EFFECTS OF POSITIVE REINFORCEMENT AND SOCIAL SKILLS TRAINING COUNSELLING TECHNIQUES ON SULLENNESS AMONG SENIOR SECONDARY SCHOOL STUDENTS IN KADUNA METROPOLIS, NIGERIA

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DECLARATION

The researcher hereby declare that this Thesis entitled, Effects of Positive Reinforcement and Social Skills Training Counselling Techniques on Sullenness among Senior Secondary School Students in Kaduna Metropolis, Nigeria, has been conducted by me in the Department of Educational Psychology and Counselling The information derived from literatures has been duly acknowledged in the text and in the references provided. No part of this Thesis was ever presented for another degree or diploma in any other Institution or University.

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CERTIFICATION

This Thesis entitled, Effects of Positive Reinforcement and Social Skills Training Counselling Techniques on Sullenness among SeniorSecondary School Students in Kaduna Metropolis, Nigeria, has been read and approved as meeting the regulation governing the award of Doctor of Philosophy (PhD) in Guidance and Counselling of theAhmadu Bello University Zaria and isapproved for its contribution to knowledge and literary presentation.

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DEDICATION

This Thesis is dedicated to my dear wife, Comfort Kolo whose prayers, patience and sacrifices in various ways constituted a source of help and strength for me in the completion of this work.

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ABBREVIATIONS

MFQ	Mood and Feelings Questionnaire
PR	Positive Reinforcement
SST	Social Skills Training
FI	Fixed Interval schedule
VI	Variable Interval
FR	Fixed Ratio
VR	Variable Ratio

OPERATIONAL DEFINITION OF TERMS

Positive Reinforcement: is a counselling technique that uses tangibly /non – tangibly rewards like verbal praise, clap of hands or material gifts for studentstoexhibit, maintain and increase frequency ofsuch adesired behaviour.

Social Skills Training: is a counselling technique that uses effective communication, effective listening, assertiveness, modelling as well as self-control for behaviour modification.

Sullenness: This is a behaviour upset in which studentshave feelings of persistent sadness, irritability, resentment and unsociable disposition.

ABSTRACT

This study investigated the effects of positive reinforcementand social skills training counselling techniques on sullenness among senior secondary school students in Kaduna metropolis, Nigeria.A quasi – experimental design of pretest, posttest controlgroup was employed for this study. The population of the study consisted ofone hundred and fifty (150)senior secondary school students who showed symptoms of sullenness drawn from three selected public senior secondary schools in Kaduna metropolis. Purposive sampling technique was used to select a sample size of 30 students (15males and 15 females) with high incidence of sullenness as indicated by their scores on the MFQ checklist.The instrument adopted for the study was Mood and Feelings Questionnaire (MFQ). Whilet-test, one way Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA) statistical methods were used to test the five null hypotheses formulated to guide the study at alpha P≤ 0.05 level of significance. The findings revealed that: positive reinforcement is effective in reducing sullenness among secondary school students (p=0.003), social skills training counselling technique is effective in reducing sullenness among secondary school students (p=0.000), in comparing the two techniques both are effective (p=0.000), differential significant effectiveness did not exist among male and female students exposed to positive reinforcement counselling technique on sullenness (p= 0.241) and social skills training (p =0.391). It was recommended that counsellors, school psychologists, school principals and teachers should be exposed to positive reinforcement and social skills counselling techniques training in re-addressing Sullenness among secondary school students.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Sullenness as a behaviour problem is a major concern to educators and the society because of its negative impact on students' social life and cognitivefunctioning. Educators have described behaviour problems such as Sullennessin students as a major concern in schools over the years, as many teachers feel ill-equipped to assist students who exhibit such behaviours (Ducharme&Shector, 2011).By not addressing behaviour problems such as Sullenness during secondary school days, young people could face a number of adverse challenges during adulthood (Kern, White &Gresham, 2007). Sullenness as described by Fergusson (2014),is synonymous to moody, peevishand unsociabledisposition.

The wide range of symptoms associated with Sullenness such as persistent sadness, discouragement, low self –esteem, indecisiveness, suicidal impulses among others do impaired on the cognitive capacity of students for full and effectivefunctioning of its victims (Davis, 2010). He further stressed that due to these associated symptom.Sullen behaviours are indicative of underlying insecurities and fears that are harboured within its victims, it is a state of mood disturbance in which the victim has feelings of lowering- mood, resentment, persistent sadness among others(Linus, 2013). He further opined that Sullenness conjure images of a person who is bad – tempered, unhappy, has deeply ingrained anger, bitterness and feels frustrated and stranded from ways to get their basic needs met. Sullen individuals tend to get into the cycle of negative thoughts, feelings, and perceptions that tend to perpetuate low mood. When sullen individuals make mistakes or are ignored, they indulge in self- defeat thoughts such as "I'm not good" or" I'm stupid", "Nobody likes me" and so forth. They ignore the times when they did some worthwhile

things and when someone was friendly to them. They focus on negative experience and allows that to become the only way they see the world (Corey, 2013).

Students at adolescent stage may experience sullen signs once in a while due to some biological, psychological, and social shifts that occur in the process of growth and development. Sullenness becomes a concern when five or more of its symptoms persist for two or more weeks with more noticeable changes persisting in students to continue in negative and pessimistic point of view; it does then become a concern.

Ellsworth (2011), opined that an interaction with classroom teachers and educational stakeholders in recent times attest to the prevalence of sullen behaviour among students in the classrooms. The researcher as a teacher/counsellor has also witnessed frustrationsamong teachers cum students where lack of proper management of sullen students, lack of social skills and proper reinforcement strategies were major causes of classroom disruptions.

Linus (2013), asserted that sullen students behave the way they do because they have experienced and often continue to experience some emotional turmoil associated with a dysfunctional family life. He further stressed that the route of individual's behaviour rests in the lessons learnt naturally during childhood. By this assertion it may then imply that sullenness among students cut across gender. Students whose parents are more controlling may likely become closed-off, sullen and irritable in their adolescent life. The anger, confusion, unfairness andfrustrations as well as chumming and roiling feelings which they cannot expressed freely often spill out inform of Sullenness. There is no one cause of Sullenness but combination of factors some of which may be beyond the scope of schools, such factors as grief over the death of loved ones, family factors, poverty; lack of social support, parenting styles which may have their roots from home serving as triggers for students' emotional trauma. It might therefore be difficult for teachers

to influence such factors alone but can seek the supports of counsellors and behaviour management experts towards minimizingsuch behaviours.

In the works of Massi and Favilla (2000), emotional and behavioural problems are strong predictors of social adjustment deficits which may impede functional interpersonal relationships. It is obvious therefore, that sullenness entails both social and emotional problems that cannot be overlooked due to its negative effect on the victim.Sullen students may refuse to learn by withdrawing into themselves or may refuse to cooperate cheerfully with others in a given learning situation. An approach from Guidance and counselling perspective, using various counselling techniques to reduce unsociable behaviours cannot be over- emphasised as attested to by National Policy on Education documentsection 8 subsection 127(vi) which reads in part "…to facilitate the implementation of educational policy, attainment of policy goals and promotion of effectiveness of educational system… government shall continue to make provision for the training of teachers in Guidance and Counselling;…"p.39) (NERDC, 2013). Studies like this research may help towards achieving some set goals and objectives of National Policy on Education as Counsellors offers professional support to students with behavioural problems.

Skinner (1983), asserted that for effective behaviour remediation positive reinforcement is superior to punishment, hence the use of positive reinforcements as behaviour interventions plays a significant role in behaviour management among students. He maintained that the use of positive reinforcement as a behaviour management technique has a high and effective impact on improving adolescents' behaviour. Positive reinforcement is a behaviour management system in which reinforcers are dispensed inform of tangible and non-tangible rewards like verbal praise, a clap of hands, a smile, material gifts and a host of others to strengthen or encourage a desired behaviour. In other words, it is a concept that determines the increase and frequency of behaviour. The goal

of positive reinforcement is to give something to somebody to make the desire behaviour happen again.

Segrin (2001), postulated that social skills training is a widely applied and effective treatment for a wide range of psychological problems that include depression, anxiety, schizophrenia, loneliness, and marital distress to name but a few. Perhaps one reason for the ubiquity of this technique in psychological contexts is that it is actually a collection of techniques aimed at improving the quality of people's interpersonal communication and relationships. For this reason, social skills training can take a variety of specific forms that can be tailored to the particular needs of the adolescents.

Spence (2003), also postulated that social skills in interpersonal relationships have a significant long- time influence upon psychological, academic, and adaptive functions of an individual. Social skills represent the ability to perform behaviours that are important in enabling a person to achieve social competence. Thus, an underlining premise of social skills training is to equip students with low peer acceptance to have the social skills required to develop and maintain positive peer relationships.In stressing the importance of social skills Chio and Kim (2003) further pointed out that, beyond the school years, situations requiring social competence tend to far outnumber those requiring academic skills. Social skills among others involve cooperation, effective communication, effective listening, empathy, healthy interpersonal relationships, and self-control. Hence, in a more civilised manner counselling psychologists and behaviour management experts have developed a variety of behavioural management techniques to address different types of socio-emotional behavioural problems such as Sullenness. Techniques such as but not limited to positive reinforcement, social skills training, cognitive restructuring, modelling and a host of others are being used by behaviour management experts/ counsellors to address some

behavioural problems. Thus, it is against these backgrounds that the researcher found it relevant to research into the, Effects of positive reinforcement and social skills trainingcounselling techniques on Sullenness among secondary school students in Kaduna Metropolis.

1.2 Statement of Problem

Sullenness in students is a matter of concern to educators and the society because of its potential impairment on effective functioning ofthe affected individual. Sullen behaviours are indicative of underlying feelings of insecurity and fears and instead of the victim ascertaining his/her rights; a sullen student is likely to become cold, withdrawnand resentful, as well as sad and close off emotionally. He/she becomes so rigid and unresponsive which in turn causes victims to feel defensive and tense. This kind of behaviour can easily spiral into a long-term standoff that brews, fosters and grows into something far more destructive than it ever should have been.There are copious complains in literatures by teachers feeling ill-equipped to assist students with the sullen behaviour problems exhibited in the classrooms. Sullen students seems to lack the basic skills and the capacity with which to express their feelings of frustrations and despondencies in appropriate ways and manners; such feelings are corked up within thereby causing some inner turmoil and conflicts and invariably they end up sinking into a sulk. These might cause aloss of psychological balance that may inhibit students'effective and fullfunctioning. Sullen behaviour problems from studentyouths are obviously seen to be confronting and reflecting in homes, schools, and the society. In recent times, communities and societal violence, killings and suicidal ideations were seen to be mostly perpetuated by youths.

This has become an issue of great concern that needs a professional handling with a practical and evidence- based behaviour management techniques that couldreduce sullen behaviours to a barest minimum.Thus, considering the huge potentials and relevance of

studentyouthsin the future of any nation, it would tantamount to a colossalfailure and waste to watch such potentialsbeing crippled by any psycho-social behaviour problems such as Sullenness. Hence, this study therefore,explored the 'Effectiveness of positive reinforcement and social skills training counselling techniques on Sullenness among senior secondary school students in Kaduna Metropolis, Nigeria.

1.3 Objectives of the Study

The objectives of this study were to determine the:

1. Effectiveness of positive reinforcement counselling technique on Sullenness among senior secondary school students in Kaduna Metropolis.
2. Effectiveness of social skills training counselling technique onSullennessamong senior secondary school students in Kaduna Metropolis.
3. Relative effectiveness of positive reinforcement and social skills training counselling techniques on Sullenness among senior secondary school students in Kaduna Metropolis.
4. Differentialeffectiveness of positive reinforcement counselling technique on Sullenness of male and female subjects among senior secondary school students in Kaduna Metropolis.
5. Differential effectiveness of social skills training counsellingtechnique on Sullenness of male and female subjects among senior secondary school students in Kaduna Metropolis.

1.4 Research Questions

The study sought answers to the following research questions:

1. What are the effectiveness of positive reinforcement counselling technique on Sullenness among senior secondary school students in Kaduna Metropolis?
2. What are the effectivenessof social skills training counselling technique on Sullenness among senior secondary school students in Kaduna Metropolis?

3. What are the relative effectiveness of positive reinforcement and social skills training counselling techniques on Sullenness among senior secondary school students in Kaduna Metropolis?
4. What are the differential effectiveness of positive reinforcement counselling technique on sullenness of male and female subjects among senior secondary school students in Kaduna Metropolis?
5. What are the differential effectiveness of social skills training counselling technique on Sullenness of male and female subjects among senior secondary school students in Kaduna Metropolis?

1.5 Null Hypotheses

In line with the research questions the following null hypotheses were formulated to guide the study:

H_{o1} There is no significant effectiveness of positive reinforcement counselling technique on Sullenness among senior secondary school students in Kaduna Metropolis.

H_{o2} There is no significant effectiveness of social skills training counselling technique on sullenness among senior secondary school students in Kaduna Metropolis.

H_{o3} There is no significant relative effectiveness of positive reinforcement and social skills training counselling techniques on sullenness among senior secondary school students in Kaduna Metropolis.

H_{o4} There is no significant differential effectiveness of positive reinforcement counselling technique on Sullenness of male and female subjects among senior secondary schools in Kaduna Metropolis.

H_{O5} There is no significant differential effectiveness of social skills training counselling technique on Sullenness of male and female subjects among senior secondary school students in Kaduna Metropolis.

1.6 Basic Assumptions of the Study

The study was carried out on the following basic assumptions:

1. It was assumed that positive reinforcement counselling techniques would have the effectiveness of reducing the Sullenness of the treatment group
2. It was assumedthat social skills training counselling techniques would have the effectiveness of reducing the Sullenness of the treatment group.
3. It was assumed that positive reinforcement and social skills trainingcounselling techniqueswould have relative effectiveness ofreducing Sullenness of the treatment group.
4. It was assumed that positive reinforcement counselling technique would have differential effectiveness of reducing Sullenness of the male and female subjects of the treatment group.
5. It was assumed that social skills training counselling technique would have differential effectiveness on reducing Sullenness of the male and female subjects of the treatment group.

1.7 Significance of the Study

It was anticipated that the findings of this study would contribute immensely to knowledge especially in the area of Educational psychology and counselling as the study stands to provide evidenced-based effectiveness of positive reinforcement and social skills training techniques as behaviour management strategies. The followings stand to benefit significantlyfrom the outcomes of this study:

Students: The outcome of this study stands to acquaint and provide insights for teachers/school counsellors on how to effectively use positive reinforcement and social skills counselling techniques to assist sullen students overcome sullen behaviours in order to become a normal functioning person.

Counsellors/Teachers It is hoped that the findings of this study would be of significance to counsellors/teachersby providing them with practical and evidence-based behaviour management strategies to Sullenness as a behaviour problems occurring in the classrooms.

Curriculum Developers: The findings of this study also stands to create awareness for educators and curriculum developers to know the relevance and effectiveness positive reinforcement and social skills training counsellingtechniques so as to be included intothe curriculum.

Schools: The findings would create awareness for school Principals to make and implement plans for students with sullen behaviour problems in the place of the traditional and obsolete way of corporal punishment anddismissals and or expulsion of students from school in the guise of minimizing behaviour problems.

Parents: It is hoped that parents also would benefit from the findings of this study through enlightening the parents of the relevance and effectiveness of the two techniques in reducing sullen behaviour through such forums as Parents teachers Association.

Relevant literatures: The findings of this study would equally enrich relevant literatures on thestudied variables: Sullenness, Positive reinforcement and Social Skills training counselling techniques thereby serving as reference materials for future research works.

1.8 Scope and Delimitation of the Study

The scope of this study was on Effectiveness of Positive Reinforcement (tangible and non-tangible rewards) and Social Skills Training techniques (effective communication, respect, assertiveness, self- control among others) on Sullenness (Sadness, low self – esteem, suicidal impulses as well as unsociable disposition) among senior secondary school students in Kaduna metropolis who showed aforementioned symptoms of Sullenness. The study was delimited to senior secondary school (SS II) students in threesenior secondary schools in Kaduna metropolis. The justification for these delimitations was to allow for effective experimental control and also as (SSII) students were less pre-occupied with preparation for external examinations. They were also knowledgeable enough to understand the instrument and express themselves adequately in English language.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

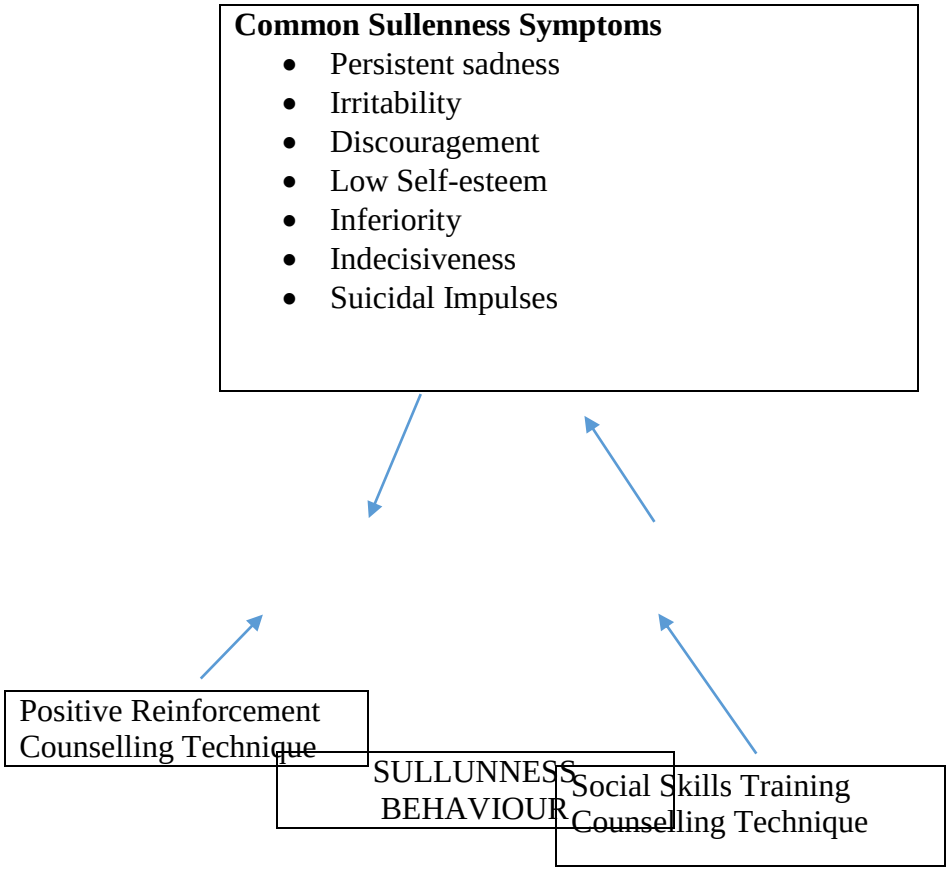
2.1 Introduction

This chapter reviewed related literatures on the effect of positive reinforcement and social skills training techniques on sullenness. The review is presented under the following sub-headings: conceptual framework, theoretical framework, related empirical studies.

2.2 Conceptual Framework

Figure 2.1 shows various characteristics of Sullenness behaviour symptoms and the behaviour modification techniques that would be used to reduce their manifestation.

Figure: 2.1. Conceptual Framework Chart



Source: Researcher's Concept

2.2.1 Concept of Sullenness

Sullenness has its root in a deep seated mood disturbances encountered by individuals, it is a mood state that depicts someone who is ill-tempered, suffers low self-esteem and persistent

sadness. It is a derivative of a Latin word solus as in its English equivalents: solitary; solitude; and solo (Hann, 2011). It is a phenomenon where an individual has a grumpy (irritable) feelings but does not verbalise it but turns it inwards and instead of communicating effectivelyand in a healthy manner about their mood and feelings,such grumpy feelings are corked up within and the victims invariablysink into a sulk. Sullenness is a destructive and obstructive pattern of emotional behaviour that can be seen as a form of abuse in relationships that does not promote healthy interpersonal relationship (Hann, 2011).

It is a creation of negative energy between those involved and can create immense hurt and frustration to both parties in a relationship. It happens when negative emotions and feelings of anger are built up and then held in on account of self-imposed need for attention, recognition or acceptance. Sullenness may be seen as a defensive mechanism that people use to protect themselves by evading responsibility. It might emanate in the form of automatic thought or might stem from early childhood experiences (Hann, 2011). What they might be protecting themselves from by being sullen might be unique and varies from individual to individual, although such might include underlying feelings of rejection, fear, mistrust, insecurity or low self-esteem

2.2.2 Risk Factors

Chauhan (2015) opined that adolescence is a phase of life characterized by change in every aspect of their development as well as in every major social context. Watson(2014) asserted that

the biological changes of puberty as well as the social changes related to the move from elementary to secondary school may be considered primary, with other changes derived from one or both of these. For example, puberty affects body and self-image as well as how the adolescent is seen by others. Similarly, the move to a larger secondary school community may affect the peer group and friendship relationships. Like any other phases of life course, adolescence also experiences stressful life events, with some likely to be more frequent or stressful atthis age (Chauhan, 2015). There is no one cause of sullenness. Broadly speaking there are three main triggers of Sullenness visibly: Social factors such as examination failure, isolation, rejections,poverty, bereavement and many others in that category. Psychological factors such as difficult childhood, and dysfunctional family background. Thirdly is the physical factors and life events, such as sickness or physical health challenges. It is also thought that some people may have a genetic predisposition towards sullenness (Chauhan, 2015).

Stress: Greenwald (2014), opined that continuing difficulties and living in an abusive or uncaring relationship, long-term isolation and loneliness, prolonged exposure to stressful life events are more likely to cause sullenness. Stress plays a significant role in determining sullenness vulnerability. Sources of sullenness may include some events that make one feel sad, disappointed or frustrated such as a poor grade, breaking up with one's romantic partner, feelings of worthlessness, a recurrent inability to think or concentrate, and recurrent thoughts of death or suicide, the loss of a loved ones, physical illness, and economic hardship- poverty, living in an unsafe and distressful environment; people are also more likely to become sullen when experiencing humiliating events involving key life role models (as parents, for example) and when one hold himself/herself responsible for undesirable events such as unwanted pregnancy and other interpersonal problems (Greenwald, 2014).

A sullen personality separates or withdraws from crowd far into himself and sink into a sulk.Deliberately keeping to oneself and withdrawing into solitude disposition can be damaging to interpersonal relationship and liable to development of suicidal thoughts. Greenwald (2014) in his assertion opined that sullenness is really a collection of symptoms and can be thought of as a symbolic communication that there is something wrong in an individual's ability to maintain and nurse a comfortable psychological balance.

Personality type: Some people may be more at risk of sullenness because of their personality, particularly if they have the tendency to worry a lot, shows symptoms of intensely negative mood, have low self-esteem, are perfectionists, are sensitive to personal criticism, or are self-critical (Baron, 2004).

Drug and alcohol abuse: Abnormal use of drugs and alcoholcan both lead to and result into Sullenness. Many people with Sullenness also have drug and alcohol related problems (Greenwald, 2014).

Parenting style: According to Watson (2014), Sullenness can be exhibited by both men and women and can begin at very tender age. He stressed that often when someone exhibit sullenness as a child, it is because there was a rule in the family that anger was not allowed to be expressed directly. Either way, the child grows up developing a communication style that is unhealthy. According to Hann (2011), patterns of unassertive and passive behaviour may have been learnt in childhood as a coping strategy possibly as a response to parents who may have been too controlling or not allowing their children/wards to express their thoughts and feelings freely. A child might adopt a sullen behaviour pattern as avoidance and coping strategy. The resultant effect of this is that the child grows up having difficulties in asserting his rights, difficulties in making and maintaining friends as peers, react negatively to his/her ambiguous sullen nature.

Greenwald (2014) stressed that at the root of sullen mood is an unresolved anger harboured on the inside of the victim. It is also triggered by needs and unresolved overt/conflicts that are not out rightly and adequately resolved such like the need for attention, love, care, acceptance, recognition and many others. He stressed that sullenness is never positive because of its manipulative nature and toxic to relationships. Sullenness can also be triggered by the feelings one get when one meets with an obstacle that frustrates him from getting to his desired target.

Family factors: Multiple mechanisms appear to be involved in the transmission of Sullenness phenomena from parents to their children. According to Shahla, Mansor and Rohani (2011), genetic predisposition, emotional unavailability of parents, dysfunctional parent-child interactions/ relationships as well as marital conflict, low family cohesion and expression, marital discord as well as economic hardship leads to higher incidence of sullenness in adolescents.They further stressed thathaving a sullen parent is a major risk factor for Sullenness vulnerability in childhood. Offspring of sullen parents are more likely than children of non-sullen parents to experience perinatal complications, cognitive impairments in infancy, school problems, peer problems, and high rates of sullen mood phenomena as well as other behavioural problems. Both genetic and psychosocial processes are likely to be involved with these outcomes. It is important to explore family life as an external determinant of Sullenness and establish how this factors contributes to adolescent sullen behaviour. There is, in nearly all accounts of dysfunctional families, an overriding emphasis on the difficulties and problems its members' experience. The experience of living in a home that is unstable, for whatever reason, is unbearable and leaves its members with emotional scars. These emotional scars take time and are not easily healed. Unresolved problems or inhibited emotions do not automatically disappear but accumulate and often find destructive channels. These channels continue haunting, disturbing and shattering the hopes of the individual.

The one involved becomes vulnerable and heightened emotions lead to sullen behaviour (Gasa, 2001).

