

IMPACT OF SOCIAL SKILLS TRAINING AND SELF-EFFICACY THERAPIES ON AGGRESSIVE BEHAVIOURS AMONG SECONDARY SCHOOL STUDENTS IN LAGOS STATE

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Abstract

This study investigated the impact of Social Skills Training and Self-Efficacy Therapies on aggressive behaviours among Secondary School Students in Lagos State. To this end, a randomized two group pretest-posttest quasi-experimental research design was adopted as the blue print for the study, which requires the experimental groups to be treated with SSTT and SET. The sample consisted of 84 students in senior secondary school three (SSTT=42; SET=42) drawn through simple random sampling technique from two schools in Education Districts 2 in Lagos State. An adopted Measures of Aggression Checklist (MAC) was the instrument used for data collection. The test retest method was employed in establishing the reliability of the MAC, with two weeks interval between the first and second administrations. Data obtained were correlated using the Pearson's Product Moment Correlation Coefficient statistic formula, which yielded a coefficient of $r = 0.73$. MAC was administered on participants in both experimental and control groups, after which the treatment was administered on the experimental groups for eight weeks followed by a post administration of MAC on participants in both groups. Data collected were analyzed using the Univariate Analysis of Variance at 0.05 level of significance. The result showed that there is no significant difference between the means of treatment effects for the different types of Aggressive behaviours among secondary school students in Lagos state who had Social Skill Training and their counterparts who had Self Efficacy Therapy with $F(1, 70) = 0.475, p > .05, \eta_p^2 = .007$. In general however, the Social Skills Training Therapy provided a higher reduction in aggressive behaviours than Self-Efficacy Therapy. It was therefore recommended that School Counsellors, Psychologists and other care givers should be properly equipped with psychological therapies, especially Social Skills Training so as to promote pro-social behaviours among secondary school students.

Key Words: Self-Efficacy; Social Skills Training; Therapy; Aggression; Behaviour

Introduction

Aggression is a deliberate intention to cause harm or injury on another person who is motivated to avoid it due to imbalance of power. This harm could be physical, emotional or psychological. According to Estévez, Moreno, Jiménez, & Musitu (2013), the aggressive behaviour exhibited by some adolescents towards their peers in the school setting refers to a series of behaviours aimed at other classmates in order to cause harm intentionally, at the physical, psychological, verbal, or relational level. Aggressive behaviour also involves willful destruction of school's property or personal belongings of the victims. Aggression is the most inappropriate behaviour that threatens the peace required for meaningful learning within a school system. Thus, in a school system where aggressive behaviour occurs, the primary objective of achieving positive behavioural changes among learners in the three domains of knowledge namely: cognitive, affective and psychomotor, is compromised. This in turn makes it difficult for students to attain all round achievement and become agents of change. The school environment should, therefore, be learner-friendly because education plays an important role in the society; as it develops an egalitarian society where every citizen contributes maximally to nation building. This view is corroborated by Kaur & Niwas (2017) who opine that education plays an important role in the development of human and the relative society because it develops an egalitarian society where every citizen is maximally and productively engaged in the task of nation building.

Aggression impacts negatively on the well-being of both perpetrators and victims, both at the family level, in the school system, as well as in the larger society, leading to a wide range of maladjustments. For instance, aggressive behaviour results in academic maladjustment and under achievement leading to high rate of school dropout. According to Sanders, Bierman, & Heinrichs (2020), aggressive behaviour in adolescents are associated with a host of problematic outcomes, including school drop-out, substance use, mental health problems and delinquency. This problematic behaviour also breeds antisocial or criminal behaviour such as thuggery and willful destruction of properties. With regards to personal adjustment, Estefania, Jiménez & Moreno (2018) posit that aggressive behaviour was significantly associated with high scores in depressive symptomatology, perceived stress and loneliness and low scores in self-esteem, life satisfaction and empathy for both sexes. Estefania, Jiménez & Moreno, D. (2018) further aver that in the school setting, aggressive behaviour is related to low scores in academic engagement, friends in the classroom, perception of teacher support and a positive attitude towards school. At the family level, significant relationships were observed between aggressive behaviour and high scores in offensive communication and family conflict, low scores in open communication with parents, general expressiveness and family cohesion.

