Appraisal of Social Skills Training Therapy on Aggressive Behaviour among Secondary School Students in Lagos State

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Abstract
This study was carried out to appraise social skills training therapy (SSTT) on aggressive behaviour among secondary school students in Lagos State, South West Nigeria. To this end, a randomized two group pretest-posttest quasi-experimental research design was adopted as the blueprint for the study, which requires the experimental group to be treated with SSTT. The sample consists of 84 students in senior secondary school three (male=42; female=42) drawn using the simple random sampling technique from two schools in Education Districts 1 in Lagos State. An adopted Measures of Aggression Checklist (MAC) was the instrument used for data collection. Section A of the instrument elicits demographic information, while section B consists of 94 items on different forms of aggression. MAC was face validated by a panel of three experts in Educational Psychology in Lagos State University for content and criterion related validities. Their suggestions were used in appropriating the structural composition of the instrument. The test retest method was employed in establishing the reliability of MAC after validation, with two weeks interval between the first and second administrations. Data obtained were correlated using the Pearson's Product Moment Correlation Coefficient, which yielded an R-value of 0.93. Data collection was carried out by administering MAC on participants in both experimental and control groups, after which the treatment was administered on the experimental group for eight weeks and this was followed by a post administration of MAC on participants in both groups again. Data collected were collated and analyzed using the Univariate Analysis of Variance at 0.05 level of significance. The results showed that Social Skills Training Therapy is an effective aggression reduction strategy among secondary school students in Lagos state. It was therefore recommended that SSTT be integrated into both junior and senior secondary school curricula in the country.

Key Words: Social-skills; Training; Therapy; Aggression; Behaviour
Introduction

The primary objective of teaching and learning activities in a school system is to achieve positive behavioural change among students in the three domains of knowledge which are cognitive, affective and psychomotor. Such behavioural change is expected to snowball into all round achievements, thus making the students agents of change in the society. According to Omoniyi (2013), the school is an institution designed for the teaching of students enrolled in it, and part of the purpose of the school is to develop students through knowledge acquisition so that they may become social beings. By this, students are expected to learn how to relate with fellow students, teachers and significant others in the school on the one hand, and live in harmonious way (by blending with societal values) in the society on the other hand. Students’ achievement is also a reflection of the effectiveness of all academic inputs in a school system including school facilities, instructional resources, text books, teachers’ mastery of the subject matter and tone of discipline among student populace to mention but a few.

Students’ academic achievement unlocks the rich potential embedded in them which is very critical to national development. Irfan & Shabana (2012) in Ali, Jusoff, Ali, Mokhtar & Salam (2009) contend that students’ academic performance plays an important role in producing the best quality graduates who will become great leaders and thus generate the needed manpower for the country’s economic and social development. From the foregoing, a well thought out and deliberate plan of actions are required to develop well-rounded students that would contribute to nation building. One of the psychosocial problems that poses serious threats to the academic achievement of adolescents in a secondary school system is conduct problem. Conduct problems constitute serious impediment to optimal education of students at all levels, especially in secondary schools. According to American Academy of Child and Adolescent Psychiatry (2013), conduct problems refer to a group of behavioural and emotional problems in youngsters. Children and adolescents with these problems have great difficulty following rules and behaving in a socially acceptable way.

According to Oksana, et al (2011), a clear understanding of the relationship between problem behaviours and academic achievement will help generate appropriate assessment, prevention and intervention strategies for at-risk or troubled youth. Children with social, emotional, and conduct problems are at high risk of academic failure, peer rejection, conduct disorder, school dropout, delinquency, drug and alcohol problems (Webster-Stratton, Reid & Stollmiller, 2008). Conduct problems among other things may result in low grade, high school dropout and other anti-social behaviours that may heighten the level of insecurity in the society. This observation concurs with Ian, Joseph, Rosemary, Barbara, Diana, Tim & Peter (2009) who posit that about 90% of adolescents with severe externalising behaviour were more likely to leave school without any qualifications. Ian, et al (2009) further aver that adolescents who exhibit externalising behaviour experience multiple social and health impairments that adversely affect them, their families and society throughout adult life. One of the conduct problems that impact negatively on the well-being of students as well as effective functioning of a school system is aggression.

Zirpoli (2014) believed that aggression is the most serious of inappropriate behaviours and has the most serious consequences for both the student and those in his or her environment. Chen & Miller (2012) also remark that aggression is associated with a variety of social, behavioural and
psychological problems (e.g. poor school performance, peer rejection) in childhood and adolescence and is predictive of later serious maladaptive outcomes (e.g. delinquency). Adolescents that are struggling with aggressive behaviour may find it difficult to give the desired attention to their classroom activities. The negative impacts of aggression on the day today activities of teenagers may result in academic maladjustment and underachievement, resulting in high rate of school dropout. One direct consequence of aggression among adolescents is indiscipline and indiscipline itself is a clog in the wheel of academic progress of a child. According to Chandrawati & Mohammad (2015), the growing indiscipline in secondary schools and in the society at large is becoming worrisome and this can be implicated on untreated aggressive behaviour among secondary school adolescents.