Some homes may appear intact but have a pervasive oppositional style. These homes may be characterised as being dysfunctional and cause its members to be sullen. The members adopt a sullen behaviour as a form of seeking help or attention and as a strategy of coping in that unconducive environment (Gasa 2001). This was confirmed by Heavens (2001) who stated that, conflict, high discord, poor and uncooperative communication between parents are more likely to result in poor adjustment by the adolescent.

Frustration produces Sullenness energy which activates sullen behaviour. If the students are frustrated because of witnessing conflict between their parents, they may resort to sullen behaviour (Heaven, 2001). Witnessing violence between parents is also an important factor that causes sullenness. The social learning theory illustrates that people learn by observing models, for example, learning from parents as models. Observation of others (parents) who engage in sullenness causes emotional arousal in the observers (students), which may increase the likelihood of imitative sullenness or may heighten the intensity of sullen responses. The pressure that divorce, separation, and single parenthood exert on adolescents, the involvement or witnessing interfamily adult violence, the exposure to severe physical discipline (abuse), the excessive use of drugs and the low socio-economic status of parents also accounts for sullen behaviour among adolescents (Heaven,2001). These aspects are caused by different problems that the family is exposed to, like divorce and separation, domestic violence, abusive parents, substance dependency and socio-economic status of the parents.

In this regard, Heavens (2001), stated that family is a powerful socializing agent and the quality of attachment and bonding processes between parents and infants in the first few months

and years of life are important for the later emotional health of the individual. Family is regarded as an important support system available to the child and adolescent. Consequently, any disturbance of this support system through factors such as parental separation and negative parenting style, have implications for adolescent functioning. These problems will be singled out and discussed in broad terms so as to identify their connection to sullenness behaviour or how they incite those involved to become sullen.

Divorce, Separation and Single Parenthood: Divorce is defined as a termination of marriage officially by competent court of law or legal dissolution of marriage between husband and wife. Separation is defined as the arrangements by which husband and wife remain married but live apart. In most cases this occurs when the married couple has reached the point of the irretrievable breakdown of the marriage, sometimes when they are waiting for the divorce papers to be served (The Hutchinson Dictionary of Ideas 1995).According to Heavens (2001), divorce is a major source of stress for the whole family. But adolescents are affected more because of their adolescence experiences. Adolescents who are victims of divorce may suddenly display deviant and challenging behaviours (Gasa, 2001). Shahla et al (2011) concurred when they stated that broken homes and homes in which parents frequently quarrel have been linked to stress in children and stress often results in physical and emotional illness. Divorce does not end in termination of marriage relationship but also brings unpredictability, unreliability and insecurity as well as bewilderment, anxiety, anger, grief, and shame are common responses that divorce brings into the adolescent's world they asserted.

Children have different reactions towards divorce. Many react with shock, anger or despair and show of grief, loss or emptiness and restlessness. In the views of Engels, Dekovic and Meeus (2002) these children, especially adolescents, are likely to have a lower self-esteem and negative

self-image, have more interpersonal difficulties, encompassed by guilt feelings and social embarrassment because of what happened to their family. Engels et al (2002) clearly asserted that teenagers often have a great sense of guilt about what has happened to their parents, amounting at times to feelings that in some way the divorce is an outcome of what they have done, or not done. Adolescents fare badly when they see their family splitting or falling apart and find that there is nothing they can do because things are beyond their control. They start to regress, withdraw, become aggressive and sullen (Engels et al, 2002). They further makes it clear that family break-up threatens the children's positive sense of themselves and their world. Summer (2007) finds that it delays cognitive functioning and the development of moral judgement. Children of divorcing parents do demonstrate an increased level of Sullenness before divorce took place due to the family conflict prior to the divorce or separation. Disruptive parenting practices and antisocial personality of parents before divorce may also be a contributory factor (Valois, Macdonald, Bretous,Fischer&Drane, 2002).

High rates of divorce or separation have serious harmful effects on children. The trauma they experience is not easily erased from their minds. It leaves a syndrome that eats and destroys their sense of self-esteem. Dwelling on many upheavals during the ultimate conflict that led to divorce is unbearable. These experiences become part of their daily lives at home, at school, in the community, in the playground- actually wherever they are or go their life is characterised by these traumatic events. This trauma causes high rates of instability and lead to Sullenness. Moeller (2001) puts it that the discord and conflict surrounding an unhappy marriage might be the best explanation for the externalizing problems exhibited by children living in disrupted family situations. Children's sullen behaviour may also be increased by marital discord because the

children imitate their parents' discord. Bandura in Hills (2002), confirmed that children are more likely to imitate sullenness behaviour modelled by their parents.

Hills (2002) opined that observational learning and direct experience are the most influential in the acquisition of sullen responses. Sullen behaviour of children has been influenced in some way by the family environment (Spillane-Grieco 2000). Being born into a single-parent family has also been associated with increased risk of sullenness behaviour and violence. The different outcomes of socio-economic conditions of single-parent households, disciplinary styles, difficulty in securing assistance and problems in supervising and monitoring might result in sullenness behaviour (Valois et al 2002). Children living in a home that has been disrupted by divorce are more likely to exhibit antisocial and sullenness behaviour and become involved with delinquent activities and substance abuse (Moeller 2001).Jones (2000) confirmed that single mothering and the consequent absence of a father figure significantly contribute to parenting resulting in delinquent males. The absence of paternal authority and role model explains higher rates of sullenness and violence. The children with unmarried parents are more likely to suffer from different kinds of problems, including heightened levels of maladjustment and hostility towards adults and other children. Parental divorce or separation and losing or living with one parent have serious harmful effects on children. The trauma these adolescents experience before and after such incidents is not easily erased from their minds. They end up learning survival roles like being sullen in order to cope with the situation.

Environment: Sullenness is a manifestation of anger that cannot reach and annihilate its target but instead it is turned inwards and becomes like a rattle snake that if restrained, will strike its fang into itself effectively damaging itself and committing suicide.In the works of Korir and Kipkemboi

(2014), they referred toschool as a social institution that provides education for young people as well as adults. School can be public or private. In school setting learners learn new behaviours.

Some of these behaviours may be positive or negative depending on the school environment. Excessive discipline as practiced in some schools has a very harmful influence on students. Although corporal punishment is said to be out of fashion, most schools engaged in some other form of harsh discipline as an alternative method to corporal punishment. Corporal punishment is defined as the infliction of physical pain upon a person's body as punishment for a crime, wrong doing or infraction (The New Encyclopaedia Britannica, 1996).

Excessive harsh discipline causes stress and negative feelings in a learner. These feelings in turn create thoughts leading to some kind of behaviour manifestations particularly sullen behaviour (Riak, 2001). He further stressed that empirical evidence shows that offenders who are disciplined harshly are likely to commit further crime. He opined that the more serious the punishment, the more violent the bi-product. The frustration that harsh and excessive discipline causes leads to hostility which encourages the learner to become sullen. This was also confirmed by Robins (2008) when revealing his investigation about adolescent hostility.

Peer pressure: Peer pressure is defined as compulsion to do or obtain the same things as others in one's peer group (Robins, 2008). During adolescence, children begin to form peer relationships in which there is equality; mutuality and reciprocity between members (Engels et al, 2002). Peer groups provide the opportunity for learning specific skills that may not be available in other social relationships. Peer interactions play a unique and essential role in developing sociability and attachment, socialization, moral development, and development of empathy (Engels et al, 2002). Adolescents are likely to do the same as their closest friends and will emulate the behaviour or the

dress of their idols through observation and imitation. As Engels et al (2002) puts it: It is possible that children and teenagers learn [sullen] aggression from their peers.

The peers may elicit sullenness, or may serve as role models to other children who have a predisposition to act sullen. Peers often act as role models for an adolescent's behaviour and involvement with peers provides powerful opportunities for the formation of identity (Graham 2002). He opined thatlow peer popularity is related to sullen mood and sullen symptoms. Among young adolescents experienced less closeness and contact with friends and have experiences of rejection, these and other experiences do contribute to increaseover time in sullenness affect in adolescents (Rudd, Reed &Smith, 2008). Conversely, being sullen appears to contribute to poor relationships. Whereas poor peer relationships contribute a risk factor for sullenness in early adolescence, good peer relationships at this age do not appear to provide a protective influence; but later in adolescent life close peer relationships do appear to be protective, particularly when healthy parent relationships are impaired in some way (Engels et al 2002). Poor peer relationships in adolescence are among the strongest predictors of adult disorder.

Community instability: The instability of community can be discerned in all kinds of violence related situations such as political and social violence, social evils, suicides and crimes such as hi-jacking, kidnapping, rape, hostage, house breaking, senseless killings, gangsters, et cetera. Such a community or environment may place learners in a stressful situation and compel them into sullen mood. Learners may experience psychological problems in adjusting to normality and end up believing that sullen violence is the way to address problems.

2.2.3. Types of Sullenness:

Sullenness can be classified in so many ways depending on the causative factors as asserted by Bloom and Arnold (1975). The followings are some classifications:

Exogenous – This is a form of reactive sullenness that occurs in response to environmental upset such as bereavements, disappointments, frustrations and other similar events.

Endogenous- This form of sullenness may arise from the personality itself, that is from unconscious reasons and have no bearing on external events.

Reactive sullenness: The sullen resentment remains more or less explicable on normal psychological disturbances. A quantitative increase of normal sadness, anger and frustration appears as adequate reaction, to a stressful event of an acute or chronic nature.

Exhaustion sullenness: These are largely to be understood in a normal psychological sense as cases of depressive reactions to chronic somatic and mental over strain.

2.2.4. Symptoms

Sullenness is a phenomenon that affects the whole body of its victims because of its emotional nature. It affects the victim's thoughts, feelings, behaviour and physical health. It also affects all areas of their life – home, work, school and social life (Harn, 2011).According to Harrn (2014) common symptoms of sullenness among others include feelings of worthlessness, sobbing, suicidal thoughts, persistent sadness, grumpiness, bitterness, resentful, dejection as well as moodiness, social isolation, and difficulty in concentrating and low self – esteem. These are briefly summarised in the table below:

Table: 2.1 Common Sullenness Symptoms

Symptoms	Observable Behaviour
Persistent sad or irritable behaviour	Sadness, hopelessness, irritable; and aggressive
Discouragement	The future look hopeless, loss of interest in fun activities
Low self – esteem	Feeling worthless
Inferiority	Feeling inadequate or inferior to others
Indecisiveness	Find it hard or difficult to make decision
Irritability	Feeling angry or resentful

Source: Davis, 2006.

2.2.5 Prevalence

A cross sectional descriptive study of 2048 subjects was conducted to determine the prevalence of Sullenness (moody and unsociable disposition) and factors influencing Sullenness among students in secondary school from urban and rural areas in the state of Selangor. Malaysia. The Children's Depression Inventory (CDl) developed by Maria Kovacs was used in this study. Students who participated in this study came from two urban schools and three rural schools. It was found that in the yield for scores for five factors were 9.2% have negative mood 5% have interpersonal problems. 8.3% have ineffectiveness 9.8% have anhedonia and 10.6% have negative self-esteem. Following the interpretive guidelines for the T-scores. It was found that 10.3% of the students were much above average in the depression scale. This study also found that: 1% of students were smoking. 1.6% of students were gum sniffling. 0.9% took drugs. 4.1% took alcohol and 9.9% took things from other people. Females were more depressed than males. The Chinese students were more depressed compared to Indian students. Students whose parents had no formal education or had only primary education were more depressed than students whose parents had secondary, college or university education.

Sullenness increased with increasing number of siblings. Sullenness contributed to the habit of drug abuse. Gum sniffing and stealing but not to smoking and alcohol abuse. Suicidal tendencies were more likely among the depressed students. It is imperative that not only caregivers but also teachers have to be equipped with the knowledge. Attitude and skills to assist secondary school children cope with their emotions, handle conflicts and manage stress early so that a more productive society will develop in the future. In the works of Santrock (2008), he pointed out that sexual assault during childhood has been more consistently linked with the gender difference in Sullenness. Estimates of the prevalence of childhood sexual assault range widely as reported in most of the methodologically sound studies conducted including both male and female participants, and found rates of childhood sexual assault between 19% for females and between 7% for males. They estimated that in turn, as much as 35% of the gender difference in adult sullenness could be accounted for by the higher incidence of assault of girls relative to boys. Rhode, Lewinson& Clarke (2002), indicated that the onset of sullen mood is occurring earlier in life today than in the past decades and often coexists with other mental health problems such as chronic anxiety and disruptive behaviour disorders. Research at University of Oregon in America estimated that 28% of all adolescents (ages 13- 19) will experience one episode of sullenness phenomenon. In 2001, suicide was seen to be the leading cause of death among those 15-24 years old (National Institute of Mental Health, fact sheet).Nair, Paul and John (2004) in their studies of Indian adolescents reported the frequency of sad, unhappy and sullen mood based on a single item, that is, parents' reports which shows 10%-20% of boys and 15%-20% of girls experienced sullenness while on the basis of adolescents' self-reports 20%-35% of boys and 25%-40% of girls experienced sullenness.

Empirical studies examining gender effects found differences, in all cases with girls reporting being more sullen than boys. Several studies examining age effects, most found no such effects; however, only few of these studies were actually longitudinal, following the same subjects over time. In some longitudinal studies, Sullenness affect decreased with age for boys but remained levelled across time for girls (Santrock, 2008). He further found dramatic increases in Sullenness between the ages of 13 and 15 years, a peak at approximately 17 and 18 years, and a subsequent decline to adult levels. This pattern has also been found with measure of Sullenness episodes in which the mid adolescence peak was higher for girls than for boys (Feldman, 2005). Social pressure to conform to gender roles is thought to increase dramatically as children move through puberty. Centre for Disease Control in 2005 found 36.7% of high school female adolescents and 20.4% of high school male students were reported feeling so sad and hopeless every day for two or more weeks in a row that they stopped engaging in some usual activities. The percentage of whites, Black and Latino students who gave this response were 25.8%, 28.4%, and 36.2% percent respectively. A careful study of these data shows that more girls than boys were reported having more emotional responses indicative of Sullenness.

Feldman (2005) showed that girls and women are more likely than boys and men to develop sullenness in response to interpersonal stressors because Sullenness can also interfere with interpersonal functioning. By adolescence, girls appear to be more likely than boys to respond to stress and distress with rumination-focusing inward on feelings of distress and personal concerns rather than taking actions to relieve their distress. This gender difference in rumination then is maintained throughout adulthood. Several longitudinal and experimental studies have shown that people who ruminate in response to stress are at increased risk to develop sullenness phenomena over time (Feldman,2005).

Rumination may not only contribute directly to sullenness, but may also contribute indirectly by impairing problem solving, and thus preventing women from taking action to overcome the stressors they face. Understanding the gender difference in sullenness is important for at least two reasons. First, women's high rates of sullenness exact tremendous costs in quality of life and productivity, for women themselves and their families. Second, understanding the gender difference in Sullenness will help us to understand the causes of Sullenness in general. In this way, gender provides a valuable lens through which to examine basic human processes in psychopathology. Although considerable overlap exists in the classification of Sullenness; low self - esteem and feelings of worthlessness linked the first two approaches of sullenness. Four other symptoms are common to two of the approaches: loneliness, guilt, suicidal ideation, and emotional sensitivity.

2.3Concept of Reinforcement

The concept of reinforcement is identical to the presentation of a reward. A rein-forcer is the stimulus, the presentation or removal of which increases the probability of a response being repeated (Luka, 2010). Skinner recognises two kinds of reinforcers – positive and negative reinforcement. He further noted that there are two different meanings of reinforcement: First, there is a factual meaning that refers to any wide range of conditions that will increase the probability of a given response reappearing in the same situation. Contemporary psychologists, use the term reinforcement to refer to the presentation of a situation that affects learning. Specifically, a reinforcer is any stimulus which, when presented after a response is made in a given situation will affect the probability that the same response will be repeated when the individual is again put in that situation. The presentation of the reinforcer is called reinforcement. The second is a theoretical

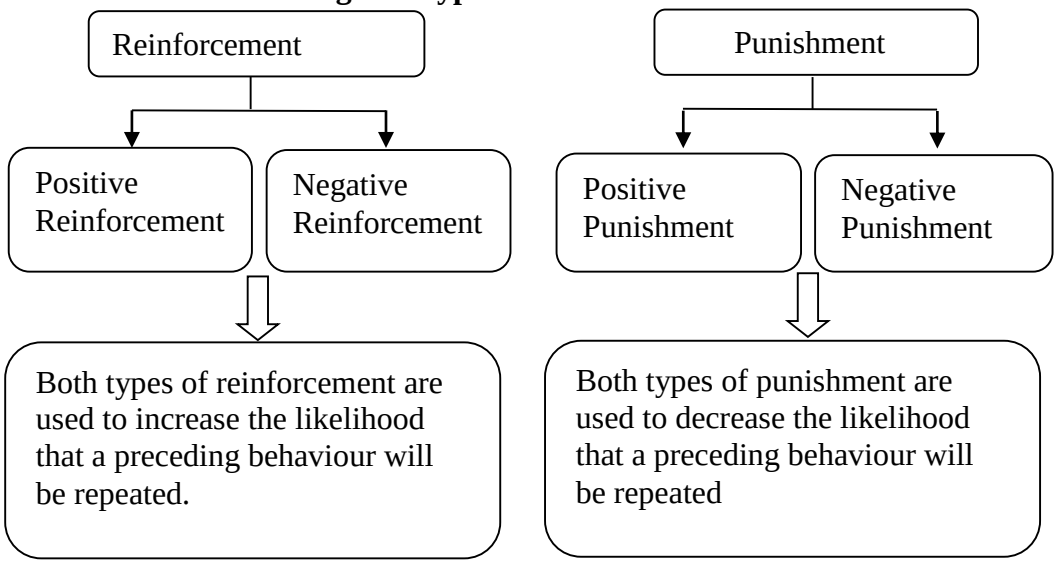
meaning that varies from theorists to theorists. (For example, Hull's need drive reduction; Skinner's stimulus manipulation; and Thorndike's satisfaction or annoyance –law of readiness).

Thus in classical conditioning the term reinforcement is used to refer to paired presentation of the unconditioned stimulus and the conditioned stimulus, while in operant conditioning, reinforcement refers to occurrence of an event such as giving of food, water or other similar rewards that motivates the individual to repeat the target behaviour. Chauhan (2005) viewed reinforcement as any environmental event that is programmed as a consequence of a response that can increase the rate of responding called a reinforcer. Skinner used reinforcement as a procedure for controlling behaviour.

2.3.1 Types of Reinforcement

Reinforcement is a consequence that increases the probability that behaviour will occur. On the other hand, punishment is a consequence that decreases the probability that behaviour will occur. Put in another way, reinforcement will strengthen behaviour while punishment will weaken behaviour. There are two (2) forms of reinforcement and punishment.

Fig. 2.2 Types of Reinforcement



Source: Feldman, 2005

It should be noted that when something is added or presented, the process of learning is called positive and when something is removed or taken away, the process of learning is called negative. The table below helps us to understand these forms of reinforcement and punishment.

Table2.2 Forms of Reinforcement and Punishment

Form of consequence	Description	Example
Positive reinforcement	Receiving something pleasant will increase behaviour occurrences.	A student is praised for asking intelligent question. Subsequently, the student asks more questions.
Negative reinforcement	Removing something unpleasant will increase behaviour occurrences.	A son who is tired of hearing his father's nagging will do his homework. He does the homework to remove the nagging.
Positive punishment	Receiving something unpleasant will decrease behaviour occurrences.	If a teacher frowned when his student asked an unintelligent question, the student would be less likely to ask such question again.
Negative punishment	Removing something pleasant will decrease behaviour occurrences.	A misbehaving student is removed from the class.

Source: Santrock, 2008

When consequences strengthen a preceding behaviour, reinforcement has taken place. When consequences weaken a preceding behaviour, punishment and extinction have occurred.

Positive reinforcement: This is any stimulus which when presented increases the probability of the preceding responses. Positive reinforcement involves strengthening a target behaviour – that is, increasing and maintaining the probability that a particular behaviour will be repeated – by presenting a stimulus (called a positive reinforcer) immediately after the behaviour has occurred (Snowman, McCrown&Biehler, 2009). Praise, recognition, food, water, medals are possible forms

of reinforcers and rewards among others. According to Skinner (1983) the term positive reinforcement refers to the act of presenting a stimulus (and here think of stimulus as *adding*); not necessarily refer to the pleasant nature of the stimulus itself but because of its positive influence on the target behaviour.

Importance of Positive Reinforcement: In today's schools, many teachers send students to the office for disciplinary action for displaying attention-seeking and/or disruptive behaviours as opposed to behaviours that are considered to be violent or aggressive. The majority of school-based disciplinary referrals comprise of behaviours that are disruptive and distractive in nature rather than behaviours that are considered to be more severe and violent (Wright-Gallo, Higbee, Reagon, & Davey, 2006).

Again, Wright-Gallo et al. (2006) indicated that decreasing disruptive behaviours is extremely important because this is often the primary reason students are sent to schools to be educated. In order for teachers to shape their classroom environment, they need to manage and change their students' undesirable behaviours by implementing consequences (Mather & Goldstein, 2001).It is important for teachers to establish a classroom environment where all students feel safe, comfortable, and welcome. Conroy, Sutherland, Snyder and Al-Hendawi, (2009), opined that creating a positive and engaging classroom atmosphere is one of the most powerful tools teachers can use to encourage children's learning and prevent problem behaviours from occurring. Students are more likely to behave in predictable ways in order to gain their teachers' attention (Conroy,et al, 2009). Teachers can capitalize on this by providing positive attention to promote desired behaviours.

There are many ways to positively reinforce students, but it must be done carefully and correctly or else behaviours will be inappropriately reinforced and the effort will go to waste.

Frequency is one of the most important factors. Reinforcement can never get old, so never stop using it (Daniels & Daniels, 2006). The best way to do this is to catch students being good and encourage them immediately (Maag, 2001). They should be reinforced when they do well and when they make mistakes also he asserted. Positive reinforcement should be used when students make mistakes so that they understand that their effort was valuable, and need to continue to try. Maag (2001) further stressed that delaying positive reinforcement support can cause problems as it is less likely to encourage the right behaviour. The longer the amount of time that passes between the action and the praise (reinforcement), the less powerful the effect of the reinforcement (Daniels & Daniels, 2006).Daniels & Daniels(2006) further asserted that Positive reinforcement is vital in behavioural modification processes and has been proven and found to be extremely effective.

Positive Reinforcement and Cognitive Development: Some adults and teachers believe children who repeat punishable behaviours are strange or disorderly (Maag, 2001). The fact is that those children may see the extra attention as more of a benefit than punishment (Maag, 2001). Additionally, these children tend to be the ones who receive the most attention from adults so when the children do get some attention they develop a mental desire to repeat the actions that got them the attention (Maag, 2001). Another misconception is that a disrespectful or disobedient child should immediately be pulled away and talked to immediately on why what he or she did is wrong (Sigler &Aamidor, 2005). According to Sigler et al (2005) this is an incorrect action; they asserted that adult attention enforces the bad behaviour and leads the child to do it again and again. Knowing how the mind of students works it is important for a teacher to make use of such knowledge to know how to administer the correct forms of reinforcement to ensure that such individuals develop properly.

Positive Reinforcement and Social-emotional Development: Students behave according to how they have been reinforced to behave. Our society lavishes attention on people who misbehave and those who behave well get little or no recognition but are expected to be self-fulfilled by theirgood behaviour and works (Sigler et al, 2005). Unfortunately, this is the reverse of how reinforcement should be used (Sigler et al, 2005). One should attend to appropriate behaviour while attempting to ignore inappropriate behaviour (Sigler et al 2005).Punishments is being used to keep about ninety-five out of a hundred students in line but those that does not tend to pose challenging behaviours go unnoticed (Maag, 2001).

Positive Reinforcement and Adolescent Relationships: Adolescent interactions are another factor that positive reinforcement may use as an avenue to cause more appropriate behaviours to occur. Using peer influence favourably is a good method that few practice (Maag, 2001). It is difficult to do, but by influencing the group to change its norms to those of the behaviour that is most desired, peers will pressure each other into doing the things the person who is reinforcing wants. Teachers should try to make group management plans that reinforce classes as a whole, catering to each student while still enforcing everyone's actions together (Maag, 2001). There are many methods by which students can be positively reinforced in classrooms: Teacher's comments, hugs, feedback, applause, and smiling as a sign of approval of target behaviour are all methods that are free or relatively inexpensive that can be applied quickly in the classroom (Wilson, 2011).

Playing games is also a good form of positive reinforcement that appeals to many children so long as competition does not become a source of problems in the class (Sparrow & Hurst, 2010). The main thing to remember when applying these various methods is the key factors for positive emotional response which are creating a variety in experiences, showing the purpose of learning, and getting the student to understand each other (Sparrow & Hurst, 2010).Another way to help

promote better behaviour is to make something a goal for people to achieve. Specifically, a gift or a compensation for good work makes a great goal; this should not be seen as a bribe, as many view it. A reward for good work is not a bribe or coercion; it is earned. Gifts and compensation make for some of the most powerful forms of reinforcement (Daniels & Daniels, 2006).

