

## **Efficacy of Assertiveness Training Counselling Techniques on Shyness among Junior Secondary School Students in Igueben Local Government Area, Edo State.**

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### **Abstract**

The study investigated the efficacy of Assertiveness Training (AT) Counselling Techniques in Handling Shyness using Students in Public Junior Secondary Schools in Igueben Local Government Area of Edo State. The purpose of the study was to determine the extent to which AT was effective in reducing shyness among secondary students. The study adopted a quasi-experimental research, design. Two hypotheses were raised to guide the study. The study population consists of all senior secondary school students in Igueben local government, up to 1,592. A sample of 240 participants were used for the study, comprising 136 females and 104 males, using stratified and purposive random sampling. Data was collected using a self-structured scale titled; Shyness Inventory (SI) Three experts examined the instrument each for face and content validity. The instrument was administered on thirty students outside the sample of the study and Cronbach Statistics was used to analyze the data collected, and the reliability coefficient score obtained was 0.85. The Shyness Inventory (SI) was used to identify the shy students who took part in the study. The treatment intervention lasted for six weeks, with two sessions weekly lasting for forty-five (45) minutes per session. Data collected were analyzed using a paired sample t-test at a 0.05 level of significance. The findings of the study showed that AT was effective in handling shyness among students in junior secondary schools in Igueben Local Government Area of Edo State. Based on the findings, it was recommended among others, counsellors and counseling psychologists should, therefore, utilize AT in handling shyness among secondary school students.

**Keywords: Shyness, Assertiveness Training Technique, Counselling.**

### **Introduction**

The school is a social and learning agent that provides an environment in which a child would be formally groomed to attain educational goals, as well as interact socially with peers and teachers. Oftentimes, certain factors affect the students such that they do not perform up to their capacities. Shyness could be a barrier that may restrain the students from engaging actively in the classroom and thus prevent the attainment of their educational goals. Shyness is a behaviour deficit that particularly relates to an individual's social life. It is mainly a social phenomenon that is always exhibited, experienced, or expressed in social situations

primarily due to the presence of other people. Shyness is the tendency to feel awkward, worried, or tense during social encounters, especially with unfamiliar people (American Psychological Association, 2012). A shy person according to Uzonwanne (2014) is someone fearful, anxious, cautious, and reluctant to take part in interactions with others in situations that involve uncertainty, novelty, and actual or perceived judgment by others. Not only are these psychological symptoms present, but shyness may also produce physical symptoms such as abnormal sweating and stomach complications. In the same vein, Coplan and Arbeau (2008) observed that shy people always feel wary in new social situations, perceive such instances as threatening, and thus experience high levels of anxiety. A shy person restrains, withdraws, evades, and escapes from social situations. Shyness has often been defined as the feeling of apprehension, lack of comfort, or awkwardness, especially when a person is around other people. It is an emotion that affects how a person feels and behaves around others (D'Arcy, 2016). According to Natesha (2010) shyness may be defined as being timid, circumspect, and reserved. It is a sign of discomfort in the presence of other people, arising from intense self-consciousness. The non-shy person is not afraid to be open about emotions, to show their vulnerability, and to fail or to be rejected. What makes life harder for the shy person is that sometimes society does not acknowledge shyness as a problem.

From the background information above, there is accumulating evidence to show that the prevalence of shyness among students represents a significant health concern. Hence, the dangers associated with its manifestations deserve the utmost attention from professionals. In a bid to find solutions to the issues of shyness, the field of counseling has over the years been directed towards problem-solving. It has been observed that shy students are not exposed to appropriate counseling therapies (Kessler, 2015). In the field of psychology and counseling, there are several counseling therapies to improve adaptive behaviours and one of them is Assertiveness Training (AT) geared towards the eradication of maladaptive behaviours such as shyness.

Assertiveness training is also another therapy that was used in this study. Assertiveness training is a helping intervention that helps to strengthen individuals' ability to express feelings, needs, likes, and dislikes without cheating oneself or hurting others. It is a technique developed by Joseph Wolpe (1958). The goal of assertiveness training is to improve communication through the improvement of an individual's capacity to express their thoughts and feelings (Onwuka, 2008). It has been established that through assertiveness training, shy students can learn assertive behaviours as well as interpersonal competence such that the shy individual can provide honest and straightforward expressions of thoughts and feelings.

