

CHAPTER ONE

INTRODUCTION

Background to the Study

Aggressive behaviour is a misconduct which is usually expressed in different ways at various stages of development. The issue is today a worrisome phenomenon as many schools, families and job-related settings now seem to have a significant number of people with aggressive behaviour. Thus, the issue has attracted the attention of school counsellors, researchers and other stakeholders within and outside educational settings to find a way of dealing with the aggressive issue.

Aggressive behaviour is perceived to be exhibited frequently and more intensely among adolescents and young adults with many serious consequences for both the aggressor and people around them. Injuries to peers, teachers and other staff in school and family members as result of aggressive behaviours are not uncommon. These injuries tend to lead to significant costs to both the school and the family. Also, the social, economic and public health burden created by the perpetration of aggressive acts as noted by Centres of Disease Control and Prevention (2013) is profound. So, based on the nature of aggressive behaviour, especially as it concerns adolescents, the use of effective counselling techniques to modify such maladaptive behaviour represents a crucial step to curbing incidents of aggression and by extension reducing conflict at home, school and the larger society.

Aggressive behaviour has been differently defined. According to Zirpoly (2014), aggressive behaviour is seen as any form of conduct or actions by an individual, which is intended to cause pain, suffering and damage to another person. More so, Gould, Grant, Gould, and Jensen (2008) see aggressive behaviour as a form of actions characterized by an

assault or attack by one person on another. From the above definitions, aggressive behaviours are understood to encompass a variety of behaviours. These behaviours range from mild verbal aggressive conducts usually exhibited from elementary to secondary school years, such as starting rumours, excluding others during plays, and arguing, to bullying, physical fighting, robbery, rape and other unwholesome behaviours with the sole intent to harm another. So, in the context of this study, aggressive behaviour is seen as a category of behaviours; physical, verbal or relational that is exhibited by adolescents and which causes or threatens to harm others.

Aggressive behaviour comes in different forms; it could be physical, verbal or relational. It could come in the form of physical or verbal belligerence between couples, siblings, or parents who sometimes tend to use it as a corrective measure towards their children. Likewise, aggressive behaviour is not spared in various meeting places such as village meetings and even unexpected places like the hallowed chambers of the country's law-making bodies. Yet, the occurrence of aggressive behaviour seems more in schools today. For instance, Shekarey, Ladarni and Rostami (2013) in their study acknowledge that aggressive behaviours are common occurrences in today's schools, even among secondary school adolescents. The reason could be attributed to their developmental characteristics. More so, these adolescents are mostly in secondary school level of education which is a type of education that coincides with the adolescent stage of development. Meyers (2016) holds that adolescents tend to manifest aggressive behaviours more at this stage. This may not be far from the reality as there are reports today of decadent behaviours such as bullying, molestation of fellow students, disruptive competitions (even during sporting activities) and other forms of abnormal behaviours capable of inflicting both psychological and physical pain among the school adolescents.

In like manner, Aluede (2011) in his study on managing bullying problems in Nigerian secondary schools stresses that violence in schools has become an issue that is gradually becoming more prominent over the years. For that reason, news and articles about violent activities within the school setting has remained on steady increase. For example, it is no longer a rare or something to see fighting among students that may lead to the destruction of school properties; where junior students are being bullied by senior students; where students are threatening their fellow students, teachers and even their parents at home. These are various forms of aggressive acts perpetrated mostly by young adolescents between the ages of 13 and 21.

Adolescents are young people in their teenage years, usually seen as the period that begins with the onset of puberty and ends somewhere around age thirteen to twenty-three, depending on the societal ethos and onset of puberty. Puberty is a sexual maturity stage which usually takes place on or before the adolescence stage. This process of sexual maturity according to World Health Organisation (WHO, 2012) involves biological, cognitive and social changes. Biological changes involve physical development; cognitive changes comprise thought, intelligence, and language; and social changes involve the adolescents' emotions, personality, and their relationships with other people in a social context. In the context of this study however, adolescents are persons in the developmental period, between 13 and 21 years of age, which is a period that spans from onset of puberty to the beginning of adulthood.

Aggressive behaviour is peculiar to both male and female adolescents and they tend to respond differently to conventional counselling in schools. Conventional counselling is the normal counselling they receive from their schools' Guidance Counsellor. The reason may be attributed to their social behavioural and cognitive skills which tend to differ. Thus, both male and female adolescents will likely respond differently to training programs currently needed to

teach knowledge and skills in treatment techniques related to the development of behavioural, affective, adaptive, and social skills in management of aggressive behaviour.

Studiessuch as Agbakwuru and Ugwueze (2014), Centres for Disease Control and Prevention (2007), Feindler and Engel (2011) and Nnodum (2010) while decrying the persistent effects of aggressive behaviours especially in schools and the failure of the conventional approach to counselling in addressing aggressive problems suggest the use of more effective psychological techniques in treatment of aggressive acts and prevention of future aggressive conducts. In the same way, a study by Terzian, Hamilton, and Ling (2011) which centres on different prevention programs that address such expressive behaviours like aggression; was more of a pointer indicating that aggressive adolescents need specific sets of socio-cognitive competencies to function well in a group or within the society where they may find themselves.

Additionally, training programs designed to improve adolescents' skills in the area of aggression could include helping them achieve greater self-regulation. They could do this by setting more specific learning goals; using more strategies to learn and adapt; individually monitoring and systematically evaluating their progress toward a goal. It could also include conversational skills that are needed in different specific situations, for example relating with friends, classmates, teachers, and parents. The skills could also be divided further into such subjects as beginning, holding, and ending conversations, reasoning or expressing feelings in appropriate ways.

Individual differences in social information processing skills would likely help explain why people confronted with the same social situation may choose to act in very different ways. For example, two children may be teased by a peer, one child may perceive this as harmless play and may laugh over it, whereas another child may interpret this as

unpleasant and threatening and may choose to act aggressively toward the peer. Thus, this is in line with Jean, Bergeron, Thivierge and Simard (2010) observation that such distortions or deficiencies in social information processing may lead to maladaptive behaviour as aggression. They suggest socio-cognitive skills training for individuals with such behaviour, bearing in mind that the impairment of both basic cognition and social cognition is a well-established feature of aggressive behaviour.

Considering the amount of evidence that have shown the link between neurocognition, and especially social cognition with regard to functional outcome, a number of groups have developed new treatments skills to improve basic cognitive deficits, as well as social cognition. Socio-cognitive skills according to Horan, Kern, Tripp, Helleman, Wynna, Bell, Marder, and Green (2011) include: a. emotional processing which involves educational presentations focused on defining six basic emotions (happy, sad, angry, disgusted, afraid, and surprised), identifying those emotions on the face and in the voice, and reviewing non-social situations communication. b. attributional bias which involves understanding suspiciousness as an emotion. c. mentalizing which focuses on integrating the various emotional and social cues covered to understand and adaptively respond to others' beliefs and intentions and d. social perceptions which covers non-verbal social cues and social contexts that typically lead people to experience different emotions (example., social norms, posture, eye contact, hand gestures, status differences between interaction partners, emotional intensity, sounds that convey understanding).

One major goal of socio-cognitive skills training as observed by Babakhani (2011) is teaching persons who have emotional problems about the verbal, nonverbal, as well as cognitive aspect of behaviours involved in social interaction. Such people could said to be behaviourally impaired or lacking in certain social and cognitive competence. This researcher consequently describes Socio-cognitive skills training (SCST) in the context of this study as a

form of behavioural therapeutic training that focuses on improving cognitive and meta-cognitive impairments that interfere with normal social functioning in adolescents, especially those in schools. SCST as used in this study therefore is designed towards enhancing the process of acquiring knowledge by secondary school adolescents' use of reasoning, intuition, or perception through training.

The development of socio-cognitive treatments according to Kern, Glynn, Horan, Marder (2009) involves identifying key determinants of individuals' poor functioning and testing the effectiveness of the techniques designed to improve those behavioural clues. A good example is Horan et al. (2011) study which combined a variety of novel training exercises and materials to target emotion identification, social perception, attribution bias, and mentalizing. The SCST group demonstrated a significant improvement in facial affect perception that was independent of symptoms and not present in the control group, thereby supporting the feasibility and efficacy of such targeted training programme in clients with behavioural disorders.

Although there is evidence of improvement after cognitive training on maladaptive behaviours, comparing its effectiveness with other approaches such as training the adolescents on self-instruction could go a long way in determining an alternative and possibly, proffering a more effective treatment solution to the problem of aggression, especially as it concerns the adolescents in schools. Self-instruction according to Eccles (2005) is the self-generation and self-monitoring of one's thoughts, feelings, and behaviours in order to reach a goal.

The appeal of self-instruction and its positive effects on behaviour and educational outcomes encourages much research on the self-instruction technique in order to achieve a set goal. The goals achievable with self-instruction could be academic (such as improving reading comprehension, becoming a better organized writer, learning how to multiply, and

asking relevant questions) (Adani, Eski&Onu, 2012); it could also be socio-emotional (controlling one's anger, getting along better with peers) (Adeyemi, 2013). Considering this views, it is possible to say that self-instructional technique would likely assist students to set goals for extending their knowledge and sustaining their motivation; become aware of their emotional makeup and follow strategies for managing their emotions; periodically monitor their progress toward a goal, fine-tune or revise their strategies based on the progress they make and evaluate obstacles that arise and make the necessary adaptations.

Self- instruction technique involves the use of induced self-statements, which conserve various purposes; assists in orienting, organizing and structuring behaviour. More so, as Berk (2005) notes, self-instructional technique is a process of continuously monitoring progress towards a goal, checking outcomes and redirecting unsuccessful efforts. Self-instruction as Meichenbaum (1977) notes takes place in stages. The stages include cognitive modelling stage; where the counsellor could take the student's position and models the behaviour for the students to copy. Overt external guidance; where the counsellor prompts the students on what to do before the student then completely takes over. Overt self-guidance; where the student performs the actions while speaking aloud the actions. Faded overt self-guidance; where the student goes on to perform the action and whispers it instead of talking aloud. Finally covert self-instruction; where the student performs the action correctly on his or her own without talking aloud or even whispering. Self-instructional technique as it relates to this study therefore is a cognitive training in which learning task is broken into steps and the adolescents themselves direct and appraise self as they go through the task being exposed to step by step, and learning to use positive self-statements to overcome the urge to act aggressive towards others.

The first application of self-instructional technique in training was in a population of impulsive and hyperactive children (Meichenbaum, 1977) and the objective was to reduce

impulsivity which is a characteristic of aggression. In Meichenbaum's training in cognitive or self-instructional mediation, verbal mediation consisted of speaking pertinently to oneself when facing something that one wishes to learn, a problem that needs to be solved, or a concept that one wishes to grasp. More so, Adeyemi (2013) report of significant effect of the treatment on the management of school violence among students suggest that self-instructional technique is an approach that considers the importance of stimulus/response behaviour which is a causal effect that can easily assist in the management of aggressive behaviour.

Consequently, as a behavioural treatment technique, self-instruction technique would likely be of great help to aggressive adolescents in school. The reason is that self-instruction seems to differ from other behaviour modification techniques because it is based upon self-control rather than external control of disruptive behaviour. Hence, the counsellor's application of the technique would be directed at teaching the students to control their own disruptive behaviours rather than the counsellor directly controlling their behaviours.

Since aggressive behaviour results from one not being able to manage his or her emotion, which is potentially destructive for both boys and girls, Socio-Cognitive Skills Training and Self-instruction technique could help individuals change their mental orientation about themselves, communicate their feelings, moods and thoughts reasonably and improve their self-consciousness. In view of this, this study is set out to achieve the following; to examine the effects of the techniques (socio-cognitive skills training and self-instruction technique) on aggressive secondary school adolescents, and to determine which of the two techniques is more effective on aggressive secondary school adolescents.

Statement of the Problem

Aggression is a serious behaviour problem that could place the students, and the entire school, home or community at risk. Today, in Anambra State, increasing high rates of aggressive behaviours is consistently given in to several threats to school safety, with much implication for students' mental wellbeing and academic outcomes. The school is supposed to be a place where students would feel safe and secure and where they can count on being treated with respect and with a good sense of decorum by their peers and others. However, the situation in Anambra State secondary schools seems not to be the case. The schools as it is today seems unsafe, the situation looks so unpleasant such that parents, teachers and counsellors, including this researcher are worried and in dire need of a way out.

In response to the worries and the need to curb the occurrence of aggressive behaviours in schools, teachers tend to employ a variety of approaches in addressing cases of aggression, some of these measures are punitive and some, non-punitive. However, none has been able to address the problem.

As a consequence of these undesirable outcomes, comes the need for professional counsellors to take appropriate measures to address the lingering problem. Although the counsellors on their part through their conventional counselling approach have been of help, it has not yielded much fruit with aggressive adolescents in schools and there is currently no evidence of the extent to which alternative treatment approaches are adopted, under what circumstances they are applied and how effective the outcome has been.

This therefore is challenge to counsellors and scholars in the field of education which has necessitated the need for this study to investigate the effects of two psychological treatment approaches that could be used to reduce the manifestation of aggressive behaviour. The effects of these two approaches (Socio-cognitive skills training and self-instructional technique) in handling maladaptive behaviours were perceived to be effective as observed in

literature. This researcher thus believes that since these approaches were effective in handling other maladaptive problems, they would likely be effective in curbing aggressive behaviour of secondary school adolescents, especially those in Anambra State.

It is a common belief that the efficiency of the counsellor is a lot dependent on the effectiveness of the counselling technique applied in handling problems. So, investigation of the effects of socio-cognitive skills training and self-instruction technique seemingly provides the counsellor the best approach in handling aggressive behaviour among secondary school adolescents in Anambra State and beyond. Consequently, this study investigates the relative effectiveness of socio-cognitive skills training and self-instruction technique on aggressive behaviour of secondary school adolescents in Anambra State. By this, the researcher examines the effects of the techniques on aggressive secondary school adolescents and further determined their relative effectiveness status.

Purpose of the study

The purpose of this study is to investigate the relative effectiveness of Socio-Cognitive Skills Training and self-instruction technique on secondary school adolescents' aggressive behaviour in Anambra State. Specifically the study sought to determine:

1. The effect of Socio-Cognitive Skills Training on aggressive secondary school adolescents.
2. The effect of self-instruction technique on aggressive secondary school adolescents.
3. The relative effects of Socio-Cognitive Skills Training and self-instruction technique on aggressive secondary school adolescents.
4. The relative effects of Socio-Cognitive Skills Training on aggressive male and female secondary school adolescents.

5. The relative effects of self-instructional technique on aggressive male and female secondary school adolescents' aggressive behaviour.

Significance of the Study

Findings of this study would be of great benefit to the students, counsellors, teachers, school, parents, society at large and future researchers.

Students are the perpetrators and mostly the victims of aggressive behaviours in schools. So, they stand to benefit so much from the study as the findings of this study will likely bring out the effective skills to help aggressive adolescents in their current life as students and their future life as working adults. The findings of the study through the facilitation of the guidance counsellor will likely provide them with self-instructional techniques to help them manage the urge to act aggressively towards other people.

Again, findings of this study will benefit the teachers immensely. This would enable them to act promptly when an aggressive adolescent is identified and make appropriate referral to professional counsellors when the need arises, so that such behaviour could be modified using an effective counselling technique. Also, when these adolescent students must have been exposed to self-instruction technique and socio-cognitive skills training, they will learn how to deconstruct and manage their emotions better. Through this however, teachers will benefit because the less aggressive these students are, the more peaceful and conducive atmosphere a teacher will have in teaching and learning. They will also spend less time in settling quarrels among the students.

The findings of this study will be of benefit to the counsellors. The findings would add to the counsellors growing awareness that there are other potent treatment techniques

which could add to the list of their effective treatment techniques to work with adolescents and other children in and out of school.

The finding of this study will be beneficial to parents. Findings from the study would likely encourage parents on the need to refer their aggressive adolescents to the school guidance counsellor who will likely make use of self-instruction technique or socio-cognitive skills to treat the aggressive adolescents, with a view to weed off the urge to act aggressively towards people.

The study will also be beneficial to the society in general. Leaders in the society will be in position to play the necessary role of employing community counsellors who is well equipped with the skills and techniques needed to curb the menace of aggression with the tested and effective techniques.

The future researcher will equally benefit from this study as the study would likely serve as a reference point for academic purposes especially to subsequent researchers in the subject area.

Scope of the Study

This study is delimited to investigating the relative effectiveness of Socio-Cognitive Skill Training and Self-instruction technique on aggressive secondary school adolescents in Anambra State. The study is delimited to only adolescents in senior secondary school. The reason is that those in the senior class are more prone to exhibit aggressive acts such as bullying those in the junior class in schools. Those included in the study include SS 1 and SS 2 within the age of 13 and 21. Those in SS 3 were exempted by reason being perceived as an examination focused class. Moreover, those in the junior class were excluded because the schools may not permit their inclusion to avoid disruption of school activities. The

independent variables of the study include; “Socio-cognitive Skills Training” and “self-instruction technique”. The dependent variable of this study is “Aggressive behaviour” while gender (male and female) served as moderating variables. Likewise, only adolescents in coeducation schools participated in the study. The reasons for this is to enable the researcher include both male and female students in the same school environment.

Research Questions

The following research questions served as a guide for study:-

1. What is the effect of Social-Cognitive Skills Training on the aggressive behaviours of secondary school adolescents when compared to those in the control group using their pre-test and post-test scores?
2. What is the effect of Self-instruction technique on the aggressive behaviours of secondary school adolescents when compared to those in the control group using their pre-test and post-test scores?
3. What is the relative effects of Socio-Cognitive Skills Training and Self-instruction technique on the aggressive behaviours of secondary school adolescents using their pre-test and post-test mean scores?

Hypotheses

The following null hypothesis guided the study, and were tested at the 0.05 level of significance

1. The effect of Socio-Cognitive Skills Training on the aggressive behaviours of secondary school adolescents when compared to those in the control group using their pre-test and post-test scores is not significant.