2.3.2Negative reinforcement:

The removal of any stimulus or withdrawal of such which increases the likelihood of a particular behaviour are said to be negative reinforcers (Mangal, 2012). Worthy of note is that negative reinforcement is not punishment. Negative reinforcement is the main opponent to positive reinforcement. Negative reinforcement does not however necessarily mean something bad; it means the removal of a stimulus and/or the addition of a consequence (Heleski, Bauson& Bello, 2008). A misconception is that negative reinforcement is the only way to enforce discipline and positive reinforcement is not, but discipline is defined as "training expected to produce a specific character or pattern of behaviour" which could be applied to both (Maag, 2001).The goal of negative reinforcement is the same with that of positive reinforcement - to increase the strength of a particular behaviour. The method is however different. Instead of supplying desirable stimulus, one removes an unpleasant and aversive stimulus whenever target behaviour is exhibited. By removing something unwanted the student is encourage to learn new behaviours.

Table 2.3 Positive and Negative Reinforcements.

Process	Behaviour	Consequence	Effect on Behavour
Positive - Reinforcement	Child behaves well at shop	Rewarded with a chocolate	Tendency to behave well at the shop
Negative Reinforcement	Stress	→ Relaxation exercise	Tendency to not get as stressed
Positive Punishment	Child misbehaves	Given chores	Tendency not to misbehave
Negative Punishment	Fails to secure bike Personal property	Bike is stolen	Tendency to secure in the future

Source: Santrock, 2008

Punishment: Punishment is an aversive stimulus which follows a response and frequently serves to suppress it. Punishment is defined as the infliction of pains ranging from knocks to shocks whose administration inhibits learning and its consequences lead to hatred (Mangal, 2012). He furthered stressed that punishment has consequences which are not reinforcing or, do not strengthen behaviour and aim at reducing behaviour by imposing unwelcome consequences. On the other hand, negative reinfocers strengthen desirable behaviour by withdrawing unpleasant consequences. There are three procedures that reduce the likelihood that a particular behaviour will be repeated. The first is punishment, also known as Type I punishment, or presentation punishment (Snowman, et al, 2009). Punishment is defined by operant psychologists as the presentation of an aversive stimulus (such as scolding, ridiculing and others) that reduces the frequency of the target behaviour. From an operant perspective, one can only claim to have punished someone else if the target behaviour is actually reduced in frequency. Both negative reinforcement and punishment involve the use of aversive stimulus, but the effects of each are opposite. Negative reinforcement strengthens target behaviour, whereas punishment weakens or eliminates behaviour.

Time- Out: The second procedure that decreases the frequency of or eliminates target behaviour is another form of punishment-*time-out*. But instead of presenting aversive stimulus, time-out temporarily removes the opportunity to receive positive reinforcement (Time-out is sometimes called Type II punishment or removal punishment). For instance, a student who frequently disrupts classroom routine to get attention may be sent to sit in an empty class in the next couple of minutes.

Extinction: A third consequence that weakens undesired behaviour is extinction. Extinction occurs when a previously reinforced behaviour decreases in frequency, and eventually ceases

altogether, because reinforcement is withheld. Both extinction and time- out are most effective when combined with other consequences.

2.4 Concept of Social Skills Training

Social Skills involve the ability to communicate with other people in a fashion that is both appropriate and effective. Appropriateness indicates that the social behaviour does not violate social and relational norms. Socially skilled behaviours are instrumentally effective; that is, they allow the actor to successfully achieve his or her goals in social situations. Socially skilled behavioural performances are a complex amalgamation of declarative and procedural knowledge, motivation, ability to select among multiple behavioural response options, and at a most basic level, the ability to enact a particular social behaviour. Social skills training as a primary therapy for psychological problems or as an adjunct to other techniques has a long history with an efficacious track record. A number of narrative and meta-analytic reviews for example, (Kopelowicz, Liberman, & Zarate, 2006) show that social skills training is as effective in treating psychological problems as most other therapeutic techniques that are in vogue. Furthermore, clients often adhere to social skills training therapies more readily than some other therapies that have higher dropout rates.

Each day, Students' are required to handle a wide range of challenging social situations. Successful management of the social world requires a sophisticated repertoire of social skills and interpersonal problem solving capacity which could be termed as social competence. Social competence has been defined in various ways: Spence and Donovan (1998) defined social competence as the ability to obtain successful outcomes from interactions with others. In contrast, Bierman and Welsh (2000) conceptualise social competence as an organisational construct that reflects the individual's capacity to integrate behavioural, cognitive and affective skills to adapt

flexibility to diverse social contexts and demands. This definition emphasizes the multiple determinants of social competence, with the ability to engage in socially skilled behaviour representing just one factor. There are now considerable evidences that social skill deficits are responsible for many emotional and behavioural problems. As a result, Social skills training (SST) has become a frequent component of the prevention and treatment of behavioural, emotional and conduct disorders. It is important, therefore, that psychologists and professional therapists have a detailed knowledge of the nature of social competence and social skills deficits in order to bring about remediation of socially challenge/undesirable behaviours. Social competence in interpersonal relationships has a significant long-term influence upon psychological, academic and adaptive functioning of individuals (Elliot, Malecki&Demaray, 2001). Poor social skills and relationship difficulties with peers, family and teachers are associated with many forms of psychopathological problems such as sullenness, conduct disorder and other related emotional problems (Segrin, 2000).

Social skills are critical for the ability to interact with, adapt to and function within ones' immediate environment and the society at large. Being able to interact successfully with others is a key to many of the experiences that enrich life, such as having friendships, participating in recreational activities, or joining groups. Furthermore, the acquisition of social skills is essential to becoming a contributing member of society (Kolb& Hanley-Maxwell, 2003). According to Cartledge and Milburn (1995) social skills are seen as socially acceptable learned behaviours that enable individuals to interact in ways that elicit positive responses and assist in avoiding negative responses.

They are specific strategies used by an individual to perform social tasks effectively and thus be judged socially competent. Social skills are composed of competencies necessary for

students to initiate and maintain positive social relationships with their peers, teachers, family, and other community members (Cartledge et al, 1995). Educators and behaviourist have been searching for the most effective methods for promoting social competence in students with Emotional and Behavioural disorder (E/BD). To this end, a great deal of attention and tremendous efforts have been focused on the social competence of children with E/BD, resulting in unprecedented growth in this research field. As a result, literature devoted to specific interventions to social skill development addresses numerous training methodologies and approaches. The majority of these interventions has involved individual programmes and has concentrated on developing specific skills to reducing inappropriate behaviours.

Harris, (1998) submitted that attempts to enhance social competence, social skills and the quality of interpersonal relationships has formed an important component of treatment and prevention of many psychological and emotional problems. Social skills training is a broad category that deals with an individual's ability to interact effectively with others in various social settings; it is used to help clients develop and achieve skills in interpersonal competence. Social skills involve being able to communicate with others in a way that is both appropriate and effective. Individuals who experience psychological problems that are partly caused by interpersonal difficulties are good candidates for social skills training.

In Social Skills research, Segrin (2001), sought and documented a variety of strategies that hold benefit in teaching students with interpersonal difficulties. The following delineates some strategies: Anger management. Personal coping skills, such as anger management, are abilities to focus on problems and triggers of problems. Adolescents who are hungry, anxious, of lower intelligence, tend to show less of an ability to control their anger. The teaching of positive self-talk, problem-solving techniques and relaxation to aid in recognition and reduction of stress and

anger is critical. Skills essential for management include: non-antagonistic response skills, personal or self- awareness, personal arousal signals, use of personal arousal signals as cues to use non-antagonistic strategies, perception of self-control over situation, and self-instruction techniques to deal with each stage of provocation, and maintaining high self –esteem. Direct instruction with social reinforcement to encourage individuals has also been continually used to help students manage anger (Hughes, 1989).Self- control strategies. Self-control is a powerful generalization tool and is not dependent on a special education teacher or being in a special environment. Generalization of self-control strategies that are strengthened by self-monitoring, self-evaluation, and self-reinforcement can be used as a complement to teacher-mediated behaviour management approaches in the classroom. Segrin (2001), postulated that three steps are involved: Self-monitoring. Self-monitoring should occur after target behaviour is clearly defined (e.g. Self-monitoring for increasing on-task behaviour during independent seatwork). Self-evaluation. Students can compare their behaviours to externally determined standards and render a judgment of quality and acceptability. Self-reinforcement**.** Guidelines for using self-control strategies include defining target behaviour, providing direct instruction, monitor accuracy, fading overt procedures, provide programme for generalization, and valuations considerations.

(Winsler& Espinosa, 1990). Multi -age grouping is said to be an excellent means to develop students' social competence. It provides a good environment in which to practice interpersonal skills and develop feelings of individual self- worth because they better reflect the diverse natures of the families from which the students come and the larger society into which they move. In addition, multi-age grouping makes it easier and more acceptable for children to find and work at their own level of the wide range of materials and learning experiences available.Thus, SST is typically used in association with interpersonal problem solving skills training, cognitive

restructuring, training in social perception and social perspective, self-regulation skills training, modification of environmental contingencies, and affect regulation methods (such as relaxation training). As therapists and researchers came to realise that interpersonal problems occur in association with many forms of psychopathology and require remediation, they also recognised the inadequacy of SST as a sole intervention for adolescent emotional and behavioural difficulties. Interventions such as contingency management, parenting skills training and behavioural self-regulation, self-management methods and assertive training were best recognised as being psychological best-practices. This article provides an analysis of the current knowledge base of social skills training (SST) with students with, or at risk for. Emotional and Behavioural Disorders (EBD). This knowledge base is evaluated with respect to issues regarding construct, internal, external, and social validity of the SST literature. Research syntheses investigating construct validity suggest that the three domains of social interaction, prosocial behaviour, and social-cognitive skills adequately represent the social skills construct. Internal validity analyses based on the results of six meta-analyses suggested that SST is an effective intervention strategy for students with EBD, showing a 64% improvement rate relative to controls using the Binomial Effect Size Display. External validity analyses showed that SST is effective across a broad range of behavioural difficulties, such as aggression externalizing behaviours, internalizing behaviours, and antisocial behaviour patterns. Some weaknesses were noted in the social validity of SST outcome measures, and recommendations are made for improvement in this area. Overall, SST is an effective and essential part of a comprehensive intervention program for students with EBD.

There is evidence to suggest that teachers often do not use social skills interventions with their students despite the knowledge that they can be quite successful (Brown & Odom, 1995). A study by McConnell, McEvoy, and Odom (cited in Brown & Odom, 1995) found that teachers in

22 different preschools rarely, if ever, used social skills training interventions within their classrooms. Also, a national survey consisting of 131 teachers found similar results, in that teachers often did not employ any social skills training interventions in the classroom, and those that did frequently chose unsuccessful ones (Brown & Odom, 1995). Although the sample sizes in these studies were small, since there is a general lack of research on teacher perceptions of implementing social skills interventions, these results can be considered as evidence of a need for more education on aspects of this type of intervention. Teacher confidence and enthusiasm for social skills interventions seem to be critical for the implementation and success of these interventions (Brown & Odom, 1995). Teachers seem to need something more in order to persuade them to employ these successful interventions:

According to Choi and Heckenlaible-Gotto (2001), there is not much research focused on having teachers implement the social skills training interventions, rather most research focuses on pull-out programs provided by other school staff members. This raises issues of generalization and maintenance of the social skills once the students return to the classroom and interact with their peers. A possible solution to this problem is to have the teacher lead the social skills intervention with the entire class in order to help students who are struggling with social skills learn these in the environment in which they are expected to use them effectively. This also allows for the students to receive social skills training every day for a longer amount of time, and the teachers are able to correct or prompt appropriate use throughout the entire day. According to Choi and Heckenlaible-Gotto (2001), the studies that have explored teacher-led social skills training interventions fail to address whether or not the teacher taught the skills accurately and consistently, and this could undermine any results they collected. Also, in the research that has

been done, little or no assistance or support was available for the teachers implementing the interventions, except for an in-service training at the beginning of implementation in a few cases.

Choi and Heckenlaible-Gotto (2001), also investigated the effectiveness of a teacher-led social skills training intervention and the exact same intervention led by a school psychologist. The teacher and school psychologist in this study were provided two one hour training sessions on how to implement this intervention prior to the actual instruction. This study used two different but comparable first grade classrooms in the Midwest and used a pre-test/post-test design measuring peer ratings of appropriate social behaviours for all students in each of the classrooms. The peer ratings were on a five point Likert-type scale and measured the students on like to work with and like to play with criteria. After the initial ratings by all students, both groups, one led by their teacher in the classroom and the other led by the school psychologist. Psychologist in another room, were given 30 minute of social skills training twice a week for four weeks. The results of this study showed that the students in the teacher-led group showed significant improvement in the like to work with peer ratings, and there was also an improvement in the like to play with peer ratings for this group as well compared to the school psychologist-led group. The success and improvement of peer acceptance of the teacher-led group over the other may have been the result of the fact that it was easier for the students to practice and receive reinforcement for their use of appropriate social skills in their classrooms. The teacher in this study also reported more confidence in her ability to teach social skills to her. It seems that it may be helpful for teachers to directly instruct their students in social skills to improve deficits, however many teachers do not receive adequate support for doing this and may not perceive the interventions as useful. This could lead them to push the interventions to the side in lieu of their many other responsibilities throughout the school day.

According to Johns et al. (2005), teaching social skills is essential to successful education of students with EBD, however many teachers simply fail to directly address these. There may be two main factors that determine whether or not a teacher will employ an effective social skills intervention with their students. The teacher's self-efficacy and philosophical acceptance both help determine whether or not the teacher will accept and use a specific intervention. Self-efficacy involves the teachers' belief and confidence in themselves as to how much they can influence and promote learning in their students, and often the higher the self-efficacy, the more open to trying new interventions teachers are. Philosophical acceptance is the idea the teacher has as to how useful or easy to implement social skills. Interventions that seem useful or that fit with the teacher's style will be used more often than those that do not.

Barton-Arwood et al. (2005), suggested that there are a few factors, in particular, that inhibit teachers from using effective social skills interventions. Teachers may not have been trained to use specific intervention techniques that can go along with social skills training, many teachers resort to negative approaches, such as punishment, in response to disruptive behaviours, and many teachers are not easily persuaded to try new techniques or interventions that do not fit into their typical routine for managing the classroom. It may be helpful to train teachers in using these types of interventions to build their confidence and knowledge in them in hopes that as a result, teachers will discover these interventions as more useful and practical to implement in their classroom. In a study done by Barton-Arwood et al. (2005), a one-day workshop to inform teachers on how to assess social behaviours and how to implement social skills training interventions was held for 22 female educators from various school districts in south-eastern Ohio. Many of the educators had been teaching for many years and most worked at elementary schools, with a few at high schools, in various roles within their school district. The training included information on

replacement behaviours, skill deficits, performance deficits, modelling and reinforcement schedules, and assessed the teachers' perceived knowledge, usefulness, and confidence in regard to the content covered by the workshop, as well as their actual knowledge through a pre-test survey. The teachers were then given a post-test after the workshop covering the same questions as the pre-test. Significant changes in perceived and actual knowledge, confidence, and usefulness of the content covered by the workshop were found. Although this study had a small and limited sample size, it did show the effectiveness of training teachers in social skills interventions. Among the general lack of research done on teacher training in social skills interventions, this study was able to generate significant results to support the idea that teachers need sufficient training to effectively implement these interventions.

2.4.1 Social competence: Segrin (2008), identified some key elements of social skills training which entailed a collection of techniques; assessment; direct instruction and coaching; modelling; role playing; and homework assignments. He stressed that individuals learn information and skills that can be applied to various interpersonal situations. Corey (2013) opined that a key step in social skills training involves the necessity of the individuals putting into action the information they acquired or are acquiring. He further stressed that it is through role playing that individuals actively practice desired behaviours that were observed. Sergrin (2008) in his own submission noted that by monitoring individual's successes and failures therapist can fine- tune clients' performances. Success in social interactions is determined by many factors relating to the individual- the response of others and social context. Social skills represent the ability to perform those behaviours that are important in enabling a person to achieve social competence (McFall, 1982; Spence, 1995). Such skills include a range of verbal and non-verbal responses that influence the perception and response of other people during social interactions. It is important that individuals are able to adjust to the

verbal and non-verbal responses such as eye-contact, facial expression, posture, social interaction and use of gesture, according to the demand of different social situations. Similarly, verbal qualities such as tone of voice, volume, rate and clarity of speech significantly influence the impression we make upon others and their reaction to us. These micro-level aspects of social skills are highly important in determining the success of social interactions.

At a more macro-level, individuals need to be able to integrate these micro-level skills within appropriate strategies for dealing with specific social tasks. For example, success in starting a conversation involves many micro-level social skills in addition to more complex skills such as identifying appropriate moments to initiate the conversation, selecting appropriate topics for conversation and so on. There are a huge number of social tasks that young people need to deal with, such as requesting help, offering assistance, saying 'no', requesting information, asking to join in, and offering invitations, to mention just a few. Each task requires a sophisticated interplay of behavioural responses in order to achieve a successful outcome. The ability to perform these important behavioural social skills is a necessary but insufficient determinant component of social functioning. There are other factors that influence how an individual exhibit behaviours in a social context such as cognitive, emotional and environmental factors. Thus, individuals require a range of social perception skills by which they can interpret the social cues and body language of the other person for appropriate social responding. Deficits in social perception skills and social knowledge may result in inaccurate interpretation of social cues and inappropriate social responding.

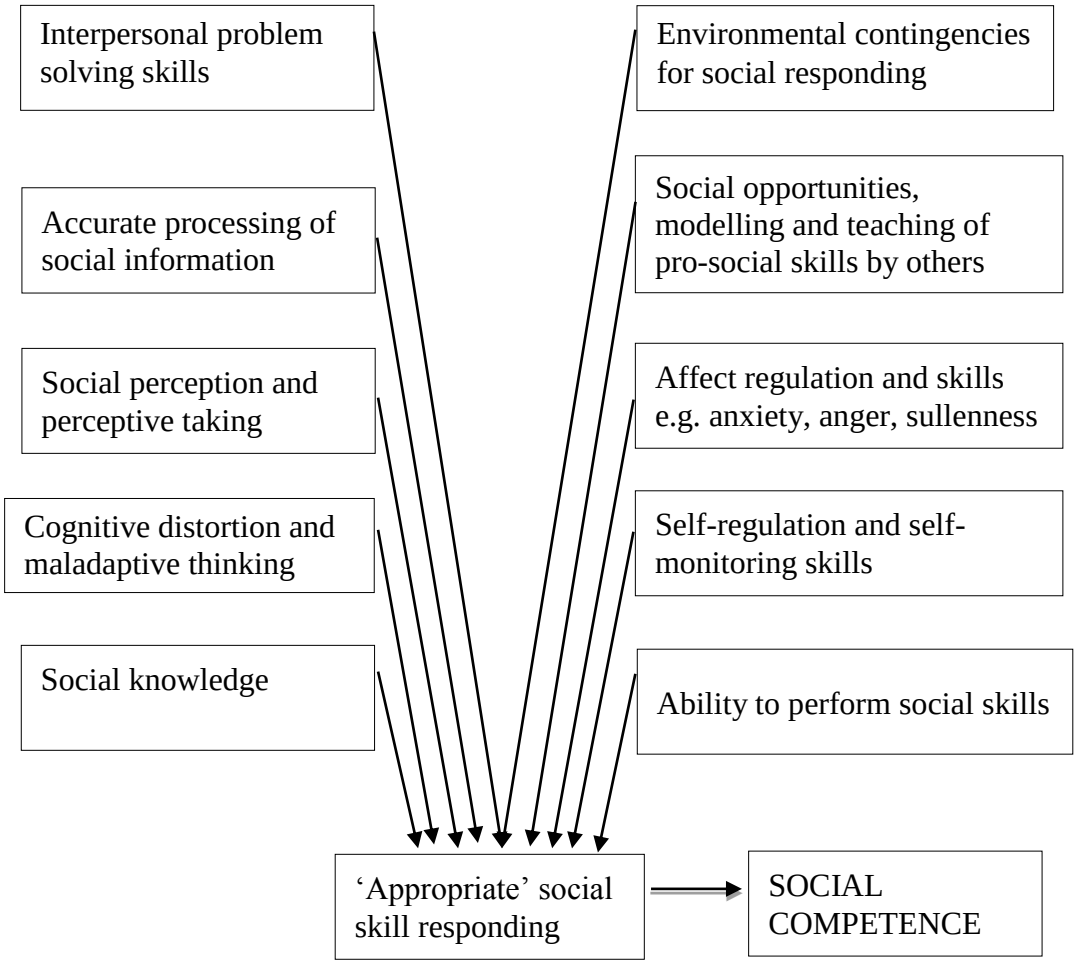


Fig.2.3 Appropriate Social Skills Responding

Source: Spence, 2003

2.4.2 Social skills acquisition and performance deficits

Gresham (1997) distinguishes between social skills acquisition deficits and social performance deficits. An individual is said to possess social skills acquisition deficits if they do not have particular social skills in their behavioural repertoire. On the other hand social performance deficits refers to a situation where an individual possess skills to behave in a social skilled manner, yet fails to demonstrate these skills in one or more social situations. Social skill performance deficit may result from a range of affective factors such as cognitive defects or distortions, or from competing/interfering problem behaviours among others. From an affective point of view, high

levels of arousal associated with anxiety, social phobia, or anger may inhibit the use of appropriate social skills. Inappropriate social skill performance may also result from cognitive distortion influencing the way in which social information is interpreted or from cognitive deficits in information processing. There has been a good deal of research demonstrating the association between social-cognitive skills deficits/distortions and inappropriate or problematic social behaviour. For example,Spence et al (2002) demonstrated that aggressive individuals tend to make faulty interpretations of social events and the behaviour of others, which then increases the chance that they will respond in an aggressive or sullen manner. Similarly, the pessimistic cognitive style of sullen individuals is also associated with poor social competence. From a behavioural perspective, deficiencies in social skill performance may be the result of more effective competing behaviour or behaviours that interfere with inappropriate social expression. For example, the conduct disordered adolescent may receive more positive reinforcement from the deviant peer group, if they engage in physical violence rather than appropriate conflict resolution skills. This is not to say, however, that the presence of emotional, cognitive and behavioural problems rule out the existence of a possible acquistional deficit, as these problems may serve to maintain and/or exacerbate acquistional skills deficits. For example, Spence et al. (2002) found that socially phobic individuals tend to exhibit a variety of cognitive problems such as underestimation of social abilities, poor performance expectations, anticipation of adverse outcomes, and negative internal dialogue. Deficits in inter-personal problem solving skills are also found to result in inappropriate or problematic responding in social situations. If adolescents are unable to identify the presence of a challenging situation, to generate a range of possible alternative ways of dealing with the situation, and to predict and evaluate the likely consequences of these alternatives, they are then less likely to engage in appropriate social response. Not surprisingly, deficits in interpersonal

problem-solving skills are associated with several forms of adolescent psychopathy including conduct disorder and depression (Spence, Sheffied, & Donovan, 2002). The distinction between acquisition and performance deficits is clearly important to the conceptualization and subsequent treatment of an adolescent case. The distinction between the two types of deficit does not suggest that one is in some ways less of a social skill than the other. It is true that an adolescent with performance deficit may not require the initial SST that an adolescent with acquistional deficit may However, an adolescent with performance deficit may require treatment aimed at reducing the factors maintaining the performance deficit (e.g., cognitive restructuring, contingency management, impulse control) in addition to psycho-education regarding the usefulness of social skills and rehearsal of these skills within the problem situation. Social skills training, albeit of a slightly protracted nature, will still be required in addition to factors intrinsic in the young person, various environmental variables may influence social competence. Adolescents differ in the degree to which they have opportunities to learn appropriate and interpersonal social skills. The contingencies for engaging in socially skilled behaviour vary across individuals. If adolescents do not receive positive outcomes for socially skilled behaviour, or are actively punished, then their acquisition or use of social skills is likely to be poor. Social competence is influenced by many factors, all of which must be considered in the assessment and remediation of deficits in this domain. Not surprisingly, as data emerged regarding this complex interplay between the determinants of social competence, intervention approaches have become similarly complex. Traditional SST, focusing specifically on teaching behavioural aspects of social responding, generally forms just one element with programs to ensure social competence.

2.5 Theoretical Framework

Henning, VanRensburg and Smith (2004), stated that a theoretical framework provides an orientation to the study at hand in the sense that it reflects the stance the researcher adopts in his or her research. This means that a theoretical framework "frames" the study because when research is conducted, it will remain within the boundaries of the "frame". In this way a theoretical framework becomes a structure that guides the research constructed by using established explanation of certain phenomenon and relationships. A theoretical framework thereby leads logically to a certain conceptual framework, Henning, et al (2004), maintained.

On the basis of these explanations of what theoretical framework is all about, practitioners in education and psychology have over the years in response to behaviour problems in schools developed several approaches to explain and reduce improper behaviours and consequently increase school orderliness. These theories include: Operant Conditioning by B.F. Skinner: Psychodynamic Theory of Sigmund Freud; Social learning theory of Albert Bandura; Cognitive theory of Aaron Beck and a host others. The aim of these theories is to engender students' behaviour modification, for they are critical to the attainment of positive behaviour outcomes.