Assertiveness training, therefore, instills much-needed competence for active participation in social life through participation in classrooms, and initiation and maintenance of conversation (Oguzie et al, 2020). Assertiveness training teaches people how to express themselves in a way that reflects sensitivity to the feelings and rights of others. Assertiveness training has been reported to be effective for several classes of people with a deficit or maladaptive interpersonal behaviour (Clarkson & Porkony, 2004). Adegoke and Idowu (2022) found assertiveness training effective in reducing shyness among secondary school students in Ondo State. While Nnadi et al (2020) found it effective in social withdrawal among adolescents in secondary schools in Imo State. Kazdin (2007) posited that assertiveness training has been used for people experiencing problems that have to do with interpersonal anxiety and other defects that render them ineffective in coping with life situations and has been found effective. Nnadi et al, (2020) investigated the Effect of Assertiveness Training on Social Withdrawal and Shyness among Adolescent Children in Public Secondary Schools in Owerri, Imo State. The study adopted a quasi-experimental design and the population of the study was 2892 (1254 females and 1638 males). The sample size of the study was 32 SS 2 students. The Students' Social Withdrawal Tendency Scale (SSWTS) was used as well as the Social Shyness Identification Scale (SSIS). These tools were utilized to identify socially withdrawn and shy students. Findings indicated that there was a significant difference in post-test scores ( $F = 766.495$  SS (11146.115, 120.507)  $P < 0.05$ ). This was the case as social withdrawal and shyness reduced from  $\bar{xx} = 68.13$  in the experimental group to  $\bar{xx} = 30.38$  while the reduction in the control group was from 68.25 to 67.69 (53.07). There was also a significant difference in post-test mean scores across sex ( $F = 358.155$  (SS 11146.888, 117.377)  $P < 0.00$ ) as male students had a much higher value in reduction of social withdrawal from 68.63 (std 2.00) to 30.25) compared with the females (67.63 to 30.5).

Bratko et al, (2022) examined the correlation between shyness and assertiveness traits using the five-factor model in adolescence. They asserted that the 5 factors model is a comprehensive framework useful for the organization of individual differences in five broad dimensions which are neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. They therefore examined the correlation between shyness and assertiveness along the dimensions of the five-factor model. To test this assumption, 336 high school students were drawn for the study from 3 Croatian towns consisting of 124 males (37%) and 212 females (63%). They completed the 50-item questionnaire measuring shyness and assertiveness through questions probing what students would do in given social

situations. The study found that shyness and assertiveness are correlated ( $r$  males (124) = 0.628  $P < 0.1$ ;  $r$  females (212) = 0.714,  $P < .01$ ). In the male sample, it was discovered that shyness correlated with neuroticism ( $r = 0.245$ ) and a  $P$  value of ( $P < 0.01$ ) while there was a negative correlation between shyness and extraversion ( $T = -0.292$ ,  $P < 0.01$ ), Assertiveness in the male sample correlated significantly with extraversion ( $r = -0.323$ ,  $P < 0.01$ ). In the sample of females shyness was significantly correlated with neuroticism ( $r = -0.511$ ,  $P < 0.01$ ), and negatively with extraversion ( $r = 0.415$ ,  $P < 0.01$ ). Negatively with extraversion was ( $r = -0.511$ ,  $P < 0.01$ ) with conscientiousness ( $r = -0.226$ ,  $P < 0.01$ ) assertiveness correlated positively with neuroticism ( $r = 0.458$ ,  $p < 0.01$ ). While there was a negative correlation between shyness and extraversion ( $r = -0.520$ ,  $P < 0.01$ ), the correlation values were higher in the female sample than males in the regression models designed to find what predicted shyness and assertiveness. Extraversion was the most significant predictor of shyness among males ( $B = -0.23$   $t = -2.08$ ,  $P = 0.04$ ) while among the females, neuroticism, extraversion ( $B = 0.10$ ,  $P = 0.00$ ) ( $B = -0.20$   $P = 0.32$ ) and agreeableness ( $B = 0.30$   $P < 0.01$ ) were the significant predictors of shyness. Extraversion and agreeableness were significant predictors of assertiveness in the male sample ( $P < 0.01$ ) while in the female sample, neuroticism, extraversion, and agreeableness were significant predictors of assertiveness ( $P < 0.01$ ).