Aggression control and reduction, particularly among adolescents, has been a thing of great concern to educational psychologists over the last three decades. That is why several attempts by researchers are geared towards enhancing social competence and social skills that foster positive interactions among adolescents. These efforts form an important component of treatment and prevention of aggressive behaviours. Nangle, Erdley, Carpenter & Newman (2002) submit that social skills training (SST) has emerged as a frontline treatment approach for aggressive children and adolescents. Babakhani (2011) in his study on the effects of social skills training on self-esteem and aggression of male adolescents discovered that SST were more effective in reducing verbal aggressive behaviours in the treatment group over time than the control group. This present study, leveraging on the existing assumptions, therefore aims at investigating the effect of social skills training therapy on aggressive behaviour among secondary school students in Lagos State, South West Nigeria. Thus, the question highlighted below guide this study:

i. To what extent will Social Skills Training therapy reduce aggressive behaviour of secondary school students in Lagos State, South West Nigeria?

RESEARCH METHODOLOGY

Research Design
This study adopted a randomized two group pretest-posttest quasi-experimental research design. To this end, the selected participants were randomly grouped into two i.e. one experimental group that was exposed to Social Skills Training Therapy and the other as the control group. The design is represented schematically below:

<table>
<thead>
<tr>
<th>Experimental Group</th>
<th>T₁</th>
<th>X</th>
<th>T₂</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control Group</td>
<td>T₃</td>
<td>-</td>
<td>T₄</td>
</tr>
</tbody>
</table>

Population/Sampling
The population studied consist of senior secondary school three students. This class was selected because of their maturity and exposure to aggressive behaviour either as victims or perpetrators. The stratified random sampling technique was used to select two schools from Education Districts
1 in Lagos State, South West Nigeria, from which the participants were drawn. Thus, the sample consists of eighty four (84) students in Senior Secondary School Three. A total of forty two (42) participants were males, while the female participants were also forty two (42). Equal number of participants were randomly assigned into the two group (experimental=42; control=42).

**Research Instrument**
A self-developed Measures of Aggression Checklist (MAC) was the instrument used for data collection. The MAC was a 94-item instrument designed to measure different aspects of human aggression, having two sections i.e. A and B. Section A elicits such demographic information as gender, status, age, class, state, tribe, and school, while section B consists of items on different forms of aggression. Each item on the instrument had five response options and was scored on a five-point scale (1 = Never so with me; 2 = rarely so with me; 3 = Sometimes so with me; 4 = Often so with me; 5 = Always so with me). MAC was face validated by a panel of three experts in Educational Psychology in Lagos State University, South West Nigeria. A draft copy was presented to the panel of experts for content and criterion related validities. Their suggestions were used in appropriating the structural composition of the instrument. The test retest method was employed in establishing the reliability of MAC after validation, using two secondary schools in Ogun state, South West Nigeria not included in the main study, with two weeks interval between the first and second administrations. Data obtained were correlated using the Pearson’s Product Moment Correlation Coefficient (PPMCC), which yielded an R-value of 0.93, hence the adoption of MAC for data collection.

**Data Collection**
Data collection consisted of three key stages i.e. pre-treatment stage; treatment stage and post-treatment stage.

*Pre-Treatment stage*
At this stage, the participants in both experimental and control groups responded to the instrument (MAC) designed for this study before the administration of treatment to the experimental group. Their responses were collated and recorded to generate the pretest scores.

*Treatment Stage*
At this stage, the researcher assigned respondents into two groups i.e. the experimental and control groups. The experimental group was exposed to Social Skills Training Therapy (SSTT) for eight weeks. No treatment was given to the control group.

*Post-Treatment stage*
Here, the participants in the two groups responded to the instrument (MAC) designed for this study after the administration of treatment on the experimental group. Their responses were collated and recorded to generate the posttest scores. The pretest and posttest scores for the groups were compared in order to determine any behavioural change or otherwise among the participants due to the treatments.
RESULT

Table 2. Pretest and Posttest scores of participants’ aggressive behaviour

<table>
<thead>
<tr>
<th>Groups</th>
<th>N</th>
<th>Pretest</th>
<th>SD</th>
<th>Posttest</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Skill Training</td>
<td>42</td>
<td>3.5078</td>
<td>0.2196</td>
<td>3.2181</td>
<td>0.2545</td>
</tr>
<tr>
<td>Control Group</td>
<td>42</td>
<td>3.6393</td>
<td>0.3223</td>
<td>3.6462</td>
<td>0.2628</td>
</tr>
</tbody>
</table>

Table 2 above shows the pretest and posttest scores of participants’ aggressive behaviour. It could be observed that the mean scores for the experimental group before and after administration of treatment (Social Skills Training Therapy (SSTT)) were 3.5078 (SD=0.2196) and 3.2181 (SD=0.2545) respectively, indicating a reduction in the aggressive behaviour of participants after treatment. On the other hand, the pretest and posttest mean scores for the control group were 3.6393 (SD=0.3223) and 3.6462 (SD=0.2628) respectively, indicating no appreciable reduction in the aggressive behaviour of participants.