2.5.1 Operant Conditioning – Skinner

Operant conditioning is a form of learning in which the consequences of behaviour lead to changes in the probability that the behaviour will occur. Thorndike (1874-1949) was the pioneer in studying this kind of learning. His famous formulation of Law of Effect lies at the heart of the operant conditioning. Simply put, Thorndike's original law of effect stated that "Responses to a situation that are followed by satisfaction are strengthened, responses that are followed by discomfort are weakened" (Ormord, p.50). This summary implies that reward and punishment have opposite but equal effects on behaviour. However, Thorndike's later research indicated that

punishment may not be as effective in weakening responses (Ormord, 2008). Behavioural learning theories culminated in the work of B.F. Skinner. Skinner put together a theory that not only successfully combines many different ideas but also serves as the basis for variety of applications to human behaviour. Skinner's theory, operant conditioning, takes as its starting point the fact that many of the voluntary responses of animals and humans are strengthened when they are reinforced (followed by a desirable consequence) and weakened when they are either ignored or punished. In this way, organisms learn new behaviours and when to exhibit them and "unlearn" existing unprofitable ones (Snowman,et al,2009).The term operant conditioning refers to the fact that organisms learn to "operate" on their environment (make a particular response) in order to obtain or avoid a particular consequence. Some psychologists use the term *instrumental* because the behaviour is instrumental in bringing about the consequence .Operant conditioning holds that we learn to respond or not to respond to certain stimuli because our responses are followed by desirable or aversive consequences. Briefly put, operant conditioning involves the systematic use of positive reinforcement for desired behaviour; the removal of positive reinforcement for undesired behaviour (Ekeruo, 1990). The theory of Skinner is based upon the idea that learning is a function of change in overt behaviour. Changes in behaviour are the result of an individual's response to (stimuli) that occur in the environment. When a particular Stimulus- Response (S-R) pattern is reinforced (rewarded), the individual is conditioned to respond. Reinforcement is the key element in skinner's S-R theory. Stimuli play a key role in behaviourism. Stimuli that follows behaviour and increase the probability of that behaviour occurring again are called reinforcing stimuli. These reinforcing stimuli, or reinforcers, play a central role in learning without which learning would not occur. Another type of stimuli are also important in a behavioural view. These are the stimuli that set the occasion for or signal that a certain behaviour will be followed by

reinforcement. Call discriminative stimuli. Think about these as traffic lights for behaviours where a green light would indicate a behaviour is acceptable and will be reinforced. A reinforcer is anything that strengthens the desired response. It could be verbal praise, a good grade or a feeling of increased accomplishment or satisfaction.

Premack Principle: The Premack principle, states that a high frequency activity can be used to reinforce low frequency behaviour. Access to the preferred activity is contingent on completing the low-frequency behaviour. For example, you sweep your room before you can watch TV or Wash the plates before you can sleep; again, stop your sulk before you can visit your friend. The Premack principle is a powerful tool for changing behaviour.

Schedule of Reinforcement: It is not necessary or even desirable to reinforce every occurrence of a behaviour in order for learning to occur. Rather learning can be reinforced on a variable schedule in which each response itself does not result in reinforcement. One of the major contributions of Skinner's studies is the development and assessment schedule of reinforcement. A schedule of reinforcement is a rule stating the basis on which reinforcements will be delivered. A schedule of reinforcement is thus categorised into two:

Using time as a factor:that is the period between which successive reinforcement is determined.

Using response as a factor: that is the number of responses between which successive reinforcement is determined. Skinner put forward the idea of planning of schedules of reinforcement for conditioning operant behaviour as in Snowman, McCown and Biehler (2009) namely: *continuous reinforcement schedule*. This is the reinforcement schedule where provision is made to reinforce the desired behaviour or reward every correct response of individual during acquisition of the desired behaviour. For example a student may be rewarded for every correct answer he gives to the question or a problem at hand.Reinforces are more effective when they are

given as soon as possible after a student performs the target behaviour. In continuous reinforcement like this, a student learns very rapidly but when the reinforcement stops, the behaviour decreases rapidly too. Therefore, the schedule of reinforcement was develop. The schedule will determine when a behaviour will be reinforced. There are 4 types of schedule of reinforcement, they are fixed-ratio schedule, variable-ratio schedule, fixed-interval schedule, and variable-interval schedule

Fixed ratio schedule (FR): Within this schedule, reinforcement is provided whenever a predetermined number of responses are made. A rat in a Skinner's box may be reinforced with a food pellet whenever it presses a lever fifty times. FR schedules tend to produce high response rates because the faster the leaner responds, the sooner the reinforcement is delivered.

Variable-ratio schedule (VR*)*: When reinforcement is given at varying intervals of time or after a varying number of responses. In this case, reinforcement is intermittent or irregular. The individual does not know when he is going to be rewarded and consequently he remains motivated throughout the learning process in the hope of reinforcement.

Fixed interval schedule (FI): In this schedule the learner is reinforced or rewarded for a response after a set of time. The time period required is always the same. Once the response has occurred and been reinforced, the next interval begins. Any desired behaviours that are made during the fixed interval are ignored. In the context of positive reinforcement, this schedule produces a scalloping effect during learning. There is a kind of dramatic drop- off of responding immediately after reinforcement. Also to be noticed is the number of behaviours observed in a thirty (30) minutes time period. FI schedules of reinforcement occur in education when teachers schedule examines or projects at regular intervals.

Variable-Interval schedule: A variable interval schedule occurs when a response is rewarded after an unpredictable amount of time has passed. This schedule produce a slow, steady rate of response which tends to eliminate irregularities in response rate, thereby producing a more consistent rate. This is accomplished through reinforcement after a different number of responses from one time to the next according to the predetermined average**.**

Table 2.4 Summary of Schedules of Reinforcements.

Fixed-ratio schedule	A behaviour is reinforced after a set number of response have occurred. For example: A student may be given a bar of kit kat chocolate for every ten mathematical problems solved.
Variable-ratio schedule	On a variable-ratio schedule, the number of responses needed to gain the reinforcement is not constant.For example: Rewards could be given after 3, 5, 9, and 15 mathematical problems solved.
	On a fixed-ratio schedule, a behaviour is reinforced after a set number of response have occurred.For example: A student may be given a bar of kit kat chocolate for every ten mathematical problems solved
Fixed-interval schedule	A behaviour will be reinforced after a certain period of time. No matter how often it occurs, the behaviour will not be reinforced until the time is up.For example: Students are given a quiz every Wednesday.
Variable-interval Schedule	Also based on time passing but the time period keep changing. For example: Student are given pop quizzes.

Mcleod, 2015

Table 2.5 Key terms and concepts

Terms	Definitions
Classical conditioning	Type of learning which based on the association of stimulus that does not ordinarily elicit a particular response with another stimulus that does elicit the response.
Conditioned stimulus (CS)	Stimulus that acquired the ability to produce the response because it was paired with the unconditioned stimulus.
Conditioned response (CR)	Response that is similar to UCR but is produced by the conditioned stimulus.
Continuous reinforcement	On continuous reinforcement, reinforcers are given as soon as possible after the person performs the target behaviour.
Discrimination	The ability to differentiate between similar stimuli.
Extinction	Process of uncleaning learned response because of the removal of the original source of learning.
Fixed-internal	In a case of a fixed-interval schedule, a behaviour will be reinforce after a certain period of time.
Fixed-ratio	On affixed-ratio schedule, a behaviour is reinforced after a set number of responses have occurred.
Generalization	Process that occurs when similar stimulus to a CS produce the CR.
Law of Effect	Thorndike's Law states that behaviour that brings about a satisfying effect (reinforcement) is apt to be performed again, whereas behaviour that brings about negative effect (punishment) is apt to be suppressed.
Negative punishment	Removing something pleasant will decrease behaviour occurrence.
Negative reinforcement	Removing something unpleasant will increase behaviour occurrence.
Operant condition	Form of learning in which the consequence of behaviour lead to changes in the probability that the behaviour will occur.
Positive punishment	Receiving something unpleasant will decrease behaviour occurrence.
Positive reinforcement	Receiving something pleasant will increase behaviour occurrence.
Reciprocal determination model	Bandura's model that states that behaviour, environment and person factors interact to influence learning.
Social learning	Social learning theory believes that student learn by observing or watching and imitating other people.
Unconditioned response (UCR)	Unlearning or inborn reaction to the unconditioned stimulus.

Unconditioned stimulus (UCS)	Stimulus that can produce the response without any learning.
Variable- internal	A variable-internal schedule is also based on time passing but the time period keep changing.
Variable-ratio	On a variable-ratio schedule, the number of response needed to gain reinforcement is not constant.

Mcleod, 2015

2.5.2 Classical Conditioning – Ivan Pavlov

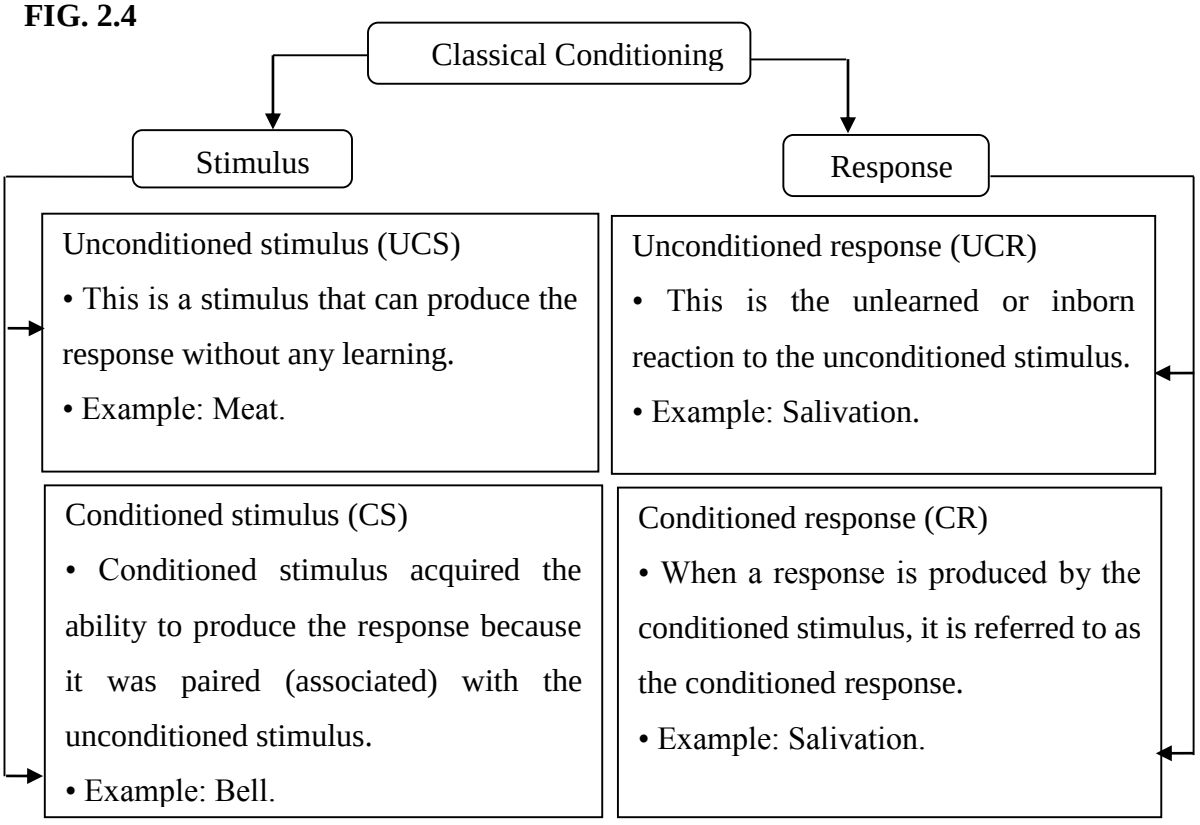
The concept of classical conditioning was developed by a Russian physiologist, Ivan Pavlov (1849-1936). Classical conditioning considers learning as habitual formation and is based on the principle of association and substitution. It is simply stimulus – response type of learning where in place of natural stimulus like food, water, sexual contact and so on, the artificial stimulus like sound of a bell, sight of the light of a definite colour can evoke a natural response. When both the artificial or neutral stimulus (ringing of the bell) and natural stimulus (food) are brought together, several times, the dog becomes habituated or conditioned to respond to this situation. There becomes a perfect association between the types of stimulus presented together. From this assertion, we understand that the key element in classical conditioning is association. It means that if two stimuli are repeatedly experienced together, they will become associated. For example, if a student frequently encounters unpleasant stimuli in Mathematics' class such as unfriendly teachers, difficult questions, and a lot of homework, he may learn to dislike Mathematics.

Pavlov's experiments: Pavlov discovered classical conditioning almost by accident. Originally, he wanted to study the role of salivation in digestion. He measured how much saliva dogs produce when given meat. After a few days in the experiment, Pavlov noticed that the dogs in his laboratory started salivating when the lab attendant entered the room with the meat dish, before meat was placed in their mouth. This aroused Pavlov's curiosity and he pursued the issue with more experiments. For example, he sounded a bell just before presenting his dogs with food. After

hearing the bell many times right before getting fed, the dogs began to salivate as soon as the bell rang. In other word, the dogs had been conditioned to salivate in response to a new stimulus (the bell) that normally would not produce salivation. The dogs had learned to associate the bell with food.

Types of stimulus and response: A stimulus is an observable environmental event that has a potential to exert control over a behavioural response. Put in a simpler way, a stimulus is anything that can directly influence behaviour and the stimulus produces a response. In classical conditioning, there are two (2) types of stimulus and two (2) types of responses. They are unconditioned stimulus, conditioned stimulus, unconditioned response, and conditioned response.

FIG. 2.4



Source: Feldman 2005

Types of stimulus and response in classical conditioning

Before conditioning: Before conditioning, the bell is a neutral stimulus (NS) is a stimulus that does not naturally bring about the response of interest (Feldman, 2005). An unconditional stimulus (UCS) produces an unconditioned response (UCR).

During conditioning procedure: During the conditioning procedure, the neutral stimulus (NS) is presented. It is immediately followed by the unconditioned response (UCS) to produce unconditioned response (UCR).

Test of conditioning: After the classical conditioning procedures, the neutral stimulus (NS) becomes a conditioned stimulus (CS). It alone can produce salivation. At this point, the production of salivation is known as the conditioned response (CR).

Table: 2.6 Common **Phenomena in Classical Conditioning**

Generalization	Generalization occurs when similar stimuli to a CS produce the CR. A student may generalize his fear to physics and chemistry tests although he had performed poorly only on mathematics test. In this case, the physics and chemistry tests were similar stimuli to the mathematics test and they produced the CR by themselves
Discrimination	Discrimination is the opposite of generalization. It refers to the ability to differentiate between similar stimuli. For example, a student may feel fear during mathematics test but not during physics or chemistry tests. This shows that the student is able to discriminate between appropriate and inappropriate situations for a response.
Extinction	Extinction is the process of unlearning a learned response because of the removal of the original source of learning. In classical conditioning, extinction is done by repeatedly presenting the CS without the CR. This action will decrease the frequency of previously CR. Eventually, the CR

disappears. In the example mentioned above, if the student repeatedly passes the mathematics tests, his fear of mathematics tests will disappear.

Source: Feldman, 2005

2.5.3 Social Learning Theory - Albert Bandura

The social learning of Albert Bandura attributed sullenness to a reduction in activity when reinforcement is lacking or is withdrawn. For example, when a loved one dies, an important source of positive reinforcement is certainly lost. So for learning theorists, the concept of reduction in reinforcement is central to sullenness. The social learning theory as proposed by Albert Bandura (1977), has become perhaps the most influential of learning and development. While noted in many of the basic concepts of traditional learning theory. Bandura believed that direct reinforcement could not account for all types of learning and behaviour. While behavioural theories of learning suggested that all learning was as a result of associations formed by conditioning, reinforcement, and punishment. Bandura's social learning theory proposed that learning can occur simply by observing the actions of others. His theory added a social element, arguing that people can learn new information and behaviours by watching other people, this is known as observation learning (or modelling). This type of learning can be used to explain a wide variety of behaviours. Bandura explained that learning would be exceedingly laborious, not to mention hazardous, if people had to rely solely on the effects of their actions to inform them of what to do. Fortunately, most human behaviour is learned observationally through modelling. By observing others; one forms an idea of how new behaviours are performed, and on later occasions this coded information serves as a guide for action.

Basic Social learning models: There are three basic concepts at the heart of social learning theory as opined by (Bandura, 1977). First, is the idea that people can learn by observation. The next is the notion that internal mental statistics are an essential part of this process. Finally, this theory

recognizes that just because of something has been learned, it does not mean that it will result in change in behaviour. In observational learning Bandura demonstrated that children learn and imitate behaviours they have observed in other people. Bandura identified three basic models of observational learning, namely:A live model, which involves an actual individual demonstrating or acting out a behaviour; a verbal instructional model, which involves descriptions and explanations ofbehaviour and a symbolic model, which involves real or fictional characters displaying behaviours in books, films, televisions, programmes, or online media.

Intrinsic reinforcement to learning: Bandura noted that external or environmental reinforcement was not the only factor that influences learning and behaviour. He describes intrinsic reinforcement as a form of internal reward that equally influences learning such as: pride, fulfilment, satisfaction, and a sense of accomplishment. The emphasis on internal thoughts and cognition helps connect learning theories to cognitive developmental theories; Bandura himself describes his approach as social cognitive theory. While behaviourist believed that learning lead to a permanent change in behaviour, observational learning demonstrates that people can learn new information without necessarily demonstrating a change in behaviour.

The modelling process: Not all observed behaviours are effectively learned, certain factors involving both the model and the learner that determine whether social learning is successful or not. Certain requirements and steps must be followed in order for observational learning to be effective, such as:

Attention: In order to learn, one needs to pay attention. Anything that distracts ones' attention is going to have a negative effect on observational learning. If the model is interesting or there is a novel aspect of the situation, one is far more likely to dedicate his/her full attention to learning.

Retention: The ability to store information is also an important part of the learning process. Retention can be affected by a number of factors, but the ability to pull up information and later act on it is vital to observational learning.

Reproduction: Once one had paid attention to the model and retained information, it is then time to actually perform the behaviour one observed and further practice of the learned behaviour for improvement and skill advancement.

Motivation: Finally, in order for observational learning to be successful, one has to be motivated to imitate the behaviour that has been modelled. Source: Papalia, Olds & Feldman, (2007).

Reinforcement and punishment play an important role in motivation. While experiencing the motivators, learning can highly be effective, so also observing others' experiences can form some type of reinforcement. For instance, if one sees another student rewarded with extra credit for being to class on time, one might start to show up in class in good time each day. Apart from influencing other psychologists, Bandura's social learning theory has had important implication in the field of education. Today both teachers and students recognized the importance of modelling appropriate behaviours. Other classroom strategies such as encouraging students and building self-efficacy are rooted in social learning theory.

2.5.4 Psychodynamic theory

In deliberate contrast to behavioural psychology, psychodynamic psychology ignores the trappings of science and instead focuses on trying to get 'inside the head' of individuals in order to make sense of their relationships, experiences and how they see the world. The psychodynamic approach includes all theories in psychology that see human functioning based upon the interaction of the drives and forces within the person, particularly unconscious, and between the different structures of personality. Freud's psychoanalysis was the original psychodynamic theory, but the

psychodynamic approach as a whole includes all theories that were based on his ideas. The words psychodynamic and psychoanalytic are often confused. Freud's theories are psychoanalytic, whereas the term 'psychodynamic' refers to both his theories and those of his followers. Sigmund Freud (writing between 1890s and the 1930s) developed a collection of theories which have formed the basis of the psychodynamic approach to psychology. His theories were clinically derived, that is, based s on what his patients told him during therapy. The psychodynamic therapist would usually be treating the patient for depression and anxiety related disorders.Psychodynamic Approach Basic Assumptions:

1. The major causes of behaviour have their origin in the unconscious.
2. Our behaviour and feelings as adults (including psychological problems) are rooted in our childhood.
3. All behaviours has a cause (usually unconscious), even slip of tongue. Therefore all behaviour is determined.
4. Personality is made of three parts (that is, tripartite): id, ego and super – ego.
5. Behaviour is motivated by two instinctual drives: Eros (the sex drive & life instinct) and Thanatos (the aggressive drive and death instinct). Both these drives comes from the "id".
6. Parts of the unconscious mind (the id and the super-ego) are in constant conflict with the conscious part of the mind (the ego). This conflict creates anxiety, which could be dealt with by the ego's use of defence mechanisms.
7. Personality is shaped as the drives are modified by different conflicts at different times in childhood (during psychosexual development). Source: Omord, 2008

This theory emphasizes the unconscious conflicts associated with grief and loss. Freud says the potential for sullenness is created early in childhood. He theorized that

during the oral period the child's needs may be insufficiently or over sufficiently gratified. The person therefore remains "stuck" in this stage and dependent on the instinctual gratifications particular to it. Then with this arrest in psycho-sexual maturation, this fixation at the oral stage, he or she may develop a tendency to be excessively dependent on other people for the maintenance of self- esteem. The psychodynamic theory was first suggested by Sigmund Freud. It is based on the assumption that the primary sources of abnormal behaviour are unresolved past conflicts and the possibilities that unconscious impulses will enter consciousness. It is the "I do not know what pushed me to do it" syndrome. It is the psychoanalytic approach to behaviour therapy which assumes that in order to guard against the anxiety provoking urge that radiate from the sub-consciousness, the individual employed mechanism which are psychological strategies to shield themselves from these unconscious impulses which emanate from the sub-conscious. While the subconscious radiate forceful impulses, the individual attempts to repress these but it can never be completely pushed back or buried. So some of the anxiety impulses associated with this situation produces unacceptable and abnormal behaviour in the form of what Freud called neurotic symptoms. This theory tends to explore how the psyche system develop and operate in an individual for shaping his personality and determining his behaviour. Freud believed in the role of instinct in driving human behaviour. He postulated two main instincts namely the life instinct and the dead instinct as the source of all the psyche energy available in man. Once life instinct is engaged in the service of one's life and its main aims are survival and the propagation of the species manifested through sex and love. Freud gave the name 'libido' to the driving force of the life instinct and made it synonymous with the sex urge and sexuality of human beings. Libido believes in the

pleasure principle. Since all physical pleasure, aroused from any of the organs in the body and through any functions, as advocated by Freud, it is ultimately sexual in nature, the sex urge or sex motive may be regarded as the dynamic force and centre of all human behaviour at all ages. The concept of the other instinct, called the dead instinct, relates to the impulse for destruction. It is manifested through acts of aggression, cruelty and even of suicide. Freud held that when one's life instinct is not allow to function or to govern one's behaviour, the death instinct comes into the picture for operating behaviour. In classic psychodynamic theory, sullenness (depressive mood) is viewed in terms of inward-directed anger, people who hold strong ambivalent (mixed emotional feelings) towards others they have lost may direct unresolved anger toward the inward representations of these other people they have incorporated or interjected within themselves. Freud believed that mourning or normal bereavement is a healthy process by which one eventually comes to separate himself/herself psychologically from a person who is lost through death, separation, divorce or other reasons. The psychological mourning, however does not promote healthy separation, rather, it fosters lingering depressed mood or sullen mood. Psychological mourning is likely to occur in people who hold powerful ambivalent (mixed emotional) feelings- a combination of positive (love) and negative (anger and hostility) feelings – towards the person who has departed. Freud theorized that when people lose or even fear losing an important figure about which they feel ambivalent, their feelings of anger turn to rage, yet rage triggers guilt, which in turn prevents the person from venting anger directly at the lost person (called an "object") thereby leaving the victim sullen.

To preserve a psychological connection to the lost object, people interject, or bring inward, a mental representation of the object. Thus incorporate the object into the self

thereby making anger to be turned inward, against the part of the self that represents the inward representation of the object. This produces self-hatred, which invariably triggers sullenness. This made sullen people have difficulty in thinking about anything other than themselves and the loss they experienced which tend to occupied their minds and keep them sullen. In consideration of a person who must cope with the termination of a failed romantic relationship, the sullen-prone individual gets wrapped up in thinking about the relationship and hopes of restoring it, rather than recognizing the futility of the effort and getting on with life the sullen -prone individual feels stripped of hope and optimism because these positive feelings had depended on the lost object. The loss of self-esteem and feelings of insecurity, not of the relationship per se, precipitates sullenness. Similarly, loss of a specific object or accomplishment may trigger self-focusing and consequent sullenness. Only fostering alternate sources of identity and self-worth can the cycle of sullenness be broken.

2.5.5 Humanistic Theory

Humanistic psychology gets its name from the belief in the basic goodness and respect of humankind. Its root are based in existential psychology or the understanding and acceptance of one's own existence and responsibility. Two American psychologists, Abraham Maslow and Carl Rogers paved the way for this new approach to understanding personality and improving the overall satisfaction of individuals. The basic ideas behind humanistic psychology are simple.

Humanists hold the following beliefs:

1. The present is the most important aspect of the person and therefore humanist focus on the here and now rather trying to predict the future.

2. Humanistic theory is reality based and to be psychologically healthy, people must take responsibility for themselves whether the person's action are positive or negative.

3. The individual merely being human possess an inherent worth. Actions may not be positive but this does not negate the value of the person.

4. The goal of life should always be to achieve personal growth and understanding onlythrough self –improvement and self- knowledge can one truly be happy. Source: Mcleod, 2015.