Adegoke and Idowu (2022) also investigated the Effectiveness of Assertiveness Training in Reducing Shyness among Secondary School Students in Ikare- Akoko, Ondo State. The population of the study was 40 students consisting of 13 males and 27 females who were randomly assigned to a 2 x 2 factorial design of two experimental groups consisting of assertiveness and control groups. The experimental group was subjected to eight (8) days of training of eight (8) sessions of one hour (1hr) each to ascertain the effect of assertiveness training in reducing shyness among students and the impact of gender on the shyness level of the students. The training was carried out using lectures, discussions, and homework. The control group was exposed to a placebo and not the training on assertiveness. The instrument used for the data collection for the pretest and posttest was the Shyness Scale (SS). The data collected was analysed using t-test statistical methods at a 0.05 level of significance. The results revealed a significant difference ( $F = 0.011$ ;  $p < 0.05$ ) in the shyness level of assertiveness training and control groups. Thus shyness among secondary students in Ondo State. The findings also revealed that there was no significant difference in the reduction of shyness based on gender of 0.445 is greater than the  $p$ -value of 0.05 level of significance.

In a study that was carried out by Eskandari et al, (2015) on the effectiveness of Group Training Using Assertiveness Intervention on Shy Male Junior High School Students in Iran,

they designated assertiveness as a skill that can be acquired. It is also a skill that is associated with self-esteem, social adjustment, self-confidence with self-sufficiency. They adopted a semi-experimental design to test the association between the acquisition of assertiveness skills and social adjustment and self-esteem of shy male junior high school students in the Province of Hamedan in Iran. The Stanford Shyness Questionnaire was used to select a sample for intervention. 100 persons with the highest scores were selected for intervention. They also administered the subtest of social adaptation. 30 participants who scored the lowest were randomly assigned to the experimental and control groups. Findings revealed that there was a difference in pre and post-test scores in social adjustment as the pre-test value ( $\overline{xx} = 8.47 \pm 2.5$ ) differed from the post-test value ( $\overline{xx} = 14.20 \pm 2.1$ ) just as the self-esteem values in the experimental group differed (Pre-test ( $\overline{xx} = 21.87 \pm 2.5$ ) post-test ( $\overline{xx} = 33 \pm 2.7$ ) which indicates an increase in self-esteem and social adjustment. The analysis of Covariance showed a significant difference ( $P < 0.0001$ ) in the study groups.

### **Statement of the Problem**

Shy students may be frequently absent from school to avoid being called upon to participate in the learning process and this may affect their academic performance and they may probably drop out of school. To be bold, cope with the anxiety arising from performing in front of the class, and enable them to speak up in social situations. Some students may resort to the use and abuse of drugs such as alcohol, cigarettes, marijuana, tramadol, cocaine, codeine, and so on. This, in turn, could lead to poor coordination, maladaptive behaviour, mental disorder, weaker brain functioning, and poor academic performance. This scenario no doubt reveals the urgent need for the most effective behaviour intervention measures to curb shyness so that those students affected may have peace, joy, happiness, comfort, and relaxation of mind to be able to live in harmony with themselves and people around them to contribute optimally to the growth and development of the society as an integral part of it. However, several methods have been used by the government and educational system to handle shyness among students such as the promotion of self-esteem by offering praise for small accomplishments and rewarding participation even if the student gives a wrong answer amongst others. Despite all these methods employed in handling shyness in schools, the incidence remains high among students. Hence the need for counsellors and even teachers to be equipped with the appropriate counselling skills to handle students' shyness in schools. Some of these skills include Cognitive-restructuring Therapy, Social Skill Training, and Assertiveness Training Counselling Techniques. It is the above ugly situations and their

negative consequences for the educational system which have reached alarming proportions that have given impetus to this present study.

### **Aim and Objectives of the study**

1. Determine whether there is a treatment effect between the pre-test and post-test in shyness for students exposed to assertiveness training techniques.
2. Investigate if there is a difference between the shy behavior of students exposed to Assertiveness training technique and those not exposed to the treatment.

