

**A COMPARATIVE ANALYSIS OF THE
EFFICACY OF TWO COUNSELLING
TECHNIQUES ON SELECTIVE MUTISM**

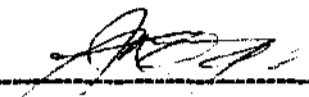
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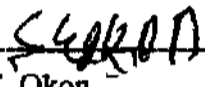
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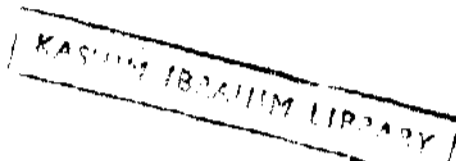
CERTIFICATION

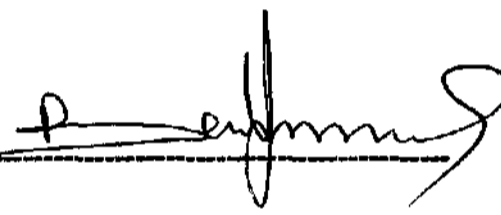
This thesis entitled "A comparative analysis of the efficacy of two counselling Techniques on selective mutism" by Bawa, Josephine O. meets the regulations governing the award of the Degree of Master's Degree in Education (Guidance and Counselling) of Ahmadu Bello University, Zaria and is approved for its contribution to scientific knowledge and literary presentation.


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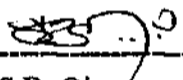
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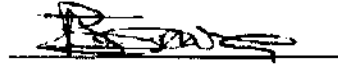

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DECLARATION

I BAWA, JOSEPHINE ONOZARE hereby declare that this thesis is a record of my own research work. It has not been presented partially or wholly anywhere in any previous application for a higher degree in this University or any other institution. Information derived from published work of others has been acknowledged in the text.



BAWA, J. O. (Mrs)

DIGITIZED

DEDICATION

This thesis is dedicated to my children Oyisi and Mama Pee for their co-operation during the course of this study.

ACKNOWLEDGEMENTS

The researcher gratefully acknowledged Dr. J. A. Ogunbi of Mass Communication Department Ahmadu Bello University, Zaria who supervised every stage of this work. His personal commitment to the research work, constant encouragement, constructive criticism and moral support is deeply appreciated. I am equally grateful to Prof. S. E. Okon for the encouragement he offered throughout the course of this work.

The constant assistance received from Mrs. C. A. Agochukwu in the course of this study is highly appreciated. Warm appreciation is also due to Dr. Mamman Musa who helped with the statistical analysis of the data.

The Proprietress of Therbow School, Mrs. Theresa Bowyer and the Headmistress of Ahmadu Bello University Staff School Hajiya H. Jatau deserve special thanks for allowing me use their pupils for the research work. The active support and cooperation of teachers from the two schools is also gratefully acknowledged.

My sincere gratitude goes to Dr. D. F. Kolo, Dr. (Mrs) C. Azonabor, Prof. M. J. Shuaibu, Dr. J.S. Aliyu, Mrs. D. O. Otu, Dr. V. O. Oyanbe, Mrs. R. I. Adewara and other members of staff of the Institute of Education for their numerous help and encouragement rendered both during and after the period of data collection.

The financial and moral support, abundantly given by my parents and my sister Miss Beatrice O. Bello is deeply appreciated.

Lastly, I wish to express my profound gratitude to my darling husband, Mr. G. S. Bawa, our little son Oyisi and our daughter Precious for their love, prayers, care and understanding throughout the duration of the study.

And to God almighty who bestowed on me his divine grace during the course of the study to make my dream come true, I am grateful.

ABSTRACT

The study was carried out to determine the causes of selective mutism in children and the effectiveness of Assertive Training and Token Economy in remediating selective mutism. The study was quasi-experimental in nature with 48 subjects allotted to four treatment groups as follows:

T₁ - Assertive Training Group

T₂ - Token Economy Group

T₃ - Negative Control Group

T₄ - Positive Control Group

Each of the treatments were replicated thrice.

A checklist and a sociometric technique were used to identify the children in the classroom and a structured interview was also used to gather more information from the subjects.

The t-test and descriptive statistics were employed in the statistical analysis of the data collected to find out the effectiveness of the two counselling techniques that were used.

The findings of the study has established the fact that socioeconomic status of the parents of the subjects is a contributing factor to selective mutism. The inability to communicate in English, unfriendly attitude of the teachers, fear of getting into trouble with other members of the class were identified as major causes of selective mutism.

The use of Assertive Training and Token Economy were effective in remedying selective mutism. Token Economy, however, had higher mean score than Assertive Training although there was no significant difference ($P > 0.05$) between the two counselling techniques used. Assertive Training had a mean score of 31.92 while Token Economy had 37.25, the t-computed

(1.79) was found to be less than the t-critical (2.07) and so there was no significant difference in the use of the two techniques.

Based on the findings of this study, the following recommendations were made:

1. The teacher should create avenues for discussion and interaction among the pupils in the classroom.
2. The Counselling Association should liaise with the Ministry of Education that counsellors are made available in the primary schools.
3. There is also the need for counselling periods in the time table. This will enable the children express their feelings and fears.

OPERATIONAL DEFINITION OF TERMS

- Assertive Training** - This is a practice an individual goes through to enable him or her express his or her feelings without necessarily hurting another person.
- Token Economy** - This is a behavioural technique used in remedying behaviour problems; tokens are made and administered when appropriate behaviour is exhibited. At the end of the agreed period the tokens are traded for their equivalent.
- Negative Control** - This implies to subjects in the control group who exhibit selective mutism.
- Positive Control** - This implies to subjects in the control group who do not exhibit selective mutism.
- Mutism** - A state of being silent, not speaking to anybody.
- Selective Mutism** - This is a state of keeping silent in any social gathering, particularly in the learning environment. The individual chooses who he wants to interact with and where. This is different from our cultural beliefs that a child should not express his views in the mist of his elders.

ABBREVIATIONS

Ass. Tra.	-	Assertive Training
Tok. Eco.	-	Token Economy
T ₁ R ₁	-	Treatment ₁ Replicate ₁
T ₂ R ₂	-	Treatment ₂ Replicate ₂
T ₃ R ₃	-	Treatment ₃ Replicate ₃
Neg. Cont.	-	Negative control
Post. Cont.	-	Positive control
T-Cal.	-	T-calculated
T-Cri.	-	T-critical
Pre tmt	-	Pre treatment
Post tmt	-	Post treatment

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CHAPTER 1

INTRODUCTION

1.1 Background of the Study

The home is the first agent of socialization with which the child comes in contact. The family which comprises the parents, siblings with or without relations are his primary reference group or significant individuals in his socialization. The child's ability to interact at home will help him learn his earliest concept of self. Slocum (1974), indicated that the family establishes the "cultural timetables" by which the child meets new experiences, acquires new skills and becomes aware of what the world expects from him stage by stage. As the child grows, he becomes ready for school.

The school as a socialization institution builds upon the foundation laid in the home. The period of schooling gradually sets in as the child reaches the age of three years. The child at this stage is very active and enjoys activities. He begins to comply with rules and regulations, carry out competitive tasks and relate with others. Most children at this age have one or two best friends which they change frequently. Their play group is usually small, not organised and frequent quarrels are experienced but they are usually forgotten within a short time. At this stage, children express their emotions freely and openly and they have many fears due to exposure to many unfamiliar experiences. It is at this stage that the child gradually begins to withdraw from people due to his unrealistic fears. When a child grows older with the fears, it becomes more difficult to reach him.

A child between the ages of six and eight years has a lot of energy to display. When this child keeps to himself, the teacher has to take note. As the child grows from one developmental stage to another, there are different developmental tasks for him at every developmental stage.

Developmental task according to Ipaye (1980),

are obligation that arise and have to be met during a broadly defined period of life; they are defined as skills, knowledge functions and attitudes that an individual at different points during the different developmental expectations, cultural dictates, personal efforts and motivation. Developmental tasks are sequential in nature, each task being a pre-requisite for the next one. Successful mastery of a task will result in adjustment and will prepare the individual for harder task ahead. Whereas failure in a given developmental task will result in a lack of adjustment, increased anxiety and social disapproval (pp. 20).

From this explanation of developmental task, one can see that for a child to grow up with no problem in adjustment, reduced anxiety and social approval, then he must have mastered the developmental task in their sequence. Each developmental task is a pre-requisite for the next one.

A trained and experienced teacher should be familiar with the different characteristics of children at different developmental stages. As the child grows older and continues to keep to himself, the teacher may suspect that there is something wrong. It must be noted that selective mutism which is a behavioural problem, whereby a child is selective as to who he wants to interact with and where he wants to, can go on for a long time without being detected. Therefore, this study intends to draw the attention of teachers and counsellors to selective mutism and to assess the effectiveness of two counselling techniques (Assertive Training and Token Economy) in remedying the problem.

1.2 Statement of the Problem

It is generally expected that a child should show a degree of friendliness to the people around him. There are instances when the child doesn't need to meet somebody more than once before he begins to interact with him/her, though this varies considerably among children.