Humanist theory gives more value to human being by not considering him merely as a sophisticated machine or a victim of conflict between the **ego** and the **id**. It considers him as a purposeful being, capable of adapting himself/herself to his environment and choosing his own course of action in order to achieve the goals which he has selected for himself. These goals may be as simple as the satisfaction of a common physical need or as the attainment of self- realization adding personal meaning to his existence. The theory stresses the present rather than the past, the conscious rather than the unconscious experiences. It stresses the importance of the influence of the social and physical environment on the individual, rather than the importance of the influence of the person's view of himself. The theory encourages individuals to express their emotions and not just try to control it. It is also a mode of therapy in which the underlying assumption is that people should have control over their behaviour; can make choices about their lives; can and are essentially responsible for solving their own problems. From the humanistic point of view, people become sullen when they cannot imbue their existence with meaning and make authentic choices that lead to self-fulfilment. The theory further asserted that the world is a drab (dull) place where people search for meaning that gives colour and substance to their lives. Guilt and sullenness may arise when people believe they have not lived up to their potential which may give rise to dysphoric

mood. Humanistic psychologists challenge individuals to take a long hard look at their lives whether they are worthwhile and enriching or they are drab and routine? If it is the latter, then perhaps, we have frustrated our needs for self-actualization and may be settling and coasting through life with a sense of dreariness that becomes expressed in dysphoric mood, lethargy and withdrawal. Like psychodynamic theorists, humanistic theorists focus on the loss of self-esteem that can arise when people lose friends or family members or suffer setbacks. Individuals tend to connect their personal identity and sense of self-worth with their social roles as parents, spouses, students, or workers.

When these role identities are lost, through the death of a spouse, the departure of children to college, or loss of a job, our sense of purpose and self-worth can be shattered, sullen depression is a frequent consequence of such losses. When individuals base their sense of self-esteem on the social roles or successes at the loss of such roles individuals are prone to sullenness especially for individuals who value themselves on the basis of such social roles or successes.

2.5.6 Cognitive Theory – Aaron Becks

This theory tends to focus on the self-defeating thoughts processes of dysphoric mood of individuals. Cognitive processes play a decisive role in emotional behaviour; Becks (1967) said that depressed individual feel as they do because they commit characteristics logical errors. He found that his depressed patients tended to distort whatever happened to them in the direction of self-blame. For a sullen person the malfunctioning of an automobile would be interpreted as another example of the utter hopelessness of life. Sullen persons draw illogical conclusion and evaluations of themselves. Cognitive theories relate the origin and maintenance of sullen mood to the ways in which people see themselves and the world around them. One of the most influential cognitive theorists and psychiatrists Aaron Beck (1976) relates the development of sullen mood to

the adoption early in life of a negatively biased or distorted way of thinking the cognitive triad of depression.

The cognitive triad includes negative beliefs about oneself ("I' m no good"), the environment or the world at large ("This school is awful"), and the future ("Nothing will ever turn right for me"). Cognitive theory holds that people who adopt this negative way of thinking are at greater risk of becoming sulky in the face of stressful or disappointing sulky in the face of stressful or disappointing life experiences such as scoring a poor grade or losing job.

Table: 2.7Cognitive Triad of Depression

Negative View of Oneself	Perceiving one as; worthless, deficient, inadequate, unlovable, and as lacking the skills necessary to achieve happiness.
Negative View of the Environment	Perceiving the environment as imposing excessive demands and/or presenting obstacle that are impossible to overcome, leading continually to failure and loss.
Negative View of the Future	Perceiving the future as hopeless and believing that one is powerless to change things for the better. One expects the future of only continual failure, unrelenting misery and hardship.

Source: Davis 2006

Children may find that nothing they do is good enough to please their parents or teachers. As a result, they come to regard themselves as basically incompetent and to perceive their future prospects as dim. These beliefs may sensitize them later in life to interpret any failure or disappointment as a reflection of something basically wrong or inadequate about themselves. Even a minor disappointment becomes a crushing blow or a total defeat that can quickly lead to states of sulking and dysphoric mood. The tendency to magnify the importance of minor failures is an

example of an error in thinking that Beck labels as cognitive distortion. He believes cognitive distortions set the stage for depression in the face of personal losses or negative life events.

2.5.7 Learned helplessness – Martin Seligman

The learned helplessness model proposes that people may become sullen and depressed because they learn to view themselves as helpless to change their lives for better (Seligman, 1975). The originator of the learned helplessness concept, Seligman (1975), suggested that people learn to perceive themselves as helpless because of their experiences. The learned helplessness model therefore straddles on the behavioural and the cognitive assertion that situational factors foster attitudes that lead to Sullenness. Seligman based the learned helplessness model on early laboratory studies of animals. In these studies, dogs exposed to an inescapable electric shock showed the "learned helplessness effect" by failing to learn to escape when escape became possible. Exposure to uncontrollable forces apparently taught the animals they were helpless to change their situation. Animals that developed learned helplessness showed behaviours that were similar to those of people with Sullenness, including lethargy, lack of motivation, and difficulty acquiring new skills (Maier & Seligman, 1976).

Seligman(1991) proposed that some forms of Sullenness in humans might result from exposure to apparently uncontrollable situations. Such experiences can instil the expectation that future reinforcements will also be beyond the individual's control. A cruel vicious cycle may come into play in many cases of Sullenness. A few failures may produce feelings of helplessness and expectations of further failure. Perhaps you know people who have failed certain subjects, such as

mathematics. They may come to believe themselves incapable of succeeding in mathematics. They may thus decide that studying to pass mathematics is a waste of time. They then perform poorly, completing the self-fulfilling prophecy, which further intensifies feelings of helplessness, leading to lowered expectations, and so on, in a vicious cycle. Although it stimulated much interest, Seligman's model failed to account for the low self-esteem typical of people who are sullen and depressed; nor did it explain why sullenness and depression persists in some people but not in others. Abramson, Seligman, & Teasdale (1978) offered a reformulation of the theory to meet such shortcomings. The revised theory held that perception of lack of control over reinforcement alone did not explain the persistence and severity of sullen depression. It was also necessary to consider cognitive factors, especially the ways in which people explain their failures and disappointments to themselves.

Seligman recast helplessness theory in terms of the social psychological concept of *attributional* style. An attributional style is a personal style of explaining situations. When disappointments or failures occur, we may explain them in various characteristic ways. We may blame ourselves (an internal attribution), or we may blame the circumstances we face (an external attribution). We may see bad experiences as typical events (a stable attribution) or as isolated events (an unstable attribution). We may see them as evidence of broader problems (a global attribution) or as evidence of precise and limited shortcomings (a specific attribution). The reformulated helplessness theory holds that people who explain the causes of negative events (such as failure in school, work or romantic relationships) according to the following three types of attribution are most vulnerable to sullenness and depression.

Internal factors, or beliefs that failure reflects their personal inadequacies, rather than external factors, or beliefs that failures are caused by environmental factors

Global factors, or beliefs that failure reflects sweeping flaws in personality rather than specific factors, or beliefs that failures reflects limited areas of functioning.

Stable factors, or beliefs that failures reflect fixed personality factors rather than unstable factors, or beliefs that factors leading to failures are unchangeable. Source: Mcleod, 2012.The revised theory holds that each attributional dimension makes a specific contribution to feelings of helplessness. Internal attributions for negative events are linked to lower self-esteem Stable attributions help explain the persistence-or, in medical terms, the chronicity-of helplessness cognitions. Global attributions are associated with the generality or pervasiveness of feelings of helplessness following negative events. Attributional style should be distinguished from negative thinking.Whether you think negatively (pessimistically) or positively (optimistically), you may still hold yourself to blame for your perceived failures. Sullen people are more likely than non-sullen people to have a negative attributional style (attributing negative life events to internal, stable and global factors) (Riso, 2003; Seligman et al., 1998). Further support for the model comes from findings that negative attributional styles and dysfunctional attitudes predict higher lifetime rates of major sullen mood and depression (Alloy, et al, 2000). However, attributional style may have a stronger relationship to sullen mood and depression in people who tend to think and dwell more on the causes of events (Riso, 2003).

2.5.8 Behaviour modification Theory - Miltenberger

Behaviour modification is a field of psychology that analyses and modifies human behaviour (Miltenberger, 2008). It is the consistent application of positive consequences to reinforce the occurrence of a desirable behaviour and or to reduce the occurrence of an undesirable behaviour. As stated by Miltenberger (2008), analysing behaviour means to determine the relationship between the environment and that behaviour to better understand why a person behaved the way

he or she did. Four major figures in psychology were influential in the development of the scientific principles on which behaviour modification as a theory of psychology that has been around since the early 1900s is based. The first major contribution of behaviour modification was Edward Thorndike's development of the law of effect in 1911, which states that behaviours that generate a positive effect on the environment are more likely to occur in the future (Miltenberger, 2008).

An example of the law of effect pertaining to education is students receiving credit for doing their homework. This theory implies that students who consistently earn credit for completing their homework are more likely to continue this behaviour. In 1913, John Watson started a movement called behaviourism. Watson believed that observable behaviours were an appropriate subject matter of psychology and that all behaviours were controlled by outside events (Miltenberger, 2008). Behaviourism can be witnessed in schools when students who live in abusive and/or unstructured environments misbehave because they have not been exposed to or taught socially acceptable behaviours by their parents. These students' undesirable behaviours are often as a result of negative, unhealthy events that take place in their homes.In the mid 1920's, Ivan Pavlov's experiments discovered the basic process of respondent conditioning.

Respondent conditioning, also known as classical conditioning, pairs a stimulus and response that occurs naturally with another stimulus to elicit a response that does not occur naturally. Skinner is considered to be one of the most influential figures in the development of behaviour modification. During the 1930's, Skinner expanded the field of behaviourism first developed by Watson by laying out the principles of operant conditions which claims that the consequence of a behaviour controls the future occurrence of that behaviour. Skinner's work has influenced the field of education, as well as the field of psychology. He believed that positive

reinforcement was more effective than punishment when trying to change and establish behaviours. Through his work, Skinner identified five main obstacles to learning. These obstacles are fear of failure; the task is too long and complicated; the task lacks directions; the task lacks clarity; and there is little or no positive reinforcement. Skinner also recognized that people can be taught age-appropriate skills using the following techniques. These techniques are to give the learner immediate feedback such as: breaking the tasks down into small steps; repeating the directions as many times as possible; working from the most simple to the most complex tasks; and giving positive reinforcement.

Behaviour modification is used in many areas to assist in changing people's problematic behaviours. These behaviours are considered to be socially unacceptable and inappropriate for one's age and/or ability. Additionally, these behaviours are often disruptive to one's life. A wealth of research in behaviour modification demonstrates that these behaviours often can be controlled or eliminated with appropriate behavioural interventions. One field that consistently uses behaviour modification is education, especially in the areas of classroom management and teaching students with special needs. The field of development disabilities has received more behaviour modification research than any other area. Individuals with disabilities often have behavioural deficits that can be overcome with the use of behaviour modification strategies. Behaviour modification continues to play a major role in education. It is used to create effective teaching methods and to control problematic behaviours such as deviant and conduct behaviours. It is also used to improve inappropriate social behaviours including temper tantrums (a displaying of bad temper) and disruptive behaviours. Furthermore, behaviour modification is used to improve functional skills deficits pertaining to personal hygiene and self-management. Meyer and Farrell (1998), over the years asserted that researchers have developed the social skills and social problem

solving paradigms in different ways to produce an integrated curriculum or program. They described their acronym 'RIPP' (Respond InPeaceful and Positive') ways or you can (Rest In Peace Permanently) program that aimed to prevent the violence in high-risk urban environments. The acronym 'SCIDDLE' was used to indicate the problem solving process of ('Stop, Calm Down, Identify the problem and your feelings about it, Decide among your options, Do it, Look back, and evaluate'). The acronym 'RAID' was used to describe four prosocial behavioural alternatives to violence of ('Resolve, Avoid, Ignore, and Diffuse'). Results of the study indicated that RIPP participants received fewer disciplinary violations for violent offenses and in school suspensions, and that the reduction in suspensions is maintained at 12-month follow-up for boys but not girls. Participants in the experimental condition reported more frequent use of peer mediation and reduction in fight-related injuries following treatment.Other recent investigations have attempted to explicitly tailor the SST programme to the developmental level of the child, For example, Bullis (2001), have developed four SST-based programs specific to the developmental levels of elementary children (The First Step to Success Project), middle-school children (The Effective Behavioural Support Program and the Second Step to Violence Prevention Curriculum) and high school children (the Connections Program). The elementary school program comprises a universal screening procedure to identify at-risk children set up and support lower order social skills. The program for high school students was designed to enhance job-related social skills. Results thus far have indicated some positive outcomes in social competence (Bullis, 2001).Over the years a variety of social skills programmes have been developed to help teachers with difficult task of teaching children and adolescents prosocial, interpersonal behaviours. These programmes are driven by a number of underlying theoretical orientations that generally fall into four categories: affective, behavioural, cognitive and multidimensional (Spence, 2003). There is a plethora of

theoretical and empirical literature on teaching social skills to students suggesting that social skills instruction involves the purposeful and structured presentation of materials and direct instruction of the target skills. A close examination on empirical studies on social skills indicate that direct teaching of social skills helps develop positive socially accepted patterns of behaviour and contribute to the development of positive relationships and assist in avoiding negative social competencies (Milburn,1995).

Spiegler and Guevremont (2003), stated the fundamental assumption of behaviour therapy as 'we are what we do'. They say, 'each of us is defined by our behaviours'. This statement points to their anthropology or view of the person. People are defined by their actions, by what they do or say, as opposed to what they think or what they feel. They divide behaviours into broad categories, namely, overt, and covert. Overt behaviour is behaviour that one can directly observe. For example, speaking; covert behaviour that one cannot directly observe but may be able to infer from overt behaviour. Early Watsonian behaviourism focussed only on overt behaviours but,, as often happens in human history, that initial stricture has been relaxed and behaviour therapy is not averse to considering covert behaviours particularly, when these can be correlated with overt behaviours. For example, if we see a person smiling and laughing (overt behaviours) we are likely to conclude that the person is feeling happy (covert behaviour).Behaviour therapy includes the covert behaviours of cognition, feelings/emotions, and physiological responses. Hence, four modes of behaviour can be said to be assessed and treated in behaviour therapy: overt behaviours, and the covert behaviours: cognition, emotions, & physiological responses. Behavioural theorists believe that personality is shaped by learning and unlearning throughout the lifespan. They also believe that the environment in which a child is brought up influences the personality of the individual. An example of how personality is developed through the eye of a behaviourist is that of self-

efficacy. Self- efficacy refers to the way one believes in his own ability. High self- efficacy is often the result of responsive behaviour by parents, non-punitive techniques, and a warm family environment (Weiten, 2007).

2.6An Overview of Empirical Studies.

Most of the empirical studies available for review were predominantly carried out in foreign countries with the exception of few in Nigeria. Huq and Afroz (2005) examined the effect of depressed mood (sullen mood) among 160 male and female adolescent students in Bangladesh. A 2x2 factorial design representing two levels of adolescence (early/late) and a 2x2 ANOVA representing two levels of gender (boy/girl) was used. Two predictions were made. The first prediction was that adolescent girls would express more depressive symptoms in late adolescents than early adolescents. The findings of the study provide confirmation to both the predictions. The main effects for adolescence and gender as well as a two-way interaction between adolescence and gender are statistically significant. The main effect as gender are statistically significant.

Ajidahun (2012), examined depression and suicidal attitude among adolescents in some selected secondary schools in Lagos State, Nigeria. A total number of 97 students were randomly selected from four secondary schools. The subjects were exposed to "Psychological State of the Adolescents Questionnaire". The questionnaire consists of 25 items. Three hypotheses were raised. The data were analysed using t-Test statistics. Results showed that adolescents' thought line was significantly related to the depressive suicidal attitude with t - cal of 2.696 at 0.05 level of significance. The adolescents' thought line that is, their cognition which shows their belief, difficulty in making decision, negative view of themselves, and the world aroundthem was significantly related to the depressive suicidal attitude. This showed that their cognition changes when they are depressed, while personal feelings and peer

acceptance were not significantly related to the depressive suicidal attitude with t-cal of 0.954 and 0.952 respectively at 0.05 level of significance.

Alizadeh, Talib, Abdullah and Mansor (2011) in their work of parenting style in Iran with a population of 681 mothers of children in primary schools, opined that in the family, parenting style directly impacts children's behaviour and symptoms of behaviour. They postulated that there is ample evidence to support the correlation between parenting style and children's behavioural problems. However, parenting style and children's behavioural problems have received little attention and research interest in Iran. They therefore, asserted that the current research is deemed necessary and timely. Thus, the major purpose of the study was to investigate the relationship between parenting style and children's behavioural problems. Parenting styles (Authoritative, Permissive, and Authoritarian) were assessed by Parent Authority Questioner (PAQ) and children's behavioural problems (internalizing and externalizing symptoms) were assessed with the Children's Behaviour Checklist (CBCL). Respondents comprised 681 mothers of children in primary school (347girls and 334 boys) who were identified through their children selected by cluster sampling in the Iranian capital of Tehran. The results of the present study indicate that there is a significant correlation between ((Authoritative, Permissive and Authoritarian) parenting style and children's behaviour problem. This parenting style could pose as a risk factor for children sullen behaviour at home.

Busari (2012), investigated the relationship between age, depression and academic performance among adolescents in Federal College of Education (Special) Oyo, Nigeria. The study was carried out among 1200 students (600 male and 600 female) in the age range 15-19 years. The instrument used for data collection was the Beck Depression Inventory (21 item BDI). The analysis

of data used correlation coefficient and t-test. The results showed that 26.5% of the boys and 30.7% of the girls were depressed and that depression and academic performance were significantly correlated, $r = -0.24$, $p \leq 0.000$. Also, based on results of the present study, age and academic performance were significantly correlated ($r = 0.25$, $p \leq 0.000$). In addition there was significant difference of academic performance between male and female, ($t(1) = -5.51$, $p = 0.000$). It is recommended that along with academic performance, mental health be developed in school settings using support strategies such as educational guidance and counselling, teaching life skill programs and psychotherapy.

Adeyemi, Durosaro and Esere (2010), investigated the efficacy of positive reinforcement and self-control techniques in remedying truancy among school-going adolescents in Ilorin, Kwara State, Nigeria. The design was a pre-test, post-test control group quasi-experimental design. The sample consists of 30 truants aged 14 to 16 years. Different types of researcher-developed instruments were used as pre-test, post-test, and follow-up periods for identifying the truants and testing the effectiveness of treatment conditions. Data collected were analysed with ANCOVA and Scheffe' test, when treatment groups were compared with the control group, those in treatment group reported less truancy behaviour traits than their counter parts in the control group. Lack of behavioural effect on control group could be linked to differential quality of delivery of intervention. Based on this finding, it was recommended that group counselling be made a regular feature in the execution of teaching and learning processes in secondary schools curricula in Nigeria.

Ahmed (as cited in Bello, 2013) investigated the effects of group counselling on the level of absenteeism among secondary school students in Daura Zonal Inspectorate of education of Katsina State, Nigeria. Forty (40) samples participated in this study using pre –test/ post-test

design. Findings revealed that positive reinforcement is effective in reducing absenteeism among secondary school students; also the technique is not gender sensitive.

In a study conducted by Pettit (2013), in the city of Missouri United states of America with a population of a seven old boy to test the impact of Positive Reinforcement on non- compliant behaviour. The subject was a seven year old boy on Autism spectrum in a self-contained classroom setting. Frequency data was taken for one month, when the behaviour was ignored, and the following month when the positive Reinforcement was implementeda test was generated and showed a significant difference in the student's behaviour between the first and the second month. This concludes that Positive reinforcement did minimized this student's non-complaisance behaviour. It is recommended that further studies are conducted in other grade and age level, as well as in a whole group.

According to Beaman&Wheldall (2000), positive reinforcement have been accepted as an effective means of controlling student's behaviour and have been supported by empirical research to be effective.

Nnodum (2014), investigated the efficacy of Positive Reinforcement (PR) and Self- control (SC) in the management of aggression among Pupils. The treatment is a quasi-experimental type thay adopted pre-test,post-test treatment control group using a 3x2 factorial matrix, with treatment conditions on the row and gender in the column. There were three experimental groups comprising of two treatment groups and a no treatment control group. The participants comprised of 30 pupils who were randomly selected from a purposively chosen school in Owerri North Local government Area of Imo State, Nigeria and randomly assigned to the experimental conditions. Different types of researchers'developed and validated test instruments were used at pre-test, post-test and follow – up periods for identifying aggressors and testing the effectiveness of the treatments. Two null

hypotheses tested at 0.05 level of significance guided the study. Data collected were analysed with ANCOVA and Scheffe test. The results revealed among others that positive reinforcement and Self-control were effective and superior to the control condition in reducing aggression. It also showed that positive reinforcement was more effective than Self-Control both at post-test and follow – up periods in reducing aggression.

Spence (2003), in her work on Children and young people in Queensland, Bribane, Austrillia, postulated that deficits in social skills and social competence play a significant role in the development and maintenance of many emotional and behavioural disorders of childhood and adolescence. Social skills training (SST) aims to increase the ability to perform key social behaviours that are important in achieving success in social situations. Behavioural SST methods include instructions, modelling, behaviour rehearsal, feedback and reinforcement, frequently used in association with interpersonal problem solving and social perception skills training. Effective change in social behaviour also requires interventions that reduce inhibiting and competing behaviours, such as cognitive restructuring, self- and emotional-regulation methods and contingency management. Research suggests that SST alone is unlikely to produce significant and lasting change in psychopathology or global indicators of social competence. Rather, SST has become a widely accepted component of multi-method approaches to the treatment of many emotional, behavioural and developmental disorders.

In the works of Miller,Vernon,Wu, & Russo (2005), Social skills intervention was assessed for seven students, five males and two females, who were placed in a self-contained classroom due to their expression of severe behaviour issues, these students were within the ages of six and nine, this intervention employed the use of direct instruction of social skills for 30 minutes, three to four days a week, for six weeks in the special education classroom, the sessions allowed specific skill

deficit or skills rarely, if ever, used by the students as reported by their teacher, Miller et al (2005) found that the inappropriate classroom behaviour of all but two of the students decreased after the social skills training intervention and appropriate participation in academics actually increased. This study support the use of social skills training intervention. This study demonstrated the effectiveness of social skills training as a proven behaviour management strategy.

Another studyby Ayodele (2011), sought to establish the effects of Enhanced Thinking Skills (ETS) and Social Skill Training (SST) in fostering interpersonal behaviour among Nigerian adolescents. A pre-test and post-test experimental control group design with a 3x2 factorial matrix was employed for the study. Gender which was used as a moderator variable was considered at 2 levels along with two (2) experimental and one (1) control group. The study participants were one hundred and twenty (120) Senior Secondary 2 and 3 students randomly selected from 3 chosen secondary schools in Sagamu LGA of Ogun State, Nigeria. One standardized instrument was used in collecting data while analysis of covariance and t-test statistical methods were used to analyse the generated data. Both the treatment programmes 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, it was 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.

In a study byShakari, Afsanehsadat, &Eskandari (2015), they sought to determine the effects of Social Skills training on Self-Assertiveness and Academic Self-Efficacy of Dyslexic Students in Iran. Thirty (30) students participated in the study. The experimental design was used in which 2 groups were compared on pre-test, post-test measures by using Assertive Inventory and

Academic Self-Efficacy Inventory. The experimental group was given 12 weeks training. The collected data were analysed using ANCOVA analysis. The results revealed that there were significant difference between the two groups based on Assertiveness scores (P-value < 0/001). However, there was significant difference found on Academic Self-efficacy scores between the two groups. Social Skills can significantly increase these aspects of Self-Assertiveness in students with Dyslexics. The outcome of this study demonstrate the ubiquitous nature of Social Skills Training to manage diverse emotional and anti- social behaviour problems.

Babakhani (2011), investigated the effect of Social Skills Training on decreasing aggression (physical and verbal) and increasing self – esteem male adolescents under support Orphanage centres in Tehran city in Iran. The experimental design using pre – test, post –test with Control group is applied. Participants were 30 adolescents selected randomly from centres and examined with aggression questionnaire (AGQ) and self – esteem Inventory of Cropper Smith pre –test. The adolescents were purposefully matched in the experimental and control groups. During treatment experimental group received social Skills training instructions of 12 sessions of 60 minutes in one month. Then both experimental and control groups were measured with post-tests. The results of Covariate and repeated measures , analysis showed that social Skills training had led to decreasing physical aggression with F-value of 4.089 at P-value >0.05. But SST had led to significant decrease in the amount of verbal aggression by the adolescents with (F =14.428, P< 0.001). SST did no lead to increasing self –esteem among male adolescents (F=3.296, P >0.05)

Success of social skills training interventions is related to the generalizability and maintenance of the skills the students are acquiring during the lessons. There is some evidence to suggest that both generalizability and maintenance can be improved if the students learn the skills in the environment in which they will use them and this means the instruction may lie with their

teacher. However, it seems that teachers need more training and information about social skills interventions to see an increase in the effective use of these interventions. Teachers confidence in teaching social skills to their students, as well as their perceptions of the usefulness of these interventions need to be addressed and improved to see success in social skills training for students with EBD. Specific training for social skills interventions, as well as ongoing support throughout implementation are also critical if teachers are to be consistently and accurately providing these interventions to students with Emotional Behavioural Disorder.

2.7 Summary and Uniqueness of the Study

The review of the related literature in line with this study stressed the important areas that are relevant to this study on the subject of Sullenness. This review helps to reveal the contributions of early works on the variables under consideration, that is, Sullenness, positive reinforcement and social skills training techniques. In the cause of the review the concepts of Sullenness, positive reinforcement and social skills training were highly elaborated. Sullenness was seen as a state of mood disturbance in which the victims have feelings of low – esteem, persistent sadness and unsociable disposition.Positive reinforcement was also considered as a form of reward system whereby an individual is rewarded (tangibly/or non – tangibly) like verbal praise, clap of hands and material rewards so as to strengthen and increase the frequency of the target behaviour. On the other hand Social skills training is the art of helping students that have difficulties relating with other people to behave intelligently and appropriately. Risk factors and types of Sullenness were highly elaborated. Equally elaborated in the cause of the review were types of reinforcements, reinforcement schedules and social competencies.