### **Hypotheses**

1. There is no significant Effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Benin Metropolis, Edo State.
2. There is no significant difference between the experimental group and the control group on shyness among Junior secondary school students exposed to Assertiveness Training Counselling Therapy, and those not exposed to the therapy.

### **Methodology**

The study adopted a quasi-experimental research, design. Two hypotheses were raised to guide the study. The population of the study consists of all senior secondary school students in Igueben local government which sum up to 1,592. A sample of 240 participants was used for the study, comprising 136 females and 104 males using stratified and purposive random sampling. Data was collected using a self-structured scale titled; Shyness Inventory (SI) Three experts examined the instrument each for face and content validity. The instrument was administered to thirty students outside the sample of the study and Cronbach Statistics was used to analyze the data collected the reliability coefficient score obtained was 0.85. The Shyness Inventory (SI) was used to identify the shy students who took part in the study. The treatment intervention lasted six weeks with two weekly sessions lasting for forty-five (45) minutes per session. Data collected were analyzed using a paired sample t-test at a 0.05 level of significance.

### **Method of Data Collection**

The researcher and the research assistants visited each of the sampled schools and with the help of the principals established rapport with the students. Thereafter copies of the numbered questionnaire were administered to the students of the selected arms of JSS2 in their intact classes for the pre-test. The students were directed on how to complete the questionnaires which were collected immediately after completion. The essence of the pre-test was to determine the shy students. The treatment packages were introduced to the students in their intact classes. The researcher and the research assistants met with the students in each of the

schools twice per week for six weeks thus making it a total of twelve sessions. Each session lasted for 45 minutes. The treatment packages were carried out using lectures, discussions, and homework/assignments. The treatment package of Assertiveness Training Techniques consisted of twelve sessions respectively and a revision/post-test session thus administering the same numbered questionnaire to all the participants to assess the effectiveness of the treatments.

### **Treatment Procedure**

The treatment packages focus on Assertiveness Training which was aimed at handling shyness behaviour. The therapy is geared towards handling shyness problems as well as other anxiety disorders and enabling the students to live happier and more fulfilling lives. Assertiveness Training Assertiveness training is a specialized form of social skills training that consists of teaching people how to be self-confident in a variety of social situations. The basic assumption underlying assertiveness training is that people have right (but not obligation) to express themselves. This training prepares students to stand up for themselves and achieve their rights and also take cognizance of the need to strike a balance between assertiveness and aggressiveness. The assertiveness training technique, therefore, is understood to be more student-oriented. It allows students to interact freely amongst the group to practice skills they could not ordinarily be able to act in real life as a result of fear of other people's opinion about them and lack of confidence. The students were expected to rehearse and role-play the desired alternative behaviours.

The treatment sessions took a maximum of two days a week for 45 minutes per session. The treatment packages had a total of 12 sessions each and the treatments lasted for 6 weeks. On the first day (session one) the researcher introduced herself to the members of each group and the students also introduced themselves to the researcher.

The study adopted three stages: the pre-test, treatment, and post-test procedures. The first stage was the pre-testing of participants. The second stage was the treatment of the experimental groups using the cognitive restructuring therapy, social skills training techniques and Assertiveness Training. The third stage was the post-testing of participants to evaluate the differential effectiveness of the treatment. The Shyness Inventory was used for both the pre-test and post-test.

### **Pre-test (Stage 1)**

The pre-test session was done on the first day when the researcher was introduced to the participants of the study. Afterwards, the researcher and the research assistants administered the shyness instrument to all the participants in the experimental groups in their classrooms as

intact group before treatment. This was done to identify shy students, which constitutes a focal group. The school program was not disrupted during the treatment session because the treatment took place during the break period. Data collected formed the baseline with which the post-test scores were compared within and between the experimental groups. The pre-test session lasted for forty-five (45) minutes. The researcher during this session established rapport with the students to create a cordial relationship, confidence, and an enabling environment to sustain interest and commitment throughout the program of pre-test, treatment, and post-test. This was achieved by displaying warmth, good humor, smiles, and communication of lovable, approachable, and acceptable behaviour verbally and non-verbally.