2. The effect of Self-instruction technique on the aggressive behaviours of secondary school adolescents when compared to those in the control group using their post-test scores is not significant.
3. There is no significant difference in the effectiveness of Socio-Cognitive Skills Training and Self-instruction technique on the aggressive behaviours of secondary school adolescents using their post-test mean scores.
4. There is no significant difference in the effects of Socio-Cognitive Skills Training on aggressive male and female secondary school adolescents using their post-test mean scores.
5. There is no significant difference in the effects of Self-instruction technique on aggressive male and female secondary school adolescents using their post-test mean scores.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter reviewed the existing literature related to the study. It explores and reveals the existing knowledge and information in the context of the present research under the following sub-headings:

Conceptual Framework

Adolescents

Aggressive Behaviour

Socio-Cognitive Skills Training

Self-instruction technique

Theoretical Framework

Instinct theory by Freud, S.

Social learning theory by Bandura, A.

Socio-cognitive theory by Bandura, A.

Theoretical Studies

Development of aggressive behaviour

Aggressive behaviour in adolescents

Aggressive behaviours among students

Common causes and antecedents of aggressive behaviour

Aggressive behaviour among boys and girls

Modelled aggressive behaviour

Domains of aggressive behaviour

Social skills deficits

Evidence-based violence prevention programs

Social cognitive skills training

Self-instructional training

Empirical Studies

Studies on aggressive behaviour

Studies on socio-cognitive skills training

Studies on Self-instructional training

Summary of Reviewed Literature

Conceptual Framework

This section consists of concepts that are placed within a logical and sequential design. It provides a logical structure of meaning that guides the development of the study. The following concepts are clarified as follows:

Adolescents

Adolescence is a word that is viewed differently by different persons and bodies. World Health Organisation (2014) for instance identifies adolescence as the period in human growth and development that occurs after childhood and before adulthood which ranges from ten to nineteen years of age. Mwale (2008) also sees adolescence as a period of life from puberty to maturity. Adolescence for that reason is a period of physical, biological, emotional and social maturation and transition. According to Bleidorn(2012), adolescence is a

transitional stage of physical and psychological human development which emanates from the period of puberty to adulthood.

Moreover, Stuart (2001) sees adolescence as the period beginning in parallel with fertility or puberty and ending with maturity and independence. American Academy of Child and Adolescent Psychiatry(2002) states that the word adolescence means to grow into adulthood. It is a time of moving from the immaturity of childhood into the maturity of adulthood. There is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Additionally, adolescence begins after the secondary sexual characteristics appear and continues until complete sexual maturity. It is a period during which bones are still growing and there are skeletal injuries (American Academy of Child and Adolescent Psychiatry, 2002).

For this study, adolescent is a child in his/her period of development, usually between the ages of 13 to 21 at this stage, he or she is neither a child nor an adult, and such a person is in between childhood and adulthood. It is a time in which risk taking behaviours are mostly common.

Aggressive Behaviour

Behaviour can be defined as the way in which an individual behaves or acts. It is the way an individual conducts herself/himself. Behaviour could be viewed in reference to a phenomenon, an object or person. It can be seen in reference to society norms, or the way in which one treats others or handles objects. Behaviour, therefore, according to UNESCO (2000) is the way an individual acts towards people, society or objects. It can be either bad or good. It can be normal or abnormal according to society norms. Much behaviour may be considered normal, abnormal, or disordered. The difference between normal and disordered behaviour is usually of degree rather than kind. No sharp line can be drawn between them. In

a school, there are rules which govern everyday operations, and all school members have to adhere to them. Any member who deviates from these rules has misbehaved, and is usually reprimanded or punished. Such a member also qualifies as having a behaviour problem. A good example is aggressive behaviour.

Aggressive behaviour has been defined in various ways, and there seemed not to be any single, universally accepted definition of it. However, Buss (1961) gave early definition of aggressive behaviour as a response by an individual that delivers something unpleasant to another person. Some other definitions according to Anderson and Bushman (2002) include that the individual must intend to harm another person. Hence in that regard, aggressive behaviour is usually defined by behavioural scientists as behaviour that is intended to harm another person. Common forms of aggressive behaviours are physical (for example, punching), verbal (for example, saying or writing hurtful things to another person), and relational (for example, intentionally and publicly humiliating someone to harm his/her social relationships) (princeton.edu, n.d). The term aggressive behaviour is used widely and loosely to refer to any or all of the following acts: physical assaults of various intensity on peers, staff or family members; verbal threats and hostile statements; threatening gestures; tantrums; and property destruction. Further confusion comes from the use of a variety of terms other than aggressive behaviour to refer to more or less the same forms of behaviour (for example, violence, extreme negativism, oppositional and assaultive behaviours). At times, still other terms are used that refer to unobservable internal states (example, angry, vengeful, overstimulated and poor impulse control).

Aggressive behaviour according to Salters-Pedneault (2014) refers to any behaviour that is hostile, destructive, and/or violent. Aggressive behaviour according to Salters-Pedneault has the potential to inflict injury or damage to the target person or object. Examples of aggressive behaviour include physical assault, throwing objects, property

destruction, self-harming behaviours, and verbal threats. Salters-Pedneault further noted that aggressive behaviour can have mental aspects, as well. Conner and Barkley (2004) see aggressive behaviour as a harmful behaviour which violates social conventions and which may include deliberate intent to harm or injure another person or object. Aggressive behaviour has also been viewed as a heterogeneous concept encompassing a wide variety of behaviours. Researchers have attempted to create more homogenous categories in this behavioural domain by identifying subtypes of aggressive behaviour based on statistical techniques such as factor analysis. Two common subtypes supported by extensive research are overt and covert aggressive behaviours (Conner & Barkley, 2004). As the name suggests, overt aggression involves outward or open confrontational acts of aggression, such as physical fighting, verbal threats and bullying. On the other hand, covert aggression is more hidden and surreptitious; examples include stealing, truancy and arson.

In psychology and counselling, the term aggressive behaviour refers to a range of behaviours that can result in both physical and psychological harm to oneself, other or objects in the environment. This type of social interaction centres on harming another person, either physically or mentally (Berkowitz & Bier 2003). The expression of aggressive behaviour can occur in a number of ways including verbally, mentally and physically. Psychologists distinguish between different forms of aggressive behaviour, different purposes of aggressive behaviour and different types of aggressive behaviour. Aggressive behaviour can take a variety of forms according to Berkowitz and Bier (2003), including: physical, verbal, mental, and emotional. While aggressive behaviour can be taught of as purely in physical forms such as hitting or pushing, psychological aggressive behaviour can also be very damaging. Intimidating or verbally berating another person, for example, are examples of verbal, mental and emotional aggressive behaviour.

Aggressive behaviour can also serve a number of different purposes as noted in Berkowitz and Bier (2003) to include: to express anger or hostility, to assert dominance, to intimidate or threaten, to achieve a goal, to express possession, a response to fear, a reaction to pain or to compete with others. Psychologists also distinguish between two different types of aggressive behaviours: Impulsive aggressive behaviour which is also known as affective aggressive behaviour is characterized by strong emotions, usually anger. This form of aggressive behaviour is not planned and often takes place in the heat of the moment. A good example of this type of aggressive is a mother yelling at a child or a child yelling at the sibling for misbehaving in a certain way. Also, instrumental aggression, also known as predatory aggression, is marked by behaviours that are intended to achieve a larger goal. Instrumental aggression is often carefully planned and usually exists as a means to an end. Hurting another person in a robbery or car-jacking is an example of this type of aggression. The aggressors' goal is to obtain money or a vehicle, and harming another individual is the means to achieve that aim (Akert, Aronson & Wilson, 2010). Characteristics of aggressive behaviour include expressing one's feelings, needs, and ideas at the expense of others. Aggressive persons stand up for their rights, but ignore the rights of others; they may dominate or humiliate other people. While such behaviour is said to be expressive, it is also defensive, hostile, and self-defeating. Al-Ali (2011) in essence saw aggressive behaviour as a set of behaviours or thoughts, including threats or actions that may result in physical, verbal, or psychological harm to one's self or to others.

In the context of this study therefore, aggressive behaviour is defined as the general inclination to engage in behaviour that is carried out with the intention of causing harm to the other person or an object. That is; such a person expresses his or her feelings and opinions in a punishing, threatening, assaultive, demanding, hostile manner. The person has the

inclination to disregard or infringe on the other person's rights and have no consideration of the feelings and rights of the person who is the object of the aggression.

Socio-cognitive Skills Training

Social-cognition focuses on social knowledge; the knowledge or information that allows a child to reason about a social situation and determines how to behave appropriately. Socio-cognitive skills are forms of behavioural clues that help persons who have difficulties relating to other people due to poor social perceptions (Wahington.edu, 2001). Socio-cognitive skills are governed by culture, beliefs and attitudes. They continuously change and develop throughout their lives (Rao, Beidel, Murray, 2008). Also, Socio-cognitive skills training according to Hofmann (2005) are types of cognitive-based psychotherapy that works to help people improve their social skills so they can become socially competent. Socio-cognitive skills training (SCST) according to minddisorders.com (n.d) is a form of behaviour therapy used by teachers, therapists, and trainers to help persons who have difficulties in relating to other people. Socio-cognitive skill training is one of the techniques that could teach the individual to identify alternative pro-social behaviours, strategies, modelling and simulation of these behaviours. Teaching young people such as adolescents how to evaluate and reinforce the pro-social skills themselves is an important aspect of the training.

Socio-cognitive skills training in the context of this study is therefore defined as behavioural therapeutic training that focuses on improving cognitive and metacognitive impairments that interfere with normal functioning in adolescents. Specifically, it is a training that incorporates didactic teaching, modelling, and role-playing to enhance positive social interactions, teach nonviolent methods for resolving conflict, and establish or strengthen nonviolent beliefs in young people.

Self-instructional Technique

Self-instruction is a behaviour change technique. It is a technique that has a cognitive structure and is made popular by Miechenbaum in 1977. According to Miechenbaum, it is a technique that teaches clients how to reason rational and positive thoughts in perceived stressful situations, instead of plunging into old, self-defeating internal monologues.

Self-instruction has further been defined by various authors and researchers with varying perspectives. According to Anyichie and Onyedike (2012) self-instruction involves the use of individuals' reasoning. Additionally, Carlson, et al. (2007) describes self-instruction as guidance of behaviour by previously established discriminative stimuli, especially verbal stimuli such as rules. Self-instructional technique is thus anchored on independent reasoning, that is, it has a cognitive structure. As such, it is an important technique for perceiving possibilities where things have been viewed as impossible. Self-instruction is more a self-regulation practice that students can use to manage themselves as learners and direct their own behaviour while learning (Graham & Reid, 1992). It is an approach through which students could self-tutor and self-monitor themselves. Self-instruction as Rafferty (2010) notes is an intervention that requires teaching a student how to use positive statements to direct his or her own behaviour. In this perspective, self-instruction focuses on giving the user the responsibility for instruction rather than relying on the implementer.

Self-instruction is learner-directed (Schunk & Zimmerman, 2003). Here, the student takes charge of the learning activity, while the teacher merely guides. It is the verbalisation by an individual prior to performing a task. The self-instructional approach involves individuals telling themselves to perform a task and going ahead to carry it out. It believes that what the individual says to him or herself could bring about a change in the individual's behaviour. In the context of this study therefore, self-instructional training refers to a

cognitive learning technique, in which learning task is broken into steps and the adolescents themselves directs and appraises self as they go through the task being exposed to step by step, and learning to use positive self-statements to overcome the urge to act aggressively towards others and develop new skills.

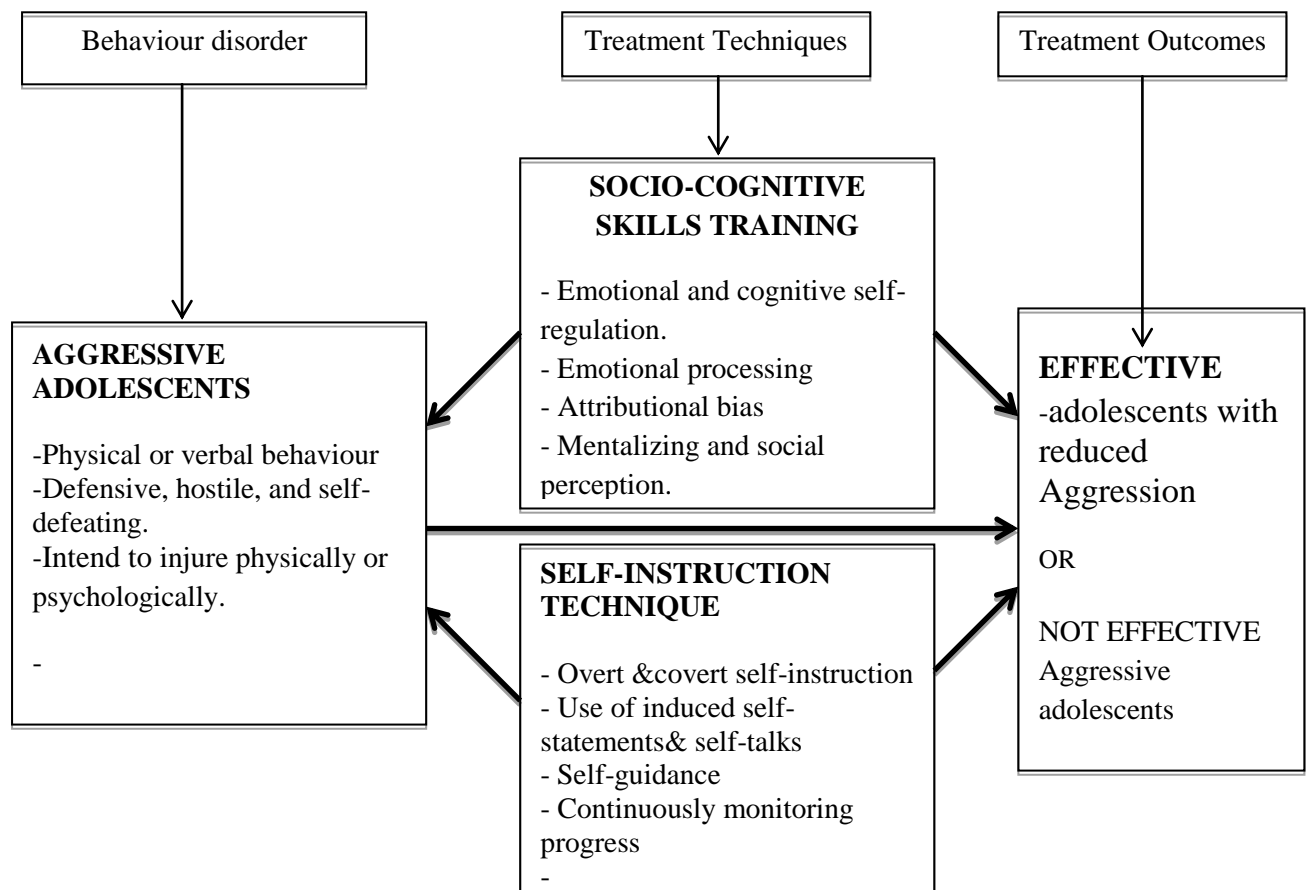


Figure 1: Conceptual Model
(Developed by Azuji, I.M.)

The conceptual model as depicted above attempted to describe the relationship that exists between the behaviour disorders (aggressive behaviour), the treatment using socio-cognitive skills training and self-instruction technique and the outcome of the treatments which is either effective or not effective. The model shows that prior to treatment, the adolescents exhibited

physical/verbal behaviour which is often characterised as defensive, hostile and self-defeating behaviours with the intention to harm physically or psychologically.

A group of the adolescents with aggressive behaviour were exposed to therapeutic Socio-cognitive skills training which focused on emotional and cognitive self-regulation, emotional processing, attributional bias, mentalising and social perception. Another group of the adolescents identified with aggressive behaviour were equally exposed treatment using self-instruction technique which focused on overt and covert self-instruction, use of induced self-statements/self-talks and self-monitoring of ones progress in therapy. The outcome of treatment is expected to yield result which will either be effective; indicating a significantly reduced aggressive behaviour or not effective; indicating none or less reduction of the aggressive behaviour.

Theoretical Framework

The theoretical framework of the study is informed by the need to examine and describe theories that explain why the research problem under study exists. A number of theories on the development of aggressive behaviour tend to influence the treatment of aggressive clients. The theories utilised to shape the approach to this research include the following:

Instinct Theory of Aggression

This theory which is also known as innate or biological theory was propounded by Sigmund Freud in 1962. The theory according to Freud, believes that human behaviours are motivated by sexual and instinctual drives known as Libido-energy from the Eros or life instinct. Freud argued, that the repression of Libidinal urges result in what is termed aggression. This can be seen in Freud's oedipal complex, in which the little boy sees the father as a rival competitor

for the affection of the mother. Thus he displays aggression towards the father. The concept of Thanatos according to Freud brings about destruction and death in the conflict between both, some of the negative energy of thanatos is directed towards others in form of aggression. In essence Freud believed that human behaviours are determined by two basic energies; life and death instincts, which is responsible for sexual and aggressive behaviours respectably.

In line with Freud, some researchers had asserted that genetic may be a component of aggression (Smith, 2008). This is to say that certain gene may be responsible for aggressive reactions. This inherited behaviour is believed to be the compiled forces behind one's conduct. These conducts are modifiable by learning and experiencing.

This theory is related to this study because it shows that aggressive behaviour is innate with life of all humans, that people do not necessarily just acquire aggression. This implies that adolescents, who are aggressive in their behaviours, may have aggressive tendencies innate in them. The point brought up in this theory is that aggressive behaviour is animate. It is a self-directed wish that could be relieved by redirecting it towards others and may well be responsible for adolescents' involvement in aggressive incidents.

