

# RELATIVE EFFECTIVENESS OF ASSERTIVE TRAINING, MODELLING AND THEIR COMBINATION IN THE REDUCTION OF ISOLATE BEHAVIOUR IN CHILDREN

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## **Abstract**

*The study investigated the Relative Effectiveness of Assertive Training (AT), modelling (M) and a combination of Assertive Training and Modelling (AT & M) techniques in improving the social skills of primary school isolates and consequently reduce their isolate behaviour. The study is a quasi experimental research that adopted a pretest, post-test, treatment Control group design with a 4x2 matrix. It was conducted in one of the primary schools in Orlu Local Government Area of Imo State. Four experimental groups comprising of three treatment groups of AT, M, and AT&M who were treated through eight therapy sessions for six weeks were used for the study. Forty-eight participants were randomly selected from the target population and were randomly assigned to the four experimental groups. Different types of researcher developed and validated instruments were used in the identification of the isolates, measuring their social competence and testing the effectiveness of the treatment programmes at the post test and follow up assessment periods. Two null hypotheses tested at 0.05 level of significance were raised to guide the study. Data collected were analysed with ANCOVA F-test and Scheffé test. The result revealed that the treatment techniques were equally effective and superior to the Control condition in improving the social skills of isolates and reducing their isolate behaviour. None of the treatment techniques was superior to the other.*

**Key Words:** Assertive training, modelling, isolate behaviour, children, social interaction.

## **Introduction**

Every individual in a school no matter his or her educational level is expected to exhibit some level of sociability. In other words, school children should be interactive, be in good social contact and relationship with their peers, classmates and teachers. However, it has been observed that some children operate at very low levels of sociability. Such children rarely engage in social interactions with others, and they are therefore regarded as social isolates.

An isolate, in the views of Ogunbawo (1988), is a person who demonstrates typically very low rates of social behaviour in interactions with others such as peers or mates. In affirmation, Nnodum (2001) advanced that socially, an isolate could be described as an individual who is unwilling or is finding it difficult to interact or associate with others such as peers or classmates. Being an isolate is a manifestation of extreme or high level of social withdrawal. It is a type of social seclusion and the individuals are often seen as being socially awkward.

Isolates lack the necessary social skills that enhance social interaction and this could be responsible for withdrawing from or keeping away from social interaction, scenes or contacts with others. Nnodum (2001) remarks that isolates are unable to solicit for assistance from people around them; they find it difficult to ask for clarifications or questions on confusing or unclear issues, initiate, participate in and terminate conversations or discussions. They find it difficult to express feelings easily, join groups or engage in group work. They are shy, and experience fear and anxiety when asked to execute a social task. They often engage in negative talks or self-defeating statements. Furthermore, they have low self concept, are shy, find it difficult to show appreciation and commend good acts or gestures among others. All these highlighted attributes hinder learning effectiveness, thereby lowering academic performances in them (Ogunbawo, 1988).

Social skills, in the views of Mastropieri and Scruggs (1978), are a collection of behaviours in learner's repertoire of skills that enable him or her to interact successfully in the environment. They are behavioural skills which an individual exhibits in the process of interacting with people in order to belong, become accepted and get along with them (Nnodum, 2001). Some of these skills, as highlighted by Mastropieri and Scruggs (1987) and Masters, Burish, Hollon & Rimm (1987), include conversation skills; assertiveness skills, play interaction skills; self-related behaviours, interview skills and self help skills. Others are greetings or

salutation skills, being courteous and caring, ability to smile and laugh when appropriate, ability to show sympathy and be sorry to the offended, ability to be cooperative, accommodating and understanding and to engage or participate in group work, ability to be appreciative, reciprocate good gestures and commend good acts among other social skills.