However, there are instances where some children hardly talk to people who are not a part of their immediate family. These types of children keep to themselves in and out of the classroom. They sit alone, don't talk to anybody and hardly answers questions that are directed

to them. The child may not play with anybody in the class or on the playground. He may have no friend in the class. It is generally expected that children have one fear or the other. Miller (1974), stated that about 9 out of 10 children develop concrete fears during their childhood. These include fears of physical injury, natural events (storms) and social situations (e.g class recitation).

A child who exhibits selective mutism may have fears he has not been able to overcome and the object of fear may still be within his environment or clear in his memory. In a classroom situation, an experienced teacher will not take too long to suspect selective mutism. The teacher would have observed that the child keeps to himself despite several efforts to make him associate with others and, in some cases, he may begin to cry. The child hardly asks any question even when he doesn't understand what is taught in the class and hardly answers any question directed to him. His classmates may decide to leave him alone and nobody will want to have anything to do with him. The child, in his isolated state, wears a distant look most of the time and he can do whatever he wishes to do at his own time. An absolute conclusion to the problem is made when the parents confirm that the child has no speech defect and his ability to communicate is normal.

The American Psychiatric Association (1987), gave the following characteristics of a selectively mute child:

1. The child continually refuses to speak in almost all social situations including the school.
2. The child has the ability to speak and the ability to comprehend spoken language.
3. The problem is not due to another mental or physical disorder.

A child who doesn't exhibit selective mutism is observed to have some degree of socialization with other children in the classroom and on the playground. The child may not be a hero, one liked by everybody but at least he should have one or two best friends among his peer

group in the school particularly in the classroom.

In the African setting, there is a cultural orientation that children don't contribute to whatever is said in his presence, especially where those older than him are present. Any contribution to the discussion may be interpreted as rudeness. Observation in this condition would wrongly be interpreted that the child is mute, but this culturally imposed mute state doesn't extend to his peer group and learning situation where cases of selective mutism are identified.

For every individual, there is the need to achieve maximum potentials in growing and in learning but with the selectively mute child, this is not so. Since it is more of a psychological problem, the solution to the problem should be sought for in the same field. The study therefore, sought to find out the effectiveness of Assertive Training and Token Economy in remedying selective mutism in the classroom.

1.3 Research Questions

The study sought to find answers to the following questions:

1. What are the factors that contribute to selective mutism?
2. To what extent can Assertive Training and Token Economy assist in remedying selective mutism?
3. Which of the techniques (Assertive Training or Token Economy) is more effective in remedying selective mutism.

1.4 Hypotheses

The hypotheses are:

1. There is no significant difference in the mean response score of subjects who are to undergo Token Economy and Assertive Training.
2. There is no significant difference in the mean response score of subjects that undergo

Assertive Training before and after treatment.

3. There is no significant difference in the mean response score of subjects that undergo Token Economy before and after treatment.
4. There is no significant difference in the mean response score of subjects that were in the negative control group before and after treatment.
5. There is no significant difference in the mean response score of subjects that undergo Assertive Training and Token Economy after treatment.
6. There is no significant gender difference in the mean response scores of subjects to Assertive Training and Token Economy.
7. There is no significant difference in the mean response of subjects in the low socio-economic status and high socio-economic status.
8. There is no significant difference in the mean response score of subjects that were in the negative control group and positive control group after treatment.

1.5 Objectives of the study

The objectives of this study are to:

1. Identify the probable causes of selective mutism in children.
2. Compare the effectiveness of Token Economy and Assertive Training as remedy of selective mutism.

1.6 Significance of the study

The study is important in that the findings, suggestions and recommendation will help teachers understand selective mutism and how to cope with, work with and help selectively mute children in the classroom. In doing this, the child will be able to adjust to the school, feel better about himself and his academic performance will improve.

The study is also significant because it will provide a comprehensive analysis of the

efficacy of the two counselling techniques - Token Economy and Assertive Training on the remedying of selective mutism.

The economic situation of the country has made most families look for various means of meeting their economic responsibilities both at home and in the society. This has led to parental neglect of the child and has left the child with a feeling of not being wanted and inadequate. The study will therefore draw the attention of parents and children workers to symptoms which could easily be identified in a child who is selectively mute.

Since this study is an exploratory one, nobody has done any work in this field before in our setting, it is believed that an awareness for the need for counsellors in the primary school will be made known.

The early application of either of the two counselling techniques should be encouraged in remedying selective mutism in schools.

1.7 Basic Assumptions

The basic assumption in this study are:

1. The child is an active agent in his environment provided his environment is favourable.
2. The healthy social environment normally helps in any detection of children with the problem of selective mutism.
3. The teacher's function includes keen observation of the children under his care and this normally will include detection of children who have the problem of selective mutism.

1.8 Delimitation

The research was delimited to primary school children in classes four, five and six in Ahmadu Bello University Staff School and Therbow School Zaria. The study had children that exhibited selective mutism for the treatment group and one control group while the second control group were children that didn't exhibit selective mutism.

CHAPTER 2

REVIEW OF RELATED LITERATURE

2.1 Introduction

In this Chapter, the review of related literature covers selective mutism as a behavioural problem in the classroom. The following sub-headings were examined:

- i. Behaviour disorder
- ii. early explanation on selective mutism;
- iii. nature of selective mutism;
- iv. psychoanalytical view of selective mutism;
- v. behaviourist view of selective mutism;
- vi. types of mutism;
- vii. concept of token economy;
- viii. concept of assertive training;
- ix. techniques applied in past remedying efforts and their inadequacies;
- x. what gap in knowledge the result of the study hopes to fill.

2.2 Behaviour Disorder.

Behaviour problems in children have been in existence for a very long time and many people have tried to find appropriate medication and therapy for them. Educationists, psychologists, medical practitioners and other professionals in related fields of study, have shown marked interest in behaviour disorder. Kauffman (1977), defined behaviour disorder as those who chronically and markedly respond to their environment in socially unacceptable and or personally unsatisfying ways but who can be taught more socially acceptable and personally gratifying behaviour. Many people have expressed the fact that behaviour disorder (or emotional

behaviour disorder (or emotional disturbances) is quite difficult to define (Neely, 1982), although Rhoda and Tracy (1972), made an attempt to compile frameworks and theories into a manageable format. They have identified the following models as crucial ones in the definition and interpretation of emotional disturbance:

- i. Biological approach: analyzes genetic, neurological and biochemical factors that may cause disturbed behaviour;
- ii. Psychoanalytical approach: recognizes the importance of discovering why a child behaves as he or she does but also stress the acquisition of academic and daily living skills;
- iii. Psychoanalytic approach: sees behavioural disorder as symptomatic of a child being out of touch with self and his feelings;
- v. Ecological approach: view emotional disturbance as a result of poor interaction of the child with elements of the environment (home, community etc);
- vi. Behavioural approach: considers all behaviour as learned, therefore emotional disturbance represents inappropriate learning;
- vii. Sociological approach: emphasizes the importance of the group and the individual's role in defining the importance of deviance to society.

In view of the fact that these models or theoretical framework views disturbance in a slightly different way, different definition might arise from them. Bower (1969), had a list of certain characteristics in children that should frequently manifest across time before the child is labelled seriously emotionally disturbed. They include:

1. an inability to learn which cannot be explained by intellectual, sensory or health factors;
2. an inability to build or maintain satisfactory interpersonal relationships with peers

3. inappropriate types of behaviour or feelings under normal conditions;
4. a general pervasive mood of unhappiness or depression;
5. a tendency to develop physical symptoms, pains or fears associated with personal or school problems.

The etiology of emotional disturbance can be explained by any of the models listed previously by Rhodes and Tracy (1972). There may be biomedical causes (genetic, hormonal, vitamin imbalance), environmental causes (family interaction, child abuse), or ecological causes (child/school/home interaction). According to Neely (1982), it must be kept in mind that disturbance is in the eye of the beholder - that is the training values, cultural background and experience of the persons doing the diagnosis all enter into the findings.

Looking into the learning characteristics of behaviour disordered or emotionally disturbed children does not reflect any specific learning characteristics not found in normal children, although many, according to Neely (1982), have fallen behind in school and their sense of academic task may contribute to their disturbed behaviour. Neely went further to give two main groups of behaviour disturbed child. They are:

1. Hyperactive - aggressive children;
2. Fearful, withdrawn

The aggressive, acting-out child is likely to be noticed by the school authorities at an early age but the withdrawn child is equally at risk and must receive service too.

2.3 Origin and Early Explanation on Selective Mutism

The discovery of selective mutism was first made by a man named Kussmaul in 1877 and it was formally identified by Tramer in 1934. Since then, there has been quite a number of findings on selective mutism. Sanok and Ascione (1979), indicated that some authors suggested the use of selective mutism which will indicate that the child is mute under specific

environmental circumstances but it must be noted that quite a number of authors refer to the disorder as elective mutism.

In 1987, the American Psychiatric Association gave the following features of a selectively mute child:

1. The child continuously refuses to speak in almost all social situations including the school;
2. The child has the ability to speak and the ability to comprehend spoken language;
3. The problem is not due to another mental or physical disorder (Reynold & Fletcher, 1987).