Although aggressive behaviour may be inherited, innate and instinctual it can be automatically elicited by environmental stimuli and finally may need to be vented out either verbally or through other forms of behaviour. This theory although relevant to the study is however deficient in its coverage. It succeeded in explaining the biological dimension of aggressive behaviour but failed to capture the social aspects of it. This gap brings the need for the second theory to explain the social dimension of aggression among adolescents.

Social Learning Theory

This theory was propounded by Albert Bandura (1973). He believed that learning processes are primarily responsible for children's development. Bandura in this theory claimed that children's learning is heavily reliant on observation. Bandura was concerned with who do children observe and model themselves on such as parents and siblings and eventually friends, teachers, sporting heroes, TV characters and even cartoon characters among others. Bandura stated that the child who has seen her parents being kind and caring, giving to charity, caring for the environment, being kind to animals, will tend to be the same. However, the child who has seen problems being faced with violence, arguments occurring, wrongdoing being punished by hitting, will tend to grow up to be more aggressive. They will learn violent ways of addressing the world.

According to Bandura, factors influencing imitation include appropriateness, relevance, similarity, friendliness, reward, powerfulness and consistency. One of the most powerful of these influencing factors is reward. Bandura called this vicarious (substituted) reinforcement. What he meant is that the child observes someone else being rewarded for a particular behaviour and this affects the child in the same way as it would had the child produced the behaviour herself and been rewarded for it. Similarly, vicarious punishment is possible where the child observes a model being punished for behaviour and is less likely to produce the behaviour because of this observation. So, imitation is most likely to occur if the model has received vicarious reinforcement for the behaviour and less likely to occur if the model has received vicarious punishment for the behaviour.

In relation to this study, Bandura believed that anticipated positive consequences are major causes of aggression and that it is these anticipated consequences that produce

aggressive behaviour. Social learning theory then proposes that aggressive behaviour is learned through the socialization process as a result of internal and external learning. Internal learning occurs through the personal reinforcement received when enacting aggressive behaviour. This may be the result of achieving a desired goal or experiencing feelings of importance, power and control. External learning process occurs through the observation of role models such as parents, peers, siblings and sports and entertainment figures. Activities such as violent crime, aggressive sports, and war usually depicted through the media or witnessed, in person all tend to reinforce aggressive behaviour.

Social learning theory is related to this study because it treats aggression as a social behaviour, involving activities that entail complex skills that require extensive learning. For example, Bandura (1986) stated, that in order to engage in aggressive action, individuals must learn how to use a weapon, they must learn the movements that make physical contact painful for the victim, or they must understand what words or actions will be considered hurtful to their targets. As Bandura notes, no human is born with such profound knowledge, but have to learn how to behave aggressively through interaction with others.

The theory further suggests that aggressive behaviour is learned and maintained through environmental experiences. Adolescents who are exposed to antisocial environment learn to participate in antisocial behaviour. The school and society also expose children to new behaviours which were not acquired at home during the adolescent's childhood. Some of these behaviours may be positive or negative, depending on the environment. Much of the behaviour of aggressive children involves social interaction with the community and their peers. Such interaction plays a crucial role because the adolescents not only learn a number of social skills but also important lessons that will stay with them for life. Human beings are not born with knowledge of how to use a weapon, how to make physical contact with the victim painful and what words or actions will be hurtful to their target but learn that through

interaction with others. This theory therefore provides a logical theoretical link between exposure to community violence and the later development of aggressive behaviour. As Inokoba and Maliki (2011) pointed out, exposure to violence in the community teaches aggressive behaviour and encourages the acceptance of aggression as a norm. The fact that adolescents, especially those in Onitsha urban are exposed to high levels of violence, both at school and in the larger society, suggests that the desensitising effects of such exposure are likely to be of significance in the development of aggressive behaviour among adolescents in school.

This theory is expansive and gave detailed explanation of how aggressive behaviour is acquired through the individual's exposure to the environment where such behaviour manifests. The theory in relation to this study is also limited in its scope as it failed to explain how person's cognitive activities can influence the individual's environment and how the environment influences the person's cognition among others. The identified gap leads to the examination of the socio-cognitive theory.

Socio-cognitive Theory

American psychologists Albert Bandura (1986; 1989) is the proponent of Social Cognitive Theory (SCT). Bandura was concerned with how cognitive factors influence development. The SCT defines human behaviour as a triadic, dynamic, and reciprocal interaction of personal factors, behaviour, and the environment (Bandura, 1986; 1989). According to this theory, an individual's behaviour is uniquely determined by each of these three factors. While the SCT upholds the behaviourist notion that response consequences mediate behaviour, it contends that behaviour is largely regulated antecedent through cognitive processes. Therefore, response consequences of behaviour are used to form expectations of behavioural outcomes. It is the ability to form these expectations that give

humans the capability to predict the outcomes of their behaviour, before the behaviour is performed. In addition, the SCT posits that most behaviour is learned vicariously. The SCT's strong emphasis on one's cognitions suggests that the mind is an active force that constructs one's reality, selectively encodes information, performs behaviour on the basis of values and expectations, and imposes structure on its own actions. Through feedback and reciprocity, a person's own reality is formed by the interaction of the environment and one's cognitions. In addition, cognitions change over time as a function of maturation and experience (i.e. attention span, memory, ability to form symbols, reasoning skills). It is through an understanding of the processes involved in one's construction of reality that enables human behaviour to be understood, predicted, and changed.

Key Constructs:

Reciprocal Determinism: The SCT explains behaviour in terms of a triadic, dynamic and reciprocal interaction of the environment, personal factors, and behaviour. However, this reciprocal interaction does not imply that all sources of influence are of equal strength. The SCT recognizes that some sources of influence are stronger than others and that they do not all occur simultaneously. In fact, the interaction between the three factors will differ based on the individual, the particular behaviour being examined, and the specific situation in which the behaviour occurs (Bandura, 1989). Thus, this model of causation as proposed by the SCT is extremely complex. The person-behaviour interaction involves the bi-directional influences of one's thoughts, emotions, and biological properties and one's actions (Bandura, 1986). For example, a person's expectations, beliefs, self-perceptions, goals, and intentions give shape and direction to behaviour. However, the behaviour that is carried out will then affect one's thoughts and emotions. The SCT also accounts for biological personal factors, such as sex, ethnicity, temperament, and genetic predisposition and the influences they have on behaviour.

Symbolizing Capability: The SCT maintains that most external influences affect behaviour through cognitive processes. However, Bandura suggests that it is symbols that serve as the mechanism for thought. Through the formation of symbols, such as images (mental pictures) or words, humans are able to give meaning, form, and contiguity to their experiences. In addition, the capability to form symbols enables humans to store information in their memory that can be used to guide future behaviours. It is through this process that humans are able to model observed behaviour. Symbols provide the mechanism that allows for cognitive problem solving and engaging in foresightful action. It is through foresight that one can think through the consequences of behaviour without actually performing the behaviour. (Bandura, 1989).

Vicarious Capability: Vicarious processes refer to the human ability to learn not only from direct experience, but also from the observation of others. Observational learning allows one to develop an idea of how a new behaviour is formed without actually performing the behaviour oneself (Bandura, 1986). This information can then be coded (into symbols) and used as a guide for future action. Vicarious learning is important in that it enables humans to form patterns of behaviour quickly, avoiding time-consuming trial and error, as well as avoiding costly and even fatal mistakes. In addition, vicarious capabilities allow one to explore situations and activities for the attainment of new knowledge that would normally be out of reach due to constraints on time, resources, and mobility.

Forethought Capability: According to the SCT, most human behaviour is purposive and regulated by forethought. Forethought is a person's capability to motivate them and guide their actions anticipatorily (Bandura, 1989). While the SCT holds that stimuli influences the likelihood of behaviour through the predictive function of an outcome, the stimuli is not automatically linked to the response by contiguity; instead, previous experiences create expectations of the outcome that will occur as a result of performing behaviour before the

behaviour is performed. Therefore, expectations of behavioural outcomes, more so than actual outcomes, influence the likelihood that behaviour will be performed again.

Self-Regulatory Capability: Bandura proposes that self-regulatory systems mediate external influences and provide a basis for purposeful action, allowing people to have personal control over their own thoughts, feelings, motivations, and actions (Bandura, 1989). Self-regulation is an internal control mechanism that governs what behaviour is performed, and the self-imposed consequences for that behaviour. Self-regulation is extremely important because it allows the gradual substitution of internal controls for external controls of behaviour. Self-regulation occurs through the interplay of self-produced and external sources of influence, including motivational standards and social and moral standards. More so, self-reflection according to Bandura (1989) enables people to analyse their experiences, think about their own thought processes, and alter their thinking accordingly.

Socio-cognitive theory is related to this study because it explained how people cognitively represent the behaviour of others and then sometimes adopt this behaviour themselves. For example, a young boy might observe his father or brother's aggressive outbursts and hostile interchanges with people; then observed with his peers, the young boy's style of interaction may be highly aggressive, showing the same characteristics as his father or brother's behaviour. Similarly, a girl might adopt the mocking style of her teacher and may exhibit same with the younger ones and peers. Also, in like manner, a young girl might play with doll and observe her mother's acts which may later result in either nurturing or aggressive acts towards the doll.

Socio-cognitive theory further explains how socio-cognitive skills training could equip adolescents with the thoughtful and emotional regulation skills they need to deal effectively with difficult social situations, such as being teased, mocked among others. The theory

therefore builds on Bandura's social learning theory, which posits that children learn social skills by observing and interacting with parents, adult relatives and friends, teachers, peers, and others in the environment, including media role models (Bandura 1986).

In summary, the above theories gave a framework on the formation of aggressive behaviour. The instinct theories, which are the oldest, believed that aggressive behaviour is largely innate. Freud held that aggression stems from innate, self-directed death instinct that is turned outward against others. The cognitive theory on aggressive behaviour suggest that the way people think about, relate with the environment or interpret threats or provocations will influence how they feel and how they behave. In the same way, the extent to which an individual experiences emotional arousal or negative affect will influence the cognitive influences involved in interpreting the extent of danger to the self. Similarly, according to social learning perspectives, aggressive responses are said to be acquired and maintained through direct experience and through observational learning. Exposure to too many aggressive people may involve any individual in aggressive occurrences, and the presence of aggressive models increases the likelihood of imitation. Aspects of personality; such as impulsiveness, hostility, and fearfulness, may act as moderators of aggressive behaviour. Adolescents who are still in process of cognitive development need to be taught about positive social skills such as Self-instructional and socio-cognitive skills with regard to aggressive behaviour. It is the belief of this researcher that a research of this nature could further fulfil this theory and provide greater insight into the struggles of aggressive adolescents in Onitsha north local government area, Anambra State.

Theoretical Studies

This section examines articles that are related to the study that are based on the opinion and position of different authors. They include related studies on the following:

Development of Aggressive Behaviour

Aggressive behaviour is a behaviour that exists in children and adolescents. A consistent finding and one that may come as a surprise to many, is that aggressive behaviour begins early in life and in most children reaches a peak at about four years of age and declines after that (Barry & Lochman 2004).

The first experience of aggressive behaviour is the recognition of anger in an adult's facial expression which infants are capable of from as early as three months. During this period, the child will try to express their desire in an angry way especially when they are in need of something. In that situation, they may use hitting, biting and kicking to express themselves. This is followed by the expression of anger by the child in response to frustration which starts in the second half of the year (Tanner, 2006). Some other research (Caramaschi, De Boer, De Vries, Koolhaas, 2008) concurred with earlier findings that about 67% of children who were rated within the clinical range of conduct disorder at two were still conduct disordered at five and six years old and almost one third of aggressive at 14 years.

In the second and third years of age there is conflict between the peer and adults in the behavioural pattern and this is in the form of temper tantrums and the use of physical force. In the early six years gender differences in aggression become apparent with boys who generally show higher level physical aggression than girls. Even though aggressive behaviours tend to decrease from early to middle childhood as a function of increasing self-regulatory and social skills, this does not seem to apply to sibling aggression which both

genders report to be common. Aggressive behaviours in six to twelve years old is also more directed towards individual rather than possessing a particular object or occupying a particular territory by school going age overt aggression typically wanes to give way to more subtle forms such as teasing, manipulation and bid for control (Richardson, 2007). As children grow older, development occurs in the processes by which they begin to understand, internalize and act in accord with moral and ethnic values. This set of processes called moral development encompasses social behaviour such as aggressive behaviour and violence (Richardson, 2007).

Forms of Aggressive Behaviours

One well-known strategy for categorizing aggressive behaviour distinguishes between direct and indirect manifestations of the behaviour (Crapanzano, Frick, & Terranova, 2010). Physical and verbal aggressive behaviours are considered direct because they are easily observable and identifiable (García-Sancho, Salguero & Fernández-Berrocal, 2014; James & Young, 2013). They include actions such as hitting and insulting. Less recognizable are acts of indirect aggression, also known as psychological or relational aggression (Cleverley, Szatmari, Vaillancourt, Boyle & Lipman, 2012; Salmivalli & Kaukiainen, 2004; Sanchez-Martin et al., 2011). These injurious behaviours specifically damage the psychological or emotional well-being of others (Williams, Richardson, Hammock & Janit, 2012). Examples of psychological aggression include friendship withdrawal, spreading rumours and acts of social isolation (such as excluding a co-worker from an informal office gathering). Less commonly recognized, but still considered aggressive, are instances of withholding information (Giancola et al., 2012). They can range from seemingly harmless pranks (e.g., allowing someone to be drenched with a bucket of water) to extreme psychological torment (police interrogation tactics).

Reasons of Aggressive Behaviour

Aggressive behaviours also have different objectives. Some aggressive behaviour is intended solely to harm the target with no other goal in mind (Umukoro, Aladeokin&Eduviere, 2013). This type of behaviour is often labelled as reactionary and impulsive (Anderson & Bushman, 2002). Other aggressive acts are considered instrumental because they are a means to an end such as obtaining property (robbery) or attaining sexual gratification (rape) (Bjorklund& Hawley, 2014). It is important to note, however, that many aggressive acts are done for multiple motives (Robertson, Daffern& Bucks, 2012). For example, it is possible that school bullies physically harm their victims because they find inflicting pain pleasurable.

Domains of Aggressive Behaviour

Aggressive behaviour is manifested in several domains, including but not limited to households, schools, and communities. At one end of the spectrum is aggressive behaviour that occurs in close personal relationships among household members or friends or classmates. At the other end of the spectrum are situations where the perpetrator and victim have never met prior to the incident. The topics of aggressive related behaviours and school violence have been under intense scrutiny worldwide for the past many years (Bjorklund& Hawley; 2014; Tsorbatzoudis, Travlos&Rodafinos, 2013).

Recent Indicators of School Crime and Safety report (Robers et. al, 2014) suggests that during the five-year period from 2007-2011, approximately one in three students reported being bullied at school. Also, in 2012 there were about 1.4 million incidents of victimization among students ages 12 to 18, including several highly publicized school shooting incidents (Robers et. al, 2014). Although these statistics was not particularly focused on Nigeria, the situation is not far different. Similar to adult-perpetrated child abuse, peer victimization is

associated with a host of negative outcomes (Sansen, Iffland&Neuner, 2014; Smithyman, Fireman & Asher, 2014).

Victims are at an increased risk for the development of anxiety disorders, depression, school absenteeism, reduced academic achievement and suicidal behaviour (Berry & Hunt, 2009). For the perpetrators, aggressive behaviour and poor peer relationships have implications for future problem behaviours including further violence, delinquency and drug involvement (Jansen et al., 2012). Children, adolescents, and young adults are harming each other at alarming rates, motivating parents, teachers, and school administrators to expend considerable resources addressing this serious issue of aggressive behaviours in school.

Aggressive Behaviours in the Communities

Outside the confines of homes and schools, aggressive behaviours are pervasive in the public areas of our neighbourhoods, towns, and cities. According to the most recent report of crime statistics, an estimated 1.2 million crimes involving the use of force or threat of force were committed in 2012 (United States Department of Justice, 2013). These violent crimes include rape, assault, and certain classes of robberies and homicides. Criminal violence has an enduring negative impact on the physical and mental health of victims (Cornaglia, Feldman & Leigh, 2014). Many are hospitalized or die from their physical injuries. Further, the rates of Post-Traumatic Stress Disorder (PTSD), anxiety and depression are higher among victims than non-victims (Brewin, Andrews & Rose, 2003). High rates of violent crime also contribute to business divestment in communities (Rosenthal & Ross, 2010). This “flight” stagnates employment opportunities for residents which may in turn create economic stressors and hardships that lead to further acts of violence (Weiss & Lesley Williams, 2005). In sum, interpersonal violence is pervasive in the society, it plagues our homes, schools and communities—and off-field aggression perpetrated by students, especially those in higher

institutions is evident in each of these domains. Aggressive behaviour is a threat to an individual physical and emotional well-being, disrupts social functioning, and siphons large amounts of the country's financial resources. As such, researchers, health practitioners and policy makers are committed to identifying prevention and intervention solutions

Development of Aggressive Behaviour in Adolescents

Understanding the development and types of aggressive behaviour is important in the process of prevention. It is also essential for choosing appropriate program techniques and identifying the effects of preliminary displays of variable aggression on subsequent acts of violence. The association between aggression in adolescents and risk behaviours is an expanding body of research, especially in the light of serious acts of violence committed by adolescents over the years.

A variety of behaviours qualify as 'aggressive' and any subsequent violence is also variable. Traditional research concerning aggression of adolescents has almost solely focused on 'overt aggression', which pertains to physical acts such as hitting, punching, pushing and threats of violence (Prinstein, Boergers&Vernberg, 2001). Conversely, new research has begun focusing on a more undetectable expression of aggression referred to as 'relational aggression'. Relational aggression is defined as causing social harm to a peer through alienation/exclusion, gossiping and other acts of social abuse (Prinstein, Boergers&Vernberg, 2001). Studies have shown causal relationships between the two types of aggression and resulting consequences such as severe emotional distress and social maladjustment which has been shown to be a predictor of violence among adolescents. The focus of aggression is on males but overt and relational aggression is found in both boys and girls with recent trends of increased overt aggression in female adolescents (Valois, MacDonald, Bretous& Fischer, 2002).