Table 3. Tests of Between-Subjects Effects on the dependent variables

<table>
<thead>
<tr>
<th>Dependent Variable: Treatment Effect</th>
<th>Source</th>
<th>Type III SS</th>
<th>Df</th>
<th>MS</th>
<th>F</th>
<th>Sig.</th>
<th>PEta Sq</th>
<th>Noncent P</th>
<th>ObsPr Prob</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected Model</td>
<td>7.674</td>
<td>5</td>
<td>1.535</td>
<td>19.595</td>
<td>0.000</td>
<td>0.285</td>
<td>97.975</td>
<td>1.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Intercept</td>
<td>2996.717</td>
<td>1</td>
<td>2996.717</td>
<td>38260.55</td>
<td>0.000</td>
<td>0.994</td>
<td>38260.549</td>
<td>1.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Groups</td>
<td>4.779</td>
<td>2</td>
<td>2.390</td>
<td>30.509</td>
<td>0.000</td>
<td>0.199</td>
<td>61.018</td>
<td>1.000</td>
<td>0.000</td>
</tr>
<tr>
<td>Test</td>
<td>1.856</td>
<td>1</td>
<td>1.856</td>
<td>23.692</td>
<td>0.000</td>
<td>0.088</td>
<td>23.692</td>
<td>0.998</td>
<td>0.000</td>
</tr>
<tr>
<td>Groups * Test</td>
<td>1.039</td>
<td>2</td>
<td>0.519</td>
<td>6.632</td>
<td>0.002</td>
<td>0.051</td>
<td>13.264</td>
<td>0.910</td>
<td>0.000</td>
</tr>
<tr>
<td>Error</td>
<td>19.268</td>
<td>246</td>
<td>0.078</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3023.659</td>
<td>252</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Corrected Total</td>
<td>26.941</td>
<td>251</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For a, R Squared = 0.285 (Adjusted R Squared = 0.270)

b. Computed using alpha = 0.05

From table 3 above, it could be observed that the result of the Tests of Between-Subjects Effects on the dependent variables (aggressive behaviour) provided that a significant main effect existed between the means for the Groups, F(2, 246) = 30.509, p<0.05, ηp² = 1.000, a large effect, and the observed power was 0.998. A significant main effect also existed between the means for the Test, F(1, 246) = 23.692, p<0.05, ηp² = 0.088, a medium effect, and the observed power was 0.998. The two main effects were qualified by a significant interaction between the two factors, F(2, 246) = 6.632, p<.01, ηp² = 0.051, a small effect, p=0.910. The results provided that the independent variable had significant effect on the dependent variable, implying that, Social Skills Training Therapy (SSTT) was significantly effective in the reduction of aggression among secondary school students in Lagos state.

Discussion of Findings

The results of the data available through this study implies that there is significant main effect of treatment of Social Skills Training Therapy (SSTT) on the reduction of aggression among secondary school students in Lagos State, South West Nigeria. Thus, this study provided that Social Skills Training Therapy (SSTT) is an effective aggression reduction strategy among secondary school students in Lagos state. This present finding agrees with a large body of research that support the effectiveness of Social Skills Training as a strategy for reducing aggression among adolescents.
For instance, a significant meta-analysis on Collaboration for Academic, Social and Emotional Learning has shown that students who receive social skills instruction have more positive attitudes about school and improved on average of 11 percentile points on standardized achievement tests compared to students in control groups without such instruction (Selbst & Gordon, 2005). Botvin, Griffin, Nichols & Doyle (2004) examine the effects of an expanded version of the Life Skills Training programme that included material on anger management and conflict resolution on preventing aggression and delinquency. Their finding shows that students who received the expanded SST programme reported less verbal aggression, physical aggression, and delinquency than comparable controls at the posttest assessment. Students in the prevention condition were less likely to say mean things, argue, pick a fight, or shoplift compared to controls.