The review further focused on the theoretical framework where theories of Ivan Pavlov. B.F Skinner, Albert Badura and Sigmund Freud were discussed. Ivan Pavlov theorised the concept

of classical conditioning: classical conditioning is a type of learning based on association of a stimulus that does not ordinarily elicit a particular response with another stimulus that does elicit the response. B. F. Skinner, theorised and perfected his works on operant conditioning. Operant or Instrumental conditioning is a form of learning in which the consequences of behaviour leads to changes in the probability that the behaviour will occur. Edward Thorndike was the pioneer in studying this kind of learning with his famous formulation of Law of Effects.

The Law of Effects states that: "Behaviour that brings about a satisfying effect (reinforcement) is apt to be performed again, whereas behaviour that brings about negative effect (punishment) is apt to be suppressed". In the review, types and schedules of reinforcements were fully discussed. Social learning theory was also considered, this extends behaviourism. Both behaviourism and Social learning theory agree that experience is an important cause of learning. They also include the concept of reinforcement and punishment in their explanation of behaviour. They agree that feedback is important in promoting learning.

Empirical studies on Sullenness conducted within and outside Nigeria were reviewed, most studies conducted focused on one item of the two independent variables of positive reinforcement and social skills training counselling techniques at a time. None of the studies reviewed made use of the two independent variables (positive reinforcement and social skills training counselling techniques on a particularstudy. This therefore, narrowed down the scope of the studies reviewed. None of the studies reviewed made use of Mood and Feelings Questionnaire as an instrument of collecting and scoring data. Worthy of note is the gap created by empirical studies reviewed, specific attention was not given to finding relative significant effectiveness of positive reinforcement and social skills training counselling techniques. It is these gaps that existed in the previous studies that the present study sought to fill.

CHAPTER THREE

METHODOLOGY

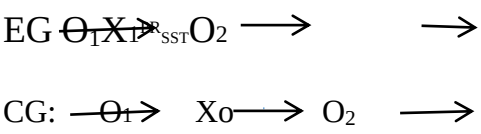
3.1 Introduction

This chapter discussed the research designs, the population, sample and sampling techniques. The description of the research instrument, the validity and reliability of the instrument and how it would be administered and scored was discussed. Procedure for data collection and data analysis were also explained.

3.2 Research Design

Theresearch design adopted for this study was quasi – experimental research design that takes the form of pre-test, post-test control group. This design involved a pre-test of the subjects before the introduction of treatment followed by a post-test of the subjects after the treatment. This design are widely used in behavioural research, primarily for the purpose of comparing groups and/or measuring change resulting from the experimental treatments (Gay, 2009). Two experimental (treatment) groups were measured orobserved not only after being exposed to treatment of some sort, but also before. Both the experimental and the control groups were pre – tested. The experimental group received treatment for a period of six weeks with a session of 35 minutes per week by the researcher, while the control group received no treatment only lectures but was also tested at the end of the six week duration.

Fig. 3.1 A graphical representation of quasi- experimental design



KEY

EG –Experimental Group

CG - Control Group

X_1 – Treatment

PR – Positive Reinforcement

SST – Social Skills Training

X_0 - Lecture Only

O_1 – Pre-test

O_2 – Post-test

3.3 Population of the Study

The population of this study consisted of all the senior secondary school class two (SSII) students in public secondary schools in Kaduna Metropolis with total number of 6,133 during the 2015/16academic session (Kaduna state school census report, 2016). Kaduna Metropolis consisted of Kaduna North and Kaduna South. A target population of 150 eligible students (that is, students who scored 22 and above on the Mood and Feelings Checklist) from three public seniorsecondary schools constituted the population for the study. Mood and Feelings Checklist is a 14 – item instrument with a maximum score of 42. The basis of inclusion or eligibility into the population of the study was that a student obtained a score of 22 and above. Senior secondary school students were chosen for the purpose of this study for two main reasons. Firstly, they were within the age

range of adolescent group whose image is seen as a time of storm, stress, intense moodiness and preoccupation with self (Chauhan, 2005). These symptoms were seen as part of prevalent characteristics nature in the growing process of the adolescents. Secondly, they could understand spoken and written English and could express themselves freely for effective communication and interactions during the treatment sessions. The populationof the study consisted of male and female students.

3.4 Sample and Sampling Technique

Out of one hundred and fifty (150) eligible students (Population) the researcher used a sample size of (30) senior secondary (SSII) studentsfor the study. Each of the three schools (groups) had 10 subjects (5males and 5females). The determination of 10 subjects per group was guided by the suggestion made by Alao as cited in Bello (2013) that preventive and remedial interventions is highly successful with smaller groups. Also Gay (2009) opined that a minimum of thirty subjects is adequate for experimental research. The Subjects were drawn from three public senior secondary schools. The schools were purposively selected for the research on the basis of population, gender (co- education) and geographical location.In purposive sampling, researchers handpicked the cases to be included in the sample on the basis of the particular characteristics being sought. In this way, the researcher builds a sample that is satisfactory to his/her specific needs (Cohen, 2007). Random sampling technique by balloting was used to assign subjects to groups putting into consideration gender as well. This was done by the researcher requesting the subjects to form two lines, one line for males and the other for females with each line having a bowl containing ballot papers each containing only 5 INs and many OUTs.After serious shuffling of the ballot papers, the subjects were made to pick a ballot paper from the bowl assigned to their line and subjects with INs were considered for the study. This was replicated in the three schools.

The researcher limited the number of INs to 5 because the researcher wanted only 5 males and 5 females to participate in each of the groups.

Table 3.1 Distribution of EligibleSubjects and Sample

School	**Eligible Subjects**	**Samples**	**SEX**		**Variables**
			M	**F**	
Fed. Govt. College Kaduna	50	10	5	5	Positive Reinforcement (PR)
Govt. Sec. Sch. Kawo, Kaduna	50	10	5	5	Social Skills Training (SST)
Govt .Tech. Coll. Malali, kaduna	50	10	5	5	Control Group (CG)
Total	**150**	**30**	**15**	**15**	

Table 3.1 shows the distribution of subjects in three public Senior Secondary Schools chosen for the study indicating eligibility, sample and sex. The study has a population of 150 Students with a sample of 30 Subjects chosen for the study.

3.5Control of Extraneous Variables

The term extraneous variable is used to refer to any other factor that might compound the treatment effect on the dependable Variable in the study and most importantly how these variables can be controlled to maximise internal validity. There is always a need for the researcher to identify confounding or intervening variables. Their control becomes necessary so that the researcher can attribute changes observed in the dependent variable as being a function of the independent variable thereby ruling out the possibility of alternative explanations. The present study utilized the following ways to control the extraneous variables:

Subjects' interaction: This refers to the interaction of subjects from different groups. This threat was controlled by selecting the subjects in the treatment and control groups in different schools. In order to control this variable, the thirty (30) subjects selected for the study formed three groups in three different schools respectively. Students who exhibited sullenness symptoms in school 'A' would receive positive reinforcement technique treatment while those in school 'B' would receive social skills training techniques and school 'C' would serve as the control group. The three schools would be selected in different locations in such a way that the subjects would not know each other.

Instrumentation: This refers to the changes in the measuring instrument which may produce changes in the scores that will be obtained to avoid this, the same instrument would be used for both pre-testing and post-testing. In addition, all the items in the instrument were objectively constructed and validated by both the author and the researcher's supervisor.

Testing Twice: This refers to the effects of first testing upon the scores of a second testing. To control this, the test items of the Mood and Feeling Questionnaire (MFQ) is framed in such a way that the subjects of the three sample schools would respond in the same manner.

Selection Bias: To control bias resulting from differential selection of subjects for the control and experimental groups, the researcher based the selection of subjects on the Mood and Feelings Checklist result along with inputs from the form masters and the school counsellors as well as willingness of the subjects to participate in the experiment.

Absenteeism and AbsentMindedness: In order to ensure that subject attended the treatment sessions physically and psychologically, the researcher presented the treatments during the usual school hours in their normal classroom settings and encouraged the subjects to be free and relate positively with each other in order to have a friendly environment.

Language effects on the respondents: Despite the fact that 'MFQ' is originally constructed in English language the researcher may assist in translating to Hausa where necessary in order to facilitate the respondents understanding of the items.

3.6 Instrumentation

The instrument forcollection of the required data for this study was an adopted and modified Mood and Feelings Questionnaire ***(*MFQ**). The questionnaire was developed by Angold and Costello as cited in Turner (2014). The instrument was modified in line with the corrections from the pre-data presentation.

3.6.1 Description of the Instrument

The Mood and Feelings Questionnaire **(MFQ)***is a 33 –item questionnaire based on DSM-III – R criteria for depression. The MFQ consists of a series of descriptive phrases regarding how the subject has been feeling or acting recently. Coding reflect whether the phrase was descriptive of the Subject: All the time; Most of the time; Some of the time and Not at all. The subject was asked to indicate how much each statement applies to his/her recent experiences. **MFQ**is created in the form of self – report for the Subjects to complete. It was based on Sullenness symptoms in the Subjects for at least on the events of the past two (2) weeks and with greater scores indicating presence of Sullenness.

3.6. 2 Scoring of the Instrument

The instrument had four response level namely:

All the Time = 3 points

Most of the Time = 2 points

Some of the Time =1 point

Not at All =0 point.

The total score of each subject on the instrument was obtained by the sum of the sores for all the items multiplied by 3 marks each. So, the maximum score possible was 99 marks (3 mark x 33 items) while the lowest score possible was 0, that is, (0 marks x 33 items)

3.6.3 Validity of the Instrument

Mood and Feelings Questionnaire **(MFQ)** has demonstrated adequate criterion- related validity (Angold& Costello as cited in Turner 2014). The content of the instrument has been validated by the authors who asserted that the instrument demonstrates adequate criterion validity (Turner 2014).

3. 6.4Pilot Testing

The reliability of the instrument was determined using Cronbach alpha reliability coefficient to test the internal consistency of the questionnaire. A sample of 30 students were used for pilot testing of the instrument in Iganbi Local Government Area of Kaduna state which is not part of the area of study. The researcher administered copies of the instrument to 30 sample of students to respond to items on the instrument with the request that respond to the instrumentshould be done diligently and honestly as possible. The samples' reaction to the instrument showed that the items were clearly understood by them. There were no cases of item ambiguity. Time allocation of 15 minutes for responding to the items was adequate.The Cronbach alpha coefficient result of 0.80 was obtained which according to Wells (2003) was considered adequate for internal consistencies of instruments. He further opined that an instrument is considered reliable if it's reliability coefficient lies between 0 and 1, and that the closer the calculated reliability coefficient is to zero, the less reliable is the instrument, and the closer the calculated reliability co-

efficient is to 1, the more reliable is the instrument. This therefore confirmed the instruments used for this study was highly reliable.

3.6.5 Reliability

The Mood and Feelings Questionnaire ***(MFQ***) has been used in investigations with reported estimates of the reliability index of 0.83 and 0.86 after a test – retest at an interval of three weeks, and three months respectively (Turner, 2014). The researcher in order to ensure the reliability index of the instrument conducted a pilot testing of the instrument (MFQ) using Cronbach alpha reliability coefficient to test the internal consistency of the instrument. The researcher obtained coefficient result of 0.80 which was considered adequate for internal consistency of the instrument.

3.7 Procedures for Data Collection

To enhance cooperation and smooth conduct of the research in the selected schools, a letter was collected from the Department of Educational Psychology and Counselling, Ahmadu Bello University, Zaria, introducing the researcher and his research topic to the principal(s) for permission to conduct the research in his/her school and to accord the researcher all the necessary support. The researcher did solicit the assistance of class teachers and the School Counsellors who served as research assistants within the schools. The researcher went through the items of the instrument with the subjects to ensure they have clear understanding of items on the instrument. The researcher did administer the instruments (MFQ) personally and collected same immediately the subjects finished responding to the instruments within an interval of 10 – 15 minutes. The researcher recorded 100% collection of the instruments from the subjects.

3.8 Procedure for Treatment

The researcher employed the techniques of Positive Reinforcement and Social Skills Training for the two treatment groups respectively.

The researcher met with the students once in a week for a period of six weeks during which students were encouraged to express their feelings and concerns. The researcher used a 33-item Mood and Feelings Questionnaire (MFQ) to measure the student's level of Sullenness both before and after the six weeks period.

Treatment 1: Positive Reinforcement technique

Session1: Establishing rapport and relationship with the Subjects.

Session 2: Discussing nature and process of Positive reinforcement with the Subjects

Session 3: Discusses Sullenness symptoms from the items on the Instrument with the students to show the futility of sullen behaviour - students who exhibit cheerful behaviours are reinforced.

Session 4: Assignments on benefits of a Cheerful behaviour which is an antonym of Sullenness. Students who contributes cheerfully in the discussions are reinforced.

Session 5: Discusses the results of the assignment from session 4 with the aim of building self – esteem in the subjects- Students who did the assignments are reinforced

Session 6: Revision of the program and encouraging students to develop positive attitude. Students with regular attendance are reinforced.

Treatment 2: Social skills training technique

Session 1: Establishing cordial relationship with the Subjects.

Session 2: Explaining the nature and the goal of the counselling to the Subjects.

Session 3: Discusses social skill – effective communication with the Subjects

Session 4: Discusses social skill – effective listening skills with the Subjects

Session 5: Discusses symptoms of Sullennessfrom items on the Instrument with the Subjects to show the futility of sullen behaviour.

Session 6: Social interactions – Subjects forming groups to interact with one another through a guided activity by the researcher. The researcher revises the program with the subjects.

The MFQ was administered to the subjects in treatment groups and the control group before and after the treatment. The researcher administer the test with aid of some research assistants. The scoring was done by the researcher and results submitted for analysis.

3.9 Procedure for Data Analysis

Mean and standard deviation were the statistical tools used to answer the research questions. The hypotheses were analysed using t – test for independent variables on hypotheses 1 and 2, one way analysis of variance (ANOVA) for hypotheses 3, while Analysis of covariance (ANCOVA) was used for hypotheses 4 and 5 and all the hypotheses were tested at 0.05 level of significance. In comparing the mean scores of more than two groups the researcher used Analysis of Variance (ANOVA) and Analysis of Covariance (ANCOVA). The researcher choses to use ANCOVA for hypotheses 4 and 5 because of the two group pre-test/post-test design that is involved which is not possible with the use of ANOVA. It should be noted that ANCOVA can be used when one has a two group pre-test/post-test design but this is not possible with ANOVA (Pallant, 2005).

CHAPTER FOUR

RESULT AND DISCUSSION

4.1 Introduction

This chapter presents and discusses the results of the study. The demographic data were analysed descriptively using frequencies and simple percentages. The first main objective of the study was to determine the Effects of Positive Reinforcement (PR) technique on Sullenness among Senior Secondary School Students in Kaduna Metropolis and the second was to determine the Effects of Social Skills Training (SST) technique on Sullenness among Senior Secondary School Students in Kaduna Metropolis. The main data were analysed using descriptive and inferential statistics for research questions and hypotheses respectively. Mean and standard deviations were used to answer the research questions.The lower the mean score the higher the effect of the treatment. The five null hypotheses formulated to guide the study were tested at 0.05 level of significance which was also the basis for acceptance or rejection of the hypotheses. T-test for independent samples were used to test hypotheses one and two, hypothesis three was tested using one way Analysis of Variance (ANOVA) while hypotheses four and five were tested using Analysis of Covariance (ANCOVA). T-test was chosen because it is appropriate in statistical test for determining the significance difference between means of two groups (Gay, 2009). Analysis of Variance and covariance on the other hand can be used in comparing the mean for three or more groups (Cohen, 2007).

4.2 Data Presentation

The data collected for the study were presented as follows: Distribution of Subjects into Experimental Group, Distribution of Subjects by gender across Experimental and Control Group

Table 4.1 Distribution of Subjects into Experimental Group

Groups	Frequency	Percentages
Positive Reinforcement (PR)	10	33.33
Social Skills Training (SST)	10	33.33
Control Group	10	33.33
Total		100

Table 4.1 shows the distribution of Subjects into Experimental Groups. From the table, ten (10) subjects were treated using Positive Reinforcement technique representing 33.33% another ten (10) were treated using Social Skills Training techniques representing 33.33% and the control Group also representing 33.33% adding up to 100%

Table 4.2 Distribution of Subjects by Gender across Experimental and Control Group

Gender	Frequency	Percentage
Male	15	50
Female	15	50
Total	30	100

Table 4.2 shows the distribution of Subjects by gender across experimental and control groups. Fifteen (15) male subjects participated in this study representing 50% and fifteen (15) female subjects also participated in the study representing another 50%.

4.3 Answers to Research Questions

The five research questions raised in 1.4 were answered below using descriptive statistics of mean scores and standard deviations.

Question One: What are the effectiveness of positive reinforcement (PR) technique on Sullenness among Senior Secondary School Students in Kaduna Metropolis?

Table 4.3 Pre-test and Post-testmean and standard deviations scores of experimental group (positive reinforcement technique) on the Sullenness Mood and Feelings Questionnaire (MFQ).

Test	Treatment	N	Mean	Standard deviation (SD)
Pre-test	PR	10	41.30	15.47
Post -test	PR	10	22.80	10.15

Table 4.3 shows the pre-test mean score (41.30, SD=15.47) and the post-test mean score (22.80, SD=10.15) and the standard deviation of the subjects exposed to positive reinforcement technique. It can be observed that the pre-test mean score is higher than the post-test mean score. This implies that positive reinforcement technique had positive effect on reducing Sullenness of the subjects

Figure 4.1 Chart showing pre-test and post-test sullenness scores of positive reinforcement technique.

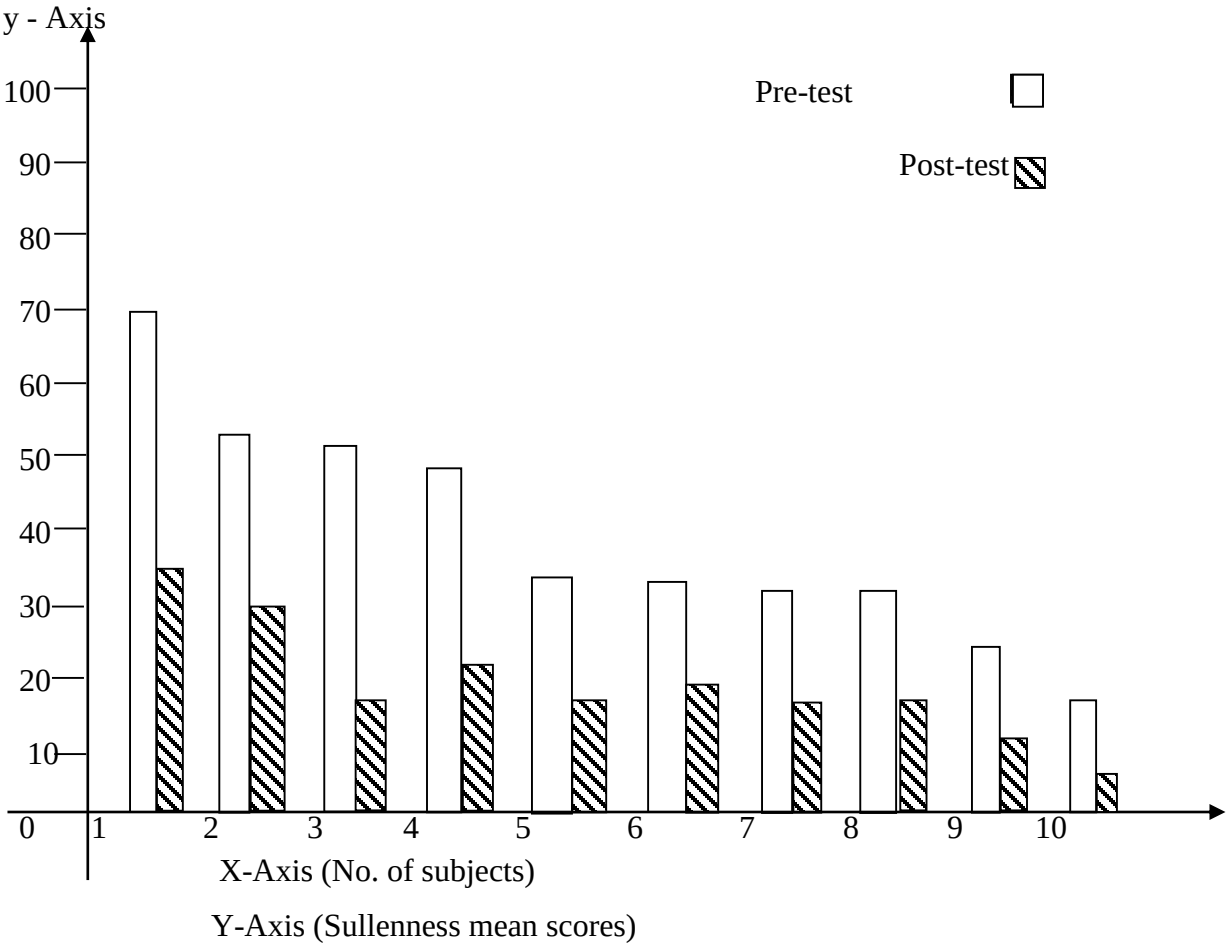


Figure 4:1 shows the graphical representation of the pre -test and post-test Sullenness scores of treatment using positive reinforcement technique. The x-axis represent the number of subjects in the study, while the y-axis represents the post-test sullenness scores of each subject. The pre-test scores are 70, 54,54,49,41, 36, 35, 31, 25, and 19. Post-test scores are 35, 30, 17, 23, 26, 19, 21, 18, 11 and 9. From the chart, it can be observed that the post-test mean scores of subjects in the treatment group decreased considerably compared to pre-test scores. This shows that PR had effect on reducing Sullenness among senior secondary school students in Kaduna Metropolis.

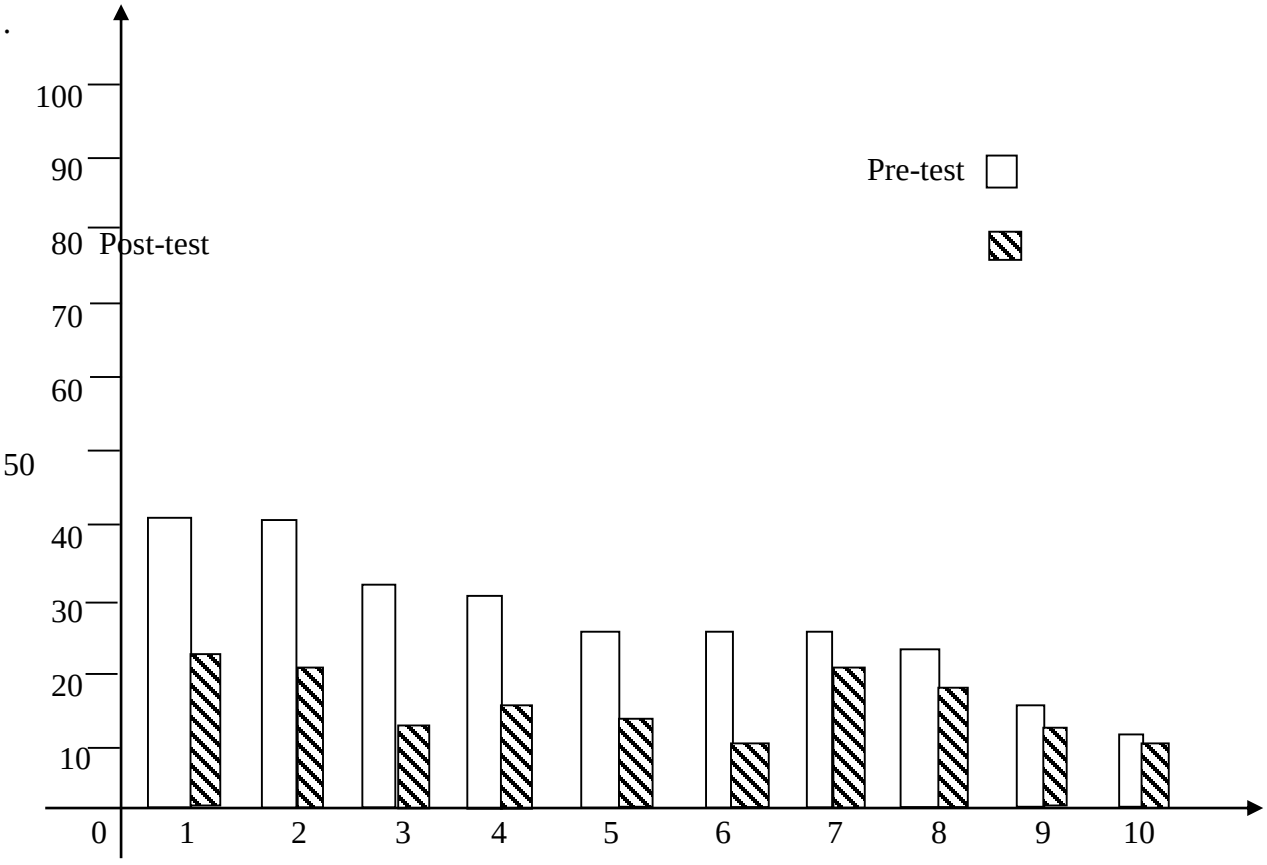
Question Two: What are the effectiveness of social skills training (SST) technique on Sullenness among senior secondary school students in Kaduna metropolis?