Several factors are involved in determining the manifestation of isolate behaviour. Ogunbawo (1988) divided these factors into two broad categories as: those factors that are present in the individual (individual factors) and those that are present in the relationship of the individual with others or the group or society (interpersonal relationship factors). These two factors appear to interact with one another in determining most cases of isolate behaviour in individuals. Some of the factors as identified in Carson and Butcher (1992) and Ogunbawo (1988), include personality traits and other individual characteristics such as being very introverted, aggression, rebellion, unattractiveness, social disinterestedness, listlessness, body and mouth odour, religion, skin colour, health problems and general mannerism. Others include possession of poor, inefficient or inadequate social skills, low self-esteem, suppressed assertiveness, family background, race/ethnic group, physiological or developmental factors, culture and peer rejection and non-acceptance. Isolate behaviour can also be cognitively determined. Hymel and Rubin (1995) advanced that people become socially withdrawn because they think they have defects which make them feel self-conscious, unattractive, different and inferior. These, according to them, make the socially withdrawn to often have poor self evaluation of themselves and engage in self defeating or negative talks. It can therefore be deduced that there are cultural, cognitive, environmental, educational, physiological, personality trait and peer rejection effect in the causation of isolate tendencies.

Being an isolate has numerous negative effects on the individual. It is highly handicapping and creates maladjustment in most aspects of the individual's life such as his social, intellectual, personality, language development and academic achievement. It's negative effect on mental development and lowering of academic performance in the individual has been confirmed by the findings of Ezewu (1978), Ogunbawo (1988); Ladele (1981) and Nnodum (2002). The isolate's inability to interact or exchange views with classmates or teachers, join groups, ask for clarification on unclear issues among others could be responsible for this. Unarguably, *isolaticism* is a very serious problem because it interferes

with making friends, being assertive, learning, developing self-esteem and high self-concept and becoming socially and psychologically well-adjusted.

In the light of these undesirable effects, the study intends to identify effective psychological treatment strategies that could be used to reduce the manifestation of isolate behaviour in children.

**The problem of the study** is to determine the effectiveness of assertive training (AT) techniques, modelling (M) technique and their combination (AT & M) in the modification of isolate behaviour in primary school children. The effectiveness of these two techniques in teaching social skills have been acknowledged in Masters et al (1989) and Essuman, Nwaogu and Nwachukwu (1990).

### **Purpose of the Study**

The main objectives of this study are to identify effective techniques that could be used to control isolate behaviour in children, and to note the relative standing of the treatment techniques.

### **Research Hypotheses**

Two hypotheses tested at 0.05 level of significance guided the study:

1. There is no significant difference among the mean scores in the social skills of isolates in the experimental groups (AT, M, AT & M and the Control (C) group) at the post test assessment period.
2. There is no significant difference among the mean scores in the social skills of isolates in the experimental groups: (AT, M, AT & M and C) at four weeks follow-up assessment period.

### **Methodology**

The study is a quasi-experimental research which adopted a pre-test, post-test treatment Control group design. The study has four experimental groups: three treatment groups of Assertive Training (AT), Modelling (M) and a combination of Assertive Training and Modelling (AT & M) groups and a no treatment Control (C) group. Each of the four groups was further split into two sub groups based on inventoried shyness levels of moderately shy (MS) and severely shy (SS). Thus, the study adopted a 4 x 2 factorial matrix. The subdivision gave rise to 8 cells.

The study was limited to all the 53 public primary schools in Orlu Local Government Area of Imo State. The population consisted of all primaries 4, 5 and 6 pupils in these schools and their teachers. For easier manageability a school was purposively chosen. The chosen school has a total population of 726 pupils in primaries 4, 5 and 6 and 18 teachers for the three levels. Out of this, 71 isolates were identified with the help of the class teachers using Teacher Isolate Identification Questionnaire (TIIQ) and confirmed with isolate trait-Identification Questionnaire for Children (ITIQFC). The identified 71 isolates were grouped into moderately and severely levels of shyness (the moderating variable) using the Children's Shyness Questionnaire (CSQ). Thus, 43 moderately shy and 28 severely shy isolates were identified.

Through the simple random sampling techniques, the number was pruned down to 24 moderately shy and 24 severely shy isolates which finally totalled 48 isolates. Through the simple random sampling techniques, equal numbers of isolates were first put into the four experimental groups of 12 isolates each and further into eight cells of 6 isolates each. Thus, each experimental group has 12 isolates of 6 moderately shy and 6 severely shy isolates.