Unresolved aggressive behaviour is also a developmental pathway to cultism, touting, armed robbery and other injurious behaviours during adult life. This was observed by Gini, Pozzoli & Hyme (2014) who opine that aggressive behaviour toward peers during childhood and adolescence has been shown to be a significant correlate, both concurrently and longitudinally, of poor health and maladjustment in both perpetrators and victims. According to them, although the majority of aggressive children display temporary or desisting aggressive behaviour, about 10% of the general population are persistently aggressive over the years and can follow a deviant “career” path.

Aggressive behaviour is associated with a number of risk and protective factors which can serve as enablers and buffers respectively among adolescents. Didden, Lindsay, Lang, Sigafos, Deb, Wiersma, Peters-Scheffer, Marschik, O'Reilly & Lancioni (2016) reveal that risk factors of aggression are gender (males), level of intellectual and developmental disabilities, autism spectrum disorder (ASD), communication deficits, emotion regulation problems, impulsivity and mental health problems. The biological correlates of aggressive behaviour as enumerated by them include genetic, neurobiological and physiological factors. Bio-psycho-social model has also been identified in literature as another major risk and protective factor of aggression (Golding & Fitzgerald, 2019; Tremblay, Vitaro, & Côté, 2018). According to Andreas & Manfred (2016), the development of aggressive behaviours comprises psychological factors which exist at cognitive, emotional and behavioural levels. For instance, a below-average intelligence correlates with increased aggressive behaviour, while above-average intelligence is accompanied by less problematic behaviour and represents a protective factor against antisocial behaviour including aggression. When a student performs poorly in school, it impacts negatively on his/her self-esteem, which increases the probability of criminal behaviour, like aggression.

The parenting style is another major component of bio-psycho-social model of aggression. According to Andreas & Manfred (2016), the authoritarian and the negligent parenting styles seem to be associated with the development of dissocial behaviour problems, whereas the authoritative parenting style has more protective and compensatory effects.

Statement of the Problem

The inability to establish the effect of social skills training and self-efficacy therapies on the treatment of different types of aggression among secondary school students in Lagos state necessitated this study. 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. Providing psychological remedies for adolescents that

are predisposed to this construct in secondary schools would help to resolve the associated problems and at the same time bolster pro-social behaviour needed for meaningful learning and enhanced academic performance. That is why this study is investigating the impact of Social Skills Training and Self-Efficacy Therapies on aggressive behaviours among Secondary School Students in Lagos State.

Research Questions

1. Is the application of Social Skills Training Therapy (SSTT) and Self-Efficacy Therapy (SET) effective in the reduction of aggression among secondary school students in Lagos state?
2. What is the relative efficiency of Social Skills Training Therapy (SSTT) and Self-Efficacy Therapy (SET) in the reduction of different types of aggression among secondary school students in Lagos state?

Research Hypothesis

There is no significant difference in the mean effects of treatments on aggressive behaviours among secondary school students who had Social Skill Training and those with Self-Efficacy Therapy

Methodology

Research Design

The quasi-experimental pretest-posttest control group was used in carrying out this study. In doing this, respondents were randomly assigned into treatment and control groups. The treatment group was exposed to the Social Skills Training and Self-Efficacy Therapies. Participants for the study were randomly selected from two schools in Education District 2 in Lagos State.

The Measure of Aggression Checklist was administered on the subjects. The instrument has two sections (A and B). Section A sought for demographic information of the respondents while section B was a self-reported 94 item scale that measures seven aspects of human aggression covering physical aggression, verbal aggression, cyber aggression, threatening, mean behaviour, cognitive aggression and psychosocial aggression. The level of aggression was rated on a 5-point scale tagged Never so with me, Rarely so with me, Sometimes so with me, Often so with me and Always so with me. A total of 84 participants were sampled for the study, made of 42 students from each school.