Table 4.4 Pre-test and Post-test mean scores and standard deviations of experimental group (Social Skills Training technique.) on the Sullenness MFQ

Test	Treatment	N	Mean	SD
Pre-test	SST	10	29.00	8.04
Post-test	SST	10	17.6	4.06

Table 4.4shows the pre-test mean score (29.00, SD=8.04)and post-test mean score (17.6, SD=4.06) of the subjects exposed to SST technique. It can be observed that the Sullenness mean score of the pre-test is higher than the Sullenness mean score of the post-test. This implies that SST had positive effect on reducing Sullenness of the subjects.

Figure 4.2 A chart showing pre-test and post-test sullenness scores of social skills training technique



X- Axis (No. of subjects)
Y-Axis (sullenness mean scores)

Figure 4.2shows the graphical representation of pre –test and post-test sullenness scores of subjects exposed to social skills training technique. The x-axis represent number of subjects and the y-axis represent sullenness scores of individuals. The pre-test scores are 41,40,35,31,29,27,24.19 and 17 while the post-test scores are 23, 20, 15,19,15,10,21,22,15 and 14. It can be observed from the chart that post –test scores decreased compared to the pre-test scores. This implies that social skills training technique had effect on reducing Sullenness of the subjects.

Question Three: What are the relative effectiveness of positive reinforcement and social skills training techniques on Sullenness among senior secondary school students in Kaduna Metropolis?

Table 4.5 Post - test relative mean scores and standard deviation of experimental groups (Positive reinforcement and Social Skills Training Techniques) on the Sullenness MFQ

Test	Treatment	N	Mean	SD
Post-test	PR	10	22.80	10.15
Post-test	SST	10	17.80	4.0

Table 4.5 shows the post-test sullenness mean and standard deviation scores of (22.80, 10.15) of subjects exposed to PR technique and post-test mean and standard deviation scores of (17.80, 4.0) of subjects exposed to SST technique. It can be observed that the mean score of positive reinforcement (PR) technique is higher than the mean score of social skills training (SST) technique. This implies that SST technique had more positive relative effect on reducing Sullenness of the subjects. The lesser the mean score the higher the effect of treatment.

Question Four: What are the differential effectiveness of positive reinforcement technique on Sullenness among male and female subjects?

Table 4.6 Post - test mean scores and standard deviation of experimental group among male and female subjects (Positive Reinforcement) on the Sullenness MFQ.

Test	Gender	N	Mean	SD
Post-test (PR)	M	5	24.30	8.90
Post-test (PR)	F	5	24.10	7.76

Table 4.6 shows the post-test mean and standard deviation scores of (24.30, 8.90) among the male subjects exposed to PR technique and the post-test mean and standard deviation scores(24.10,

7.76) among the female subjects. It can be observed from the mean scores of both the male and female subjects are similar and are not statistically significant as measured by MFQ. This implies that PR and SST technique had no differential effects on Sullenness among male and female subjects and therefore not gender sensitive.

Question Five: What are the differential effectiveness of social skills training technique on Sullenness among male and female subjects?

Table 4.7 Post-test mean scores among male and female experimental group (Social Skills Training technique) on the Sullenness MFQ.

Test	Gender	N	Mean	S D
Post-test (SST)	M	5	22.00	6.90
Post-test (SST)	F	5	21.20	7.76

Table 4.7shows the Post-test mean and standard deviation scores of (22.00, 6.90) among male subjects exposed to SST technique and Post-test mean and standard deviation scores of(21.20, 7.76) amongfemale subjects after treatment. It can be observed that the difference between the mean scores of the male subjects and the female subjects are also similar and are not statistically significant. Thus, this implies that the technique had no differential effect on sullenness among male subjects and therefore not gender sensitive.

4.4 Hypothesis testing

Five null hypothesis were formulated to guide thestudy and tested at 0.05 alpha level of significance using t-test, one –way Analysis of Variance **(ANOVA)** and Analysis of Covariance (ANCOVA) as statistical tools.

HO1: There is no significant effectiveness of positive reinforcement technique on Sullenness among senior secondary school students in Kaduna Metropolis.

Table 4.8 t-testanalysis effects of Positive Reinforcement on Sullenness of subjects.

Test	**Groups**	**N**	**Mean**	**S.D**	**t- cal.**	**DF**	**P-value (2tailed)**
Pre-Test	PR	10	41.30	15.47			
Post -test	PR	10	22.80	10.15	6.91	8	0.000

*Significant at $P \leq 0.05$

Table 4.8 showed t-value of 6.91 was significant at 0.000 and the Pre- test score of 41.30 is higher than the Post – mean score of 22.80. This means that PR had significant effect on reducing sullenness of the subjects in favour of post – test scores.Thus, the null hypothesis which states that there is no significant effectiveness of positive reinforcement technique on sullenness of the subjects is therefore rejected.

HO2: There is no significant effectiveness of social skills training technique on Sullenness among senior secondary school Students in Kaduna metropolis.

Table 4.9 t-test analysis on Sullenness of subjects exposed tosocial skills training technique.

	Groups	**N**	**Mean**	**S.D**	**Df**	**t-cal.**	**P-value**
Pre-test	SST	10	29.00	8.04			
Post-test	SST	10	17.6	4.06	8	4.79	0.001

*Significant at $P \leq 0.05$

Table 4.9 showedthat the t-value of 4.79is significant at 0.001 and the pre-test mean score of 29.00 is higher than the post-test mean score of 17.6. This implies that SST had significant effectiveness on reducing sullenness of the subjects in favour of post-test scores. Therefore, the null hypothesis which states that Positive Reinforcement has no significant effect on Sullenness hereby rejected.

HO3:There are no significant relative effectiveness of positive reinforcement and social skills training techniques on Sullenness among Senior Secondary School Students in Kaduna Metropolis.

Table 4.10ANOVA effecton Sullenness scores of subjects exposed to positive reinforcement and social skills training techniques.

Test	**Treatment**	**N**	**Mean**	**S.D**	**DF**	**F-cal.**	**P**
Post-test	PR	10	22.80	10.15	18		
Post-test Control	PR		39.7	10.9			
Post-test	SST	10	17.6	4.06		9.84	0.000
Post-test Control	SST		39.70	10.90			

*Significant at $P \leq 0.05$

Table 4.10 In comparing the two techniques, significant difference do exist between positive reinforcement and social skills training counselling technique on effectiveness Sullenness

reduction among secondary school students (F=9.84, P = 0.000), with the post – test mean score (22.80) for positive reinforcement and (17.6) for social skills training counselling technique respectively. The post-test mean score of Social skills training counselling technique is less than the post-test mean score of positive reinforcement counselling technique. This implies that social skills training counselling technique is more effective in reducing Sullenness among secondary school students than positive reinforcement counselling technique. Therefore, the null hypothesis which states that there is no relative significant effectiveness of positive reinforcement and social skills training counselling techniques on Sullenness among secondary school students is hereby rejected.

HO 4: There is no significant differential effectiveness of positive reinforcement technique on sullenness of male and female subjects among senior secondary school students in Kaduna Metropolis

Table 4.11 ANCOVA effect on Sullenness scores among male and female subjects exposed to positive reinforcement technique

Test	**Gender**	**N**	**Mean**	**S.D**	**F-Cal.**	**DF**	**P**
Pre-test (PR)	M	5	30.20	8.56			
Post-test (PR)			17.00	8.90	1.49	8	0.241
Pre-test (PR)	F	5	52.40	12.54			
Post-test (PR)			28.6	7.76			

*Not Significant at $P \leq 0.05$

Table 4.11 showed the post –test Sullenness scores of male and female subjects exposed to positive reinforcement technique. Positive reinforcement had similar effect on Sullenness mean scores of the male and female subjects in the treatment group. The observed F-Value of 1.49 is not

significant at p-value of 0.241. Thus signifying there is no differentialeffectiveness in the treatment among male and female students.Therefore, the null hypothesis which states that there is no significant differential effectiveness of positive reinforcement on Sullenness among male and female subjects ishereby retained.

HO5 There is no significant differential effectiveness of social skills training technique on sullenness of male and female subjects among senior secondary school students in Kaduna Metropolis.

Table 4.12ANCOVA on Sullenness scores of male and female subjects exposed to social skills training technique

Test	**Gender**	**N**	**Mean**	**SD**	**F-cal**	**DF**	**P**
Pre-test (SST)	M	5	30.00	8.72			
Post-Test (SST)			16.00	6.90	0.778	8	0.3911
Pre-test (SST)	F	5	28.00	8.19			
Post-test (**SS**T)			19.00	7.76			

*Not Significant at $P \leq 0.05$

Table 4.12 showedthe observed F-value of 0.778 is not significant at p-value of0.391. This implies that there is no differential effectiveness of SST treatment group. Thus, the null hypothesis which states that, there is no significant differential effectiveness of social skills training technique on Sullenness among male and female subjects of senior secondary school students is hereby retained.

4.5 Summary of Major findings of the Study

The findings of this study revealed:

1. That positive reinforcement counselling technique had effectiveness in reducing Sullenness among senior secondary school students (t= 6.91,p=0.000). This is because the mean

Sullenness score was significantly reduced after being exposed to positive reinforcement treatment counselling technique. The pre – test mean score (41.30) is higher than the post-test mean score (22.80). This implies that the null hypothesis which states that positive reinforcement technique has no significant effectiveness on Sullenness among senior secondary students is hereby rejected.

2. That social skills training counselling technique hadeffectiveness in reducing Sullennessamong seniorsecondary school students (t = 4.79, P= 0.001). The pre-test mean score (29.00) is higher than the post- test mean score (17.6). This implies that SST had significant effectiveness in reducing Sullenness among secondary school students. Therefore, the null hypothesis which states that social skills training counselling technique has no significant effectiveness on Sullenness among senior secondary school students is hereby rejected.
3. That in comparing the two techniques, relative significant effectiveness does exist between positive reinforcement and social skills training counselling techniques on their effectiveness Sullenness reduction among senior secondary school students (F= 9.84, p =0.000), with a post-test mean score of 22.80 for positive reinforcement counselling technique and post- test mean score of 17.6 for social skills training counselling technique in reducing Sullenness among senior secondary school students. This means that social skills had more effectivenessin reducing Sullenness among secondary school students than positive reinforcement. The lesser the mean score the higher the effectiveness. Therefore, the null hypothesis which states that there is no relative significant effectivenessof positive reinforcement and social skills training counselling techniques on Sullenness among senior secondary school students is hereby rejected.

4. That differential significant effectiveness does not exist between male and female students exposed to positive reinforcement counselling techniques on Sullenness among senior secondary school students (F = 1.49, P = 0.241). This implies that positive reinforcement counselling technique had no differential significant effectiveness in reducing Sullennessamong male and female students. Therefore, the null hypothesis which states that there is no differential significant effectiveness of positive reinforcement counselling on Sullenness among secondary school students is hereby retained.
5. That Social skills training counselling technique was effective in reducing Sullenness among Male and female students (F = 0.778, P =0.391). This implies that social skills training counselling technique had no differential significant effectiveness on sullenness in the treatment of male and female subjects. Therefore, the null hypothesis which states that there is no differential significant effect of Social skills training counselling technique on Sullenness among secondary school students is hereby retained.

4.6 Discussion of Major findings of the Study

This study investigated the effectiveness of Positive reinforcement and social skills training counselling technique on Sullenness among secondary school students. Two treatment techniques (positive reinforcement and social skills training counselling techniques) were experimented on two experimental groups of ten students per group. The results of the experiment at post-test level indicated that the use of positive reinforcement and Social skills training counselling techniques to reduce sullenness among senior secondary school students can successfully be used totackleSullenness as a behaviour problem.

Positive reinforcement counselling technique

Hypothesi**s** one aimed at finding out if positive reinforcement could be used as a technique to reduce Sullenness among secondary school students. The result indicated that significant effectiveness exists between the pre-test and post-test, mean scores of the subjects that were exposed to positive reinforcement counselling technique. This showed that positive reinforcement counselling technique can be used to reduce Sullenness behaviour of students. By this finding, the first null hypothesis which states that there is no significant effectiveness of positive reinforcement counselling technique on Sullenness among senior secondary school students is rejected. The resultrevealed that students treated with positive reinforcement on Sullenness had a pre-test mean score of 41.30 and lower post-test mean score of 22.80 on MFQ instrument. The students' Sullenness was reduced by 18.50. The lower the mean the higher the effectiveness of the treatment.By comparing the Pre-test and Post-test mean scores of the treatment group it showed that positive reinforcement treatment technique affected students' Sullenness level by reducing it. The positive result could be due to obvious reasons and benefits the students derived during the counselling sessions. These benefits might have helped them to understand the futility and negativity of sullen behaviour. This finding is in line with the firstassumption of this study which states that PR technique.The implication of this finding is that when appropriate and desirable behaviours are reinforced the positive effect of reinforcement would be seen in Subject's change in behaviour. Theoretically, the findings were supported by the theorists such as Edward Thorndike's Law of Effect, Ivan Pavlov, Albert Bandura Social Learning, and B.F. Skinner. The law of effect states that,'behaviour that brings about a satisfying effect is apt to be performed again, whereas behaviours that brings about negative effect is apt to be suppressed'. Pavlov states that most of our learning is associated with the process of conditioning from the beginning and the conditioning not only helps us in learning what is desirable but also helps in eliminating, avoiding

or unlearning of undesirable habits, unhealthy attitudes through deconditioning. Social learning theory opined that all behaviours are learned through a combination of positive and negative reinforcements. This theory asserted that learning takes place by receiving information, observations and modelling. The theory further stressed that experiencing reinforcements makes learning highly effective. The finding that positive reinforcement had significant effect on behaviour remediation was further supported by Skinner (1983), who postulated that for effective behaviour remediation, positive reinforcement is superior to punishment, hence the use of positive reinforcement as behaviour intervention plays a significant role in behaviour management technique. This finding is also in line with that of Bello (2013) who revealed from theinvestigation of effects of positive reinforcement and response cost on attention deficit hyperactivity disorder symptoms among primary schools pupils in Kano state, that positive reinforcement had effect on reducing ADHD symptoms among primary school pupils in Kano state. The null hypothesis showed there exist a significant effects of Positive Reinforcement on Sullenness among students. This showed a reduction in the level of Sullenness among students in the experimental group.

Social Skills Training Counselling Technique

The findings ofhypothesis two testing revealed significant effect between the pre-test (29.00) and post-test (17.6)mean scores of the Subjects exposed to Social skills training counselling technique when comparing the mean of pre-test and post-test scores, the effectiveness of social skills counselling was remarkable. This findings indicate that social skills training counselling technique as a treatment technique is capable of reducing Sullenness in students.Therefore, the hypothesis which states that there is no significant effectiveness of Social skills training counselling technique on Sullenness among secondary school students is hereby rejected.

This findings confirmed the work ofBeaman&Wheldall, (2011) where social skills training technique has been accepted as having effect on remediating students' behaviour. The findings of this study was also in line with Nnodum (2014) in which social skills training was found to be effective in reducing aggression among Primary school Pupils.In support of the findings of this study, Kopelowicz (2006), postulated that social skills training is as effective in treating psychological problems as most other therapeutic techniques that are in vogue, hence, clients often adhere to social skills training therapies more readily than some other therapies that have higher dropout rates.

In support of this finding,Segrin (2001) asserted that social skills training technique is a widely applied and effective treatment for a range of psychological problems that include depression, anxiety, loneliness, and marital distress to name but a few.

Positive reinforcement and Social skills training counselling technique

The study raised a research question to compare the relative significant effectiveness of the two techniques PR and SST. This comparison revealed that no much difference existbetween the effectiveness of positive reinforcement and social skills training counselling techniques. It means the two techniques had effectiveness in reducing Sullenness of students. This could be attributed to the systematic way in which the researcher handled the techniques that made the subjects to see the futility and the negativity of Sullenness.

This result concurred with the assumption that there may be relative effectiveness of positive reinforcement and social skills training techniques among students in the experimental groups. In line with work of Segrin (2001), in which he postulated the ubiquity nature of social skills technique in psychological context as a collection of techniques aimed at improving the quality of people's life in effective communication and interpersonal relationships by providing and exciting

and fertile atmosphere for change because of the collected energy that is available through interpersonal relationships.

Gender

Equally revealed is the fact that gender has no influence in the effectiveness of positive reinforcement and social skills training techniques. The implication of this findings is that positive reinforcement and social skills training techniques had no differential significant effectiveness in the treatment of Sullenness among male and female students. The result of this finding is contrary to the fourth assumption of this studywhich states that positive reinforcement would have differentialsignificant effectiveness on Sullenness among male and female subjects.One of the cogent and an environmental reasons that may be advanced for this finding was the co-educational schools used by the researcher for the present study where both male and female students were exposed to the same teaching and learning conditions. Luka as cited in Bello (2013), concurred with this finding by reporting that positive reinforcement and Premack counselling techniques are not gender sensitive in reducing truancy among secondary school students in Kaduna Metropolis.

This finding is in line with Ayodele (2011), who sought to establish the effect of Enhanced Thinking Skills (ETS) and Social Skills Training (SST) in fostering interpersonal behaviour among Nigerian adolescents. The result showed that both EST and SST did better with male and female subjects but has no substantial statistical difference in gender.

Similarly, SheikhZakaryaic, Nikpour, Ameri and Hagbani (2012), measured the effect of SST based on gender differences in preschool children's in Tehran. The result showed from the viewpoint of the teachers that there exist no significant difference in gender.The null hypotheses revealed there exist significant effects of PR and SST techniques in reducing Sullenness among

the students in the treatment groups. The null hypotheses showed that significant differential effect does not exist of positive reinforcement technique on male and female students with Sullenness.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter presented the summary of the study, conclusions drawn based on the findings of this study. Recommendations and suggestions for further studies were also made.

5.2 Summary

The study investigated the effects of positive reinforcement and social skills training techniques on Sullenness among senior secondary school students in Kaduna Metropolis. The researcher wanted to know the effects of positive reinforcement and social skills training techniques would have on Sullenness among senior secondary school students in Kaduna Metropolis. In order to test the effect these techniques would have on the subjects, five research objectives, five research questions and five null research hypotheses were raised to guide the study and the hypotheses were tested at alpha ≤ 0.05 level of significance. Out of five hypotheses that were tested, three were rejected and two were retained. Hypotheses 1, 2 and 3 were rejected as they were found to have significant effects on Sullenness mean scores of the subjects in the treatment group while hypotheses 4 and 5 were retained as they were found not to have significant differential effects on Sullenness mean scores among male and female subjects in the treatment group.Literatures related to Sullenness, Positive Reinforcement and social Skills Training were reviewed to give insight into the concept of the aforementioned variables. Some theories were also reviewed by the researcher prominent among the theories reviewed were: Operant Conditioning by B. F. Skinner, Classical Conditioning by Ivan Pavlov, Social Learning Theory by Albert Bandura, Psychodynamic theory by Sigmund Freud and Cognitive Theory by Aaron Beck. The study also had an overview of some related empirical studies.

The research Design adopted for the study was quasi-experimental design using pre-test, post - test control group. The population comprised of 150 SSII students with incidence of Sullenness symptomsfrom three purposively selected public senior secondary schools out of which thirty (30) sample subjects were selected for study through random sampling techniques. The Subjects were randomly assigned to treatment groups. Procedure for data collection were discussed. Mood and Feelings Questionnaire (MFQ) was adopted as instrument for the study. Procedures for data collection and data analysis were equally discussed.Analysis of the data obtained from the study were presented and discussed. Summary of the major findings were also itemized. Lastly, summary of the study, Conclusions, Recommendations and Suggestions for further studies were also considered.

5.3 Contribution to Knowledge

The following contributions are hereby made to knowledge building.

1. Positive reinforcement counselling technique is an effective behaviour management technique among senior secondary school students on Sullenness.
2. Social skills training counselling technique is an effective behaviour management technique on Sullenness among senior secondary school students.
3. Both positive reinforcement and social skills training counselling techniquescan be effectively used to manage Sullenness among male and female students in seniorsecondary schools.

5.4 Conclusion

The findings of the study has shown that both techniques (positivereinforcement and social skills training) counselling techniques were effective in treating students'Sullenness. Social Skills Training however had more effectiveness on reducing Sullenness among the Subjects. The findings in relation to differential effectiveness of the two techniques (PR and SST) among male and female subjects in the treatment groups, the two techniques had no differential effectiveness among male and female subjects in the treatment groups Therefore, positive reinforcement and social skills training counselling techniques can be used side by side in co-educational schools in treating Sullenness.

5.5 Recommendations

Based on the findings of this study thefollowings were recommended:

1. Counsellors, Psychologist, School Principals and teachers should be exposed to training in the use of positive reinforcement techniques in re – addressing Sullenness
2. Counsellors, School Psychologists, School Principals and teachers should be exposed to training in effective handling of social skills techniques in re-addressing Sullenness.
3. Workshops and Seminars should be organised to train all educational stakeholders in the use of both techniques (positive reinforcement and Social skills training) techniques in re- addressing Sullenness.
4. Students should be exposed to training on the use and relevance of the two techniques in re-addressing Sullenness.

5. Social skills training counselling techniques should be made an integral part of the curriculum to expose both male and female students to social skills techniques such as effective communication, effective listening and self-control.

5.6 Suggestions for Further Studies

Based on the scope and findings of this study, the following suggestions were made for further studies:

1. Studies should be carried out on effectiveness of positive reinforcement and social skills training techniques on other behaviour problems such as Bullying, Social Isolates, School Absenteeism and so forth.
2. Similar study should be carried out on Sullenness using other behaviour management techniques likeBehaviour Rehearsal, Cognitive Restructuring, Cognitive Behaviour Therapy, Response Cost and others.
3. The scope of this study covered senior secondary school students, a replica of the study should be carried out using juniorsecondary schools.

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Appendix (I): Mood and Feelings Checklist

Name: _____ Sex: _____ Class: _____ School: _____

Place a tick (√) in the box to the right of each category to indicate how much this type of feeling has bothered you in the past several days.

		0 Not at all	1 somewhat	2 Moderately	3 A lot
1	**Sadness:** Do you feel sad or unhappy?				
2	**Discouragement:** Does the future look hopeless?				
3	**Low Self-Esteem:** Do you feel worthless?				
4	**Inferiority:** Do you feel inadequate or inferior to others?				
5	**Guilt:** Do you get self – critical and blame yourself				
6	**Indecisiveness:** Is it hard to make decision?				
7	**Irritability:** Do you frequently feel angry or resentful?				
8	**Loss of Interest in Life:** Have you lost interest in school, friends of family?				
9	**Loss of Motivation:** Do you have to push yourself hard to do things?				
10	**Poor Self-Image:** Do you feel old or unattractive?				
11	**Appetite Changes:** Have you lost your appetite? Do you overeat?		=		
12	**Sleep Changes:** Is it hard to get a good night sleep? Are you tired and sleeping too much?				
13	**Concerns about Health:** Do you worry excessively about your health?				
14	**Suicidal Impulses:** Do you have thoughts that life is not worth living or you would be better off dead?				

Administered by: _____ Date: _____ Time: _____

Appendix (II): Mood and Feelings Questionnaire

Dear respondent,

This form is about how you have been feeling or acting recently.For each question, please check how you have been feeling or acting in the past two weeks. Note that all information provided shall be confidentially treated and strictly used for the purpose of this study.

Name: ---------- Male-------- Female---------- Class-------- Age----------

Please tick the box as it applies to you		Not at all	Some of the Times	Most of the Times	All the Times
1.	I felt miserable or unhappy.				
2.	I didn't enjoy anything at all.				
3.	I was less hungry than usual.				
4.	I ate more than usual.				
5.	I felt so tired I just sat around and did nothing.				
6.	I was moving and walking more slowly than usual.				
7.	I was very restless.				
8.	I felt I was no good anymore.				
9.	I blamed myself for things that weren't my fault.				
10.	It was hard for me to make up my mind.				
11.	I felt grumpy and cross with my parents.				
12.	I felt like taking less than usual.				
13.	I was talking more slowly than usual				
14.	I cried a lot				
15.	I thought there was nothing good for me.				
16.	I thought that life wasn't worth living.				
17.	I thought about death				
18.	I thought my family would be better off without me.				
19.	I thought about killing myself.				
20.	I didn't want to see my friend.				
21.	I found it hard to think properly.				
22.	I thought bad things would happen to me.				
23.	I hated myself				
24.	I felt I was a bad person				
25.	I thought I look ugly.				
26.	I worried about aches and pains.				
27.	I felt lonely.				
28.	I thought nobody really loved me				
29.	I didn't have any fun in school.				
30.	I thought I could never be as good as other kids.				
31.	I did everything wrong.				

32.	I didn't sleep as well as I usually sleep.				
33.	I slept a lot more than usual.				

Appendix (III) Positive Reinforcement Technique

Schedule was drawn to guide the activities of the researcher with this group. One day in a week was used for counselling the subjects using Positive Reinforcement technique. The purpose of this was to create a positive attitudinal change by reducing Sullenness in the subjects. Details of the counselling sessions were as presented below:

Objective: The objective of the treatment package is to reduce sullenness among senior secondary school students. It focuses on assignments, direct instructions and rewarding desired (target) behaviour. The researcher would adopt the principles of continuous reinforcement procedure to help individual become a fully functioning person.