In the process of identifying the isolates, determining their levels of shyness and social competence and testing them for treatment effectiveness, different types of researcher-designed questionnaires were used. These include the "Teacher Isolate Identification Questionnaire (TIIQ); Isolate Trait Identification Questionnaire for Children (ITIQFC), Children's Shyness Questionnaire (CSQ), Children's Social Skills Identification Questionnaire (CSSIQ); and Children's Social Skills Rating Questionnaire (CSSRQ).

The TIIQ, ITIQFC, CSQ and CSSIQ were used at the pre-test period while the CSSRQ was used at the post-test and follow-up assessment periods. The TIIQ, ITIQFC and CSQ were used for identification purposes while CSSIQ and CSSRQ were used to ascertain their social competence at the pre-test and post-test assessment periods respectively.

The 71 isolates were identified through the assistance of the class teachers using TIIQ and confirmed with ITIQFC. Their levels of shyness were established with CSQ while their initial social competency was determined with CSSIQ. After the treatment, their social competencies were tested using CSSRQ at both the post test and follow-up assessment periods. The response system for all the questionnaires which had 20 items each were on a three point Likert scale of "Not at all", "Sometimes",

and “Always” which were quantified as 0, 1 and 2 respectively for positive items. The reverse is the case for negative items.

The content validity of these test instruments were determined through the assistance of three specialists of not less than senior lecturer cadre in Measurement and Evaluation, Guidance and Counselling and Educational Psychology. Their corrections and suggestions were effected in the final production of the questionnaires. The construct validity were established by correlating their scores with scores obtained from the different administration of Akinade (1992) Shyness Personality Scale and State-Trait Anxiety Inventory (STAI) by Spielberger, Gorsuch and Lushene (1992) using 30 pupils from non-participating schools. These were used because isolates have shyness and anxiety attributes. For the TIIQ, ITIQFC, CSQ, CSSIQ and CSSRQ, the correlation coefficient obtained with Akinade’s Shyness Personality Scale were 0.70, 0.72, 0.74, 0.71 and 0.71 respectively. While that of STAI were 0.71, 0.70, 0.72, 0.70 and 0.71 respectively. The reliabilities of these questionnaires were also determined through the test-retest method using 30 pupils. The correlation coefficient obtained using Spearman’s ranking order for TIIQ, ITIQFC, CSQ, CSSIQ and CSSRQ were 0.81, 0.74, 0.76 and 0.78 in that order.

## Results

The results obtained in respect of the research hypotheses are presented below in tables. Inferences were also made immediately after each table.

### Hypothesis 1

There are no significant differences among the mean scores in the social skills of isolates in the experimental groups (AT, M, AT & M and C) at the post-test assessment period. The results obtained are shown in tables 1, 2 and 3.

Table 1 reveals that the treatment groups (AT, M, and AT & M) made significant reduction in their isolate tendencies than the Control group (C).

Table 2 shows the analysis of covariance for the effect of the treatment strategies on social skills acquired by isolates. Results presented in Table 2 indicate a clear significant main effect for treatment strategies ( $F_{cal} = 629.3$ ,  $F_{critical\ value} = 2.88$ ,  $df = 3/40$ ,  $\alpha = 0.05$ ). On the basis of the above results and with specific reference to the treatment strategies, hypothesis one is rejected while the alternative hypothesis was

accepted. Thus, there are significant differences among the mean scores of isolates in the experimental groups.

**Table 1:** Descriptive statistics of samples in the experimental groups at post-test assessment period.

Sample/Sub Sample	Size (N) & (n)	Mean X		Standard Deviation (SD)
		Pre-test	Post-test	
Assertive Training	12	62.7	29.1	3.0
Modelling	12	63.3	28.5	3.7
Assertive Training & Modelling	12	62.1	26.8	3.4
Control	12	61.8	65.8	4.2
Total	48	62.5	37.6	

**Table 2** Two-way Analysis of Covariance for treatment strategies on reduction of isolate behaviour at post treatment assessment period. N = 48

Source of variation	Sum of squares	df	Mean square (MS)	L.S.	F-calculated	F-critical value	Rem.	decision
Treatment Strategies (Row)	12526.1	3	4175.4	0.05	629.3	2.88	S	Reject
Levels of shyness	152.7	1	152.7	0.05	23.0	4.13	S	Reject
2 way interaction (R x C)	11.3	3	3.8	0.05	0.6	2.88	NS	Accept
Within	225.6	40	6.6	0.05				
		47						

NS = Not significant, S = significant

In order to identify the specific experimental group that contributed to this significant difference, Scheffé's post-hoc pair wise comparison was employed.