The data collection process consisted of three key stages i.e. pre-treatment stage; treatment stage and post-treatment stage. At the pre-treatment stage, both the experimental and control groups responded to the

instrument (MAC) before administration of the treatments to the experimental group. At the treatment stage, respondents were assigned into two groups i.e. the experimental and control groups while the experimental group was exposed to Self-Efficacy Therapy (SET) and Social Skills Training Therapy (SSTT) for eight weeks. At the post treatment stage, all the participants in the two groups responded to the instrument (MAC).

The test retest method was employed in establishing the reliability of MAC before final use after validation, using two secondary schools carried out at two weeks interval. The data obtained were correlated using the Pearson's Product Moment Correlation which yielded a coefficient of $r = 0.73$.

Presentation of Results

The difference between the pretest and posttest scores for participants who had Self-Efficacy Therapy and those who had Social Skill Training was analysed using a Univariate 2-way (2x7 designs) General Linear Model test. Each of the two treatments (Self Efficacy and Social Skill Training Therapies) had equal number of participants (42), making a total of 84. This was made up of six participants who had close affinity with each one of the seven Types of Aggressive behaviour. The higher the treatment affects the scores, the higher the effect of the treatment in reducing the aggressive behaviour (Table 1). The result showed that in general, the Social Skill Training provided a higher reduction in aggressive behaviours (5.79%), while Self Efficacy Therapy provided 4.64% reductions in aggressive behaviour.

Using Social Skill Training Therapy, there was substantial reduction in each type of aggressive behaviour. The highest reduction in aggressive behaviour was attained with threatening (mean = 8.4630; SD = 8.57082), verbal abuse (mean = 8.2738; SD = 4.86988), physical aggression (m = 6.5228; SD = 4.69797) and psychosocial aggression (m = 5.2489; SD = 5.87243). Mean behaviour, cyber aggression and cognitive aggression were the least impacted by the treatment (m = 3.3873, SD = 1.98466; m = 4.5345, SD = 8.23973; m = 4.5345, SD = 8.23973 respectively).

Using Self Efficacy Therapy, the highest reduction in aggressive behaviour was attained with threatening (mean 7.9543; SD = 4.30272), mean behaviour (m = 7.7032; SD = 5.85347), verbal abuse (m = 7.5204; SD = 7.12297), psychosocial aggression (m = 3.4229, SD = 8.73940), physical aggression (m = 3.9830, SD = 6.38523), and cognitive aggression (m = 4.0602, SD = 8.65125) while cyber aggression increased rather than being reduced as a result of treatment (m = -2.1503, SD = 16.90589). (Table 1; Figs. 1& 2)

Table 1. Descriptive Statistics for Treatment Groups by Type of Aggression

<i>Dependent Variable: Treatment Effect Data</i>				
Treatment Groups	Type of Aggression	Mean	SD	N
	Threatening	8.4630	8.57082	42
	Verbal Abuse	8.2738	4.86988	42
	Physical Aggression	6.5228	4.69797	42
	Psychosocial Aggression	5.2489	5.87243	42
	Mean Behaviour	3.3873	1.98466	42
	Cyber Aggression	4.5345	8.23973	42
	Cognitive Aggression	4.0602	8.65125	42

Self-Efficacy Therapy (SET)	Mean behaviour	7.7032	5.85347	6
	Physical aggression	3.9830	6.38523	6
	Cognitive aggression	4.0602	8.65125	6
	Psychosocial aggression	3.4229	8.73940	6
	Cyber aggression	-2.1503	16.90589	6
	Verbal abuse	7.5204	7.12297	6
	Threatening	7.9543	4.30272	6
	<i>Total</i>	4.6420	9.06441	42
Social Skill Training Therapy (STT)	Mean behaviour	3.3873	1.98466	6
	Physical aggression	6.5228	4.69797	6
	Cognitive aggression	4.5345	8.23973	6
	Psychosocial aggression	5.2489	5.87243	6
	Cyber aggression	4.1261	3.68951	6
	Verbal abuse	8.2738	4.86988	6
	Threatening	8.4630	8.57082	6
	<i>Total</i>	5.7937	5.71998	42

