likely notice a dramatic drop in his/her stress levels. Routines automate certain decisions about time management and work that can help them stay on top of their schedule. Adequate sleep, a good diet, and exercise are crucial to preparing one's mind and body to handle daily stressor. Developing regular study routines will help an adult learner to keep up with school work and prevent the need for last-minute work on deadlines and cramming for exam which can add to their stress.

**Habits:** Many coping mechanisms are not effective at alleviating stress and may over the long term be harmful. For example, smoking, alcohol and drug use, and indulging in junk food binges are simply means of making the stress. Adult learners should know what is best for their body and their emotional

and mental health; Adult learners should break away from bad habits and form good one.

**Identify your stressor:** Before an adult learner will be able to manage his/her stress effectively, He/she needs to know where his/her stress is coming from. Time pressures, making the adjustment to university life, finances, leaving home, living independently, relationships, and balancing work, school and a personal life may all contribute to their stress. Knowing where the stress comes from can help adult learners concentrate on their stress management where it will matter most. Taking time out to deal with stressors head-on can make a big difference in their day to day experience of stress.

**Let it out:** Adult learners should talk to someone during times of high stress such as a close friend, family member, an academic advisor, a classmate, or the course instructor. From a support group of classmates who have similar work-and stress-loads to help get you through difficult time. Just writing down your stressors can sometimes make them seem a little less frightening and can help put things into perspective. If the stress is getting out of control, it may be time to speak with a professional counsellor.

**Adaptation:** Adult learners should learn to adapt to life's unavoidable realities. There will be certain stressors that one cannot change. For example, exams, essays and deadlines are unchangeable aspects of university education. They should learn to cope with these realities (perhaps by building needed skills). Doing so can help them deal more effectively with the stress such realities cause.

Adult learners should think about how stress is affecting them mentally, emotionally and behaviourally and what he/she may be doing to make the stress he/she is experiencing worse. They should take time daily to think about and be thankful for the positive things in their life and always attempt to have a positive rather than pessimistic outlook. (Akinade, 2007)

The main thrust of the theory is to restructure the cognitive process so that individuals that were previously thinking negative can now think and feel positive in life. When cognitive restructuring has taken place, the adult learners will now realize they can do very well in school despite their sources of stress.

## 7. Conclusion and suggestions

Adult learners face unique challenges such as work, family and numerous responsibilities and obligations that they must juggle while pursuing a degree with limited time and financial resources. They face many stressors such as career, family and financial responsibilities, rigid schedules and limited time, poor academic preparedness and low self -

confidence, balancing family and work etc. (U.S Department of Education, 2005) most of these stressors would not allow most of the adult learner to achieve their educational goal. SIT is a counselling strategy counsellors can use to help adult learners cope with their academic stress. CTB is based on the principle that individuals learn unhelpful ways of thinking and behaving over a long period of time. However, identifying these thoughts and how they can be problematic to feelings and behaviours can enable individuals challenge negative ways of thinking, leading to positive feelings and behavioural change.

### References

- Adeoye, A. B. (2009). Effectiveness of rationale-emotive behaviour and reality therapies on academic stress of sandwich undergraduates, *Oro Campus of University of Ado-Ekiti, Nigeria. An unpublished thesis submitted to the Department of Counsellor Education, University of Ilorin.*
- Adeoye, E. A. (2010). God's plan for overcoming the stresses of life. *Ilorin: Bamitex printing & publishing.*
- Agolla, J.E. (2009). Occupational Stress among Police Officers. The case of Botswana Police service, *Res. J. Bus. Manage.* 2 (1): 25-35.
- Akinade, E. A. (2007). Stress, understanding and managing it. Lagos: Pumark Publishers.
- Akinboye, J. O., Akinboye, D. O. & Adeyemo, D. A. (2002). Coping with stress in life and work place. Ibadan: Stirling-Horden Publishers (Nig) Ltd.
- Baker, L.L. & Scarth, K. (2002). Cognitive behavioural approach to treating children and adolescents with conduct disorder. Ontario; plenum press.
- Chang, K, & Lu, L.(2007). *Characteristics of organisational culture, stressors and wellbeing: The case of Taiwanese organisations*, *J. Manage. Psychol.* 22 (6):549-568
- Chartrand, J.M. (1992). An empirical test of a model of non-traditional student adjustment. *Journal of Counselling and Psychology*, 39 (2), 193 -202.
- Dooris, M. J. & Guides, M. (2007). *Understanding Adult Learners programme completion*. A Paper presented at the North East Association for Institutional Research Annual conference Philadelphia, PA, November 2006.
- Driessen, E, & Hollon, S.D. (2010). "Cognitive behavioral therapy for mood disorders: efficacy, moderators and mediators". *Psychiatry. Clinical. North American.* 33 (3): 537-55.
- Ellis, A. (1989). The history of cognition in psychotherapy. In A. Freeman, K. M. Simon, L.E. Beutler, & H. Arkowitz (Eds.), *Comprehensive handbook of cognitive therapy* (pp. 5-21). New York: Plenum Press.
- Fairbrother K, & Warn, J. (2003). Workplace Dimensions, Stress and Job Satisfaction, *J. Managerial Psychol*, 18(1): 8-21.
- Fincher, M. (2010). Adult student retention: A practical approach to retention improvement through learning enhancement. *Journal of Continuing Higher Education*, 58(1), 12-18
- Hope, D.A., Burns, J.A., Hyes, S.A., Herbert, J.D. & Warner, M.D. (2010). Automatic thoughts and cognitive restructuring in cognitive behavioural group therapy for social anxiety disorder. *Cognitive Therapy Research*, 34: 1-12.
- Huppert, J.D. (2009). The building blocks of treatment in cognitive behavioral therapy. *Israel Journal of Psychiatry*, 46, 245-250.
- Ismail, R. (2008). Stress Alam sekitar, Dewan Bahasa dan pustaka (DBP), *Kuala Lumpur*, PP 1 – 45
- Klassen, R. M. & Chin, M. M. (2010). Effects on teachers' self-efficacy and job satisfaction: Teacher gender, years of experience and job stress. *Journal of Educational Psychology*, 102 (3): 741 - 756
- Knowles, M. S. (1990). *The adult learner: A neglected species* (4th ed.). Houston, Texas. Gulf Publishing Company.
- Ogunye, B. G. (2007). Impact of emotional intelligence training on academic stress and self-efficiency among senior secondary students. *A dissertation submitted to the Department of Guidance and Counselling, University of Ibadan.*
- Ogunye, B. G. (2012). Emotional intelligence and academic self –efficacy training for academic stress reduction among secondary school students in Ilorin, Nigeria. *Unpublished Ph.D Thesis, Department of Counsellor Education, University of Ilorin, Nigeria.*
- Penn State University. (2007). Fulfilling the promise: *The Penn State strategic plan, 2006-07 through 2008 -09.*
- Salman, M. F., Esere, M. O., Omotosho, J. A., Abdullahi, O. E., & Oniyangi, S. O. (2011). Effect of two psychological Techniques in improving academic performance of secondary schools students in mathematics. *Ife Psychologia*, 19(1), 270 - 279.