### **Treatment (Stage 11)**

The second stage in the experimental procedure was the treatment or exposure of the experimental groups to the specified Cognitive Restructuring Therapy, Social Skill Training Techniques, and Assertiveness Training treatment. The treatment for the groups started after the pre-test session. The program lasted for six (6) weeks. There were 12 sessions: two sessions per week in the three groups. Refreshments (cold drinks and snacks) were given to all the participants at the end of each treatment session. In each of the three experimental groups, the students in junior secondary school 2 were grouped into three classes and labeled experimental groups A, B, and C.

### **Post-test (Stage 11)**

Finally, after the treatments had been administered to the participants, the students in the three groups were all post-tested and their results were compared with that of the pre-test and this took place on the last session of the last week of the treatment.

### **Findings**

**Hypothesis 1:** There is no significant Effect of Assertiveness Training Counselling on Shyness

among Students in Junior Secondary Schools in the Igueben Local Government Area of Edo State.

**Table 1: Paired Sample t-test of difference in Pretest and post-test mean Scores of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in Igueben Local Government Area of Edo State.**

AT	n	Mean	Std. Dev.	Paired Differences		df	t-value	p-value	
				Mean	Std.Dev.			( Sig. 2-tailed)	
Pretest	62	<b>61.16</b>	3.86			61	<b>37.41</b>	<b>.000</b>	



			22.66	4.77
Posttest	62	38.50	2.68	
$\alpha = .05$ , $p < .05$ Significant				

Table 7 shows the difference in Pretest and Posttest Mean Scores of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in the Igueben Local Government Area of Edo State. From the table, the number of participants (N) in the AT = 62. Their pretest Mean score =  $61.16 \pm 3.86$  Standard Deviation. While at posttest their Mean score =  $3.50 \pm 2.68$  Standard Deviation. There is a mean and standard deviation difference of 22.66 (4.77) respectively. The *t-value* of 37.41 is significant, because, the *p-value* (.000) is less than the *alpha level*. Therefore, the null hypothesis is rejected. This implies that there is a significant effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in the Igueben Local Government Area of Edo State.

**Hypothesis 2:** There is no significant difference in post-test scores in the shyness of students exposed to AT and those not exposed AT.

**Table 2: t-test of Independent Sample in Shyness Scores of Students Exposed to and those Not Exposed AT at Pretest**

Treatment	N	Mean	Std. Deviation	t	Sig. (2-tailed)
<b>Experimental</b>	119	33.13	9.94		
				-6.066	.000
<b>Control</b>	117	42.82	14.25		

$\alpha = .05$

Table 2 shows a calculated *t-value* of -6.066 and a *p-value* of .000 testing at an alpha level of .05, the *p* value is less than the alpha level, so, there is a significant difference in shyness scores of students exposed to and those not exposed AT at pretest. Hence the need to use pretest scores as covariate.

**Table 3: Mean and Standard Deviation in Shyness Scores of Students Exposed to AT and those Not Exposed AT at Post-test**

Treatment Group	n	Mean	Std. Deviation
<b>Experimental</b>	119	21.25	2.68
<b>Control</b>	117	42.79	14.21

Table 3 shows the mean and standard deviation in truancy scores of students exposed to and those not exposed AT at post-test as 21.25 and 2.68 for the experimental group and 42.79 and 14.21 for the control group respectively.

**Table 4: ANCOVA in Shyness Scores of Students Exposed to and those not Exposed AT at Post-test**

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	42812.179 <sup>a</sup>	2	21406.089	564.875	.000
Intercept	1038.438	1	1038.438	27.403	.000
Pretest	15454.498	1	15454.498	407.821	.000
Group	11647.478	1	11647.47	307.360	.000
Error	8829.597	233	37.895		
Total	292219.000	236			
Corrected Total	51641.775	235			

a. R Squared =.829 (adjusted R Squared =.828) a = .05

Table 4 shows a calculated F value of 307.360 and a *p* value .000 testing at an alpha level of .05, the *p* value is less than the alpha level, so, the null hypotheses which states that "there is no significant difference in post-test scores in the shyness of students exposed to and those not exposed AT" is rejected. Consequently, there is a significant difference in post-test scores in the truancy of students exposed to and those not exposed to AT. Hence the need for a post-hoc analysis.