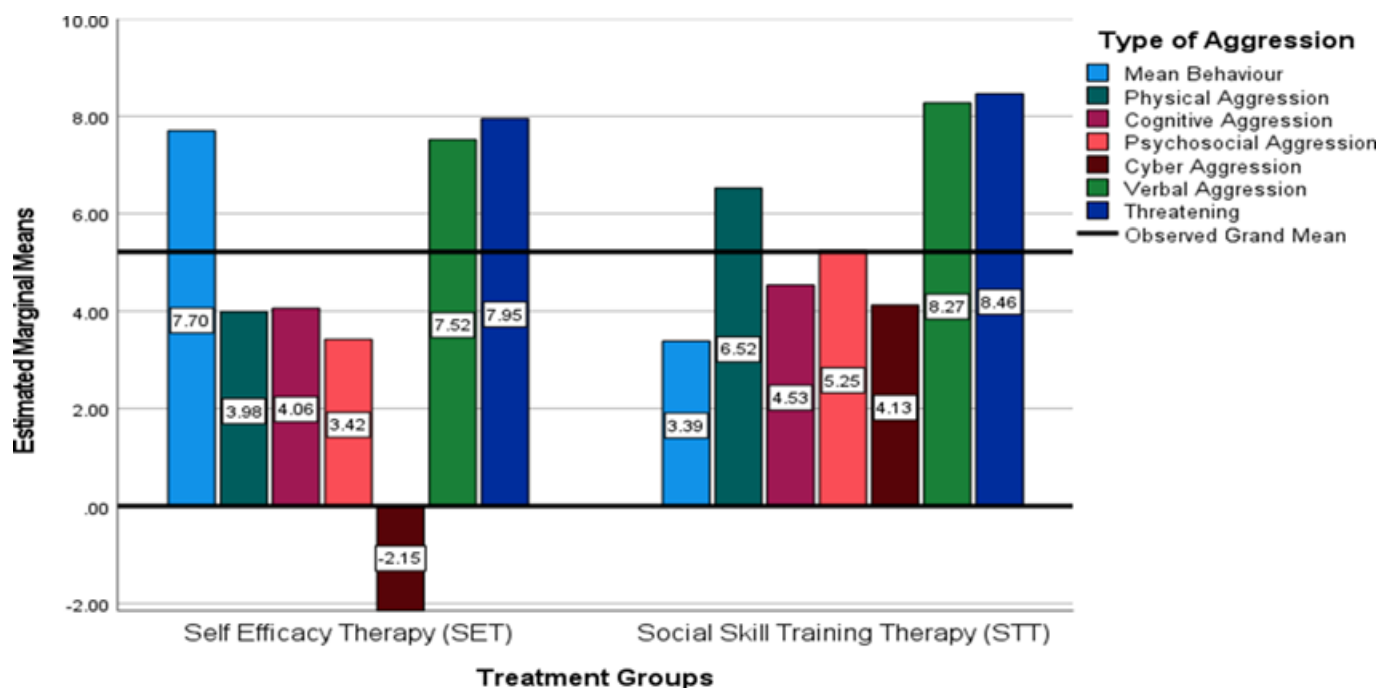


Fig. 1. Means of Reduction on Aggressive Behaviours due to Treatment.