Gelfand *et al.* (1982), reported that selective mutism has occasionally been confused to be reluctance in speech. Although reluctant speech is a normal frequency of speech under one set of stimulus condition and a very low level of speech in others.

2.4 The Psychoanalytical View

The psychoanalysts believe that childhood development is in five stages. They are:

1. The oral stage;
2. The anal stage;
3. The phallic stage;
4. The latency period; and
5. The genital stage

The psychoanalysts view the selectively mute child as belonging to the oral stage. It is a stage where infants are known to centre activities at the region of the month. They see two psychological phenomena emerging during the oral stage that is fixation and regression. These, they believe, are the two phenomena used frequently to describe child behaviour. Freudians believe that too much gratification especially if it helps to relieve anxiety or tension may bring

about fixation. According to Chess and Hassibi (1978), it is a defense against oral aggression impulse. Aggression according to Johnson and Medinnus (1974), refers to the tendency to return to an earlier mode of obtaining satisfaction when frustrated or anxious. A child who is quite sociable may withdraw from people when faced with a new or strange situation or when tensed and fatigued. Regression may occur in adults too according to the Freudian psychology but the method of gratification may be camouflaged.

2.4.1 The Behaviourist View

The behaviourist view mutism as a way of acquiring a fear-reducing function in a *chronically anxious and timid child and is maintained by environmental reaction to it.* According to Chess and Hassibi (1978), the background history of some children reveal a traumatic experience associated with the child's verbalization attempts during the period of language development. Sherman and Farina (1974), stated that parents who are obtuse are likely to have children whose social skills are not well developed. Parental over-restriction, lack of opportunity for social learning and early rebuff in social interaction with peer may contribute to a child learning to play in isolation from others and avoiding social contacts. According to Chess and Hassibi (1978), children from abusive families soon learn that to be silent is to be safe and thus may equate silence with safety everywhere and in some cases the child has been schooled in the necessity for remaining silent and non-communicative with people outside the family. They went further to say that the most commonly implicated factors are a combination of situational factors such as initial withdrawal from novel situations and a tendency towards slow adaptation, speech difficulties or traumatic experiences associated with language development, feeling of insecurity and fear leading to withdrawal as the most effective defence. This can be said to be in agreement with the view of Adams and Glaser (1954), that it is a child's reaction to a hostile environment. The child views every new environment as hostile and his

lack of participation and non-compliance are a sign of his rejective attitude.

2.5 Types of Mutism

According to Kolvin and Fundudis (1981), there are two groups of mutism.

1. Biological in nature;
2. Psychological in nature

The biological form of mutism is typically associated with profound deafness, mental handicap and infantile mutism. The psychological form of mutism is further divided into two - the traumatic mutism and selective mutism. Traumatic mutism is as a result of one having a sudden shock (psychological and physical) and thus considered a hysterical reaction. Selective mutism is speech confined to a familiar situation or small group of selected others. Withdrawal behaviour is a part of selective mutism. According to Sadiku (1991), a withdrawn child does not participate in class activities. He rarely asks or answers questions and keeps to himself.

2.6 Concept of Token Economy

Token economy was first derived from operant conditioning and was originally developed and used in mental homes. The description of it was first made by Ayllon and Azrin in 1968. Since then it has become popular means of providing reinforcers in special education setting and other varieties of settings including juvenile delinquents, school children, mentally retarded etc.

A Token Economy is a structured behaviour management system in which tokens are dispensed for a variety of classroom behaviours (Ysseldyke and Algozzine, 1980). Tokens are earned and used to purchase various back-ups including goals and services. In a Token Economy programme, tokens function in a manner similar to money in a national economy (Kagel and Winnett, 1972). The system consists of some tangible things such as chips, strips of

coins, stars, etc which are earned for the performance of desired behaviour. Tokens can therefore be said to be used as a medium of exchange, enabling the child obtain those things which are most motivating.

In developing a token economy for therapeutic purposes, firstly, it is very important to make the target behaviour(s) on which tokens are contingent as explicit as possible. Secondly, it is necessary to specify the rate of exchange of tokens for back-up reinforcers so that it is clear how many tokens are required to purchase various reinforcers (Marholin and McInnis, 1978; Ihenacho, 1990 and Ysseldyke and Algozzine, 1984).

Advantages of Token Economy

1. Tokens are potent reinforcers and can often maintain behaviour at a higher level than other condition reinforcers such as praise, approval and feedback.
2. They bridge the time period between the desired response and back-up reinforcement.
3. Tokens, being exchangeable for a variety of things, are not apt to lose their reinforcing power through repeated administration (Satiation effect).
4. Since tokens are not consumable (e.g. as with food) or do not require performance of behaviour that may be incompatible with the target response, e.g. participating in a special activity, they may be easily administered without interrupting the target behaviour.
5. Tokens permit administering a single reinforcer, e.g. activities and privileges which might have to be otherwise earned in an all or none fashion.

(Extracted from Kazdin, 1975. Recent Advances in Token Economy Research)

2.7 Concept of Assertive Training

Assertive training is a technique used by behaviour therapists to help young people overcome social anxiety and inhibition and to aid in the development of greater interpersonal

skills and more effective and spontaneous social behaviour. Neely (1982), stated that assertive training assists both the shy, non-assertive student and the aggressive ones to function in positive ways with other people. Rychala (1981), defined assertive training as the proper expression of any emotion other than anxiety towards another person. Lack of social competency is a problem for a larger portion of the population, this problem is so severe a difficulty that they must lead isolated and fearful lives (Rose, 1977). The lack of social competence include inability to express hostility, criticism or warmth and over emphasised niceties, even when they are offended they never think of complaining. In assertive training, individuals are constantly reminded of negative consequences of non-assertive behaviour and they are encouraged to act out and practise assertive skills (Sue *et al.*, 1986).

This technique, according to Wolpe (1981), consists of role-playing. He went further to say that it is a behavioural rehearsal by which a kind of role-playing situation is done; he would take identity of some person who had been giving the client through some form of interpersonal behaviour. In addition, Gottesfeld (1979), stated that assertive training consists of play acting in which the therapist helps the patient re-enact or prepare for scenes in the patient's life. By learning how to play his/her role effectively, the patient learns how to deal more effectively with future situations.

Advantages of Assertive Training

1. Assertive training identifies a therapeutic procedure aimed at increasing a client's ability to engage in socially appropriate and satisfying behaviours.
2. In Assertive Training (group setting), provision is usually made for variety of social situations and potential roles that each member can play.
3. Role-playing, modelling and rehearsal offer each client an opportunity to assert him/herself either as a leader, therapeutic partner or consultant to other group members.

4. Assertive training makes clients more aware of their behaviour that is not socially appropriate and also takes note of the period of occurrence.

(Extracted from Morse and Watson, 1977. *Psychotherapies: A Comparative Case Book*)

2.8 Review of Related Studies

In handling behaviour disorder, many authors have suggested behaviour therapy which simply means treatment and attempt to remove the symptom's of maladaptive behaviour. Behaviour therapy is based on learning theory. The proponents of this theory believe that maladaptive behaviour can be unlearned and adaptive behaviour learned in its place.

In the various treatments of selective mutism, Chess and Hassibi (1978), suggested a removal and placement in a residential treatment area or centre. They went further to suggest that the child should be involved in a long-term non-verbal therapy with the hope that he will begin to talk to others while preserving his non-speaking stand against the therapist. Behaviour modification and desensitization have also been recommended in classroom setting.

Meanwhile, in the case of fear and phobic situation, Bruer (1976), stated that it is common in children but more frequent in girls than boys. He further said that treatment had been in the use of classical and operant conditioning procedures. The principal strategy was in vivo desensitization in which the child was exposed to increasing greater contacts (Lazarus *et al.*, 1965).

Eliciting initial verbal output when the child is non-verbal has presented problems in treatment but behaviour procedures have been rather successful in modifying selective mutism (Bauermester and Jemail, 1975; Calhoun and Koenig, 1973; Colligan *et al.*, 1977; Griffith *et al.*, 1975; Van Der Kooy and Webster, 1975). Though the treatment procedures have varied greatly between studies, they have often emphasised reinforcement of verbal activities.

In a study conducted by Herward and Orlansky (1978), on a child who was exhibiting

selective mutism at school, an individual Token Economy system was used and the child was reported to have improved greatly. The result was successful due to the cooperation of the teacher, classmates and parents of the child. In another study reported by Semenoff *et al.* (1976), a 6-year old selectively mute child was treated using a technique known as shaping which is closely related to positive reinforcement. Shaping entails reinforcing successive approximations to target behaviour with each being slightly closer to the final target behaviour.

In view of the various studies that have been done in this field, this research hopes to contribute in the following ways:

1. Selective mutism has not received attention in our environment here and since the problem exists in our children, this investigation is to draw attention to it.
2. that though these reports are all from other parts of the world, we want to see how responsive these children will be to treatment vis-a-vis the reports reported elsewhere.