Risk factors are used to better understand the scope of reasons behind aggressive behaviour in adolescents and to identify measures of prevention in the early stages of recognized aggression for the purpose of violence prevention. A review of the literature on this topic has proven that a comprehensive approach to predictive factors of adolescent aggression is most accurate in accounting for all possible contributing factors. This multi-dimensional approach examines five factors of influence: personal, family, school, peer, and community.

Personal factors of aggression encompass psychological, physiological and emotional issues. Highly predictive behaviours include stress, restlessness, anxiety, attention deficit and impulsivity. Family factors are also indicative of the development of oppositional/aggressive risk factors among adolescents. The basis for familial contributing factors is the structure of the family unit. Families with divorce, separation, single-parent households, children of teen mothers, families of more than four children, families experiencing poverty, and lack of education constitute the risk factors of family structure. Outside of the structure, parents that have experienced incarceration and child-maltreatment (child abuse) also increase the child's risk of developing aggressive behaviour (Logan-Greene et al., 2011).

School-based risk factors have proven to be the most easily identified predictors of adolescents' aggressive behaviour. While gathering information at schools is easier than collecting qualitative data from family members or in-depth evaluations of each child, schools often monitor effects of the indicators of future aggression (attention deficit, hyperactivity, impulsivity, lack of concentration, anxiety etc.) on low academic achievement, truancy, suspensions and expulsion. Because many prevention techniques occur in schools, this has been touted as the most accessible and easily navigable arena for aggression prevention (Valois et al., 2002).

Peer factors indicating a potential for aggressive behaviour have been attributed to social learning theory, suggesting that aggressive and subsequent violent actions are learned through social interaction and experiences in influential environments. This is especially true for adolescents as most of the social learning of this period of development occurs in the context of peers and desiring acceptance in social situations. Involvement in deviant circumstances and peers with delinquency provides a system of modelling and positive reinforcement that propagate acceptance of similar behaviour (Akers, 1998).

Lastly, Prinstein et al. (2001) noted that community factors in many ways are similar to peer risk factors and the structure of social learning leading to aggressive behaviour. Larger community/neighbourhood factors include: poverty, criminality, disorganization, prolific nature of weapons and exposure to violence. Often the perpetuated feelings of frustration, hopelessness, injustice, inequality, and devaluation of positive outcomes as unattainable can negatively impact even the youngest members of the community and increase the chances of manifesting aggression.

Aggressive behaviour is seen in many quarters as the most serious of inappropriate behaviours and has the most serious consequences for both the student and those in his or her environment. Godlaski and Giancola (2009) noted that whenever the term aggressive is used to describe a student's behaviour, images of physical injury to another automatically come to mind. This is because Violent and bullying behaviour are specific types of aggressive behaviour that result in similar outcomes or functions of aggressive behaviour. These functions include power and control, affiliation, escape, gaining attention, and self-gratification. The student's body language for all of the aggressive behaviours is a stance that clearly communicates anger, rage, frustration, humiliation, and/or other feelings that motivate aggressive behaviour. Hunt (in Zirpoli, 2014) describes five patterns of aggressive behaviour,

they include: over aroused aggression, impulsive aggression, affective aggression, predatory aggression, and instrumental aggression.

In Overaroused aggression, students engage in behaviour that is characterized by high levels of activity that result in frequent accidents and aggressive incidents. Students who push and shove their peers often provoke or initiate an aggressive response from their peers. Unlike motivation for other types of aggressive behaviour, students who demonstrate overaroused aggression rarely select their victims.

In impulsive aggression, students are generally quiet and passive in their demeanour but seemingly have a low tolerance for frustration. When frustrated, the student may burst into a flurry of activity and violence that can be uncharacteristically destructive.

Affective aggression is where students demonstrate rageful aggression. Their behaviour is described as appearing to be chronically angry, resentful, and hostile. Predatory aggression is however where students seem to be seeking revenge. Individuals who demonstrate predatory aggression are described as persons who wait for a chance to get back at another person in a hurtful, harmful manner. In instrumental aggression, students act as the intimidating bully. Students who engage in instrumental aggression demonstrate behaviours that allow them to get their own way through intimidation of others.

Risk Factors to Aggressive Behaviours

Numerous risk factors are associated with perpetration of aggressive acts, and they have been extensively studied and documented in the literature. They include but are not limited to, demographic characteristics, environmental factors and personality variables (Hosie, Gilbert, Simpson & Daffern, 2014). In this study, several key areas that have the largest body of empirical literature are thereby highlighted.

A long history of research on gender and aggression supports the assertion that males are more likely to engage in aggressive behaviours than females (Burton, Henninger, Hafetz&Cofer, 2009; Tsorbatzoudis et al. 2013). The forms of aggression exhibited by men and women also differ (Anderson & Bushman, 2002). Males generally engage in direct, easily observable aggressive behaviours such as causing physical harm (Bailey &Ostrov, 2008). In contrast, females are more likely to use gossip, social exclusion and other forms of relational aggression that are less observable (Card, Stucky, Sawalani, & Little, 2008).

Several theories are posited to explain the etiology of gender differences in the rates and forms of aggressive behaviours (Cleverley, Szatmari, Vaillancourt, Boyle &Lipman, 2012). Some contend that the differences are a result of gender role socialization (Archer, 2004), others argue for a biological explanation (Burton et al., 2009; Siever, 2008) and a third perspective suggests that a combination of both influences are at play (Denson, Mehta &Ho Tan, 2013). Although the debate regarding the etiology of gender differences in the expression of aggression is as yet unresolved, the literature consistently supports the existence of said differences.

Although aggressive behaviour is present at all levels of social class, published research documents that prevalence is higher among low Socio-economic status (SES) individuals (Santiago, Wadsworth & Stump, 2011). Evidence of the relationship between SES and aggressive behaviour is present in the domains such as; homes, schools, and communities. In the area of peer victimization in schools, bullyprevention specialists report high rates among low-income students and are advocating for the development of interventions that cater to the unique needs of this segment of the student population (Hong, 2009; Jansen et al., 2012;). Moreover, the literature is clear with regard to stark differences in the profiles of communities with high rates of violence versus those with lower rates. One significant difference is that individuals who live in poor neighbourhoods are more at risk for

perpetration and victimization than those who live in wealthier communities (Ohmer, Warner, & Beck, 2010).

One risk factor that is undisputed, regardless of gender, race or social class, is exposure to violence. Bandura's social learning theory (Bandura, 1973) posits that observation of aggressive actions normalizes the behaviour and increases its attractiveness as a viable option. Many empirical studies that examine the influence of exposure to future aggressive behaviour support this theory (Ahmadi et al., 2011; Ireland & Smith, 2009; Ferguson & Savage, 2012). Three of the most widely researched areas focus on exposure to domestic violence, community violence, and media violence (Eriksson & Mazerolle 2015; Holmes, 2013).

Direct and indirect links between exposure to interpersonal violence in the home and the development of aggressive behaviour is well documented (Edwards, Dixon, Gidycz & Desai, 2014; Holmes, 2013). Scholars contend that children who witness domestic violence, who are the victims of domestic violence (child abuse) or who are witness-victims are likely to behave aggressively (Eriksson & Mazerolle 2015; Ireland & Smith 2009). The same is said of exposure to community violence (Farrell, Mehari, Kramer- Kuhn & Goncy, 2014; Fowler et al., 2009). The influence of exposure to media violence, however, is heavily debated.

Numerous studies have provided empirical support for the argument that exposure (via television, video games, music, movies, and the internet) increases the likelihood that individuals will engage in aggressive behaviour (example, Coker et al., 2014; Barlett, Anderson, & Swing, 2009). However, strong criticisms of media exposure studies also have emerged (Bender, Rothmund & Gollwitzer, 2013; Ferguson & Kilburn, 2010). Critics claim that there is publication bias in favour of empirical studies that support the media exposure hypotheses and that many studies are limited by retrospective or cross-sectional designs

(Ferguson & Savage, 2012). They argue that prospective, longitudinal studies are needed to validate media exposure arguments and to provide a deeper analysis of contextual factors that may moderate or mediate the relationship between media violence exposure and aggression perpetration (Holmes, 2013). Clearly there is more work to be done in the area of exploring the relationship between exposure to media violence and aggressive tendencies. The consensus, however, is that exposure in general; whether it be violence in the home, community or on screen; contributes to the development and persistence of aggressive behaviours.

Common Causes and Antecedents of Aggressive Behaviour

Research indicates that antisocial behaviour, including aggression appears to be a developmental trait that begins early in life and often continues into adolescence and adulthood (Zirpoli, 2014). According to a number of researchers, antisocial behaviour develops as a result of the student's behaviour and interaction with the social environment (Xie, (2011) and the student's parents. Ramirez and Andreu (2006) maintain that these behaviours occur in stages and that behaviours of one stage will result in certain predictable reactions from the student's social environment, leading to further actions from the student.

During the first stage of aggressive behaviour development, family variables, such as harsh parental discipline and poor adult supervision, result in the student being "trained" to engage in aggressive behaviour such as hitting. These behaviours become functional in the sense that the student may be allowed to escape from tasks when he or she acts aggressively. For example, a student may be sent to her room after hitting her brother while they wash dishes. Also, aggressive behaviours may be positively reinforced through laughter, attention, and approval, which results in maintenance of the behaviours. Students in these situations do

not learn socially skilful responses to others, but they learn aggressive behaviour that results in meeting their needs.

Following this stage, students who are aggressive often find themselves rejected by their peer group and experiencing academic failure (Zirpoli, 2014). Having learned aggressive behaviours in early childhood, these students become rejected because they do not demonstrate the social skills that allow them to be socially competent with peers. This idea is in contrast to that of others who believe that students become aggressive after they are rejected by their peers and/ or fail academically.

Reid, Patterson and Snyder (2002) and Bettencourt, Talley, Benjamin and Valentine (2006) report that students who engage in aggressive behaviours spend less time on academic tasks and have more difficulty with classroom survival skills (e.g., staying in seat, answering questions). These behaviours result in a higher incidence of academic failure. Once students have learned aggressive behaviour and experienced peer rejection and academic failure, they are at a higher risk for developing delinquent behaviour (Reid, Patterson & Snyder, 2002). These students have an inclination to become involved with deviant peer groups who also engage in aggressive behaviours (e.g., fighting, property damage). The members of the groups positively reinforce these actions, thus increasing the probability of their repeated occurrence. Unfortunately, long-term outcomes for students who seemingly follow this developmental sequence of aggressive behaviour are not generally desirable. Students who engage in antisocial behaviour throughout childhood and adolescence are at an extremely high risk for becoming school dropouts, having difficulty maintaining employment, committing crimes, and having marital difficulties.

Aggressive Behaviour among Boys and Girls

Gender difference was found in existence; types and causes of aggressive behaviour among secondary level students. It was found that existence of aggressive behaviour is much higher in boys than girls. Both male and female students have no tolerance for criticism. As soon as they are criticized by teachers about their disruptive behaviour, they tend to become aggressive. Verbal dispute were found common in girls whereas physical fight was found common in boys on trifles. Both start fighting on small issues, make groups against each other and keep grudges in their hearts. Girls student make group against teachers with whom they have grudges and become noncooperative. Whereas boys students make group against their peers with whom they have disagreement or disputes on small issues. Both (boys and girls students) want to win and do not want failure at any cost, especially when compare to their fellows. Boys were found rude enough to show their aggressive behaviour through body language and facial expression when something hurts them or is against their will. The major difference observed between the manifestation of aggression in girls and boys is the use of abusive language, physical fight and destructive activities. Girls almost rarely indulge in physical fight or destructive activities and they do not use so much foul language openly as boys do.

Modelled Aggressive Behaviour

On any given day, students are faced with many instances that result in feelings of anger, frustration, and/or humiliation. These feelings often result in students reacting aggressively. The most commonly accepted cause for aggressive behaviour is that these behaviours are learned through modelling (e.g., Bandura, 1973 & Kronenberger et al., 2005). For example, students observe aggressive behaviour models when adults engage in verbally abusive or physical punishment of students. Widom, Schuck and White (2006) studied

victimization of students in school settings and found that teachers, administrators, and other school personnel consistently used aggressive behaviour toward students in the name of discipline, and students learn that it is acceptable to hit others when one is upset or angry.

Students cannot be expected to expand their repertoire of responses to anger if they see only a limited number of inappropriate responses modelled. Teachers can model appropriate alternatives to aggressive behaviour by remaining calm in anger-inducing situations, talking out the problem, or walking away from the problem until they feel calm enough to discuss the situation. This alternative to aggression can be modelled and practiced in a formal social skills training.

Slep and O'Leary (2005) report on a review of the literature related to the effects of modelled aggressive behaviour and students' social, emotional, and behavioural functioning. They reviewed 27 studies and offer compelling evidence that students exposed to violence in their homes are at greater risk for developing behaviour problems themselves.

Media as a factor Influencing Aggressive Behaviour

The media also offer plenty of aggressive models for students through TV programs geared to the interest of young persons (Achtenberg, 2006). Lieberman suggests that students who are exposed to media violence become desensitized to aggressive and violent behaviour. This factor has led to increased levels of violent and aggressive behaviour among adolescents (Walker et al., 2004).

Many studies have focused on the relationship between television and video game violence and subsequent manifestation of aggressive behaviour in students (Kronenberger et al., 2005). A review of longitudinal studies revealed that viewing TV violence at one age correlated with aggressive behaviours demonstrated at a later age. "Of a large number of

parents, family, and socioeconomic variables measured at age 8, television was the single best predictor of aggression in 18-year-olds". Students who are exposed to high levels of media violence become desensitized to aggression and violence. Interestingly, Chang, Li, Earley & Hsu (2012) found that 8- to 12-year-old boys referred for disruptive behaviours were found to show less empathy to sad situations than an age-matched control group. These findings present serious implications for our society in the face of the expanding and increasingly violent movies and games available to students through cable television and DVD /video.

Violence and aggression are also apparent in many video and computer games, which are easily accessed by students and teenagers. Producers of these games say that blaming schoolyard killings such as those experienced in Jonesboro, Arkansas, on video games is society's way of taking the focus off of other causes of aggression such as poverty and access to guns. However, Chang, Li, Earley, & Hsu (2012) suggests that video and computer games may condition youngsters and others to kill without thinking as they become increasingly insensitive to the effects of violence.

Aggressive Behaviour and Development of Social Behaviour

Some authors have proposed that students act aggressively because they lack alternative skills that would allow them to choose a socially acceptable behaviour to deal with a provocative situation in an emphatic rather than aggressive manner (Dubow, Huesmann, & Eron, in Zirpoli, 2014). Dubow, et al. reports the need for students to develop social competence before they experience a history of reinforcement for solving problems with aggressive behaviour. Strain et al. in Zirpoli (2014) outline a number of reasons for aggressive behaviour in students that focus on development of social behaviour. They maintain that students often have a limited repertoire of social problem-solving behaviours.

Often, due to environmental interactions and opportunities for modelling, aggressive behaviours are manifested as the only choice for situations that require problem-solving skills.

Han, Catron, Weiss and Marciel (2005) found results that conflict with those of researchers who report that aggressive behaviour was caused by deficits in social skills. In their study of 19 pre-schoolers, ages 3 to 4, Han, Catron, Weiss and Marciel found that students who were aggressive demonstrated similar usage of social skills compared with their nonaggressive peers. They conclude that students who were aggressive used a number of social problem-solving strategies just as their nonaggressive counterparts did. The difference was that students who were aggressive used more intrusive types of strategies (e.g., barging into a game) compared with the more socially acceptable strategies used by their nonaggressive peers (e.g., asking for information and questioning before joining the group). The findings of Han, Catron, Weiss and Marciel (2005) suggest that the development of social competence in students who are aggressive should concentrate on strategy content rather than on the number of strategies within the student's repertoire.

Melloy (2000) describes several types of peer acceptance of students who demonstrate aggressive behaviour. He noted that some students who are aggressive are accepted as leaders by their peers because their peers are afraid to reject them. Other students who are aggressive are often rejected by their peers. A common scene on a playground is for a group of students to terminate their play and move to another area when an aggressive peer tries to join the group.

Social Competency Development

The initial development of social competency takes place within the home and is initiated with the infants' attachment to his or her primary caregiver. As such, the quality of

the parent-infant interaction is an important influence on the development of a quality level of attachment. A key issue for infant attachment as noted by Barry and Lochman (2004) is the sensitivity of the primary caregiver to the infant's psychological and behavioural processes and states. While there is evidence to support a genetic link to sensitivity levels there is also evidence that sensitivity has a learning component. As the infant becomes a toddler and then moves into early childhood, Bjorklund and Hawley (2014) found that other dimensions became important. These included such factors as parental warmth (for example, being aware and responsive to a child's needs) and demandingness (example, limiting inappropriate behaviours and reinforcing socially acceptable behaviours). Brooks-Gunn, Berlin, and Bjorklund and Hawley (2014) suggested that these skills neither come naturally nor are developed automatically by all parents and, therefore, it is necessary to include the education of the family in any effective early childhood development program. Much of the current research on the importance of social-cognitive skills (SCS) points to the years of pre-kindergarten through first grade as the sensitive period for social development. Not only are young brains still developing rapidly during these years (Rao, Beidel & Murray, 2008), but normally children are having their first social interactions outside of the home. Most often, those programs focus on developing school readiness to learn in formal learning environments. More so, Rao, Beidel and Murray (2008), advocated developing a school-wide approach to developing social and emotional competence in young children that includes links to families and community. They presented their model in the form of a pyramid with activities designed for all stakeholders at the bottom and activities targeted to specific individuals with particular challenges at the top. The four levels are: (1) building positive relationships with children, families and colleagues; (2) designing supportive and engaging environments both at the school and classroom level; (3) teaching socio-cognitive skills, often in short, explicit lessons, and (4) developing individualized interventions for children

with the most challenging behaviour, such as children with Attention Deficit Hyperactivity Disorder or Autism Spectrum Disorders.