Table 3 shows the post hoc pair wise comparison of the relative effectiveness of the treatment strategies. The result in Table 3 indicate that there are no significant differences among the mean scores of the social skills of the isolates in the treatment groups at post test assessment period. Thus  $F_{critical}$  value is 4.37 while  $F$  calculated for XAT vs XM = 0.19; XAT vs XAT & M = 2.30; and XM vs XAT & M = 2.11. The table further revealed significant differences among the mean scores of the social skills of isolates in the experimental groups at post test assessment period. Thus,  $F_{critical}$  value is 4.37 while  $F$  calculated value for XAT vs XC are 36.60; 36.79 and 38.90 respectively. The hypothesis is therefore rejected.

**Table 3:** Post-hoc pair wise comparison of the treatment strategies using Scheffé's method at post-test period.

Means (X)	Comparisons	F calculated	F critical value	Remarks	Decision
XAT vs XM	29.10 vs 28.91	0.19	4.37	NS	Accept
XAT vs XAT & M	29.10 vs 26.80	2.30	4.37	NS	Accept
XAT vs XC	29.10 vs 65.69	36.60	4.37	S	Reject
XM vs XAT & M	28.91 vs 26.80	2.11	4.37	NS	Accept
XM vs XC	28.91 vs 65.69	36.79	4.37	S	Reject
XAT & M vs XC	26.80 vs 65.69	38.90	4.37	S	Reject
XMS vs XSS	40.73 vs 34.52	6.21	3.02	S	Reject

### Hypothesis 2

There is no significant difference among the mean scores in the social skills of isolates in the experimental groups (AT, M, AT & M and c) at four weeks follow-up assessment period.

The results of hypothesis two are shown on Tables 4, 5 and 6.



**Table 4:** Descriptive statistics of samples in the experimental groups at four weeks follow-up assessment.

Sample/Sub Sample	Size (N) & (n)	Mean X		Standard Deviation (SD)
		Pre-test	Post-test	
Assertive Training	12	62.7	31.1	2.9
Modelling	12	63.3	30.3	3.0
Assertive Training & Modelling	12	62.1	29.3	3.4
Control	12	61.8	66.3	8.2
Total	48	62.5	37.6	

**Table 5:** Two-way Analysis of Covariance for treatment strategies on reduction of isolate behaviour at four weeks following assessment.

Source of variation	Sum of squares	df	Mean square (MS)	L.S.	F calculated	F-critical value	Rem.	decision
Treatment Strategies (Row)	11476.8	3	3825.6	0.05	632.8	2.88	S	Reject
Levels of shyness	133.4	1	133.4	0.05	22.1	4.13	S	Reject
2 way interaction (R x C)	10.3	3	3.4	0.05	0.6	2.88	NS	Accept
Within	205.6	40	6.0	0.05				
		47						

NS = Not significant, S = significant

Table 5 shows the analysis of covariance for the effect of the treatment strategies on social skills acquired by isolates. Table 5 indicates a clear significant main effect for the treatment strategies ( $F_{cal} = 632.9$ ,  $F_{critical} = 2.88$ ,  $df = 3/40$ ,  $\alpha = 0.05$ ). It revealed that the treatment groups (AT, M, and AT & M) made significant reduction in their isolate tendencies than the Control group. Thus, the gains made by the treated groups as observed at the post test period were still sustained. On the basis of these results, hypothesis 2 is hereby rejected in favour of alternative hypothesis.