Ground rules for the group:

- Required to be friendly
- Required best of your smiles
- Require best of your hand shake
- Respect yourself and others
- Be open and feel free to ask for help where necessary
- Take turn to speak

Session One: Developing Rapport and Building Trust

The researcher warmly welcomes the students into the 1st session of the treatment. He further introduce himself and ask the students to introduce themselves too. This is to develop rapport and build trust. He also assured them of strict confidentiality concerning whatever may be discussed. The researcher expresses himself to the students as a counsellor whose role is to facilitate and guide the students to explore themselves, their situations and the choices available to them through active listening and discussions. The programme lasted for about six weeks of 25-30 minutes of each session, the researcher explained to the group.Through an atmosphere of friendliness, free conversation with students, making them feel comfortable and relax; after making the group to take a deep breath in and out three times to reduce tension. Thereafter, the researcher introduces the technique- positive reinforcement to the group. He discusses the importance of the technique together with the group. The group would be asked to respond verbally to some items on the scale of mood and feeling questionnaire. For example, I feel miserable and unhappy, I felt I was not good anymore and so on.The researcher would give selective attention to individuals in the group as they discuss the items by noting the identified problems and if possible frequencies of occurrences and events that may trigger such symptoms.The researcher keeps the records of findings against individual's name and explore solutions as he discusses together with the group. The researcher appreciates the students for attending the session and remind them of the next session, time and venue.

Session Two: Assessment: Identifying the desire behaviour: A cheerful behaviour

The researcher welcomes the group as they exchange pleasantries in a relax atmosphere. The researcher also reminds them of the ground rules. The researcher would remind the group of the things discussed in the last session. The researcher would explore with the group to identify and establish the desire behaviour - cheerful behaviour. The researcher explore and discuss verbally

with the group the negative effects of the problem behaviour- sullenness, both at home, school and their future prospects. The researcher also discusses with the group on learning how to identify and express feelings, solving one's own problems and making appropriate choices in the process of the discussion the researcher would take note of those who contributes to the discussions cheerfully and reinforce them (using social reinforcers such as praise, hugging and recognition).The researcher round off the session by appreciating the students and encourages them for the next session.

Session Three: Replacing self – defeating behaviours with positive ones

After welcoming the group to the session, the researcher proceed to review the key points in the previous session. The group is also reminded of the ground rules.The counselling session would start with the group being ask to respond verbally to some items on the scale. For example, I feel more discouraged about my future than I used to be etc. The researcher discusses verbally with the group as they explore the options and discuss together on how to replace negative self-defeating behaviour(s).

Assignment:

The researcher gives assignment to the group to write at least five benefits of cheerful behaviour to be submitted in the next session.The researcher close the session by appreciating the students and encourage them for the next session.

Session Four: Direct Instruction

The session starts by the researcher going through the assignments and scoring them. Those that did the assignment would be rewarded and recognized (using secondary reinforcement like crackers, biros and so on) and those that were below average would be encourage to do better. The researcher discusses the outcome of the assignment with the groups and encourage them to put

those principles that encourages a cheerful behaviour into practice in order to reduce the problem behaviour, recognize the presence of strong behavioural symptoms: moodiness, resentment, bitterness, he explores and discusses the implication of these negative behavioural symptoms in their lives and their future endeavour.The researcher brainstorm with the group on what they stand to benefit by being cheerful instead of being sullen. He close the session by appreciating the group for attending the session and encourage them for the next session.

Session Five: Direct instruction

The session starts by the researcher going over the lessons of the last session. He reminds the group of ground rules. He pays selective attention to the individuals who demonstrate positive behaviour principles of cheerful behaviour and called them for recognition and reward them and encourage others to follow.He encourages those who are yet to show positive behavioural symptoms to make appropriate choices. He identifies behaviour symptoms and discuss same in order to replace such behaviours. The researcher would pay particular attention to such strong behaviour symptoms as moodiness, resentment and bitterness and discusses them with the group. As they discuss, he encourages the group to focus on the positive behaviours instead of the negative.He encourages all the members of the group to discuss generally the tremendous benefits of being cheerful both at home, school and the society as the researcher facilitate the discussion. Then he closes the session rewarding positive behaviour by praising and hugging. He encourages them for the next session.6

Session Six: Building self – esteem by creating a positive self - image.

The session starts by the researcher reviewing the key points in the last session. He creates a scene or situation where all group comes to demonstrate and role play cheerfulness. Each member of the group is encouraged to share one thought about their self-perception that would help them have a

positive interaction in their own world.As the group gather together to discuss what each of them gained or learnt during session, the researcher provides the group with entertainments as everyone discusses freely in a happy mood with a promising future. The researcher also role-play and demonstrate a cheerful behaviour among students to encourage them to be cheerful, as it gives one opportunity to make more friends for a meaningful and supportive life.The researcher thanks and appreciate the students for their commitment throughout the sessions, he closes the group by asking each group member to reflect upon one skill or the other that they have learnt to utilize.The researcher then make arrangement for post – test evaluation.

Appendix (IV):Social Skills Training

The researcher also met with this group once in a week for a period six weeks exposing the subjects to Counselling using Social Skills Technique. The objective of the counselling sessions was to reduce the level of Sullenness in the subjects. Details of schedule of activities of this group were as presented below

Session One:The goal of the counselling

It is to provide a favourable atmosphere to help the clients become fully functioning persons. In the most general sense, it is to provide training for clients to improve their social relationships with other people translating into improving quality of their lives. It is believed that by teaching the clients how to improve their social skills they will be able to live a more satisfying, effective and enjoyable life. At a more specific level, it is to teach the subjects appropriate modification of existing behaviours. The counsellor may also treat some social skills deficits that are peculiar to the behaviour problem – sullenness. Such deficits may include *effective communication, effective listening, social and interpersonal relationships, cooperative learning and home Assignments.* The following treatment techniques could be used during counselling process: Assessment, Direct instruction, Modelling, Role – Playing, and Homework

The counselling process: The counselling would start by the counsellor establishing rapport, confidence and assurance with the subjects. It is needful to conduct self-introduction so as to enable the counsellor know his subjects by name to encourage familiarity and friendship. The

counsellor may go further to educate the subjects about the importance of the counselling sessions and the role of the counsellor as a facilitator, that is, to guide the subjects in the discussions towards achieving the goal of the counselling sessions which is to help the subjects become fully functioning individuals.

Assessment:

Through the use of Mood and Feelings Questionnaire (MFQ) the subjects were assessed which qualifies them to be enlisted into the counselling group. At this point it is imperative for the counsellor to get to know each subjects with his/her peculiar behaviour problems. This could be through observation, report of the class teachers cum the school counsellor who may have had good knowledge of the subjects' behaviour as a result of regular interactions with the subjects.Further, the counsellor may ask the subjects to respond to some items on the scale to be discussed together in order to proffer the best option of positive behaviour. For example, *I felt miserable and unhappy. I felt so tired I just sat around and did nothing. I was very restless*. The counsellor explore and discusses the implication of these items with the subjects in the light of social interactions.

Session two:Goal of the counselling: Effective communication

The goal is to teach subjects effective communication that would enable them function effectively in the social world. These include understanding of both verbal and nonverbal communications, tone and volume of voice, facial expressions and others. This would help them improve the quality of their social interactions. It is also to teach and explain the basis of effective and appropriate social skills along with specific suggestions on how to enact such behaviours.

The counselling process: Direct instruction

The counsellor and the subjects explore and discuss how to interact effectively with other people by engaging themselves in group discussions as the counsellor gives direction on how the discussion should go. The counsellor would also ensure that he controls the discussion by giving the subjects direct instructions on how the subjects could improve and make their communication style more effective.The counsellor would ask the subjects to respond to some items on the scale relating to communication. For example, *I feel grumpy and cross with my parents. I cried a lot. I was talking more slowly.* The counsellor explores this items with the subjects in other to establish a positive behaviour that would enrich their social interactions with other people.

Session Three: Goal of the counselling: Listening skills

The goal of this session is to help the subjects to improve on their listening skills. It is to instruct the subjects that when we show interest by paying attention to our conversational partners that makes them feel valued. Further, it is to teach the subjects that most people respond very positively to others who make them feel worthwhile, valued and cared for.

The counselling process: Direct Instruction

The counsellor offers some suggestions to the subjects on how to effectively listen to and show interest in other people in order to enact social interactions. For example, *how was your weekend?* This would be follow up with other conversations.The counsellor may involve the subjects in some social activities in order to foster their listening skills. For example, cut out each question below and place in a cup. First person pulls out a question, reads it out aloud and answers it. The second person repeats the first person's answer to prove that he/she was listening before picking his or her own question.

The questions are as follows:

- If you could go anywhere today, where would you go and why?

- Who do you look up to and why?
- What is your favourite subject in school?
- What are you afraid of most?
- What sport do you enjoy watching or playing?

The counsellor discusses the following questions with the subjects to stress the importance of effective listening.

- How do you feel when someone does not listen to you?
- Why is it important to listen to other people?
- How do you feel when others interrupt you?

After discussing the questions above with the subjects he may ask the subjects to respond to some items on the scale such as:

I thought I look ugly. I didn't want to see my friend. I thought I could never be good as other kids.

The counsellor explore the implications of these thoughts with the subjects with the aim of deprogramming their mind from negativity.

Session Four: Goal of the counselling: Social interactions

The goal is to demonstrate the effective use of certain behaviours such as inter – personal relationships through modelling process. It is also to make the subjects aware that there are certain ways we must behave if we want to have fun and like others to be around us.

The counselling process: Modelling:

The counsellor may share some models in life who were well behaved and were rewarded for good behaviour. Subjects could also add to the list of some models they know and the kind of behaviours exhibited by these models. Such examples may include *taking turns, sharing with others, being*

patient, be respectful, listen to others in order learn, talk positive about others and being friendly. The counsellor explore and discuss these attributes with the subjects giving relevant examples of life models whose lives were rewarded by demonstrating some of these attributes in their day – to – day interactions with others.Further, the counsellor may ask the subjects to respond to some items on the self –report item scale. For example, *I felt lonely, I thought nobody really loved me, I hated myself, and I didn't have any fun in the school.*The counsellor explore and discuss these thoughts with the subjects with view of establishing positive behaviours

Session Five: Goal of the counselling: cooperative Learning.

After appropriate behaviours have been clearly modelled, the next is for the subjects to enact the behaviour in the context of role – playing. It is also to have the subjects practice the appropriate behaviour in a controlled setting where they can be observed and from which feedback and reinforcement can be offered.

The counselling Process: Role – playing

The counsellor may choose to demonstrate some of the positive behaviour attributes to the subjects for them to see. For example, the counsellor may choose to demonstrate how to share things with others cheerfully, after which the subjects may role – play same and other positive behaviour attributes like; being friendly, being patient and others. This is done to enable the subjects imbibe and enact these positive attributes.The counsellor also would treat some items on self- report scale to enable the subjects become a fully functioning persons. Such as: *I am irritable at all times*. *I feel utterly worthless. I thought bad things would happen to me. I thought there was nothing good for me*. The counsellor discuss these thoughts feely with the subjects in relax and free atmosphere in order to offer hope and lightened their mood.

Assignments:

The counsellor leave the following questions with the subjects inform of social activities to be discussed in the subsequent session.

- What did you learn about yourself?
- What does it mean to be a friend?
- How can you tell if someone is really your friend?
- How do you want your friend to treat you?
- Why is it important to have a friend?
- What would life be, if you did not have a friend?

Session six: Goal of the counselling: Homework assignment

This is to evaluate and get feedback from the subjects of all or most the things they have learnt during the secessions.

The counselling Process

The counsellor discusses the questions given as assignments in week five with the subjects to facilitate their understanding of the whole process. The counsellor gives the subjects chance to ask relevant questions and suggestions after which he (counsellor) re – emphasise the key points during the sessions. The counsellor would encourage the subjects to make what they learnt part of their lives to enable them live a quality life and have a healthy social interaction.

The counsellor would then arrange for post-test evaluation.

Appendix V

Result of the Cronbach Alpha Reliability test for Mood and Feelings Questionnaire

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.801	.784	33

Item Statistics

	Mean	Std. Deviation	N
Question 1	3.4000	.88258	30
Question 2	3.3000	1.03110	30
Question 3	3.8400	1.12858	30
Question 4	3.2500	.78640	30
Question 5	3.2000	1.00525	30
Question 6	2.5100	.68825	30
Question 7	3.4000	.75394	30
Question 8	3.2100	.76777	30
Question 9	3.4000	.99472	30
Question 10	2.9500	.99868	30
Question 11	3.2700	.69585	30
Question 12	3.3000	1.03110	30
Question 13	3.4000	.94032	30
Question 14	3.2500	1.01955	30
Question 15	3.5200	.60698	30
Question 16	3.5000	.88852	30
Question 17	3.4500	.68633	30
Question 18	3.5000	.88852	30
Question 19	3.6100	.68056	30
Question 20	3.2500	.78640	30
Question 21	3.3500	.67082	30
Question 22	3.3800	1.03999	30
Question 23	2.9000	1.11921	30
Question 24	3.0500	.94451	30
Question 25	3.2500	.91047	30
Question 26	3.2500	1.01955	30
Question 27	3.2500	.78640	30
Question 28	3.2000	.89443	30
Question 29	3.2500	1.01955	30
Question 30	3.2000	.89443	30
Question 31	3.2500	1.01955	30
Question 32	3.2100	.78640	30
Question 33	3.2000	.89443	30

Summary Item Statistics

w	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	3.420	1.600	3.840	1.250	2.400	.082	33
Inter-Item Correlations	.226	-.417	.931	1.435	-1.753	.053	33

Appendix (VI): SPSS RESULTS FOR THE HYPOTHESES

Hyp1 T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pretest	41.3000	10	15.47076	4.89228
	Posttest	22.8000	10	10.15218	3.21040

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Pretest&Posttest	10	.862	.001

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	Pretest - Posttest	18.50000	8.46233	2.67603	12.44641	24.55359	6.913	9	.000

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  /MISSING=ANALYSIS.
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Hyp2 T-Test

Paired Samples Statistics

		Mean	N	Std. Deviation	Std. Error Mean
Pair 1	Pretest	29.0000	10	8.04156	2.54296
	Posttest	17.6000	10	4.06065	1.28409

Paired Samples Correlations

		N	Correlation	Sig.
Pair 1	Pretest&Posttest	10	.374	.287

Paired Samples Test

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference Lower	Upper			
Pair 1	Pretest – Posttest	11.40000	7.53068	2.38141	6.01288	16.78712	4.787	9	.001

```
ONEWAY Sullennees_Scores BY GROUPINGS
  /STATISTICS DESCRIPTIVES
  /MISSING ANALYSIS  /POSTHOC=SCHEFFE ALPHA(0.05).
```

Hyp3
One-way

Descriptive

Sullennees_Scores

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Pretest Positive reinforce	10	41.3000	15.47076	4.89228	30.2329	52.3671	19.00	70.00
post testpostivereinforcement	10	22.8000	10.15218	3.21040	15.5376	30.0624	9.00	42.00
pretest control	10	39.8000	11.02321	3.48584	31.9145	47.6855	26.00	62.00
post test control	10	39.7000	10.97927	3.47195	33.0459	48.7541	22.00	56.00
Total	40	36.2000	14.02050	2.21684	31.7160	40.6840	9.00	70.00

ANOVA

Sullennees_Scores

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2406.200	3	802.067	5.489	.003
Within Groups	5260.200	36	146.117		
Total	7666.400	39			

Post Hoc Tests

Multiple Comparisons

Dependent Variable: Sullennees_Scores

Scheffe

(I) Relative groupings	(J) Relative groupings	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Pretest Positive reinforce	post testpostivereinforcemnt	18.50000*	5.40586	.016	2.6480	34.3520
	pretest control	1.50000	5.40586	.994	-14.3520	17.3520
	post test control	.40000	5.40586	1.000	-15.4520	16.2520
post testpostivereinforcemnt	Pretest Positive reinforce	-18.50000*	5.40586	.016	-34.3520	-2.6480
	pretest control	-17.00000*	5.40586	.031	-32.8520	-1.1480
	post test control	-18.10000*	5.40586	.020	-33.9520	-2.2480
pretest control	Pretest Positive reinforce	-1.50000	5.40586	.994	-17.3520	14.3520
	post testpostivereinforcemnt	17.00000*	5.40586	.031	1.1480	32.8520
	post test control	-1.10000	5.40586	.998	-16.9520	14.7520
post test control	Pretest Positive reinforce	-.40000	5.40586	1.000	-16.2520	15.4520
	post testpostivereinforcemnt	18.10000*	5.40586	.020	2.2480	33.9520
	pretest control	1.10000	5.40586	.998	-14.7520	16.9520

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

Sullennees_Scores

Scheffe[a]

Relative groupings	N	Subset for alpha = 0.05

		1	2
post test positive reinforcement	10	22.8000	
pretest control	10		39.8000
post test control	10		39.7000
Pretest Positive reinforce	10		41.3000
Sig.		1.000	.994

Means for groups in homogeneous subsets are displayed.
a. Uses Harmonic Mean Sample Size = 10.000.

```
ONEWAY Sullennees_Scores BY GROUPINGS
  /STATISTICS DESCRIPTIVES
  /MISSING ANALYSIS
  /POSTHOC=SCHEFFE ALPHA(0.05).
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Oneway

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Descriptive

Sullennees_Scores

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Pretest Social Skills	10	29.0000	8.04156	2.54296	23.2474	34.7526	17.00	41.00
Post test Social skills	10	17.6000	4.06065	1.28409	14.6952	20.5048	10.00	23.00
pretest control	10	39.8000	11.02321	3.48584	31.9145	47.6855	26.00	62.00
post test control	10	40.9000	10.97927	3.47195	33.0459	48.7541	22.00	56.00
Total	40	31.8250	12.88188	2.03680	27.7052	35.9448	10.00	62.00

ANOVA

Sullennees_Scores

	Sum of Squares	Df	Mean Square	F	Sig.

Between Groups	3562.875	3	1187.625	14.698	.000
Within Groups	2908.900	36	80.803		
Total	6471.775	39			

Post Hoc Tests

Dependent Variable: Sullennees_Scores

Scheffe

(I) Relative groupings	(J) Relative groupings	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Pretest Social Skills	Post test Social skills	11.40000	4.02002	.061	-.3882	23.1882
	pretest control	-10.80000	4.02002	.083	-22.5882	.9882
	post test control	-11.90000*	4.02002	.047	-23.6882	-.1118
Post test Social skills	Pretest Social Skills	-11.40000	4.02002	.061	-23.1882	.3882
	pretest control	-22.20000*	4.02002	.000	-33.9882	-10.4118
	post test control	-23.30000*	4.02002	.000	-35.0882	-11.5118
pretest control	Pretest Social Skills	10.80000	4.02002	.083	-.9882	22.5882
	Post test Social skills	22.20000*	4.02002	.000	10.4118	33.9882
	post test control	-1.10000	4.02002	.995	-12.8882	10.6882
post test control	Pretest Social Skills	11.90000*	4.02002	.047	.1118	23.6882
	Post test Social skills	23.30000*	4.02002	.000	11.5118	35.0882
	pretest control	1.10000	4.02002	.995	-10.6882	12.8882

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

Sullennees_Scores

Scheffe[a]

Relative groupings	N	Subset for alpha = 0.05		
		1	2	3
Post test Social skills	10	17.6000		
Pretest Social Skills	10	29.0000	29.0000	
pretest control	10		39.8000	39.8000
post test control	10			40.9000
Sig.		.061	.083	.995

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 10.000.

```
ONEWAY Sullenness Scores BY GROUPINGS
  /STATISTICS DESCRIPTIVES
  /MISSING ANALYSIS
  /POSTHOC=SCHEFFE ALPHA(0.05).
```

Hyp4
One-way

Descriptive

Sullenness Scores

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
Pre-test Positive reinforce	10	41.3000	15.47076	4.89228	30.2329	52.3671	19.00	70.00
Post-test positivereinforcement	10	22.8000	10.15218	3.21040	15.5376	30.0624	9.00	42.00
Pre-test Social Skills	10	29.0000	8.04156	2.54296	23.2474	34.7526	17.00	41.00
Post-test Social skills	10	17.6000	4.06065	1.28409	14.6952	20.5048	10.00	23.00
Total	40	27.6750	13.33856	2.10901	23.4091	31.9409	9.00	70.00

ANOVA

Sullennees_Scores

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3126.675	3	1042.225	9.842	.000
Within Groups	3812.100	36	105.892		
Total	6938.775	39			

Post Hoc Tests

Multiple Comparisons

Dependent Variable: Sullennees_Scores

Scheffe

(I) Relative groupings	(J) Relative groupings	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Pretest Positive reinforce	post testpostivereinforcement	18.50000*	4.60199	.004	5.0053	31.9947
	Pretest Social Skills	12.30000	4.60199	.086	-1.1947	25.7947
	Post test Social skills	23.70000*	4.60199	.000	10.2053	37.1947
post testpostivereinforcement	Pretest Positive reinforce	-18.50000*	4.60199	.004	-31.9947	-5.0053
	Pretest Social Skills	-6.20000	4.60199	.616	-19.6947	7.2947
	Post test Social skills	5.20000	4.60199	.736	-8.2947	18.6947
Pretest Social Skills	Pretest Positive reinforce	-12.30000	4.60199	.086	-25.7947	1.1947
	post testpostivereinforcement	6.20000	4.60199	.616	-7.2947	19.6947
	Post test Social skills	11.40000	4.60199	.125	-2.0947	24.8947
Post test Social skills	Pretest Positive reinforce	-23.70000*	4.60199	.000	-37.1947	-10.2053
	post testpostivereinforcement	-5.20000	4.60199	.736	-18.6947	8.2947
	Pretest Social Skills	-11.40000	4.60199	.125	-24.8947	2.0947

*. The mean difference is significant at the 0.05 level.

Homogeneous Subsets

Sullennees_Scores

Scheffe[a]

Relative groupings	N	Subset for alpha = 0.05	
		1	2
Post test Social skills	10	17.6000	
post testpostivereinforcement	10	22.8000	
Pretest Social Skills	10	29.0000	29.0000
Pretest Positive reinforce	10		41.3000
Sig.		.125	.086

Means for groups in homogeneous subsets are displayed.

a. Uses Harmonic Mean Sample Size = 10.000.

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UNIANOVA Sullenness Scores BY GROUPINGS Gender
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Hyp4 Univariate Analysis of Variance

Between-Subjects Factors

		Value Label	N
Relative groupings	1.00	Pretest Positive reinforce	10
	2.00	post test positive reinforcement	10
Gender	1.00	Male	10
	2.00	Female	10

Descriptive Statistics

Dependent Variable: Sullenness_Scores

Relative groupings	Gender	Mean	Std. Deviation	N
Pretest Positive reinforce	Male	30.2000	8.55570	5
	Female	52.4000	12.54193	5
	Total	41.3000	15.47076	10
post test positive reinforcement	Male	17.0000	7.03562	5
	Female	28.6000	9.91464	5
	Total	22.8000	10.15218	10
Total	Male	23.6000	10.14561	10
	Female	40.5000	16.46039	10
	Total	32.0500	15.88271	20

Tests of Between-Subjects Effects

Dependent Variable: Sullenness Scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	3279.750[a]	3	1093.250	11.560	.000
Intercept	20544.050	1	20544.050	217.225	.000
GROUPINGS	1711.250	1	1711.250	18.094	.001
Gender	1428.050	1	1428.050	15.100	.001
GROUPINGS * Gender	140.450	1	140.450	1.485	.241
Error	1513.200	16	94.575		
Total	25337.000	20			
Corrected Total	4792.950	19			

a. R Squared = .684 (Adjusted R Squared = .625)

Estimated Marginal Means

Grand Mean

Dependent Variable: Sullennees_Scores

Mean	Std. Error	95% Confidence Interval	
		Lower Bound	Upper Bound
32.050	2.175	27.440	36.660

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Hyp5 Univariate Analysis of Variance

Warnings

Post hoc tests are not performed for Relative groupings because there are fewer than three groups.

Between-Subjects Factors

		Value Label	N
Relative groupings	3.00	Pretest Social Skills	10
	4.00	Post test Social skills	10
Gender	1.00	Male	10
	2.00	Female	10

Descriptive Statistics

Dependent Variable: Sullennees_Scores

Relative groupings	Gender	Mean	Std. Deviation	N
Pretest Social Skills	Male	30.0000	8.71780	5
	Female	28.0000	8.18535	5
	Total	29.0000	8.04156	10
Post test Social skills	Male	16.0000	3.93700	5
	Female	19.2000	3.89872	5
	Total	17.6000	4.06065	10
Total	Male	23.0000	9.75249	10
	Female	23.6000	7.61869	10
	Total	23.3000	8.52303	20

Tests of Between-Subjects Effects

Dependent Variable: Sullenness Scores

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	685.400[a]	3	228.467	5.261	.010
Intercept	10857.800	1	10857.800	250.036	.000
GROUPINGS	649.800	1	649.800	14.964	.001
Gender	1.800	1	1.800	.041	.841
GROUPINGS * Gender	33.800	1	33.800	.778	.391
Error	694.800	16	43.425		
Total	12238.000	20			
Corrected Total	1380.200	19			

a. R Squared = .497 (Adjusted R Squared = .402)

Estimated Marginal Means

Grand Mean

Dependent Variable: Sullenness Scores

		95% Confidence Interval	
Mean	Std. Error	Lower Bound	Upper Bound
23.300	1.474	20.176	26.424