**Table 5: LSD Post-hoc Pairwise Comparison in Shyness Scores of Students Exposed to and Those Not Exposed to AT at Post-test**

(I) Group	(J) Group	Mean Difference	Std. Error	Sig. <sup>a</sup>
Experimental	Control	-15.116*	.862	.000
Control	Experimental	15.116*	.862	.000

\* The mean difference is significant at the .05 level.

a. Adjustment for multiple comparisons: Least Significant Difference (equivalent to no adjustments).

Table 5 shows a mean difference of -15.166 and *ap-value* .000, since the mean difference is negative it shows that AT is more effective in shyness reduction compared to the control group hence the results obtained from tables 3, 4, and 5 above, the hypothesis which states

that there is no significant difference in the post-test scores of students exposed to AT treatment therapy and those not exposed to the therapy is rejected.

### **Discussion of findings**

The findings of hypothesis one revealed that there is a significant Effect of Assertiveness Training Counselling on Shyness among Students in Junior Secondary Schools in the Igueben Local Government Area of Edo State. This shows that the treatment was effective in handling shyness among Junior secondary school students exposed to AT as treatment in handling shyness among secondary school students, hence indicating that when junior secondary school students are properly guided and tutored using AT, it would help to boost their confidence and courage to express themselves in public and social gathering as well as school environment without fear or intimidation. The feelings of anxiety and inferiority complex were handled after exposing the participants to AT treatment. The reason for the effect of the therapy in this study was that students were taught how to possess the knowledge of, and faith in themselves to achieve a given result, as well as solve problems, affecting task choice, efforts, persistence, resilience, achievement, and satisfaction of individuals, they were helped to create a change to how they feel, think and act. This finding is in collaboration with the study of Wolpe and Lazarus, (2016) which investigated the efficacy of AT on the reduction of shyness among students. The finding indicated that those in the treatment groups experienced a significant reduction in shyness throughout six weeks of treatment. This finding is supported by the findings from the studies of Nnadi et al (2020) and Bratko et al (2020), who reported that in-school adolescent who is shy showed a greater reduction in their shyness attitude after AT treatment. Also, the finding corroborates with the findings from the studies carried out by Adegoke and Idowu (2022) and Eskandari et al (2015) that AT led to significantly reduced symptoms of shyness among students, thus, AT is effective in handling shyness among students.

The findings on hypothesis two revealed that there is a significant difference between the experimental group and the control group on shyness among Junior secondary school students exposed to Assertiveness Training Counselling Therapy, and those not exposed to the therapy. The observed reduction in shyness behaviour post-test scores is a result of exposing the students to AT treatment. The Students were taught the negative effects of shyness behaviour on their academic performance, their dreams, and aspirations, personal development, and social well-being. They were taught that if shyness tendencies are not corrected they start developing negative attitudes that may make them have hatred for school and this may soon make such students feel the need to drop out of school; this may in turn

affect their parents and loved ones and to a large extent the nation. Repeated practice and concretization of the benefits of cognitive treatment by helping clients to manage their obsessional thoughts were of great help to students exposed to AT experimental group. This was compared to students in the control group who were only exposed to health education. This probably explains why the truancy habits of students in the control group did not drop drastically in their post-test scores.

### **Conclusion**

It is hereby concluded that Assertiveness Training Technique (AT) is an effective treatment therapy in reducing shyness tendencies among junior secondary school students exposed to the therapy. Also, there was a significant difference between the experimental group and the control group on shyness among junior secondary school students.

### **Recommendations**

1. Professional counsellors should be trained and retrained in the various forms of psychotherapy which includes AT will go a long way in helping to curb or reduce shyness behaviours among in-school adolescents.
2. The need for counsellors in schools cannot be overemphasized hence it is recommended that at least two professionally trained and qualified guidance counsellors be posted to every school.
3. Principals and teachers should cooperate with school counsellors by referring shy students to counsellors as quickly as possible to help such students quickly overcome shy tendencies.
4. Government should sponsor seminars, workshops, forums, and professional training programs for counsellors on how AT and other treatment therapies could be used to effectively counsel students experiencing difficulty in their academics.
5. It is recommended that the AT treatment therapy be integrated into curriculum for trainee counsellors who should in turn sensitize teachers and students in their schools on the effectiveness of the treatment. This would go a long way to help curb shyness habits in schools.

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