2.9 Summary

This chapter has tried to give various authors' views on selective mutism. The use of Token Economy and Assertive Training for remedying selective mutism has been reviewed. The psychoanalytical and behavioural view of selective mutism was looked upon. The chapter was concluded by giving the various ways people have worked with selectively mute children. Most writers, however, do not clearly state the cause of selective mutism but go directly into the treatment. The treatment of any problem is more effective when there is known probable cause of the problem.

RESEARCH METHODOLOGY

3.1 Introduction

This chapter contains the design of the study, the expected population and the method of selection of samples and sample size. The chapter also includes a description of the research instrument used for the identification of the selective mute children in the classroom and a breakdown of the counselling techniques. The statistical method used for the analysis of the data collected was also discussed.

3.2 Research Design

The research method adopted for this study was quasi-experimental in nature. The quasi-experimental design for this study is the separate- sample- pretest- post-test Control Group Design (Campbell and Stanley, 1963). According to Nwana (1992), any study in which the investigator deliberately interferes with the situation by controlling what groups are exposed to certain conditions is an experimental study. This study, however, is quasi-experimental since *absolute control is usually not possible. There can only be partial control on the independent variable* (Nwana, 1992).

In this study, the researcher had two groups - the experimental group and the control group. Each of these groups were further divided into two. The experimental group was made up of the Token Economy group and the Assertive Training group while the control group was made up of positive control (children who do not exhibit selective mutism) and negative control (children who exhibited selective mutism).

Each group was made up of four subjects which according to Loeser (1957), is ideal for group counselling and group therapy. This he went further to say will enhance a good rapport between the group members and the researcher. The treatment which was in groups was also

in replicates. The design is given below.

T_1R_1	T_2R_1	T_3R_1	T_4R_1
T_1R_2	T_2R_2	T_3R_2	T_4R_2
T_1R_3	T_2R_3	T_3R_3	T_4R_3

Key: T = Treatment

R = Replicate

3.2.1 Population

The population for this study was made up of all the primary school children in classes four, five and six in two primary schools. This class range was preferable because they would be more mature and would take to instructions without much difficulty. The two primary schools are:

1. Ahmadu Bello University Staff School (main campus)
2. Therbow Primary School, Zaria.

The two schools were selected in order to get the minimum sample size that is required for any experimental study to be possible. The researcher decided to work with children at this level because it is believed that behavioural problems for example aggression, hyperactivity, isolation and many more start from early childhood (Rogers, 1977). This could be seen in the nursery sections, classes one, two and sometime three. When it proceeds further, then the child is suspected to have problems. If there is no proper intervention according to Brehm (1978), the child can grow to have a sad adolescence period and in some cases a lonely adulthood.

3.2.2 Sample and sampling procedure

The sample size was made up of children who exhibited selective mutism from classes four, five and six in the research population. The selection was done through teacher's observation and nomination from their previous knowledge of the children. When these children

were motivated by their teachers, they were given a behavioural checklist which they used to assess them. Other instruments that were used have been discussed under instrumentation.

The study had a sample size of 48 subjects which is agreeable to Roscoe (1969), who said that for a sample size as small as 20 to 30 a workable experimental study can be carried out or conducted.

3.2.3 Instrumentation

The instruments that were used in this study include an observational checklist which was given to the teachers for rating during class periods and break periods. Each behaviour traits carries five points. The lower the score of the child the more serious the problem. Shetzer and Stone (1981), reported that observation provides practical ways of testing the worth of ideas that have been formulated about the individuals. They went further to say that it is the ability to describe accurately the way the person observed reacts to a given situation. The checklist that was used had been used by another researcher in identifying withdrawal behaviour in the classroom (Sadiku, 1991) Appendix I.

A sociometric technique was used to identify the interaction among the class children. The variables usually measured with a sociometry range from group acceptance and rejection of individuals and relationships among individuals. In this study, the sociometric technique that was adopted is the Classroom Social Distance Scale which was designed by Cunningham and her associates as cited by Cohen (1976) Appendix II.

In addition a structured interview was used to collect more information from the subjects Appendix III.

3.3 Statistical Analysis of Data

The statistical method used for the analysis and interpretation of the data generated from this study were the T-test and descriptive statistics. The T-test was used because it is appropriate

for large samples but more appropriate for small sample size. It was also appropriate since the samples are of equal means and the samples were all drawn from the same population.

3.4 Procedure

The checklist was given to the teachers to assess the children they had nominated as having the behaviour problem of selective mutism. The children who were identified as selectively mute were divided into three groups. The three groups are the treatment groups and the negative control group. Two counselling techniques were used on the experimental group to test the efficacy of the two techniques on selective mutism. On the other hand, the control group was also in two groups the positive control and the negative control group.

The control groups were not exposed to any treatment but rather they were encouraged to try their best to interact with other children in the classroom.

The checklist provided data for the research in respect to the behaviour of the subject. This instrument was used because it provided relevant information on the subjects behaviour during class periods and break period.

For accurate assessment, the checklist was given to the class teacher to assess. This was done to prevent experimenter's bias. The teachers were taught on how to use it for each child that is suspected to be selectively mute. Meanwhile, the second group of the control group was made up of children that did not exhibit selective mutism which were also rated according to the checklist.

The experimental groups were exposed to treatment which lasted eight (8) weeks and for each week, there was two sessions which lasted about twenty (20) to twenty-five (25) minutes. During the session, the effectiveness of the two counselling techniques (Token Economy and Assertive Training) on selective mutism was tested.

Note that the two sessions were written out as one whole session for a week's meeting.

3.4.1 Pre-treatment session

This session come prior to the treatment week. This form part of the introductory meeting of the researcher with the subject.

During this period, the objective of the study that is to find out what were the causes of selective mutism and compare the effectiveness of Token Economy and Assertive Training was discussed with the subjects after the nomination and identification of the subjects by the teacher. The selective mute subjects were separated into three groups by their classes, those in primary four were allotted to the first treatment, class five was for the control group (negative control) and primary six for Assertive training. This group was necessary to reduce any effect the treatment group had on the control group particularly the negative control group. The positive control group was made available by the teacher.

3.4.2 Treatment session

Two groups were involved - the treatment group (token economy and Assertive training) and the control group (positive control and negative control) which was not exposed to any treatment.

3.4.3 Token Economy

First session (1st week)

- i. The subjects were asked to introduce themselves for example, name, class, age likes and dislikes etc. Two of the pupils were allowed to share with the group something that happened that week that was unpleasant to them and how they reacted.
- ii. The researcher also told them a story after which they were able to tell the group what they learnt from the story. This was done to enable them relax.
- iii. There was an introduction into the treatment programme in other words, the researcher gave a brief explanation on what selective mutism was and what token economy is all

about to enable them understand the technique and behaviour they were exhibiting (selective mutism).

- iv. There was a brief talk on the adverse effect of selective mutism especially on their inability to make friends and ask questions about what they don't know or understand.
- v. The pupils were assured of confidentiality of whatever is discussed and their identity also were kept secret.

(A period of 40 minutes was allocated to this session).

Second session (2nd week)

- i. The researcher again opened the session with a motivational exercise for example, what happened yesterday when you got home from school?. Each child was allowed to tell the group what happened. They were also allowed to narrate anything that happened to them that they didn't like which they still remember.
- ii. A review of the previous session was made to be sure the children understood what we were doing.
- iii. There was an agreement on how the tokens would be given and when they would be given. The discussion continue with an agreement on how the tokens earned would be stored.
- iv. An open discussion was introduced by the researcher and the pupils were given opportunities to contribute. As they contributed appropriate tokens were given to them.
- v. When activity four is concluded another discussion on what they feared most in the classroom was initiated. As the children respond, tokens were given to them.
- vi. The subjects were given a take home assignment (unpleasant instances that make them keep to themselves in the classroom) which they presented to the group.
- vii. Subjects were given equivalent of the total number of tokens they were able to get for

that week.

(A period of 46 minutes was allocated for this session).

Third session (3rd week)

- i. The researcher gave all those that did their assignments tokens.
- ii. Each child was allowed to tell the group his experience and others were allowed to contribute to his write up by either commending him or criticising him. As they talked tokens were given to them.
- iii. The same assignment as in the 2nd session but a different experience was encouraged.
- iv. Tokens were given as responses were made. At the end of this week, the subjects were given equivalent privilege of the total number of tokens they were able to gather. (A period of 50 minutes was allocated to this session).

Fourth session (4th week)

- i. The researcher introduced a general discussion about the classroom for example when the teacher asks a question and he is asked to answer the question and other children in the classroom start laughing at him what happens?
- ii. As the pupils listened, the researcher watched out for their facial expression and they were allowed to give their views about it.
- iii. The children were awarded tokens as they contributed to the discussion.
- iv. The researcher and the subjects dramatised the classroom situation.
(50 minutes was allocated to this session).

Fifth session (5th week)

- i. By this week, a leader had emerged and the group did what they had done for the previous week. The leader now acted as the teacher.
- ii. After the repetition of the previous session, the subjects were introduced to the next stage

of the treatment which was gradually introducing to the classroom.