Gresham (2014) also affirms that social skills interventions have been shown to be effective for children and youth with or at risk for emotional and behavioural disorders (EBD). Thus, social skills function as academic enablers because it motivates and drives adolescents towards attaining academic excellence, in addition to helping them to get along well with peers and significant others. Problem behaviours like aggression however function as academic disablers and are important markers of declined academic performance. Ali, Abdel-Fatah, Mahmoud, & Mohamed El-Sayad (2018) who investigate effect of social skills training programme on self-esteem and aggression among children in residential institutions in Port Said City also found a significant positive effect of social skill training programme on enhancing self-esteem and decreasing physical aggression among the studied children, whereas, the training had no effect on verbal aggression. The study recommended broad-based psychosocial intervention programmes for resident children and rehabilitation programmes are mainly recommended to enhance self-esteem and minimize aggressive behaviour among children.

The effectiveness of SST in reducing aggression among adolescents was also confirmed at local level. Ayodele (2011) in his study, fostering adolescents’ interpersonal behaviour: An empirical assessment of enhanced thinking skills and social skills training in Sagamu Local Government Area of Ogun State, South West Nigeria found that both the treatment programmes i.e. thinking skills and social skills training were effective in fostering interpersonal behaviour in the adolescents but Enhanced Thinking Skill was found to be more effective than Social Skill Training. The study also revealed that both ETS and SST did better with females compared to males. Based on the findings, the researcher recommended that all caregivers must continuously update their skills on the use of ETS and SST to help our youngsters live a meaningful and fulfilled live.

Social skills therefore are behaviours that promote positive interaction, warmth and togetherness among adolescents within and outside the school environment. The presence of these traits in a school system promotes healthy rivalry, which in turn spurs adolescents to peak performance in their academic endeavours. Some of these skills include showing empathy, participation in group activities, emotional intelligence, generosity and helpfulness, communicating with others, negotiating, and problem solving. However, when adolescents are deficit in Social Skills, they might face myriad of conduct problems including aggression which might impart negatively on their academic performance. Spence (2003) observes that deficits in social skills are common in children with emotional and behavioural problems. He also affirms in his finding that Social Skills
training have been successful in the prevention of behavioural disorders. This is because, children need a repertoire of social skills and interpersonal problem-solving strategies to manage their world successfully. Furthermore, social competence through social skills training can influence adolescents’ over all well-being. Zimmerman (2002) also asserts that social skills training curriculums that incorporates emotional dimensions could teach children to understand and regulate their emotions, have empathy for others, and see others’ perspectives.

In affirmative terms, the benefits of SSTT as a strategy for reducing aggressive behaviour and other conduct problems among adolescents includes but not limited to the following:

1. Social skills training enhances students’ pro-social behaviour and acts as a buffer to negative conducts. In other words, SSTT prevents a variety of problems such as truancy, bullying, alcohol and drug use, violence and other psychosocial behaviours. The social skills training therefore stimulates positive adjustment and peak performance in students’ academic success, health and overall well-being.

2. Effective social skills training among students considerably increases students’ social-emotional skills required for group cooperation among learners. The skills also increase the level of their emotional intelligence, thereby fostering positive social interactions. All these would help to decrease their level of emotional distress.

3. It enhances better relationships among adolescents. This is because developing social skills makes it easier for learners to get along with people including school mates, teachers, school management and other stakeholders.

4. SST heightens smooth communication with other students which also promotes teamwork. It is to be emphasized that learning to work with others benefits the team as well as individual members of the team.

5. A well internalized social skills training by adolescents helps them to learn how to resolve and manage conflicts that may emanate from time to time as they relate with other students. Thus, through social skills development, adolescents are imbued with the ability to get along well with students of varying emotional traits and gain the confidence to make the best out of any given situation.

6. Embedded social skills training programme in the school curricula at secondary school level is a potential pathway to developing well-grounded young adults that would contribute maximally to national development.

Conclusion

Aggression is one of the major psychosocial problems that impacts negatively on the academic achievements of secondary school students. It is a conduct problem that occurs within a social context and its functions and forms are not only complex but dynamic. Unresolved aggressive behaviour is a threat not only to the perpetrators but also to the victims, school managers, parents and the larger society. Perpetrators of aggressive behaviour often grapple with myriads of problems such as difficulty in coping with school work, constant face off with school authority, poor academic performance and criminal behaviours among others. The findings of this study have however shown that social skills training therapy was effective in reducing aggression among secondary school students. This finding therefore justifies the implementation of these technique in our secondary schools and by other care givers.
Recommendations
Since Social Skills Training Therapy have proven to be effective in reducing aggressive behaviour among adolescents, these skills should be integrated into both junior and senior secondary school curricula in the country. Given that SST embodies some of the 21st century skills needed by students to function effectively in life, there is no better time to build these skills into our educational system than now. Hence, life skills or 21st century skills which embody education for life and work such as critical thinking, problem solving, decision making, communication, empathy, collaboration, teamwork and others should be fully integrated into our educational system in order to prepare our children for success in the ever dynamic world of work.

REFERENCES