The results (Fig. 2) provided that in general, irrespective of the type of treatment, each of the seven types of aggressive behaviour yielded positively to treatment, with reduction of aggressive behaviour among secondary school students occurring most with threatening, followed by verbal abuse, cyber aggression, psychosocial aggression, cognitive aggression, physical aggression and mean behaviour respectively

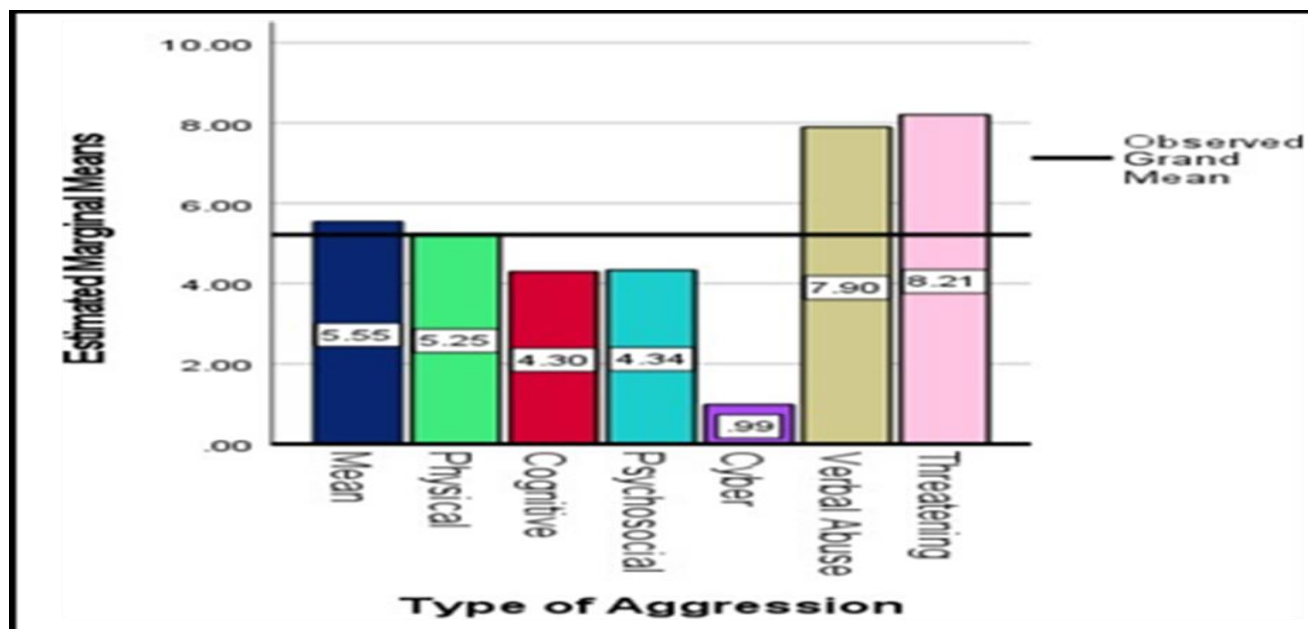


Fig. 2. Means of Reduction on Aggressive Behaviours due to Treatment.

To analyse the data gathered for testing the hypothesis, the GLM Univariate test was performed. The result of the GLM Univariate test of Between-Subjects Effects on the dependent variables provided that there is no significant main effect for groups (Self Efficacy Therapy and Social Skill Training), $F(1, 70) = 0.475$, $p > .05$, $\eta_p^2 = .007$, a small effect, and the observed power was .104 and that there is no significant main effect for type of aggression, $F(6, 70) = 1.220$, $p > .05$, $\eta_p^2 = .095$, a medium effect, and the observed power was .449. The two main effects were qualified by a significant interaction between the two factors, $F(6, 70) = .508$, $p > .05$, $\eta_p^2 = .042$, a medium effect, $p = .193$. See Table 2.