- iii. Role - playing and rehearsal of the classroom was conducted.
- iv. There was an agreement on the move to the classroom and the researcher promised to be present once in a while. At the end of this week, the appropriate privileges was awarded to each child.

A period of 50 minutes was allocated for this session).

Sixth session (6th week)

- i. There was a review of the previous session and the agreement to move to the classroom.
- ii. The subjects were allowed to go to their various classes with the assurance that the researcher would be there for a lesson.
- iii. In their various classes tokens were kept aside for them as they were responding to questions in the class.
- iv. A sub-session here was made up of the pupils. Telling their experiences in the classroom. Each person told the others how many tokens he was able to get. Assignment was given to them to do in the classroom.

(A period of 50 minutes was allocated to this period).

Seventh session (7th week)

- i. This was as the previous session (session six).
- ii. The researcher gradually withdrew tokens for a smile of approval or a wink etc.

Eighth session (8th week)

- i. The researcher gradually withdrew herself but whenever she was present, a smile of approval was still given.
- ii. The researcher completely withdrew herself from the classroom scene by the end of this week and allowed the teacher give feedback.

3.4.4 Assertive Training

First session (1st week)

- i. The subjects were asked to introduce themselves for example name, class, age, likes and dislikes. Two of the pupils were allowed to share with the group something that happened that week that was unpleasant to them and how they reacted.
- ii. The researcher also told them a story after which they were able to tell the group what they learnt from the story. This was done to enable them relax.
- iii. There was an introduction into the treatment programme in other words, the researcher gave a brief explanation on what selective mutism was and what assertive training is all about to enable them understand the technique and how it was going to be used to remedy selective mutism.
- iv. There was a brief talk on the adverse effect of selective mutism especially on their inability to make friends and ask questions about what they don't know or understand.
- v. The pupils were assured of confidentiality of whatever was discussed and their identity also were kept secret.

(A period of 40 minutes was allocated to this session).

Second session (2nd week)

The researcher again opened this session with a motivational exercise. For example, *what happened yesterday that was not pleasing to you? Each child was allowed to tell the group anything that happened to them that they didn't like and still remember.*

- ii. A review of the previous session was done to check whether the children understood what they were doing.
- iii. The children were taught how to take down notes of unpleasant situations.
- iv. A practical example was given to them and room was made for discussions.

(A period of 45 minutes was allocated for this session).

Third session (3rd week)

- i. The session was started by an introduction of the previous session.
- ii. An unassertive behaviour was given as an example and the pupils were allowed to criticise the behaviour with the help of the researcher and appropriate assertive behaviour employed.
- iii. Two of the pupils were allowed to give examples too and every member of the group was allowed to criticise the behaviour and give an assertive response that is appropriate.

The pupils were given assignments to write out anything that happened to them that wasn't pleasant in their jotters for group discussion.

(A period of 45 minutes was allocated for this session).

Fourth session (4th week)

- i. The pupils were allowed one after the other to present what he/she had in his jotter before the group.
- ii. The behaviour was role-played and the children were allowed to make comments.
- iii. Every child was given an opportunity to talk and anybody who didn't write anything was encouraged to do so next time.

(A period of 50 minutes was allocated for this session).

Fifth session (5th week)

- i. The researcher encouraged more role-playing of behaviours that they had put down in their jotters. This was done by every member of the group.
- ii. Characters for role-playing was interchanged as the programme progressed and the researcher acting as the audience as they put on the appropriate assertive behaviour. At this stage, a leader for the group had emerged.

(A period of 50 minutes was allocated for this session).

Six session (6th week)

- i. There were more reports from their jotters for acts of assertive training for distressing periods.
- ii. There was an introduction of the next stage of the treatment which was gradual introduction of these assertive behaviour for unassertive ones in the classroom.
- iii. They were assured of the researchers presences once in a while in the classroom.
- iv. The children were allowed to ask questions from the introduction into the classroom.

(A period of 50 minutes was allocated for this session).

Seventh session (7th session)

- i. The researcher visited the subjects in their various classes.
- ii. There was a session after the classroom encounter for discussion of whatever happened.
- iii. Their experiences were shared and they were allowed to express their feeling.

(A period of 45 minutes was allocated for this session).

Eighth session (8th week)

- i. Gradually, the researcher reduced her visits to the classroom but a feedback was given to her by the classroom teacher.
- ii. By the end of the eighth week, there was no more visit to the classroom but the children were given free access to the researcher on how they were faring in the classroom with the assertive behaviours they have learnt to replace the unassertive ones.

3.4.5 Post Treatment Session

This session was an administration of the checklist after the treatment procedure. All the subjects were scored again by their classroom teachers.

3.5 Summary

In this chapter, the researcher discussed the nature of the design of the study. The population that was used for the study, the sample and sampling procedure, instrumentation employed in the collection of data and the statistical technique used for the testing of the hypotheses.

The study was quasi-experimental in nature, therefore, two groups were used. They are the experimental group and the control group. The experimental group further consists of two groups of treatments, the assertive training and token economy while the control group was made up of positive control and negative control.

The researcher was interested in knowing the efficacy of token economy and assertive training in remedying selective mutism.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

4.1 Introduction

The purpose of this chapter is to present the data obtained from the experimental study to test the hypotheses formulated for the study and to discuss the findings from the experiment. The chapter is organised according to the following sub-headings, introduction, data presentation, testing of hypotheses, discussion and summary.

4.2 Data presentation

For the study, forty-eight subjects were used. The subjects were first identified by the classroom teachers after the researcher had explained to the teachers what selective mutism is. Below is a table on how the subjects were distributed by treatment groups and control groups.

Table 4.01 Distribution of subjects into treatment group and control group

Groups	Frequency	Percentage
Treatment group	24	50%
Control group	24	50%
Total	48	100%

The study had thirty-six (36) subjects that exhibited selective mutism and twelve (12) that did not exhibit selective mutism. The table below shows the distribution of subjects in the various groups.

Table 4.02 Distribution of subjects in two treatment groups and two control groups

Groups	Frequency	Percentage
Assertive training group	12	25%
Token Economy group	12	25%
Negative control group	12	25%
Positive control group	12	25%
Total	48	100%

The study has also restricted itself mainly to children in primary schools and those within classes four, five and six. The study was carried out in two primary schools in order to get the required number of subject for the experimental study. It is believed that behavioural problems for example hyperactivity, aggression, isolation and many more start from early childhood (Roger, 1977), and so the researcher decided to work with these group of children. Hence, if an unwanted behaviour is not eliminated early in the development of an individual, it is likely to become a way of life as he grows into maturity. In the nursery section, classes one, two and sometimes three, behavioural problems will be found among the children. It is therefore necessary for the ages and classes of these children to be considered.

Table 4.03(a) Occurrence of selective mutism by age

Age (Years)	Frequency distribution	Percentage (%)
9	5	13.89
10	7	19.44
11	8	22.22
12	8	22.22
13	6	16.67
14	1	2.78
15	1	2.78

Table 4.03(b): Occurrence of selective mutism by sex

Sex	Frequency distribution	Percentage
Male	20	56.25%
Female	16	43.75%

Table 4.03(c): Occurrence of selective mutism by class

Class	Frequency distribution	Percentage
4	15	40.67%
5	10	27.78%
6	11	30.56

In the occurrence of selective mutism by sex 56.25% of the subjects were males while 43.75% were females. This shows that we have more males than females that exhibit selective mutism in this study. In occurrence by age 13.89% of the subjects were found to be nine years, 19.44% were ten years, 22.22% were eleven years 22.22% were twelve years, 16.67% were thirteen years 2.78% were fourteen years and finally 2.78% were fifteen years. The percentage distribution shows that the occurrence of selective mutism was more in ages 11 and 12 which is the period of puberty. There was still a manifestation of selective mutism in the period of adolescence. At the age of thirteen, fourteen and fifteen, it is expected that a child should be in secondary school. There could be obvious reasons why they were still in primary school and were finding it difficult to cope socially.

In the class distribution, the percentages are as follows: class four 40.67%, class five 27.78% and class six 30.50%. The occurrence was highest in classes four and six and lower in class five.

Table 4.04 Distribution Rates on Behaviour checklist in Frequency and Percentage

Behaviour	1		2		3		4		5	
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
Has watery eyes	4	11.11	1	2.78	3	5.33	7	19.44	21	58.33
Cries often	3	8.33	0	0	2	5.56	3	8.33	28	77.78
Doesn't respond to teasing	6	16.67	7	19.44	16	44.44	16	44.44	3	8.33
Doesn't go out for break	10	27.78	3	8.33	9	25.00	9	25.00	5	13.89
Keeps to him- self or herself	18	50.00	8	22.22	7	19.44	3	8.33	-	-
Doesn't take to instruction	5	13.89	4	11.11	9	25.00	6	10.6	712	33.33
Avoids eye contact	7	19.44	7	19.44	14	38.89	5	13.89	3	8.33
Wears a distant look	11	30.56	6	16.67	13	36.11	4	11.11	2	5.51
Doesn't answer questions in the classroom	30	83.33	6	16.67	-	-	-	-	-	-
Doesn't ask questions in the classroom	33	91.67	3	8.33	-	-	-	-	-	-

Key: 1 - Very frequent, 2 - Frequent, 3 - Sometimes, 4 - Seldom, 5 - Never occurs.