Building Supportive and Engaging Environments

Even though the home environment is a powerful influence on social development, Slep and O'Leary (2005) provided evidence that the quality of the social interactions after infancy can modify early attachment experiences. An important component of that influence is to have a learning environment that students perceive as safe and supportive. Woolf (2010) showed specifically that children had better social skills and few behaviour problems when enrolled in preschool, first, and third-grade classrooms that were more emotionally supportive rather than academically focused.

There are quite a number of lesson plans available that integrate a focus on developing social competency within a traditional direct instruction lesson format. For example, Copple and Bredekamp (2009) worked with practicing PreK-5 classroom teachers to develop lessons that integrate academic reading lessons with more holistic objectives identified in the Brilliant Star framework.

Moreover, lessons dealing with developing social competencies focus on making friends and interacting with family members. For the most part, a focus on developing social competency utilizes instructional methods associated with cooperative learning. One of the most widely used is referred to as Think-Pair-Square-Share. In this method, the teacher asks a question and has each student write down his or her thoughts. The students then work in pairs to discuss their thoughts; at a minimum this means that every student is involved in a conversation on the topic. Next, students get in groups of four and share the ideas they discussed while in pairs, working on building a set of shared ideas. Finally, one member of

the group shares the group's thinking with the class while the teacher integrates and organizes the different viewpoint.

Social Cognitive Skills Training

Researchers have linked a lack of social problem-solving skills to youth violence (Whitlock, McLaughlin &Allaire (2012). When children and adolescents are faced with social situations for which they are unprepared emotionally and cognitively, they may respond with aggression or violence. Many assert that one can improve children's ability to avoid violent situations and solve problems non-violently by enhancing their social relationships with peers, teaching them how to interpret behavioural cues, and improving their conflict-resolution skills (Whitlock, McLaughlin &Allaire (2012).

Social cognitive skills training for adolescents provide a basis for growth in many areas. Social cognitive theory explains how people acquire and maintain certain behavioural patterns, while also providing the basis for intervention strategies. Evaluating behavioural change depends on environment, people and behaviour. Environments, such as social and physical, are the factors that can affect a person's behaviour (Fernandez, 2010). Social environment includes family members, friends and colleagues. Physical environment is the size of a room, the ambient temperature or the availability of certain foods. According to (Fernandez, 2010), environment and situation provide the framework for understanding behaviour. The situation refers to the cognitive or mental representations of the environment that may affect a person's behaviour. The situation is a person's perception of the place, time, physical features and activity. Environment, people and behaviour are constantly influencing each other (Cather, 2005).

Social skills training has been implemented to provide aggressive children with a foundation in the prosocialbehaviours and social-cognitive skills in which they are deficient

and that are necessary for successful peer interaction. According to Pepler, King, Craig, Byrd and Bream (1995), school-based programs are ideal for this type of intervention because school is a primary context in which children interact with peers, providing a natural opportunity to assess and train their peer relational skills.

Social-cognitive interventions strive to equip children with the skills they need to deal effectively with difficult social situations, such as being teased or being the last one picked to join a team. They build on Bandura's social-cognitive theory, which posits that children learn social skills by observing and interacting with parents, adult relatives and friends, teachers, peers, and others in the environment, including media role models (Bandura 1986). Social-cognitive interventions incorporate didactic teaching, modelling, and role-playing to enhance positive social interactions, teach nonviolent methods for resolving conflict, and establish or strengthen nonviolent beliefs in young people.

According to Willis et al. (2006), aggressive youths tend to have trouble with impulse control, problem solving, anger management, Self-instructional, and empathy. Social-cognitive interventions are designed to improve interpersonal and problem-solving skills so these children will be less likely to resort to aggression or to become the target of violence and better able to negotiate mutually beneficial solutions.

Self-Instruction Treatment

Counselling represents an important professional practice domain at all levels in the practice of school psychology. Training programs are currently required to teach knowledge and skills in intervention techniques related to the development of behavioural, affective, adaptive, and social skills. Counselling, along with consultation and behavioural assessment/intervention, is an essential direct intervention technique in professional practice.

Counsellors have long used self-instructional training to teach specific skills to students (Haddadian, Alipourb&Majidi, 2012). They have applied a variety of self-instructional training modules to teach or improve trainees' basic skills. Examples include confrontation skills, paraphrasing, interviewing skills, and the ability to formulate clinical hypotheses (Loe, Jones, Crank and Krach, 2009). Furthermore, self-instruction tends to break down learning into bits, which would make it easier for the adolescents to comprehend more effectively during training (Loe, Jones, Crank & Krach, 2009). It could therefore make the learner to take active part in the exercise during training or counselling session, rather than being passive. More still, according to Rivera-Flores (2015), self-instruction gives aggressive adolescents opportunity for self-evaluation, self-determination, and self-motivation. By learning how to use the same emotional self-regulation techniques adult use, these adolescents can learn to get their own aggressive behaviours under control.

Self-instructional cognitive training

Meichenbaum and Goodman (1971) successfully treated impulsivity by applying self-instructional cognitive training, which required the impulsive child to talk to himself/herself, at first aloud, and later with inner talk, in an attempt to increase self-control. The first applications of self-instructional training were in a population of impulsive and hyperactive children (Meichenbaum, 1977) and the objective was to reduce impulsivity. Meichenbaum was influenced to propose self-instructional cognitive training by the studies of Luria, who used self-talk in a sequence where the child is first controlled by the external verbalizations of others (adults), then the child produces his/her own verbalizations aloud, and finally at the age of 5 or 6, the child controls his/her behaviour through inner self talk. Meichenbaum was also influenced by research on cognitive meditational strategies in children, where self-generated strategies such as self-instruction and/or self-praise (saying a particular sentence or

thinking a specific thought), while completing a task, were shown to reduce the frustration of delaying gratification, and to help regulate behaviour.

According to Meichenbaum (1977), the procedure for individual administration of self-instructional cognitive training is as follows:

1. An adult acts as a model, and performs the task while using self-talk, speaking aloud (cognitive modelling).
2. The child performs the same task by following the instructions of the model (open external guidance).
3. The child performs the task while speaking aloud the instructions (open self-guidance).
4. The child whispers the instructions to himself/herself while performing the tasks (open self-guidance).
5. The child performs the tasks while guiding his/her own performance through inner talk (silent self-instructions).

Self-instructions strengthen the sequence of thought, their purpose is to facilitate comprehension of the situations, generation of strategies and mediators needed for problem solving, and use of these mediators to guide and control one's behaviour.

Empirical Studies

This section explores related studies whose findings are relevant to this study. They include:

Studies on Aggressive Behaviour among Students

Obikeze and Obi (2015) carried investigation into the prevalence and incidence of aggressive behaviours among adolescents in senior secondary schools in Anambra State. The participants comprised 500 (280 females & 220 males) secondary school adolescents randomly selected from 10 secondary schools in Awka metropolis of Anambra State. Their ages range from 12 to 18 years with a mean age of 14.7 and standard deviation of 1.73. The study adopted description survey design. Two main scales were employed to assess participants' aggressive behaviours and violence experiences. The former was violent behaviour scale while the later was one with multiple scales "Exposure to violent scales (EVS).

The data generated were subjected to analysis using percentages, mean, standard deviation and z-test statistics. The result of the analysis showed that adolescents frequently manifest aggressive behaviour such as arson, bullying, beating, hitting, speaking, and knife attack among others, with the males exceeding the females at the rate of manifestation of aggressive behaviours. The study further revealed that television viewing, stressful situation, use of internet, environmental factors, learning styles among others were the major causes of aggression. The study also showed that there is significant difference between males and females adolescents in the exhibition of aggression. However, the males were found to be more aggressive than their female counterparts. The study recommends that counsellors should consider the prevalence and incidence of aggressive behaviour of adolescents while designing techniques to handle the situation. The study also recommends that the school should join hand, with law enforcement agents in stemming the rate at which adolescents

exhibit violent behaviours. Findings from the study are related to the current study having revealed the types of aggressive behaviours manifesting among students and the medium through which the maladaptive behaviour is learnt in the state. The study however did not test the effectiveness of any treatment techniques but this present study will test the effectiveness of psychological treatments on aggressive behaviours.

More so, Fatima and Malik (2015) investigated the causes of aggressive behaviours among secondary school students in Islamabad, Pakistan. The study was a descriptive study and qualitative approach adopted for the study. Data for the study was collected from secondary school teachers through structured interviews. Findings reveal that boys use abusive and foul language and involve in destructive activities as compare to girls who were rarely observed in abusive language or physical fight. Negative home and family environment (broken and divorced parents and family problems), unfriendly parents' behaviour, authoritative and dishonest behaviour of teachers, poor teacher-student interaction, pressure of studies, unfriendly relationships with peers, injustice in society are the major causes of aggressive behaviour of students at secondary level in students. Finding depicts no freedom of choice in subject selection makes boys aggressive and gender baseness in society makes girls aggressive. There is need to address the aggressive behaviour among students at schools on top priority basis by arranging counselling services for students at school level to provide them psychotherapy for relaxation from aggressive behaviour. The role of parents at home, and parents-teacher interaction, strong teacher- student interaction, cooperative learning activities for students and their moral and religious training, scrutiny of presenting movies on promotion of aggression, and need of teachers' training for providing counselling to aggressive students are some measures which can improve the situation. Strict rules may be implemented to keep check and balance on media for presenting material through various means of media. Findings from the study are related to the current study. This is because the

causes of aggression which the study investigated will be taken note of in treating aggressive adolescents. The study nevertheless differs from the study since the current study adopted an experimental method in carrying out the research.

Qais (2014) study investigated the degree of aggressive behaviour among the university students in Hashemite. The study is an analytical descriptive research conducted at Tafila Technical University, Hashemite Kingdom of Jordan. The study sample consisted of 690 students who were chosen from 5 colleges at the university. The study sample was selected by randomly stratified depending on gender and college. In order to collect data about the aggressive behaviours, the researcher used a questionnaire prepared by the researcher to identify the aggressive behaviours among the university students. The data was analysed using statistical Mean and standard deviations.

The findings of this study revealed that the prevalence of aggressive behaviours among students was directed against the property of the university, and then towards the workers of it, and finally towards other students, also the result indicated a high male aggressive compared with females, and shows that 3rd and 4th year students were more aggressive compared to the 1st and 2nd year students. From the findings of the study, which conclude the aggressive behaviours of students at University is low; the most dominated aggressive behaviour was towards the university properties. Findings of the study in relation to the current study indicate the existence and prevalence of aggressive behaviour among students which contributed to the need of this study to investigate the efficacy of psychological techniques on aggressive behaviours among adolescents in schools.

Chukwura (2012) investigated aggression among secondary school students in Onitsha Educational Zone. The study was a descriptive survey research and was guided by two research questions. A stratified random sampling was used to select 400 students. A four

point Likert - type rating scale was used to collect data. The data was analysed using Mean and standard deviations. The findings revealed that students engage use gossiping as a form of aggression to harm other students. That cognitive modeling can be used to eliminate the harmful consequences of aggression. Based on these findings it is recommended that students must be given orientation on the consequences of engaging in aggression. It was further recommended that teachers should use reinforcement to encourage appropriate behaviours in the classroom. The study is related to the current study as it investigated aggression among secondary school students and pointed the types of aggressive behaviours that the students tends to engage in in Onitsha Education zone. However, it failed to investigate the treatment approaches to curb the problems identified. This study therefore intends to fill the gap by investigating the effectiveness of two treatment techniques.

Moreover, Hashemian, Mashoogh and Jarahi, (2015) conducted a study to investigate the effect of music on aggressive behaviour in visually impaired students in Iran. This research was an experimental pretest-posttest study with a control group. The study population of this research was teenagers with visual impairments in Bojnord, northeast of Iran. For this purpose, Buss and Perry aggression questionnaire and Rutter behaviour questionnaire for teachers were used. Twelve music therapy sessions were held, each lasting 90 minutes. T-tests and analysis of covariance (ANCOVA) were used for data analysis.

Findings from the study revealed that there were not significant differences between the two groups regarding age, socioeconomic status, and education level of parents, as ascertained prior to the pre-test. In the intervention group, the declines of aggression scores were statistically significant. There were significant differences between the results of post-test in the intervention and control groups. The study therefore concluded that music therapy reduces aggression in teens with blindness and can be used as a non-pharmacological intervention to reduce emotional states in this group. The study is related to the current study

having shown that aggressive behaviour which could be treated with therapeutic techniques. However, the study also differ from the current study in the sense that while the study by Hashemian, Mashoogh and Jarahi was conducted outside Nigeria, using music therapy, the current study will be conducted in Nigeria using Socio-cognitive skills training and self-instructional training techniques.

More so, Zand and AsghariNekah (2015) study investigates the effect of group play on aggression reduction in male preschool students in Iran. The population of the study was male preschool students in Mashhad, a city in north east of Iran. Among the preschool centers across the city, one center was randomly chosen for the study, from which thirty students were randomly assigned into two groups of experimental and control. The experimental group would undergo 11 sessions of play therapy. The research benefits from a quasi-experimental pre-test post-test design with descriptive, prescriptive and co-variance analysis for interpreting the data. The results of the study indicate that play therapies reduced the amount of aggression on children to a large extent. Thus, a comparison of the results of pre-test with the post-test indicates a meaningful difference at the preschool children aggression. The study recommended that in order to prevent impairments resulting from aggressive behaviour, play and story sessions are recommended to be held for children where teaching necessary skills will help children resolve their problems.

Findings from the study are related to the current study as it aimed at reducing the amount of aggressive behaviour in children. The study however despite being carried out outside the shores of Nigeria has many mix-up and unclear assertions, hence the findings failed to present a clear view of the treatment outcome. The present study will be carried out in Nigeria and will attempt to cover the gap created by the reviewed study.

Furthermore, Tomlinson (2015) investigates the impact of dialectical behaviour therapy on aggression, anger, and hostility in a forensic psychiatric population in Ontario, Canada. The study assessed whether six months of DBT is effective in reducing aggression, anger, and hostility in a representative, medium-security, forensic psychiatric population compared to treatment as usual. The study employed a quasi-experimental crossover design using a waitlist control group. Eighteen participants (14 male, 4 female) were recruited for the present study. The instrument for data collection is the Premeditated Aggression Scale and Short-Form Buss-Perry Aggression Questionnaire. The participants were randomly assigned to the groups. The split-plot ANOVAs and single repeated measures ANOVAs were used to analyse the data.

Results suggest that DBT shows promise in reducing aggression, anger, and hostility in this population, however this is little evidence that the skills taught in DBT are responsible for those changes. Findings of the study are related to the current study as it has provided important insight into the necessary future directions of research with forensic psychiatric populations. In addition to developing a standardized manual for forensic psychiatric patients and replicating the study in different settings, future studies need incorporate behavioural measures of the components that may underlie aggressive behaviour.

Socio-cognitive Skills Training and Aggressive Behaviour

Chen, Wei, Deng and Sun (2017) investigated the effects of Cognitive Training on cognitive abilities and everyday function in China. The study which was an experimental study, examined whether a 10-week cognitive training could improve healthy older adult's cognitive functions and everyday problem-solving and whether high ecological validity trainings would have greater positive impact upon everyday problem-solving than low ecological validity trainings. The sample for the study comprised of eighty-six healthy

Chinese older adults. The eighty-six healthy Chinese older adults participants were assigned randomly to five groups, including one control group receiving no training and four groups receiving low ecological memory training, high ecological memory training, low ecological reasoning training, and high ecological reasoning training, respectively. Participants were measured pre- and post-training on spatial working memory, numerical working memory, reasoning, and everyday problem-solving. Data was collected analysed using mean and Analysis of Variance. Results of this study showed that cognitive training significantly improved targeted cognitive functions and everyday problem-solving performance in all the intervention groups. However, high ecological cognitive trainings failed to show superior impact upon everyday problem-solving compared with low ecological cognitive trainings.

The findings of the study are related to the current study having depicted the effectiveness of socio-cognitive Skills Training and its efficacy superiority over another technique. The study was however carried out in faraway China, so the findings may not be applicable to Nigeria participants. More so, the study was carried out with adult participants while the current study investigated the effects of the technique on aggressive adolescents.

Moreover, Pena, et al., (2016) study examined the efficacy of an integrative cognitive remediation program (REHACOP) in improving cognition and functional outcome in patients with schizophrenia in Bizkaia, Spain. The sample consisted of 111 patients diagnosed with schizophrenia, recruited from the Osakidetza Public Mental Health Services in Bizkaia. One hundred and eleven patients diagnosed with schizophrenia were randomly assigned to either the cognitive remediation group (REHACOP) or an active control group (occupational activities) for 4 months (three sessions per week, 90 min).

Primary outcomes were change on general neurocognitive performance and social cognition, including theory of mind (ToM), emotion perception (EP), attributional style, and

social perception (SP). Secondary outcomes included changes on clinical symptoms (Positive and Negative Syndrome Scale) and functional outcome (UCSD Performance-Based Skills Assessment and the Global Assessment of Functioning). No baseline group differences were found. Significant differences were found in the mean change between the REHACOP group and control group in neurocognition, negative symptoms, emotional distress, Global Assessment of Functioning and UCSD Performance-Based Skills Assessment. The combination of cognitive remediation, social cognitive intervention, and functional skills training demonstrated statistically significant and clinically meaningful changes in neurocognition, social cognition, negative, and functional disability.

Finding of the study are relevant to the current study. The REHACOP program is unique in that it combines neuropsychological rehabilitation with social cognitive intervention and functional skills training. Those randomly assigned to the REHACOP group showed significant improvements in cognitive performance, including cognitive processes that are important for social interactions, as well as in negative clinical symptoms of aggressiveness. This suggested that it could be an efficient tool for training adolescents in secondary schools to curb aggressiveness.