Table 2. Table of Tests of Between-Subjects Effects on the Dependent Variables

Dependent Variable: Treatment Effect

Source	Type III SS	df	MS	F	Sig.	PEta Sq	NcentP	ObsPr ^b
Corrected Model	635.559 ^a	13	48.889	.834	.623	.134	10.845	.455
Intercept	2286.985	1	2286.985	39.023	.000	.358	39.023	1.000
<i>Treatment Groups</i>	27.859	1	27.859	.475	.493	.007	.475	.104
<i>Type of Aggression</i>	428.992	6	71.499	1.220	.307	.095	7.320	.449
<i>Treatment Groups x Type of Aggression</i>	178.708	6	29.785	.508	.800	.042	3.049	.193
Error	4102.452	70	58.606					
Total	7024.997	84						
Corrected Total	4738.011	83						

a. R Squared = .285 (Adjusted R Squared = .270)

b. Computed using alpha = .05

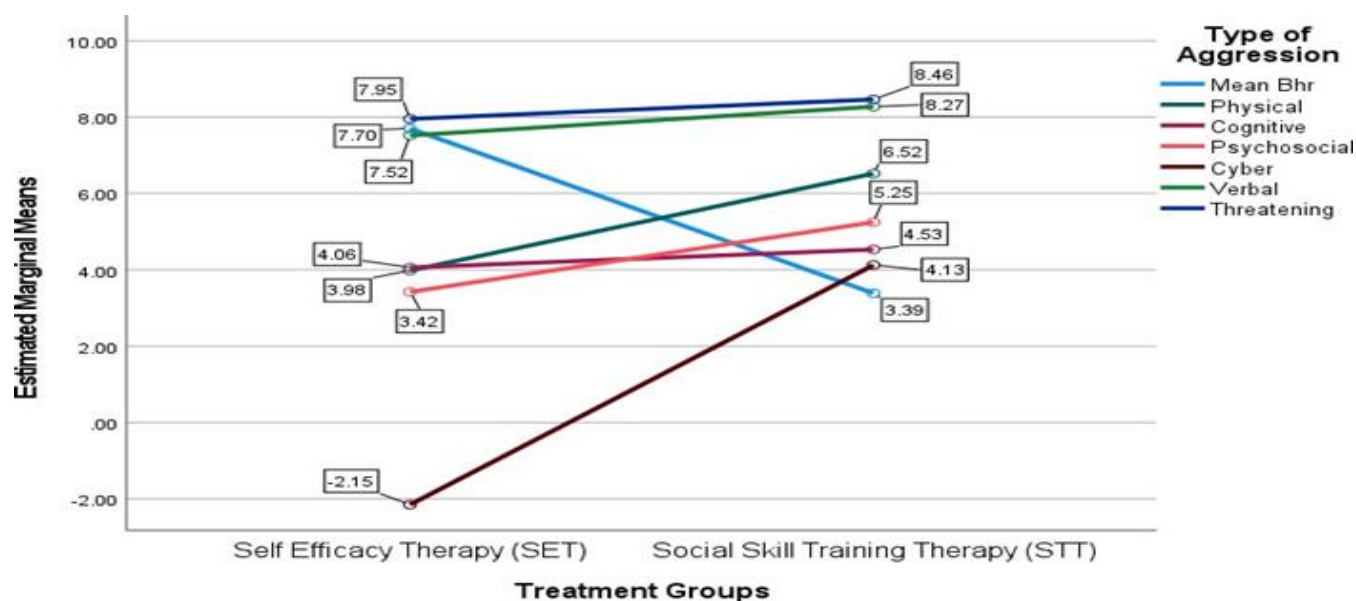


Figure 3. Interaction of Types of Reduction on Aggressive Behaviours due to Treatment

To supplement the results, a post-hoc test, Scheffe Test was performed. This provided that there were two homogeneous subsets: the treatments effect was significantly different only for threatening (8.209), and cyber aggression (.9879) while the means for threatening (8.2086), Verbal abuse (7.8971), Mean behaviour (5.5452), Physical aggression (5.2529), Psycho-social aggression (4.3359) and Cognitive aggression (4.3359) were not significantly different and formed a homogeneous group. Verbal abuse (7.8971), Mean behaviour (5.5452), Physical aggression (5.2529), Psycho-social aggression (4.3359), Cognitive aggression (4.3359) and Cyber aggression (.9879) made up the second homogeneous group. The means for Verbal abuse, Mean

behaviour, Physical aggression, Psychosocial aggression, and Cognitive aggression were not significantly different. The ordering of the means was threatening > Verbal abuse > Mean behaviour > Physical aggression > Psycho-social aggression > Cognitive aggression > Cyber aggression (Table 4).