A study of the behaviour exhibited by the children that were observed to exhibit selective mutism were put in a frequency and percentage in the table above. From the presentation, those who had watery eyes very frequently were 11.11% and those who never had it were 58.33%. A few of them had watery eyes sometimes. Eight percent (8.33%) of the children cried often while 77.78% of the subjects never cried in the classroom situation. In responding to other children teasing them, 44.48% of the subjects responded sometimes to teasing. There was a higher percentage of subjects that never went for break (27.78%), 25.00% sometimes go out for break, 25.00% seldom go out for break. Another behaviour that was observed was keeping to oneself. Fifty percent (50.00%) of the subjects were noted to keep to

themselves, while 8.33% were rated not to. Thirty three percent (33.33%) of the subjects take to instruction, while 13.89% of them very frequently don't take to instruction and 25.00% of them sometimes take to instruction and sometimes don't. Nineteen percent (19.44%) of the subjects were said to avoid eye contact while 38.89% of them were rated sometimes and 8.33% of the subjects do not avoid eye contact at all.

Wearing of distant looks had 30.56% of the children exhibiting such behaviour very frequently while 36.11% sometimes did and sometimes didn't. Very few of them didn't wear distant looks. Answering questions by the subjects was not quite common. 83.33% very frequently didn't answer questions and 16.67% of the frequently didn't ask questions. Lastly, asking of questions in the class showed that 91.67% of them very frequently didn't ask questions in the class and 8.33% of them frequently didn't ask questions in the class.

An overall study of these behaviour traits exhibited by these children (selectively mute) showed that:

1. Over 90% of the subjects neither ask nor answer question in the classroom.
2. About half of the subjects hardly go out for break to play with other children.
3. More than half of them keep to themselves during break and class periods.
4. More than half of the subjects avoid eye contact, though sometimes, this could be attributed to culture and his way of been brought up.
5. Although exhibition of watery eyes and crying often was not expected from the class and age of subject used for the study, it was observed that a few (4) had watery eyes.

Table 4.05 Acceptability of students that exhibit selective mutism in the classroom (as measured using a sociometric technique - The classroom Social Distance Scale)

Parameters	N	Frequency	%
Would like to have him or her as one of my best friends	36	5	13.89
Would like to have him/her in my group but not as a close friend	36	5	13.89
Would like to be with him/her once in a while but not often or for long	36	5	13.89
Don't mind him/her being in our class but I don't want to have anything to do with him or her	36	15	41.67
Wish he/she weren't in our class	36	6	16.67

From the above table, the relationship of a child with selective mutism with his/her classmate was measured using the classroom Social Distance Scale. It was found that 41.67% of the pupils "Don't mind the child being in the class but they wouldn't like to have anything to do with him." It can be said that the child was tolerated in the classroom and nobody really cares whether he is in the class or not. His presence is of no importance to them in the class. Next to this is "wish he/she weren't in our class." Which was scored 16.67%. This is to say that 16.67% of the pupils don't want them in the class. The selectively mute child may either be a nuisance, of unpleasant behaviour and/or unfriendly. Following this "would like to have him/her as one of my best friends" which was scored 13.89%. This percentage of pupils desire to have the selectively mute children as their best friend but they probably didn't know how to get about making friends with them since they seem to be mute in the classroom situation. It was observed by some of the classroom teachers that some of these children had good academic records. This could probably be the reason why some desired them as best friends in the

classroom. Next to this is, "would like to be with him/her once in a while but not for long." Which had 13.89% of the pupils agreeing to this statement. It can be said that once in a while, the selectively mute child is accepted among his classmates and at other times rejected. It was discovered that 138.91% of the subjects would like to have him/her in any group but not as a close friend. This is to say that in any group work or play he/she is usually accepted but not as a close friend.

4.3 Common Situations that Result in Selective Mutism in the Subject

There were situations that were common to the subjects that exhibited selective mutism. One of these situations is other children laughing at them at different period.

For trauma 19% of the subjects were noted to be trauma and as a result selective mutism was noticed in them. During the interview session, some of them revealed why they didn't like to come to school and the reason why they didn't like to talk to other children.

Fifty percentage (50%) of the subjects reported that they keep to themselves and only talk to selected individuals because others saw them as being dirty and their uniforms torn. Their going through assertive training and token economy assisted them in taking interest in talking to others in the classroom and making attempts to answer questions.

In the study the researcher had only one case of a child who was reported to be stealing. The teacher reported that the boy was extremely quiet but on getting to know him better it was discovered that he steals. His quiet nature according to the class teacher was used to observe other people's things and he steals them at the end of the day. In fact, it was reported that he once went to another class and stole all the chalk the teacher kept in a cupboard and he later offered his teacher some. With this type of behaviour, the teacher alerted the parents and the father (an accountant) confirmed that they had the same problem with him at home.

Fifty percent (50%) of the subjects complained that their inability to have the necessary

things for learning in school has made them feel bad and keep to themselves. Some included the fact that breakfast was a problem and lunch to school was even worse. They reported that they were most of the time hungry which made it impossible for them to concentrate on whatever they were doing.

Twenty-two percent (22%) of the subjects complained that other children laughed at them in the class either when the teacher asked a question and it was directed to them to answer. Majority of them felt that their classmates didn't like them and would not give them a chance to make an attempt even if they will be wrong. In the course of the Assertive Training and Token Economy, they were encouraged to answer questions, talk to others and to realise that nobody knows everything and that we are all learning everyday. With Assertive Training, the subjects were encouraged to know that they could do well as their mates and even better if they would come out boldly and attempt it and express their feelings freely.

About 14% of the subjects reported that it was alright by them to stay alone as this makes them stay out of trouble. They felt that associating with other children will cause them to get into trouble. Observations made on few occasions of these children during their break periods and an interview with their class teachers indicated that these children particularly walked around on their own or sit alone. Towards end of the treatment they were noticed on few occasions to be playing football with others.

About 56% of the subjects had language barrier. They couldn't communicate in English which was the official language of communication in school. This made the subjects keep to themselves. The researcher had cases of subjects that had to go through the interview session in the language they understood. This was necessary in order to get the necessary information that was required. Majority of them were more comfortable when communication was not in English.

English.

The attitude of the teacher towards the children also contributed to their mute state. About 50% of the subjects complained of their teachers. A few of the teachers who were interested in the welfare of their pupils took it upon themselves to interact with the children once in a while. Those who did found out their problems and in cases whereby they could help the children were reported to have improved. Some were discovered to be hungry, or have parents that were separated or divorced. Some of the children reported the hostility of some of their teachers as the main cause of their mute behaviour. There were some who had past experiences which was not pleasant and some were going through it presently. The teachers were seen to be unfriendly. According to Campbell 1972 when a teacher is able to keep communication channels open, he can learn more about the students thinking, interest and goal. The classroom teacher plays the role of a parent in the school and his/her ability to communicate with these children will cause many behaviour problems to be eliminated.

4.4 Testing of Hypothesis

Null hypothesis 1

There is no significant difference in the mean response scores of subjects who are to under go Assertive Training and Token Economy.

Table 4.06 T-test Assert. Tra Vs. Tok. Eco (Pre. tmt)

Variable	N	\bar{X}	S.D	DF	t-cal.	t-crit.	P
Pre Asst. Tra.	12	27.35	3.251	22	-0.54	2.07	0.0596*
Pre Tok. Eco.	12	28.05	4.188				

* Not significant, $P > 0.05$.

The scores of the two groups were compared using the t-test statistics. The computed t-test value was found to be -0.54 with degrees of freedom of 22 and an alpha (α) level of 0.05, the observed t-value is not significant. Since the t-computed is less than the t-critical, the null hypothesis is retained. Thus there is no significant difference in the mean scores of subjects who are to undergo Assertive Training and Token Economy.

Null hypothesis 2

There is no significant difference in the mean response scores of subjects that undergo Assertive Training before and after treatment.

Table 4.07 T-test Assertive Training (Pre tmt. vs. Post tmt)

Variable	N	\bar{X}	S.D	D.F	t-cal.	t.cril.	P
Pre. Ass. Tra.	12	27.25	3.251	22	-2.77	2.07	0.0112**
Post Ass. Tra.	12	31.92	4.852				.

** Significant, P<0.05

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The scores of the two groups were compared using the t-test statistics. The computed t-test value was found to be -2.77 with degrees of freedom of 22 and an alpha (α) level of 0.05, the observed t-value is significant. Since the t-computed is greater than the t-critical, the null hypothesis is rejected. Thus there is a significant difference in the mean score of the subjects that went through Assertive Training before treatment and after treatment.

Null hypothesis 3

There is no significant difference in the mean scores of subjects that undergo Token Economy before and after treatment.