Horan, et al. (2011) study evaluated the efficacy and treatment-outcome specificity of a 24-session Social Cognitive Skills Training (SCST) that targets emotional processing, social perception, attribution bias, and mentalizing (or Theory of Mind) in Los Angeles, USA. Sixty-eight stable outpatients with primary psychotic disorders were randomly assigned to one of four time- and group format-matched treatment conditions: (1) SCST, (2) computerized neurocognitive remediation, (3) standard illness management skills training, or (4) a Hybrid treatment that combined elements of SCST and neurocognitive remediation. All groups were held at the same research clinic on the West Los Angeles campus of the VA Greater Los Angeles Healthcare System (VAGLAHS).

The SCST group demonstrated greater improvements over time than comparison groups in the social cognitive domain of emotional processing, including improvement on measures of facial affect perception and emotion management. There were no differential benefits among treatment conditions on neurocognitive or clinical symptom changes over time. Results indicate that a targeted social cognitive intervention led to improvements in social cognition among outpatients with psychosis. Findings provide guidance for continued efforts to maximize the benefits of social cognitive interventions. Findings from the study are relevant to the current study. Since the study utilised socio-cognitive skills training, it shows that socio-cognitive skills training is an effective treatment technique. The study however differs in the sense that the problem treated is different from current problem that this study seeks to address.

Moreover, Vahedi, Fathiazar, Hosseini-Nasab, Moghaddam, Kiani, (2007) examined the effectiveness of social skills intervention for aggressive pre-school children in Tabriz, Iran. The study was conducted in the city of Uromia. The study is an experimental research. Two primary hypotheses were examined. A list of pre-school centers was prepared and from this list, eight pre-school centers were selected at random from high, medium and low zones by stratified sampling. Of these kindergartens, four were randomly assigned as active treatment sites and four others were randomly assigned as control sites. The sample for the study consisted of 25 children (13 for the experimental group, 12 for the control group). Children in intervention and Control groups were assessed by parent ratings, teacher ratings at-home and kindergarten. Assessments were made at pre-treatment, post-treatment, and three month follow-ups. The assessment battery consisted of the social skills rating system-teacher form, teacher-rated aggression, and intelligence test. These skills were carried out in 11 sessions and on two stages and were taught twice a week.

Significant results emerged with respect to aggression and social skill levels. With respect to parent ratings, aggressive behaviours decreased more so in the treatment group than the control group. In addition, social skills significantly increased between post-treatment and follow-ups in the treatment group compare to the control group. In other words, teacher ratings of social behaviour showed improvement over time. The results of the study indicate that aggression would decrease in the treatment group largely over time than the control group. Findings from the study are relevant to the current study as it evaluated the efficacy of social skills training targeting aggression in pre-schoolers. However, the present study intends to target adolescents in schools to determine the relative effectiveness of socio-cognitive skills training and Self-instructional training on their aggressive behaviours in schools. Also, the study was limited by small sample size; this current research will incorporate larger sample size to increase the generalisability of the findings.

Van-Manen, Prins and Emmelkamp (2005) carried out study on the effectiveness of a social cognitive intervention program for Dutch aggressive boys and to compare it with a social skills training and a waitlist control group in Netherlands. A randomized, controlled treatment outcome study with 97 aggressive boys (aged 9-13 years) was presented. An 11-session group treatment, a social cognitive intervention program (n = 42) based on Dodge's social information-processing theory, was compared with social skills training (n = 40) and waitlist control group (n = 15). Measures of aggressive behaviour, self-control, social cognitive skills, and appropriate social behaviour were completed before and after the group treatment and at 1-year follow-up.

The outcome of both treatment conditions indicated (1) a significant increase in appropriate social behaviour, social cognitive skills, and self-control and (2) a significant decrease in aggressive behaviour. There was a significant difference between treatment and no treatment and between the social cognitive intervention program and social skills training

on various child, parent, and teacher measures. The expectation that focusing on the deficits and distortions in social cognitive processes (social cognitive intervention program) instead of merely focusing on social skills (social skills training) would enhance the effectiveness was supported on child, parent, and teacher measures. At 1-year follow-up, the mean effect sizes of the social cognitive intervention program and social skills training were 0.76 and 0.56, respectively. The findings of the study are related to the current study in the sense that it adopted the use of socio-cognitive skills training in the treatment of aggressive persons. The study however focused on boys alone while the current study will incorporate both boys and girls.

In the same way, Han, Catron, Weiss, Marciel, (2005) studied the post-treatment outcome effects of a classroom-based social skills program for pre-kindergarten children in United States of America. The study used a teacher-consultation model. The pre-K RECAP (Reaching Educators, Children, and Parents) program is a semi-structured, cognitive-behavioural skills training program that provides teachers with in-classroom consultation on program implementation and classroom-wide behaviour management. The study participants were selected from 12 pre-kindergarten classrooms in 6 public elementary/middle schools that serve children from low-income backgrounds. Data on children's social skills and behaviour problems were collected from parents and teachers at pre- and post-treatment, for 149 children aged 4–5 years (of whom 56% were girls). Parents completed two questionnaires regarding their children's behaviours; the Child Behaviour Checklist and the Social Skills Rating System. Data collected were analysed using Means and Standard Deviations.

Significant treatment effects were found for teacher but not parent reports, with treatment group children improving significantly more than comparison group children in their teacher-rated social skills and internalizing and externalizing problems. The findings of

the study are related to the current study as they provide some preliminary support for the efficacy of the program on children's social skills and behaviour problems, and for a teacher-consultation model for training teachers to implement school-based mental health programs. The present study however intend to Socio-cognitive Skills and Self-instructional trainings on adolescents which was not covered in the study.

Caples (2005) investigated socio-cognitive skills training in an after-school program setting with four seven- and eight-year-old males in South Florida, USA. Two were Hispanic and two were African-American. The experimental research design allowed for the investigation into the relative effectiveness of direct instruction versus reinforcement in socio-cognitive skills training. Participants were selected through several steps designed to identify children who exhibit specific social skills deficits. First, staff members, as a group, identified three target social skills commonly deficient among children in their program. Staff then nominated eight English-speaking boys who they believed most lacked the target behaviours. Experimental control was demonstrated through the use of a multiple baseline across behaviours design. Direct instruction and reinforcement for behaviours were systematically introduced at separate times, keeping some behaviours under baseline condition while moving others into intervention conditions.

Visual analysis of the results indicates that socio-cognitive skills training were effective in improving the three target behaviours of all four students. Direct instruction, reinforcement, and the combination of the two presented together all were effective in improving the target behaviours. The study is related to the current study. Although it investigated socio-cognitive skills training, the sample was limited to only four seven- and eight-year-old males in Florida, USA. However, this current study intend to bridge the gap left in the study as will cover both male and female with larger sample size.

Self-instruction Technique and Aggressive behaviour

Rivera-Flores (2015) conducted a study to study examine whether self-instructional cognitive training reduces impulsive cognitive style in children diagnosed with Attention Deficit with Hyperactivity Disorder (ADHD). The research design was quasi-experimental with pretest-posttest. The participants were 10 children between the ages of 6 and 8, diagnosed with attention deficit hyperactivity disorder (ADHD). The children were grouped into 3 groups by age, and received 30 group sessions. The findings of the study revealed the pretest-posttest analysis showing a statistically significant reduction in the impulsivity percentile and in number of errors, and a statistically significant increase in latency, after the training. The results show the effectiveness of self-instructional cognitive training to reduce the impulsive cognitive style of ADHD. Through self-instructional training, children learned to talk themselves through a sequence of organized thoughts that let them solve cognitive tasks in a reflective style.

Findings from the study are related to the current study because the study adopted the use of self-instructional training which was able to decrease the impulsive cognitive style. This was possible because learning the self-instructions allowed the children with ADHD to solve cognitive tasks systematically and with reflection. So, in the current study, it is expected that the technique will be able to decrease aggressive impulses among secondary school adolescents exposed to the training.

Aremu, Adeyemi, Oke (2010) examined the effectiveness of self-instructional strategy in the management of school violence among transitional students in Junior Secondary Schools in Ibadan. The study adopted a pre-test - post-test, control group experimental design. Participants were Junior Secondary School 1 students and training was eight weeks. The School Violence Scale ($r = 0.68$) and Locus of Control Scale ($r = 0.71$) were

used. Data were analysed with MCA and Scheffe. Findings from the study revealed that there was a significant effect of treatment in the management of school violence (SV). Self-instructional strategy (SIS) and control. The interaction effect of treatment and locus of control in the management of school violence among transitional students is significant. SIS was effective in the management of SV among transitional students in J.S.S. The study recommended that psychologists and counsellors could utilise this strategy in violence management among students.

Adeyemi (2013) investigated the effectiveness of self-instructional and bully-proof strategies on the management of school violence among transitional students in Junior Secondary Schools in Ibadan, Nigeria. The study adopted a pre-test, post-test, control group experimental design using a 3x2x2 factorial matrix. A sample of 108 Junior Secondary One students was selected through purposive sampling technique from three local government areas in Ibadan. The scales used in the study were the School Violence Scale ($r = 0.68$) and Locus of Control Scale ($r = 0.71$) while Seven hypotheses were tested at 0.05 level of significance. Analysis of Covariance and Scheffe Post-hoc were used for data analysis. Findings from the study revealed a significant main effect of treatments while bully proof strategy was more effective than self-instructional. In addition, findings on the effect of treatments and locus of control on the management of school violence were significant. Further results revealed that the effects of the treatments did not differ significantly between male and female transitional students in Junior Secondary Schools in Ibadan, and that the interaction of the treatments and gender did not significantly determine the management of school violence. In view of the findings, recommendations were made for effective utilization of counselling strategies on the management of school violence. The findings from the study are related to the study as it study investigated the separate and interaction effects of self-instructional strategies on the management of school violence. The study however

differed from the current study which intends to investigate self-instruction and socio-cognitive skills training on aggressive adolescents.

Anyichie and Onyedike (2012) investigated the effects of self-instructional learning technique on students' achievement in solving Mathematical word problems in Anambra State secondary schools. Three research questions and two null hypotheses guided the study. The study utilized the non-randomized control group pre-test post-test quasi experimental design. The sample consisted of 131 subjects with mean age of 16.02 years from four schools chosen through simple sampling techniques. Students of the experimental group were instructed in four units of Mathematics syllabus using self-instructional method. On the other hand, the control group was taught the same topics in Mathematics using the conventional teaching method. Mathematics Achievement Test instrument developed and duly validated by experts was used to collect data. Data collected were analysed using mean for the research questions and Two-way Analysis of co-variance was used to test the hypotheses at 0.05 level of significance. Findings of the study indicate that there was significant main effect of treatment (self-instructional learning strategy) on the student's mathematical word problem achievement. The effect of gender on mathematical word problem achievement was found insignificant. However, a significant interaction effect was observed between gender and learning strategy. Thus, males in the experimental group significantly performed better than their female counterparts.

Findings from the study are relevant to the current study being that self-instruction as used in the study facilitated achievements in solving word problems in mathematics of students trained in it. This means that I could aid in helping adolescents overcome their aggressive problems. On the other hand, the study was conducted in a classroom setting to facilitate achievement learning, the current study will be conducted in a laboratory setting to train students on the use of the technique to facilitate behavioural change.

Adeusi (2013) investigated the efficacy of Cognitive self-instruction and Behavioural Rehearsal on Conduct Disorder in Adolescents in Special Correctional Centres in Lagos State. The study adopted an experimental research with 3 x 2 x 3 x 3 factorial design. The variables in the study include the independent variables, which consist of self-instruction, behavioural rehearsal and control group. The intervening variables are gender, socio-economic status and parenting styles while the dependent variable is conduct disorder. A sample size of 90 adolescents is purposively selected. Participants are randomly assigned into experimental and control groups. The three instruments relevant to this study are: Conduct Disorder Scale, Socioeconomic Scale and Parenting Styles Scale. Eight research hypotheses are raised and tested at 0.05 level of significance. The procedure for data collection includes the pre and post tests administered to the participants. Participants are exposed to intervention sessions twice a week for the period of eight weeks. Data collected from the study are analysed using both the descriptive and inferential statistical methods. The study reveals the order of prominence of subscales of conduct disorder to be deceitfulness and or theft, aggression, hostility and rule violation. The prevalent paternal and maternal parenting styles that is prominent is the authoritative parenting style, the prevalent parental socioeconomic status is the medium. A significant difference exists in the pre-test and post-test. The results from the tested hypotheses are: There is no significant difference in the order of prominence in conduct disorder of the followings: prevalence of paternal and maternal parenting styles, self-instruction and behavioural rehearsal and self-instruction and behavioural rehearsal on the basis of gender and parental SES. Others include parenting styles, age, educational level, and length of stay at the correctional centres. There is a significant difference in the followings: degree of severity of conduct disorder before and after treatment, treatment of conduct disorder of participants in the two experimental groups when compared with the control group and cognitive restructuring and behavioural rehearsal on the basis of religion.

Adani, Eskay, and Onu (2012) conducted a quasi-experimental study to examine the effect of self-instruction technique on the achievement in algebra of students with learning difficulty in mathematics in Nsukka education zone. Two research questions and one null hypothesis were formulated to guide the study. The study adopted a non-randomized pre-test and post-test control group design with one experimental group using self-instruction strategy and a control group, learning through the “normal” conventional way of “teacher-directed” instruction. Two secondary schools in Nsukka education zone were used for the study. The population of the study comprised 855 students with learning difficulty in mathematics in SSI (senior secondary school I) in secondary schools in Nsukka education zone. The sample for the study was 40 students with learning difficulty in mathematics in community secondary school Isieniu and community secondary school Umabor.

Using the teacher’s class achievement record, 40 students with learning difficulty in mathematics were identified, 20 from each school. The result of the study showed that; students with learning difficulty in mathematics were able to significantly acquire the skills of self-instruction strategy and the mean achievement scores of students with learning difficulty in mathematics who used self-instruction strategy to learn algebra are significantly higher than those who used conventional method, therefore, self-instruction was effective in improving the achievement in algebra of students with learning difficulty in mathematics. Findings from the study are related to the current study since self-instruction will also be used in the current study. However, the current study will employ the self-instruction technique in treatment of aggressive adolescents in schools.

Cheung, Law, Tsoi and Chung (2001) conducted a study on a prospective, single-minded, randomised, controlled trial carried out at the Accident and Emergency Department of North District Hospital, Hong Kong. Thirty-three full-time emergency department nurses were randomly assigned into two groups. Sixteen were given the self-instruction training

program (experimental group) while 17 were instructed by traditional training programme (control group). The primary outcome measure was cost effectiveness analysis. The predetermined relative cost ratio was compared with the relative success ratio of the two methods. The secondary outcome measure was individual skill performance, knowledge scores and attitude ranks. The data was analysed with SPSS version 7.5. The success of the training method and individual skill performance was analysed with Fishers Exact test. The overall performance was analysed with Mann-Whitney U test, while the knowledge scores was analysed students test.

Findings from the study revealed that there was no statistically significant difference between self-instruction and the traditional method of training. The relative cost ratio of self-instruction to traditional method was 0.80. The relative success ratio of self-instruction to traditional method was 0.82. All nurses showed improvement in their knowledge. The trainees in the traditional method had more confidence performing cast application. Subgroup analysis showed that trainee characteristics and attitude did not predict the outcome.

The study concluded that self-instruction method and traditional method may be equally cost effective for training cast application technique. Both methods resulted in significant improvement of the cast application. Nurses trained with the traditional method had more confidence than those trained with self-instruction. The findings from the study are relevant to the current study as it showed where self-instruction has been used and the outcome of those studies. The review equally helped the researcher know where gap exist and how to fill the existing gap. For instance, the study was carried out in hospital setting with among nurse, while the current study will be carried out among in-school adolescents. Secondly, the year's gap at which the study was carried out. What is obtainable then may not be what is obtainable now. The present studies intend to investigate the relative effectiveness of socio-cognitive

skills training and Self-instruction technique on adolescents 'aggressive behaviours in schools, and will be carried out in Onitsha, Anambra State.

Summary of Reviewed Related Literature

This section presents summary of the related literature reviewed.

The literature review of this study was reviewed in sections; conceptual framework, theoretical framework, theoretical studies and empirical studies. The conceptual framework discussed the concept of Adolescents, aggressive behaviour, socio-cognitive skills training and Self-instructional training. Discussing the concept of aggressive behaviour, the researcher noted that different authors had defined aggressive behaviour in different ways but all of them agreed that Aggressive behaviour is defined as the general inclination to engage in behaviour that is carried out with the intention of causing harm to the other person or an object. That is; such a person have the propensity to express his or her feelings and opinions in a punishing, threatening, assaultive, demanding, hostile manner.

The theories reviewed in relation to the study include; Instinctual Theory by Sigmud Freud, Social learning theory by Albert Bandura, and Socio-cognitive theory by Albert Bandura. The theories were found relevant to this study as they highlighted on biological, social and cognitive aspects of aggressive behaviours. The theories also touched on how such behaviours could be reduced using treatment techniques such as socio-cognitive skills training and Self-instructional training. In addition, different opinions and position of different authors on adolescents, aggressive behaviour and treatment approaches especially among students were reviewed under theoretical studies.

Similarly, the researcher examined studies that had been carried out by different researchers across the globe whose findings are related to the current study. These

are empirical studies with related findings. Most of the studies showed clearly that aggressive behaviour is a problem to many students, both within and outside Nigeria. The studies showed that aggressive behaviours could be treated using psychological techniques. Socio-cognitive skills training and self-instructional techniques are among the techniques investigated with recorded successes in treating maladaptive problems including related areas like violence among students and aggressive pre-school children.