**Table 6:** Post hoc pair wise comparison using Scheffé method at four weeks follow-up assessment.

Means (X)	Comparisons	F calculated	F critical value	Remarks	Decision
XAT vs XM	31.11 vs 30.47	0.64	4.17	NS	Accept
XAT vs XAT & M	3.11 vs 29.26	1.85	4.17	NS	Accept
XAT vs XC	31.11 vs 66.14	35.03	4.17	S	Reject
XM vs XAT & M	30.47 vs 29.26	1.21	4.17	NS	Accept
XM vs XC	30.47 vs 66.14	35.66	4.17	S	Reject
XAT & M vs XC	28.26 vs 66.14	36.87	4.17	S	Reject
XMS vs XSS	42.15 vs 36.35	5.80	2.88	S	Reject

In order to identify the specific experimental groups that contributed to this significant difference Scheffé's post-hoc pair wise comparison was employed.

The results in Table 6 reveal that there are no significant differences among the mean scores of the social skills of the isolates in the treatment groups at four weeks follow-up assessment period. Thus,  $F_{critical}$  value = 4.17, while  $F_{cal}$  for XAT vs XM = 0.64, XAT vs XAT & M = 1.85, XM vs XAT & M = 1.21. It further showed significant differences among the mean scores of the social skills of isolates in the experimental groups at four weeks follow-up assessment period. Thus,  $F_{critical}$  = 4.37 while  $F_{calculated}$  value for XAT vs XC = 35.0, XM vs XC = 35.66, XAT & M vs XC = 36.87. The hypothesis is therefore rejected. The pattern of results obtained at post-test period was still maintained at the follow-up assessment period.

### Discussion

The main purpose of this study is to ascertain the relative effectiveness of Assertive Training (AT), Modelling (M) and their combination (AT & M) in improving the social skills of primary school isolates and consequently

reduce their isolate tendencies. In this way, they will be more sociable, better psychosocially adjusted, more accepted and happier individuals.

The results, among others, reveal that isolate tendencies is amenable to psychological treatment such as the ones employed in the present study. It shows that the treatment strategies adopted in the study were effective in assisting isolates used in the study acquire desirable social skills and experience reduction in their isolate tendencies.

With regards to hypothesis one, the results obtained as presented in Tables 1, 2 and 3 indicate a significant difference in the mean scores of the social skills of isolates in the experimental groups at post-test period. Hypothesis one was rejected in favour of the alternative hypothesis. As presented in Table 2, the treatment conditions recorded an F-calculated value of 629.3, F-critical value of 2.88, at an alpha level of 0.05. The three treated groups (AT, M and AT & M) experienced reduction in their isolate behaviour tendencies by recording mean scores of 29.1, 28.5 and 26.8 respectively. The Control group has a mean score of 65.8. It means that the treatment conditions were effective and superior to the control condition in assisting the isolates that participated in the study acquire desirable social skills and consequently experience reduction in their isolate tendencies. The Control group with a mean score of 65.8 did not experience any reduction. Further analysis with Scheffé's test as shown in Table 3 reveals that each of the treatment group was superior to the Control condition.

The observed significant difference in the mean scores of the participants in the treatment groups and those in the control group can be explained in terms of the composition of the treatment strategies which were properly organized and were systematically presented. The superiority of the treatment groups over the control group in the acquisition of desirable social skills and a consequent reduction in their isolaticism corroborates the findings of previous researches such as O'Connor (1969) and Guthrie, Goldstein and Hunters (1988) both cited in Masters, Burish, Hollon and Rimm (1989); Ross, Ross and Evans (1981); Ogunbawo (1988) and Macfall and Lillesand (1991). These researchers used different psychological treatments such as social skill training, modelling, assertive training, combined treatment techniques and other techniques to successfully reduce isolate tendencies in isolates by improving their social skills.

The findings complement literature reports that isolatedness can be reduced by improving the social skills of isolates. This will make them more interactive, better accepted, adjusted and happier individuals. In

this way, they are ready to function better in the classroom and school environment (e.g. by being ready to ask for clarifications and questions on confusing, ambiguous and unclear issues; express feelings easily; ask for assistance; participate, work and cooperate in group work/activities; initiate and participate in conversations/discussions; smile, be clean and tidy among other things) and consequently perform better in their academic life.