Table 4.08 T-test Token Economy (Pre. tmt. verse post tmt)

Variable	N	\bar{X}	S.D	DF	t-cal.	t-crit.	P
Pre Tok Eco.	12	28.05	4.188	22	-3.49	2.07	0.002**
Post Tok Eco.	12	37.25	8.069				

** Significant, $P < 0.05$

The t-test was used in the analysis of the above hypothesis and the t-computed was found to be -3.49 with degrees of freedom of 22 and an alpha (α) level of 0.05, the observed t-value is significant. Since the t-computed is greater than the t-critical, the null hypothesis is therefore rejected. This is to say that there is a significant difference in the mean scores of the subjects that undergo Token Economy before and after treatment.

Null hypothesis 4

There is no significant difference in the mean response scores of subjects that were in the negative control group before and after treatment.

Table 4.09 T-test negative control (pre verse post tmt)

Variable	N	\bar{X}	S.D	DF	t-cal.	t-crit.	P
Pre Neg. Cont.	12	25.42	4.420	22	-0.50	2.07	0.0622*
Post Neg. Cont.	12	26.33	4.559				

* Not significant, $P > 0.05$.

The t-test was used in the analysis of the above hypothesis and the t-computed was found to be -0.50 with degrees of freedom of 22 and an alpha (α) level of 0.05, the observed t-value is not significant. Since the t-computed is less than the t-critical; the null hypothesis is retained.

negative control group before and after treatment.

Null hypothesis 5

There is no significant difference in the mean response scores of subjects that undergo Assertive Training and Token Economy.

Table 4.10 After Ass. Tra. Verse Tok. Eco. (Post. Tmt)

Variable	N	\bar{X}	S.D	DF	t-cal.	t-crit.	P
Post Ass. Tra.	12	31.92	4.82	22	1.79	2.07	0.0877*
Post Tok. Eco.	12	37.25	8.069				

* Not significant, $P > 0.05$.

The scores of the two groups were compared using the t-test statistics. The computed t-test value was found to be 1.79 with degrees of freedom of 22 and an alpha (α) level of 0.05, the observed t-value is not significant. Since the t-computed is less than the t-critical, the null hypothesis is retained. Thus there is no significant difference in the mean scores of subjects that undergo Assertive Training and Token Economy after treatment.

Null hypothesis 6

There is no significant gender difference in the mean response of subjects to Assertive Training and Token Economy.

Table 4.11 T-test on gender (Ass. Tra. verse Tok. Eco.)

Variable	N	\bar{X}	S.D	DF	t-cal.	t-crit.	P
Female	16	32.00	9.84	46	0.11	2.02	0.05
Male	20	31.75	8.97				

The scores of the two groups were compared using the t-test statistics. The computed t-test value was found to be 0.11 with degrees of freedom of 46 and an alpha (α) level of 0.05, the observed t-value is not significant. Since the t-computed is less than the t-critical, the null hypothesis is retained. Thus there is no significant gender difference in the mean response of subjects to Assertive Training and Token Economy.

Null hypothesis 7

There is no significant difference in the mean response of subjects in the low socio-economic status and high socio-economic status.

Table 4.12 T-test High Soc. Eco. Status verse. Low Soc. Eco. Status

Variable	N	\bar{X}	S.D	DF	t-cal.	t-crit.	P
High Soc. Eco. Status	25	38.80	9.80	45	3.02	2.02	0.0042**
Low Soc. Eco. Status	22	31.05	6.50				

** Significant, $P < 0.05$.

The scores of the two groups were compared using the t-test. The computed t-test value was found to be 3.02 with degrees of freedom of 45 and alpha (α) level of 0.05, the observed t-value is significant since the t-computed is greater than the t-critical the null hypothesis is rejected. It therefore implies that there is a significant difference in the response of the subjects to treatment with regards to their socio-economic status.

Null hypothesis 8

There is no significant difference in the mean response score of the subjects that were in the negative control group and positive control group after treatment.

Table 4.13 T-test Negative Control verse Postive Control (Post tmt)

Variable	N	\bar{X}	S.D	DF	t-cal.	t-crit.	P
Post Neg. Cont.	12	26.33	4.559	22	-13.85	2.07	0.000**
Post Neg. Cont.	12	46.42	2.109				

** Significant, $P < 0.05$.

The hypothesis was analysed using the t-test and the computed t-test value was found to be -13.85 with degrees of freedom of 22 and alpha (∞) level of 0.05, the observed t-value is significant, since the t-computed is greater than the t-critical the null hypothesis is rejected. This means that there is a significant difference in the mean score of the subjects that were in the negative control group and positive control group after treatment.

4.5 Discussion

The study was aimed at finding out the effectiveness of Assertive Training and Token Economy on selective mutism in Primary School children in Staff School and Therbow Primary School. Eight (8) hypotheses were formulated by the researcher to find out the effectiveness of Token Economy and Assertive Training on selective mutism.

The need for this study became necessary to the researcher when it was discovered that children also need somebody to talk to about what may be bothering them. Some circumstances of life which of course were not of their making made them selectively mute. This has brought upon them a feeling of not being as good as others or not being good for anything at all. These

children are surrounded by fear, doubt and inability to do anything right in the sight of others.

The study was interested in the probable causes of selective mutism in our environment and possible ways of remedying the behaviour problem. According to Rhodes and Tracy (1972), the etiology of emotional disturbance may be biomedical (genetical hormonal, vitamin imbalance), environmental causes (family interaction, child abuse) or ecological causes (child/school/home interaction). This study reaffirmed the fact that there are environmental and ecological causes to selective mutism which is a behaviour disorder.

As was stated earlier, about 50% of the subject complained about their teachers hostile character presently and some had bad past experiences that they had always remembered. This is in agreement with Chess and Hassibi (1978) who stated that "the background history of some children reveal a traumatic experience associated with the child's verbalization attempts during the period of language development."

Sherman and Farina (1974) stated that over - restriction, lack of opportunity for social learning and early rebuff in social interaction with peers may contribute to a child learning to play in isolation from others and avoid social contact. This statement was confirmed when about 14% of the subjects who had been observed playing alone in isolation saw nothing wrong with their present state. They felt it was alright to behave the way they were behaving.

The null hypotheses drawn were tested to see if the use of Assertive Training and Token Economy were effective on selective mutism. The following are the findings of the hypotheses tested.

Hypothesis 1 tested was to find out any significant difference in the mean scores of subjects who are to go through Assertive Training and Token Economy. The t-test was applied since it had to do with comparism of two groups those in the Assertive Training group and Token Economy group. The hypothesis was retained with a t-value -0.54 while t-critical was

2.07 with degrees of freedom of 22 and an alpha (α) level of 0.05. This implies that there is no significant differences in the means scores of subjects who are to undergo Assertive Training and Token Economy.

The 2nd hypothesis was also at t-calculated -2.77 while t-critical was 2.07 alpha (α) level of 0.05. The rejection of the hypothesis suggests that Assertive Training was effective on the treating selective mutism. This agrees with Neely (1982) who said that Assertive Training assists the shy, non-assertive students and aggressive ones function in more positive ways with other people. The anxiety which they have towards other people will gradually be removed with the training on self-expression and taking up of tasks which they once felt they were not capable of doing.

The 3rd hypothesis was rejected as well at t-calculated 3.49 and t-critical 2.07 at alpha (α) level of 0.05. The rejection of the hypothesis suggests that Token Economy was effective in the treating of selective mutism in the subjects. Behaviour therapy which is based on learning theory believes that every behaviour is learnt and so it can be unlearned and so the maladaptive behaviour can be unlearned and adaptive behaviour learned in its place. Tokens according to Kazdin (1975), are potent, reinforcers and can often maintain behaviour at a higher level than other conditioned reinforcers such as praise, approval and feedback. This has been found to be effective as during the study, the researcher discovered that the subjects that were given tokens and the equivalent at the end of the week responded faster and were willing to verbalize and co-operated in the course of the therapeutic sessions. This was because the tokens bridged the time period between the desired response and back-up reinforcement which is one of the advantages of using Token Economy.

The 4th hypothesis was retained. It was tested to find out any change in the children that were in the negative control group before and after treatment. The result of the analysis showed

that there was no significant difference in their behaviour.

The 5th hypothesis was also retained. The hypothesis was to find out if there was any significant difference in the mean scores of the two treatments that were administered. The t-test revealed that there was no significant difference though from mean scores one could observe that Token Economy had a higher mean of 37.25 than Assertive Training that had 31.92. In the remedying of behaviour in children and adults, it is believed that behaviour is learnt and so it can be unlearned. Bauermester and Jemal (1975); Calhoun and Koeing, 1973; Colligan et al.; 1977; Griffith et al., 1975; Van Der Kooy and Webster, 1975; have indicated that behaviour procedures have been rather successful in modifying selective mutism though the treatment procedures have varied greatly between studies. They have often emphasized reinforcement of verbal activities. Results from the present study show that Token Economy was more effective compare to assertive training, although both treatments showed remarkable change in behaviour. Both counselling techniques were effective in remedying selective mutism.

The 6th hypothesis was retained as the t-test revealed that the response of the subjects to treatment was regardless of their sex. The table however, shows that there were more boys than girls that exhibited selective mutism. Bruer (1976), stated that phobic and fearful situations, was quite common in children but more frequent in girls than boys. This study however, shown that there are more boys (20) than girls (16) exhibiting selective mutism due to one fearful situation or the other.