Although studies indicated that the techniques, socio-cognitive skills training and Self-instructional training were effective in handling behavioural problems. None of these studies however investigated the effectiveness of the techniques on secondary school adolescents' aggressive behaviours in schools, especially in Anambra State. This indicated a gap in this area of knowledge that needs to be filled. Therefore, an attempt to close this gap led to this current study to investigate the relative effects of Socio-cognitive skills training and Self-instructional technique on students' aggressive behaviour in schools in Anambra State.

CHAPTER THREE

METHOD

This chapter contains the procedures adopted for the study. These are as follows: Research design, area of the study, population for the study, sample and sampling technique (s), instrument for data collection, validation of the instrument, reliability of the instrument, method of data collection, and method of data analysis.

Research Design

This study adopted a non-randomized pre-test, post-test, control group quasi-experimental research design. This type of experimental research design as White and Sabarwal (2014) notes establishes cause-and-effect relationship. It enables the researcher to change the condition or value of one or more variables, usually known as independent or treatment variable, in order to observe or measure the impact on another variable, which is in turn called a dependent or outcome variable. This quasi-experimental research was conducted in a school setting where it was not possible to use pure experimental design which was considered as disruption of school activities.

Consequently, three groups were used: two experimental or treatment groups and one control group. Each of these groups was treated with different levels of the independent variable to illustrate the differences between the groups. The experimental treatment was given only to the experimental participants, while treatment using conventional counselling was given to the control group participants. Then, the three groups (treatment 1, treatment 2 and control group) were measured. The researcher then compared the three group pre-test scores and the post test scores. The symbols below summarised the design of the study.

A non-randomised pre-test, post-test, control group quasi experimental design

Group	Pre-test	Research condition	Post-test
Experimental (1)	O1	X1 (treatment)	O2
Experimental (2)	O1	X2 (treatment)	O2
Control (3)	O1	¬X(conventional counselling)	O2

Where, O1- stands for the pre-test that was given to all the students

X1 - Stands for training 1 which was given to the experimental group 1.

X2 – stands for the training 2 which was given to the experimental group 2.

¬X – stands for the conventional or normal counselling had with the control group

O2– stands for the Post-test which was given to both experimental and control groups.

Area of the Study

The study was conducted in Anambra State, Nigeria. Anambra State is located in the South East Geo-Political Zone of Nigeria. The state capital is Awka and its major commercial cities are Onitsha and Nnewi. The area is mostly known with trading, commerce and industries. The state is bounded in the east by Enugu State, in the west by Delta State, in the north by Kogi State, and the south by Abia and Imo State. The state is made up of six education zones namely; Awka, Ogidi, Aguata, Nnewi, Onitsha and Otuocha. There are a total of 259 public secondary schools in Anambra State with large students' enrolment. Secondary School enrolment in the state is one of the highest in the country. Hence, classes in most of the schools observed by the researcher are usually overpopulated tend to pose a challenge for teachers in handling some behavioural problems when it arises. Also, it has been consistently reported on different news media; radio, television and newspapers that hostility and aggression are perhaps the most common forms of interaction among the students of which

cases of such is on record in the area (Ezeokana, Nwosu&Okoye, 2014). This is such that educators are often confronted by angry, defiant adolescents in schools. Considering the aforementioned characteristics, the researcher thus considered Anambra State as a suitable area for this research.

Population of the Study

The population of this study is 323 adolescents. These are senior secondary school students(SS 1 and SS 2) identified to have exhibited aggressive behaviour. These adolescents were identified in coeducational secondary schools in Anambra State. Coeducation secondary schools were considered appropriate for this study because it enables the researcher to ascertain the effect of the techniques on male and female that are staying together and interacting in the same school settings.

In determining the population of the study, the researcher went round the coeducational secondary schools to ascertain from the guidance counsellors' records in each of the schools, the number of identified aggressive students within adolescence age. However, with exception of one school, none of the other schools kept any record. The researcher then appealed on the counsellors to observe closely and write down the names of any student in SS1 and 2 identified or known to exhibit any aggressive act. After four weeks, the researcher went back to the schools for the records. At this point, with exception of few schools, the rest of the guidance counsellors from 23 coeducational secondary schools had records of students' names and their respective classes. The total number of identified aggressive adolescents in the coeducation schools by the school counsellors totalled 345 adolescents. With the list of the counsellor identified aggressive adolescents, the researcher went to the schools to administer 345 copies of the instrument Buss-Perry Aggression Questionnaire (BPAQ) on the students. This was done with the help of eight

trained research assistants (Guidance counsellors and youth corps members serving in the schools) to verify their status as aggressive persons and generate a pre-test score. The researcher was personally involved in the administration of the instrument in order to clarify any misunderstanding of the instrument that may arise. The questionnaire was handed to each adolescent individually and instructions were read out and explained. Respondents were told to ask for clarity as they may not understand the use of some words in structuring the questionnaire items. The students individually completed the test instrument within twenty-five minutes of being given the questionnaire.

The questionnaire sheets were retrieved from the students immediately they have responded to the questionnaire items and were handed to the researcher for collation and scoring. Each response was scored according to the specification on the BPAQ manual. Scores that are above the norm 70.27 indicated the presence of aggressive behaviour, while scores below this was an indication of having no problem. The students with high scores, above the norms, both the male and female adolescents made up the population of this study. The scores of the aggressive adolescents for the study totalled 323 adolescents.

Sample and Sampling Technique

The sample size for the study is 35 adolescents. This comprise of all the SS 1 and SS 2 aggressive adolescents identified in three coeducational secondary schools purposively selected for the study. In selecting the sample for the study, all the coeducational schools with identified aggressive adolescents in each of the educational zones were considered. Subsequently, three schools were then randomly selected. The number of identified aggressive adolescents in each of the selected schools is: 15, 9 and 11, totalling 35 adolescents. The participants in each of these schools were used as intact class and each

class served as the experimental groups, namely; group I, II and control group participants respectively (see appendix F, p.144).

Instrument for Data Collection

The instrument for data collection is Buss-Perry Aggression Questionnaire (BPAQ, Buss & Perry, 1992). In order to measure aggressive personality traits, participants were given the Buss-Perry Aggression Questionnaire. The instrument has been used in over 400 studies (example, Ezeokana, Nwosu&Okoye, 2014; Onukwufor, 2013; Sidney-Agbo, 2016) and it is one of the most popular measures of aggressive behaviour in education and social science research. This questionnaire, comprised of 29 self-report items, is based on a five point scale ranging from “extremely uncharacteristic of me” to “extremely characteristics of me”

This scale consists of four subscales to measure different types of aggressive behaviours: physical aggression, verbal aggression, anger, and hostility. The instrument asks respondents to rate items on a scale from one to five based on whether the statement is “extremely uncharacteristic” or “extremely characteristic” of them. Thus, the questionnaire made up of 29 items, yielded a minimum score of 29 points and a maximum score of 145. The BPAQ was used in this study without any modification (see appendix D, p.141).

Validation of the Instrument

The instrument, Buss-Perry Aggression Questionnaire (BPAQ) was developed and validated by Buss and Perry in 1992. It was however revalidated in Nigeria by Ezeokana, Obi-Nwosu and Okoye (2014), Onukwufor (2013) and Sidney-Agbo (2016). This current researcher therefore adopted the BPAQ and did not have need to do any further validation.

Reliability of the Instrument

The instrument, Buss-Perry Aggression Questionnaire has good internal consistency reliability among samples of secondary school and university students. The internal consistency coefficients were as follows: Physical Aggression, $\alpha = 0.85$; Verbal Aggression, $\alpha = 0.72$; Anger, $\alpha = 0.83$ and Hostility, $\alpha = 0.77$, with the internal consistency being $\alpha = 0.89$. Test-retest reliability for the subscales and total score ranged from $\alpha = 0.72$ to $\alpha = 0.80$ (Buss & Perry, 1992).

For Nigerian sample, this researcher adopts the internal consistency reliability coefficients of 0.80 for the Buss-Perry Aggression questionnaire as determined by Onukwufor (2013). The reason for the adoption is because the study was conducted among adolescents in setting akin to that of the current study. The instrument is considered adequate and a reliable measure for the study because of the high coefficient reliability indices obtained for the instrument.

Method of Data Collection

After the pre-test administration of the Buss-Perry Questionnaire to find out adolescents with aggressive behaviour, and after the eight weeks experimental and control groups treatment, the researcher gave instruction on how to complete the questionnaire to the participating adolescents. The nature of the students' responses and the purpose for which it will serve was clearly explained to the students. The researcher, with the research assistants then assisted and guided the students on how to appropriately respond to the questionnaire items. The questionnaire sheets were retrieved from the students immediately they have responded to the items and were handed to the researcher for onward collation and scoring.

Training of Research Assistants

Six research assistants took part in this study. These comprised of serving youth corps members and Guidance Counsellors in each of the prospective schools mapped out for the research. These research assistants were trained on administration and collection of the research instrument, both pre-test and post-test. The research assistants were informed about the purpose of the study and the methods to be used. The materials to be used in facilitating the sessions were given to research assistants at more than two days before the training day, and they were required to read through the materials before attending the training session. During each of the training session, the researcher discussed the materials with them and supplied answers to any question they asked.

The training guided them in understanding every item and the response options on the instrument. This also enabled them to explain in plain terms, the meaning of every word, and guided students on how best to respond to the items. The training was concluded within one week. The researcher also used the opportunity to familiarise self with the research assistants and addressed any issue or question that arose concerning the research process and approach.

Experimental Procedures

This is the procedure the researcher adopted to ensure a successful implementation of the treatment programme. The researcher obtained the consent of the schools' principals for carrying on with the research through a consent letter that was given to the principals for approval (see appendix E, p.143). The experimental training and the control group conventional counselling sessions then took place at the schools. On the training days, the participants in each group stayed in an enclosed classroom within their respective schools. The classrooms were arranged with curtains and chairs and patterned to meet the standards of a counselling clinic.

The researcher, through the assistance of the guidance counsellors in the schools conducted a training programme which held for eight weeks and comprised of sixteen sessions of treatment (8 sessions for each experimental group) and 8 sessions of conventional counselling for eight weeks running (see appendix A & B, page, 117 & 129 for the treatment programme). The treatment sessions were carried out in the enclosed room as prepared especially for that purpose. The day and time for each group's training was established and maintained throughout the treatment.

Each treatment session lasted for 45 minutes using the counselling scheduled periods as specified by the schools. The senior secondary school adolescents identified with aggressive behaviour, and who participated in the study, formed the groups in their respective schools. The adolescents made up the groups as follows; two experimental groups and one control group. The participants in the experimental groups were exposed to Socio-cognitive Skills and Self-instructional Training respectively while those in the control group were exposed to the usual conventional group counselling (see appendix C, p.135)

Each of the groups received treatment once a week for the eight weeks of treatments. After the eight weeks of treatment and conventional counselling, the Buss-Perry Aggressive Questionnaire was re-administered on all the participants in both the experimental and control groups. The scores obtained were regarded as the post-test. The post-test scores along with the earlier elicited pre-test scores was then collated and subjected to analysis. The researcher working collaboratively with the statistician, then determined the statistical difference between the experimental groups and control group scaled scores which were interpreted and presented in tables.

Control of Extraneous Variables

The researcher controlled the possible effect of extraneous variables such as (participant's mood, location, discrimination, method, and time of the day) which if not well controlled could have contaminated the study and possibly interfered with the findings. In order to avoid such occurrence, the researcher therefore adopted the following measures below to minimise and possibly control the distorting effects of such variables.

Application of the Experimental Treatments: The sample for the study was broken into three groups (2 experimental groups and 1 control group). Experimental group 1 was exposed to Socio-cognitive skills training, while experimental group 2 was exposed to Self-instructional training. The control group received no treatment of either socio-cognitive skills training or Self-instructional training, but rather a conventional counselling (that is the usual group counselling offered in schools) with the school guidance counsellor.

Experimental Bias: There was a possibility of treatment bias on the experimental group as against the control group, which may have negatively affected the study. To avoid this, the researcher was not directly involved in the treatments, the school counsellors were the ones actively involved in administering both the experimental treatment and the conventional counselling. Also, both the Experimental and Control groups took part in the same pre-test and post-test exercises.

Interaction among the Students in Different Treatment Groups: To avoid interaction between students, the researcher avoided using a single school for the experiments; rather three schools in different locations were used for the study. Each of these schools served as treatment group.

Use of Analysis of Co-Variance (ANCOVA): It is possible that some extraneous variables may remain uncontrolled, in spite of the preventive measures that the researcher has put in place. Such possible leakage was taken care of through careful application of the Analysis of Co-variance (ANCOVA) in data analysis. The approach thus isolates the possible distorting of the variables as covariates.

Method of Data Analysis

The completed instruments were scored following the scoring instructions provided in the Buss-Perry Aggression Questionnaire (BPAQ) manual. The scoring of the instrument went as follows: Extremely uncharacteristic characteristic of me – 1, uncharacteristic of me – 2, neither characteristic nor uncharacteristic of me – 3, characteristic of me – 4, extremely characteristic of me – 5. Scores that are above the instrument norm of 70.27 indicated aggressive adolescents and scores below this showed adolescents with no problem of aggressive behaviour. The data relating to the research questions were analysed using statistical Mean. The data relating to the null hypotheses were tested using the Analysis of Co-variance (ANCOVA).

The decision rule for the research questions 1-2 went thus: when the post-test mean score of a treatment group is below the norm of 70.27, the treatment technique for that group is considered effective. Conversely, when the post-test mean score of the treatment group is above the norm of 70.27, that treatment technique for that group is considered not effective. However, for the research question 3, the decision rule was based on post-test mean scores and the lost mean. A technique is considered effective when the post-test mean score of a treatment group is below the norm, but the one with a higher mean score is considered more effective.

For the null hypotheses, when the Pvalue is less than 0.05, being the level of significance, the null hypotheses is rejected and the effect of the technique on aggressive secondary school adolescents is seen as significant, but when the Pvalue is more than 0.05, the null hypotheses is not rejected, so effect of the technique on aggressive secondary school adolescents is seen as not significant.

CHAPTER FOUR

PRESENTATION AND ANALYSIS OF DATA

In this chapter, the data collected from the field for this study were analysed and the summaries were presented in tables to highlight the findings. The presentation was sequential starting with the answers to the research questions and then the testing of the null hypotheses.

Research Question 1

What is the effect of Socio-cognitive training on the aggressive behaviours of secondary school students when compared with those treated with conventional counselling using their pre-test and post-test scores?

Table 1: Pre-test and Post-test aggression behaviour mean scores of adolescents treated with socio-cognitive training skills and those treated with conventional counselling (Norm= 70.27)

Source of variation	N	Pre-test Mean	Post-test Mean	Lost Mean	Remark
Socio-cognitive Skills training	8	89.25	67.25	22.0	Effective
Control	11	90.36	79.09	10.27	

Table 1 indicates that the adolescents treated with socio-cognitive training technique had pre-test mean score of 89.28 and post-test mean score of 67.25 with lost mean 22.0 in their aggressive behaviour, while those in the control group who received conventional counselling had pre-test mean score of 90.36 and post-test mean score of 79.09 with lost mean 10.27, with post-test mean score of 67.25 which is below the norm of 70.27, socio-cognitive training technique is effective in reducing aggressive behaviour among adolescents.

Research Question 2

What is the effect of Self-instruction technique on the aggressive behaviours of secondary school students when compared to those treated with conventional counselling using their pre-test and post-test scores?

Table 2: Pre-test and Post-test aggressive behaviour mean scores of adolescents treated with self-instruction technique and those treated with conventional counselling (Norm= 70.27)

Source of variation	N	Pre-test Mean	Post-test Mean	Lost Mean	Remark
Self-instruction	13	87.77	67.15	20.62	Effective
Control	11	90.36	79.09	10.27	

Table 2 reveals that the adolescents treated with self-instruction technique had pre-test mean score of 87.77 and post-test mean score of 67.15 with lost mean 20.62 in their aggressive behaviour, while those in the control group who received conventional counselling had pre-test mean score of 90.36 and post-test mean score of 79.99 with lost mean 10.27. With post-test mean score of 67.15 which is below the norm of 70.27, self-instruction technique is effective in reducing aggressive behaviours among adolescents.

Research Question 3

What is the relative effectiveness of Socio-cognitive training and self-instruction techniques on the aggressive behaviours of secondary school adolescents using their pre-test and post-test scores?

Table 3: Pre-test and Post-test aggressive behaviour mean scores of adolescents treated with socio-cognitive training and those treated with self- instruction technique (Norm= 70.27)

Source of variation	N	Pre-test Mean	Post-test Mean	Lost Mean	Remark
Socio-cognitive training	8	89.25	67.25	22.0	More Effective
Self-instruction	13	87.77	67.15	20.62	

In table 3, it was observed that the adolescents treated with socio-cognitive training had pre-test mean score of 89.25 and post-test mean score of 67.25 with lost mean of 22.0 in their aggressive behaviour, while those treated with self-instruction technique had pre-test mean score of 87.77 and post-test mean score of 67.15 with lost mean 20.62 in their aggressive behaviour. With both techniques having post-test mean scores below the norm of 70.27, and very narrow difference in their lost means, both of the techniques are effective in reducing aggressive behaviours among adolescents but socio-cognitive training with a mean loss of 22.0 appeared more effective.

Testing the Null Hypotheses

Null Hypothesis 1

The effect of socio-cognitive training technique on secondary school adolescents' aggressive behaviours will not be significant when compared with those who received conventional counselling using their mean scores.

Table 4: ANCOVA on the aggressive behaviour post-test mean scores of adolescents treated with socio-cognitive training technique and those who received conventional counselling

Source of variation	SS	df	MS	Cal. F	Pvalue	P≤0.05
Corrected Model	1055.550	2	527.775			
Intercept	87.162	1	87.162			
Pre-test	406.170	1	406.170			
Treatment Model	119.379	1	119.379	4.52	.049	S
Error	422.239	16	26.390			
Total	105818.000	19				
Corrected Total	1477.789	18				

Table 4 shows that at 0.05 level of significance, 1df numerator and 18df denominator, the calculated F is 4.52 with Pvalue of 0.049 which is less than 0.05. Therefore, the first null hypothesis is rejected. So, the effect of Socio-cognitive training technique on secondary school adolescents' aggressive behaviour is significant.