The post-hoc pair wise comparison of the relative effectiveness of the treatment strategies as contained in Table 3 revealed a no significant differences among the mean scores of the social skills of isolates in the treatment groups (AT, M, and AT & M) at post test period. It means that relatively, none of the treatment strategies was superior to the other at post-test period. Thus, any of the treatment strategies can effectively be used to improve the social skills of isolates and reduce their isolate tendencies. The non-superiority of the three treatment strategies over each other is in line with the findings of Ugwuegbulam (1997); Nwamuo (2000) and Okoro (2000). The effectiveness of modelling technique in teaching and improving the social skills of isolates affirms the findings of O'Connor (1969) and Ross et al (1951) reported in Masters et al (1989), and Ogunbawo (1988). The efficacy of Assertive Training in this regards corroborates with the studies of Guthrie et al (1988) cited in Masters et al (1989); Ugwuegbulam (1997) and Okoro (2000) who effectively used it to manage different behaviour problems in children and adolescents. The success achieved through the combined therapy (AT & M) in improving the social skills of isolates of the study and consequently reduced their isolate behaviour tendencies supports the findings of Kendall and Finch (1978); Barstein, Bellack and Hersen (1997); Nwamuo (2000) and Okoro (2000) who used different combined therapeutic approach to manage different behaviour problems such as learning difficulties; impulsivity and low self concept, in pupils and adolescents.

Hypothesis 2 was used to ascertain the extent of permanence of the treatment effects on the participants at four weeks post counselling (follow-up). The results obtained in this regard were consistent with the ones obtained in hypothesis one. It shows that there was no relapse in the gains made as observed at post test period. Thus, the isolates retained the gains made having seen and experienced the advantages of not being isolates and becoming sociable. The results in respect of hypothesis 2 as presented in Tables 4, 5 and 6 revealed significant differences among the four experimental groups (AT, M, AT & M, and Control). The superiority

of the treatment groups over the Control groups and the non-superiority in terms of effectiveness of the three treatment groups over each other were as observed at post test period. Thus, they were maintained at the follow-up period. The observed non-relapse could be attributed to the fact that the treated isolates have come to appreciate the need to solve, change or modify their isolate behaviour by being more sociable. Furthermore, it could be because they have started reaping the advantages/gains of being non-isolates following their acquisition of desirable social skills. The non-relapse obtained at follow-up corroborates the findings of Ogunbawo (1988); Valey (1993); Ugwuegbulam (1997); Nwamuo (2000) and Okoro (2000).

### **Conclusion and Recommendation**

The present study has helped to create awareness on the need to identify, make referrals to counsellors, psychologists and social workers and help children with isolate tendencies experience a reduction or elimination of isolaticism. Such children were often ignored, neglected and not easily noticed by parents, relations and teachers. This could probably be due to the fact that by the nature of their behaviour, they do not disturb or distract other members of their family, class/school or even disrupt the teachers' teaching. In the study, the behavioural attributes of isolates as well as the possible causes and effects of isolate behaviour were discussed. The study also highlighted the measures that could be used to identify isolaticism in children as well as the social skills that could be used to help them acquire desirable social skills and consequently reduce isolate behaviour tendencies in them.

Above all, the study has specifically revealed that Assertive Training, Modelling and their combination could be effectively used to assist isolates acquire desirable social skills and experience reduction in their isolate behaviour tendencies. It has actually shown that isolaticism is amenable to psychological treatment. Through these techniques, the isolates who have been operating at very low frequencies of sociability could be helped to become more sociable, better accepted, adjusted, perform better in their academic work and be happy individuals.

Based on the findings of this study, it could be concluded that the isolates used in the study having acquired desirable social skills can now participate in class discussions, be more active and interactive and share ideas with people with minimum anxiety. Furthermore, they could easily and freely interact and socialize with other people both in and outside the class or school environment, initiate and participate in conversations and

refrain from engaging in negative self talks or self defeating statements. Finally, they can now express feelings easily and in the right manner as well as make and retain friends.

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