The 7th hypothesis which states that there is no significant socio-economic status difference in the Assertive Training and Token Economy was rejected. This is to say that there is a significant socio-economic status difference in the mean response of the subjects. The socio-economic status of the children did matter in the course of the treatment. The low socio-economic status children didn't respond to treatment as the high socio-economic status children

did. These children (low socio-economic) found it quite difficult to mingle with the other children even in the group.

In this study, however, the physiological needs which are quite crucial to a child's development were found to be absent in the low socio-economic status child. The child's survival needs and security needs were not assured. The economic situation in the country has made many families to look for every means of survival no matter the effect on their children. Some reported that they had to go without breakfast at home and probably eat only sugarcane or groundnut on their way back home. The only time they are assured of food is in the evening. This of course can be very painful for a child. Meanwhile, in the same school you have children that are well fed and even have extra lessons that their parents pay for. At the end of it all, the child's social needs cannot be met because he cannot find a sense of belonging as a member of a group and having a sense of awareness that others want him/her to be with them.

Those of the high socio-economic status in this study had their physical needs met except in few cases whereby the child was in a boarding house and he/she felt that his/her needs were intentionally not given to him/her. This of course was not pleasing to them. In other cases, their social needs were not met as they were not recognised as unique individuals with special abilities and valuable characteristics, nor were they accepted as members of a group and who know that others are aware of them and want to be with them. Every human being is unique and it takes a patient teacher to deal with every child differently in his own special ability. The hostile character of a teacher goes a long way in affecting the social ability of a child.

The 8th hypothesis states that there is no significant difference in the mean score of subjects that were in the negative control group and positive control group after treatment. There was a significant difference in the mean score of the two control groups as the negative control group consisted of selectivity mute children and the positive control group had children

that didn't exhibit selective mutism at all.

4.6 Summary

This Chapter has presented the analysis of the data collected for the study and analysed it. The chapter considered general responses of subjects to the behavioural checklist that was rated by the respective classroom teachers and a sociometric technique was also administered in the classes of all the subjects to know how accepted they are among their classmates. The interview session gave insight into the reasons the children behaved the way they did and a few causes of selective mutism in this study was identified. The hypothesis that states "there is no significant difference in the mean response scores of subjects that undergo Assertive Training and Token Economy after treatment" was retained. This indicate that there was no significant difference statistical to show that one treatment was better than the other though the mean score of Token Economy was higher than that of Assertive Training.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The study was undertaken to compare the efficacy of two counselling techniques that is Token Economy and Assertive Training on remedying selective mutism. The study also sought to know the probable causes of selective mutism among children in our environment.

The researcher used quasi-experimental design to carry out the study and the experiment was in four groups of three replicates. The data collected was analysed using the T-test statistic.

5.2 Summary of Findings

The following were the findings that were made:

1. Of the 36 subjects that exhibited selective mutism, about 14% of them felt that their mute state was good enough. They believed that their muteness has kept them out of trouble and having bad friends even though they had no friend.
2. The researcher also found that the socio-economic level of the child is a contributing factor to selective mutism. A dirty and smelling child will hardly be accepted in any group to play. The socio-economic condition of the country reflects itself in the manner the children dress and what they eat. The inability to provide the essential school facilities also resulted to training among the children.
3. The study also discovered that age was another factor that could cause selective mutism in children who are too big for a class. The study had some children who were already in their adolescent period but were in primary 5 and 6 instead of form 2 or 3. They found it difficult to communicate with the other children.
4. The poor communication skills of the children in English is another cause of their mute state. They didn't want to be laughed at. In any 'normal' school situation, the

teacher is expected to communicate in English and this becomes a barrier between the teacher and the subjects.

5. The researcher also discovered that as a result of poor economic status, the parents couldn't provide the essential materials for school thus also resulted in truancy among some of the subjects.
6. The use of Assertive Training and Token Economy were found to be effective. This was determined when the pre-test and post-test data collected from the checklist was analysed and a comparison was made with the negative control group. This gave the information that Assertive Training and Token Economy were both effective even though there was no significant difference in the two techniques.
7. The attitude of the teacher could also cause selective mutism. There had been embarrassing situations before the whole class and even on the assembly ground.

5.3 Limitation

In the course of the research work, there were a number of limitations encountered.

These limitations are:

1. The study was limited to a period of eight weeks of sixteen sessions. Although the treatment was effective, with a longer period of experimentation, it might have provided a more effective treatment and result.
2. It is limited to the general limitation that characterises experimental studies that involves human beings. The subjects were not confined and so it is possible that extraneous variables like interaction and sharing of information on their way home could have occurred.
3. Another limitation was the use of two schools. The willingness of the teachers was noted. The teachers in Therbow School showed a high level of willingness and co-

operation as compared to Staff School. The Therbow School teachers reported the children's improvement even before the request was made while majority of the Staff School teachers were indifferent about the whole programme. The researcher had to call the pupils when it was about to be time for the counselling session in Staff School while Therbow School was not so. The children were sent for the counselling period and in some cases they come on their own.

4. Another limitation was the use of their break periods which was the only period that could be spared for the counselling session.
5. Class size was another limitation to the study. In staff school, the class size was found to be about 50 which is more than the classroom size for the primary school as recommended by the Ministry of Education.

5.4 Conclusion

In conclusion, based on the findings of this study, the researcher concludes that the selective mute children were positively influenced by the two treatments that were administered. The use of Assertive Training and Token Economy has reduced the trait of mutism in the experimental group.

There was a marked difference between the experimental group and positive control group before treatment. After treatment, it was noticed that though the experimental group was not perfect yet, it was moving towards it. The difference after treatment with the negative control group was quite obvious. The effectiveness of Token Economy agrees with the report of Herward and Orlansky (1978), on the use of Token Economy on selective mutism. The result of Assertive Training on selective mutism shows that it could be used on children in primary school in remedying selective mutism.

5.5 Recommendations

On the basis of the findings, the researcher therefore recommends that:

1. the teachers should take note of selective mutism as a behaviour problem in the school. They should create avenues for discussion and interaction among the pupils in the classroom.
2. The class teacher should also assist the children to understand themselves better and take to corrections. They should be encouraged to learn from others and not laugh at other's mistakes.
3. The classroom teacher is the counsellor in the primary school and so he/she should be ready to put upon himself/herself the qualities of a 'good counsellor' when the need arises. Empathy and confidentiality are very important if the teacher wants maximum co-operation from the pupils.
4. Parents should take note of the calls of teachers and school authorities. These calls are very important knowing very well that the pupil spends a good part of his time in the school and they are likely to discover any problem before any busy parent does. The parents go a long way in helping the child get out of his problem and over coming some of his negative feeling.
5. There is a need for counsellors in the primary schools. Observation in this study showed that none of the schools had any counsellor. The counsellor is expected to interact with the children always especially when they have psychological problems and this can assist the counsellor share experiences with some of the teachers on subjects like this.
6. There is also a need to include a counselling period in the school time-table. This will enable children discuss freely and also enjoy their break periods. This will also enable them express themselves freely.

7. The two counselling techniques were found to be successful and can be used in the primary school in remedying selective mutism.

5.6 Suggestions for Further Studies

There is need for more research to be carried out in the area of selective mutism. A few suggestions are:

1. The effect of selective mutism and academic performance.
2. A study combining Token Economy and Assertive Training as one group, Token Economy as another, Assertive Training as the third and control group.
3. The same study can also be done in other parts of the country for the purpose of comparism with the present result.
4. A comparism of childrē from the African setting with children from Western setting that exhibit selective mutism, taking into consideration the cultural differences.

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Appendix I
Observational Checklist

Name of student:

School:

Teacher's name:

Behaviour	1	2	3	4	5
1. Has watery eyes					
2. Cries often					
3. Doesn't respond to children teasing him					
4. Doesn't go out for break					
5. Keeps to himself					
6. Doesn't take to instruction					
7. Avoids eye contact					
8. Wears a distant look					
9. Doesn't answer questions in class					
10. Doesn't ask questions in class.					

Key to rating:

- | | | |
|----|---|---------------|
| 1. | - | Very frequent |
| 2. | - | Frequent |
| 3. | - | Sometimes |
| 4. | - | Seldom |
| 5. | - | Never occurs |

Appendix II
Sociometric Technique - Classroom Distance Scale

N a m e s					
Would like to have him as one of my best friends					
Would like to have him in my group but not as a class friend					
Would like to be with him once in a while but not often or for long					
Don't mind him being in our class but I don't want to have anything to do with him					
Wish he weren't in our class					

Scoring

The classroom social distance scale requires children to rate their fellow pupils on a five-points checklist. Cunningham and her associates who developed this scale weighed the scores as follows:

- | | |
|---|---|
| Would like him as my best friend | 1 |
| Would like him in my group | 2 |
| Would like to be with him once in a while . . . | 3 |
| Don't mind his being in class | 4 |
| Wish he weren't in our class | 5 |