Table 4: Post-hoc tests - homogeneous Subsets for Treatment Effect on the Dependent Variables

Treatment Effect Data				
	Type of Aggression	N	Subset	
			1	2
Duncan ^{a,b}	Cyber aggression	12	.9879	
	Cognitive aggression	12	4.2974	4.2974
	Psychosocial aggression	12	4.3359	4.3359
	Physical aggression	12	5.2529	5.2529
	Mean behaviour	12	5.5452	5.5452
	Verbal abuse	12	7.8971	7.8971
	Threatening	12		8.2086
	Sig.		.055	.282

Means for groups in homogeneous subsets are displayed. Based on observed means.

The error term is Mean Square (Error) = 58.606.

Uses Harmonic Mean Sample Size = 12.000.

Alpha = .05; * $p < .05$

Discussion of Findings

The result provided that in general, the Social Skill Training provided a higher reduction in aggressive behaviours (5.79%), while Self Efficacy Therapy provided 4.64% reductions in aggressive behaviour. Thus, the treatments reduced students' aggression in the Social Skills Training Therapy better than Self-Efficacy Therapy and the control group.

This 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 towards school and improved on average of 11 percentile points on standardized achievement tests compared to students in control groups without such instruction (Selbst & Gordon, 2015). Ali, Abdel-Fatah, Mahmoud, & Mohamed El-Sayad (2018) who investigated 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 programmes 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 Social Skills Training Therapy 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 (ETS) was found to be more effective than Social Skill Training (SST). 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 youngsters live a meaningful and fulfilled live.

In this study, self-efficacy treatment on aggression was also found to be effective, although its effectiveness was slightly lower than that of Social Skills Training. The present finding agrees with a plethora of studies on the effectiveness of self-efficacy therapy on the treatment of aggressive behaviour. For instance, Ojewola (2014) found out that the treatment package (self-efficacy skills training) was effective in reducing aggressive behaviour among adolescents. Based on the result of the finding, he recommended that self-efficacy skills training should be incorporated into the counselling programme in the school to reduce the incidence of aggressive behaviour among adolescents.

The findings of this study agree with existing literature on the effectiveness of SSTT and SET in aggression reduction among secondary school students. A plausible reason for the similarity in the effectiveness of the two therapies is that participants in the SSTT and SET responded and benefitted positively from the stimulus intervention guide during the training session. However, a probable reason why participants in the SSTT benefitted more than those in the SET is because participants in the SSTT responded and benefitted more positively to the stimulus intervention during the training session than participants in the SET group. This dichotomy in response between participants in the SSTT and SET can be traced to differential environmental conditions in which they were exposed to the therapies. Further empirical studies would be required to confirm

the effectiveness of SSTT over SET as therapies for reducing aggressive behaviours among secondary school students.

Conclusion

Aggression is one of the major psychosocial problems that impacts negatively on the academic achievements of secondary school students. It is a problem that occurs within a social context and its functions and the forms of which are complex and 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.

With the findings of this study, one could conclude that both the social skills training and self-efficacy therapies will effectively reduce different types of aggression among secondary school students in Lagos state and even beyond if the procedures enunciated in the study are religiously followed.

Recommendations

Since Social Skills Training and Self-Efficacy therapies have proved 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 and SE embody some of the 21st century skills needed by students to function effectively and succeed in life, these skills should be integrated into our educational system at all levels. Hence, life skills or 21st century skills which embodied education for life and work such as critical thinking, problem solving, decision making, communication, empathy, collaboration, emotional intelligence, conflict resolution, team work, verbal persuasion, vicarious experience and others, all of which form the fulcrum of the two therapies in this study, should be fully subsumed into our educational system in order to prepare our children for success in the ever dynamic world of work.

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