Null Hypothesis 2

The effect of self-instruction technique on secondary school adolescents' aggressive behaviour will not be significant when compared with those who received conventional counselling using their means.

Table 5: ANCOVA on the aggressive behaviour post-test mean scores of adolescents treated with self-instruction technique and those who received conventional counselling.

Source of variation	SS	df	MS	Cal. F	Pvalue	P≤0.05
Corrected Model	942.905	2	471.452			
Intercept	269.206	1	269.206			
Pre-test	93.881	1	93.881			
Treatment Model	192.148	1	192.148	12.90	0.002	S
Error	312.720	21	14.891			
Total	127841.000	24				
Corrected Total	1255.625	23				

In table 5, it was observed that at 0.05 level of significance, 1df numerator and 23df denominator, the calculated F is 12.90 with Pvalue of 0.002 which is less than 0.05. Therefore, the second null hypothesis is rejected. So, the effect of self-instruction technique on secondary school adolescents' aggressive behaviour is significant.

Null Hypothesis 3

There is no significant difference in the effectiveness of socio-cognitive training and self-instruction techniques on secondary school adolescents' aggressive behaviour using their mean scores.

Table 6: ANCOVA on the post-test aggressive behaviour mean scores of adolescents treated with socio-cognitive training technique and those treated with self-instruction technique.

Source of variation	SS	df	MS	Cal. F	Pvalue	P \leq 0.05
Corrected Model	361.454a	2	180.727			
Intercept	32.606	1	32.606			
Pre-test	361.408	1	361.408			
Treatment Model	8.894	1	8.894	0.36	0.56	NS
Error	443.785	18	24.655			
Total	95611.000	21				
Corrected Total	805.238	20				

Table 6 indicates that at 0.05 level of significance, 1df numerator and 20dfdenominator, the calculated F is 0.36with Pvalue of 0.56 which is greater than 0.05. Therefore, the third null hypothesis is accepted. So, there is no significant difference in the effectiveness of socio-cognitive training and self-instruction technique on secondary school adolescents' aggressive behaviours.

Null Hypothesis 4

There is no significant difference in the effectiveness of socio-cognitive training technique on the aggressive behaviours of male and female adolescents.

Table 7: ANCOVA on the post-test aggressive behaviour mean scores of male and female adolescents treated with socio-cognitive training technique.

Source of variation	SS	df	MS	Cal. F	Pvalue	P\leq0.05
Corrected Model	407.340	2	203.670			
Intercept	0.362	1	0.362			
Pre-test	397.707	1	397.707			
Treatment Model	2.333	1	2.333	0.06	0.82	NS
Error	206.160	5	41.232			
Total	36794.000	8				
Corrected Total	613.500	7				

Table 7 reveals that at 0.05 level of significance, 1df numerator and 7df denominator, the calculated F is 0.06 with Pvalue of 0.82 which is greater than 0.05. Therefore, the fourth null hypothesis is accepted. So, the difference in the effectiveness of socio-cognitive training technique on male and female secondary school adolescents' aggressive behaviours is not significant.

Null Hypothesis 5

There is no significant difference in the effectiveness of self-instruction technique on the aggressive behaviours of male and female adolescents.

Table 8: ANCOVA on the post-test aggressive behaviour of male and female adolescents treated with self-instruction technique

Source of variation	SS	df	MS	Cal. F	Pvalue	P \leq 0.05
Corrected Model	29.533	2	14.767			
Intercept	96.024	1	96.024			
Pre-test	20.928	1	20.928			
Treatment Model	9.285	1	9.285	0.57	0.47	NS
Error	162.159	10	16.216			
Total	58817.000	13				
Corrected Total	191.692	12				

Table 8 shows that at 0.05 level of significance, 1df numerator and 12df denominator, the calculated F is 0.57 with Pvalue of 0.47 which is greater than 0.05. Therefore, the fifth null hypothesis is accepted. So the difference in the effectiveness of self-instruction technique on male and female secondary school adolescents' aggressive behaviours is not significant.

Summary of the Findings

From the analysis, the following findings were made:

1. Socio-cognitive training technique is effective in reducing aggressive behaviours among adolescents.
2. Self-instruction technique is effective in reducing aggressive behaviour among adolescents.
3. Socio-cognitive training and self-instruction do not differ in their effectiveness in reducing aggressive behaviours among adolescents.
4. The effect of socio-cognitive training technique on secondary school adolescents' aggressive behaviours is significant.

5. The effect of self-instruction technique on secondary school adolescents' aggressive behaviour is significant.
6. There is no significant difference in the effectiveness of socio-cognitive training and self-instruction techniques on secondary school adolescents' aggressive behaviours.
7. The difference in the effectiveness of socio-cognitive training technique on male and female secondary school adolescents' aggressive behaviours is not significant.
8. The difference in the effectiveness of self-instruction technique on male and female secondary school adolescents' aggressive behaviours is not significant.

CHAPTER FIVE

DISCUSSION OF RESULTS, CONCLUSION AND RECOMMENDATIONS

This chapter presents the discussion of the findings, conclusions, implications of the findings, recommendations, limitations of the study and suggestions for further studies.

Discussion of the Findings

Findings of this study were discussed under the following themes:

- Effect of Socio-Cognitive Skills Training on aggressive secondary school adolescents.
- Effect of self-instruction technique on aggressive secondary school adolescents.
- Difference in the effectiveness of Socio-Cognitive Skills Training and self-instruction technique on aggressive secondary school adolescents.

Effect of Socio-Cognitive Skills Training on Aggressive Secondary School Adolescents

Findings from the study reveal that Socio-cognitive skills training (SCST) technique is effective on aggressive secondary school adolescents. What this means is that the socio-cognitive skills training was able to have reasonable impact on the adolescents enough to control the aggressive behaviours that could result in both physical and psychological harm to oneself, others or objects in the environment. This finding is in agreement with Horan, et al. (2011), whose study showed that a targeted social cognitive training led to improvements in social cognition among outpatients with psychosis. Social cognition is a skill that focuses on the role that cognitive processes play in social interactions from which aggressive behaviours could arise. The SCST group in that essence demonstrated greater improvements over time than those in the conventional group. The reason being that, those in SCST group possibly recorded more improvement in their social cognitive domain of emotional processing and

in emotion management. So, they are better placed to process information, relate with others in a more friendly way and manage their emotion enough to restrain themselves from acting aggressive even when they seemed provoked.

In addition, the findings of the study reveal that the effect of socio-cognitive skills training on aggressive secondary school adolescents is significant. What this implies is that the effect of socio-cognitive skills training on aggressive secondary school adolescents is substantial. This finding of the study is consistent with Chen, Wei, Deng and Sun (2017), whose study investigated the effects of Cognitive Training on cognitive abilities and everyday function, and observed that cognitive training significantly improved targeted cognitive functions and everyday problem-solving performance in all the intervention groups. Similarly, Van-Manen, Prins and Emmelkamp (2005) outcome of the treatment conditions indicated; a significant increase in appropriate social behaviour, social cognitive skills, and self-control and a significant decrease in aggressive behaviour. The reason for Van-Manen, Prins and Emmelkamp findings, which is also applicable to the finding of this current study perhaps, is that through socio-cognitive skills training, the participants were able to acquire information that allowed them to reason about the situation that surround their aggressive behaviour and determine how to behave appropriately. These according to Rao, Beidel and Murray (2008), are behavioural clues that could help persons who have difficulties relating to other people due to poor social perceptions. Since aggressive behaviour has to do with cognitive functions of an individual, when such persons are faced with social situations for which they are unprepared emotionally and cognitively, they tend to respond with aggression. Socio-Cognitive Skills Training consequently enhanced the adolescents' ability to avoid such aggressive situations and solve problems non-violently by enhancing their social relationships with peers and teach them how to interpret some behavioural cues to improve their conflict-resolution skills. It is believed that the changing of their thought processes possibly resulted

in altering and modifying their aggressive response which reflected in the findings of this study.

Moreover, the study revealed that the difference in the effectiveness of Socio-Cognitive Skills Training on aggressive male and female secondary school adolescents is not significant. This means that the treatment using socio-cognitive skills technique has similar effects on both male and female secondary school adolescents. This finding is rather surprising, since male and female are known to differ in personality characteristics, both biologically and in gender role socialisation. Nevertheless, the findings of this current study showed that Socio-Cognitive Skills Training as indicated has no gender dimension, since its effect cuts across genders, having near matching effects on both the male and female adolescents.

Although the researcher had expected a significant gender difference in favour of the male participants, the reason being that males are assumed to possess higher cognitive abilities than females. Nevertheless, the results of this study voided the assumption and supported the supposition that gender differences in response to the socio-cognitive treatment are non-significant or very small. The findings of the study thereby assert that both male and female secondary school adolescents have opportunity to overcome their aggressive behaviour through socio-cognitive skills training.

Effect of Self-Instruction Technique on Aggressive Secondary School Adolescents

Findings from the study revealed that Self-instruction technique is effective on aggressive secondary school adolescents. What this means is that self-instructional training, which required the aggressive adolescents to talk to themselves, at first aloud, and later with inner talk, in an attempt to increase self-control was able to reduce their aggressive behaviour. This finding is in line with Aremu, Adeyemi and Oke (2010) whose study

reported that the treatment using self-instruction technique was effective in the management of school violence. The reason for this could be attributed to Haddadian, Alipourb and Majidi (2012) assertion that self-instructional training strengthens the sequence of thought, facilitate comprehension of the situations, generate strategies and mediators needed for problem solving, and use of these mediators to guide and control one's behaviour.

Although Aremu, Adeyemi and Oke's study was based on school violence, it is however conforms to the present study as violence is an outgrowth of aggression. So, in this current study, the participants were taught in training to identify the emotional and physiological signs that precede annoyance and to use inhibitory self-directions (self-talk) to control their potential automatic aggressive responses. What this portends to this current study is that the self-directions as utilised by the participants was able to control the aggressive behaviour of the secondary school adolescents who participated in the study.

Furthermore, findings from the study reveal that the effect of the self-instruction technique on aggressive secondary school adolescents is significant. What this implies is that the outcome of the treatment using self-instruction technique on aggressive secondary school adolescents was substantial. This finding agrees with Adeusi (2013), Adeyemi (2013) and Rivera-Flores (2015). The results from the studies demonstrated the effectiveness of self-instruction technique on management of school violence, Conduct Disorder in adolescents and in reducing the impulsive cognitive style of attention deficit hyperactive disorder (ADHD). Thus, in these studies, self-instruction technique produced good results in effectively reducing the adolescents' maladaptive behaviours through training on sequence of more organized and reflective thoughts.

The reason for this possibly, being that self-instruction technique as used in those studies and in the current study, required teaching a student how to use positive statements to direct their own behaviour. In this perspective, self-instruction focused on giving the

participants the responsibility for instruction rather than relying on the implementer. It is thus believed that what the participants said to themselves during the treatment sessions as guided by the trainee counsellor possibly contributed vastly in bringing about a change in the adolescents' aggressive behaviour.

In addition, finding from the study further reveal that the difference in the effectiveness of self-instruction technique on aggressive male and female secondary school adolescents is not significant. What this implies is that though studies have indicated that boys show higher level physical aggression than girls, self-instruction technique indicated no meaningful difference in its effects on both aggressive male and female adolescents. This finding agrees with Adeyemi (2013) whose study reveals that the effects of the treatments did not differ significantly between male and female transitional students in junior secondary schools in Ibadan, and that the interaction of the treatments and gender did not significantly determine the management of school violence.

This finding nonetheless disagrees with Obikeze and Obi (2015) whose study report showed that there is significant difference between males and females adolescents in the exhibition of aggression. Males were found to be more aggressive than their female counterparts. However, Obikeze and Obi carried investigation into the prevalence and incidence of aggressive behaviours among adolescents in senior secondary schools. So, the study did not investigate the efficacy of the treatment technique as did the current study. As shown in this current study, the self-instruction treatment effect cut across gender indicating no meaningful difference in its effects on both the aggressive male and female participants. This therefore points to the notion that adolescents could overcome their aggressive behaviour when adequate self-instructional counselling is provided to both the male and female.

Difference in the Effectiveness of Socio-Cognitive Skills Training and Self-Instruction Technique on Aggressive Secondary School Adolescents

Findings from the study revealed that socio-cognitive skills training and self-instruction techniques do not differ in their effectiveness on aggressive secondary school adolescents. What this implies is that, though Socio-Cognitive Skills Training reduced the aggressive behaviour of secondary school adolescents slightly more than self-instruction technique; they do not differ in their effectiveness. This is because both of the techniques have post-test mean scores below the norm of 70.27 and a very narrow difference in their lost means.

The reason for this finding could be anchored on the notion that both techniques taught the participants how to think rational and positive thoughts in aggressive or hostile situations. Moreover, through the learning of self-instructions and socio-cognitive skills, the participants were able to substitute disorganized thoughts which may have hitherto lead to aggressive response, with a sequence of useful thoughts for dealing with their aggressive behaviour. The Socio-cognitive skills training and self-instruction techniques therefore was implemented to provide aggressive secondary school adolescents with skills in the pro-social behaviours of self-instructions and social-cognitive skills in which they are deficient and that are necessary for successful peer interaction to curtail aggressive conducts.

Furthermore, the findings from the study reveal no significant difference in the effectiveness of socio-cognitive skills training and self-instruction technique on aggressive secondary school adolescents. This means that though socio-cognitive skills training proved to be more effective on the aggressive behaviour of the participants as indicated in the lost mean score, the difference is not substantial. This finding showed that both self-instruction technique and socio-cognitive skills training are independently effective on aggressive secondary school adolescents. This finding agrees with Aremu, Adeyemi, Oke (2010) and

Adeyemi (2013) whose studies indicate a significant effect of the self-instruction treatments in the management of aggression and school violence.

Similarly, the finding also agrees with Vahedi, Fathiazar, Hosseini-Nasab, Moghaddam, Kiani (2007) and Van-Manen, Prins and Emmelkamp (2005) whose studies indicate a significant effect of the socio-cognitive skills training on aggressive behaviour of students. This finding of the study more so, affirmed the assertions of some scholars and researchers that students tend to act aggressively because they lack alternative skills that would allow them to choose a socially acceptable behaviour to deal with a provocative situation in an emphatic rather than aggressive manner. Nonetheless, the findings of the present study suggest that the training of socio-cognitive skills and self-instruction technique contributed significantly in the reduction of aggressive behaviour of secondary school adolescents. The reason could be that the treatments probably equipped the adolescents with the skills they need to deal effectively with situations that could lead them to act aggressively towards another person or an object as the case may be. The consequence of this is that with counsellors application of the techniques, especially the socio-cognitive skills training, in the foreseeable future, with there will be likely be less number of adolescents with aggressive behaviour leading to a less aggressive prone school environment.

Conclusions

Based on the findings of this study, the following conclusions are made:

That Socio-cognitive skills training and Self-instruction technique have significant effect on aggressive secondary school adolescents in reducing their aggressive behaviour. Socio-cognitive skills training proved slightly more effective on aggressive secondary school adolescents. Therefore, guidance counsellors in schools can utilised this counselling approaches in modifying aggressive adolescents.

Implications of the Study

Based on the finding of this study, the following implications are noted:

Both socio-cognitive skills training and self-instruction techniques were effective treatment techniques for aggressive secondary school adolescents.

Thus there is need to ensure that the school guidance counsellors make use of these effective techniques that are neither coercive nor punitive on students for the modification of aggressive behaviour. This means that both the school guidance counsellors and therapist are now presented the opportunity to explore the use of these techniques for modifying the aggressive behaviours of secondary school students, especially those of the adolescents.

Also, school administrators need to work towards organising training programme for the guidance counsellors in schools to get them acquainted and to put these techniques to effective use in order to curtail the spiralling effect of aggression among the secondary school adolescents.

More so, findings of the study indicates the need for school teachers to get to be aware through the published work, about these efficacious techniques and probably understand the need for them to join hands with school counsellors in identifying and managing problem behaviours like aggression which affect the smooth running of school and its activities. They could achieve this through identification of aggressive adolescents and making appropriate referral to the school counsellor for treatment in order to modify the behaviour.

Lastly, another implication of this study is that the findings would stimulate further research and will most likely serve as a reference point to other researchers.

Recommendations

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

1. Socio-Cognitive Skills Training and Self-instruction technique are effective therapeutic techniques for treating aggressive secondary school adolescents. Therefore practicing counsellors and therapist should adopt the use of the techniques in counselling and therapy among secondary school students to modify and treat aggressive behaviour.
2. The school teachers should be guided by the guidance counsellors to implement parent guidance programme to educate parents on these techniques to enable the parents to educate their children effectively. The programme should include knowledge and skills regarding the prevention and handling of aggressive behaviour through self-instruction.
3. There is need for social-cognitive skills training to be incorporated into regular school counselling curricula. Moreover, high-risk students need to be engaged to participate in special training activities that take place outside of the classroom, such as small-group discussions, peer-leadership training, or after-school sessions as may be arranged and spearheaded by the school counsellor.

Limitations of the Study

The study is limited by lack of inclusion of adolescents in junior secondary school as the schools may not have permitted due to perceived possible disruption of school activities.

Suggestion for Further Studies

Based on the findings of this study, the following suggestions are made for further studies. A number of areas related to this study could be carried out as follows:

1. The study could be replicated to determine the difference in the effectiveness of the techniques on secondary school students based on age.
2. The effect of Socio-Cognitive Skills Training could be tested alongside other techniques to determine its relative effectiveness.

REFERENCES

- Achtenberg, B. (2006). *Mass media and its influence on the adolescent mind: A study of student perceptions of body image and magazine advertisements*. Retrieved from www.medscape.org/
- Adani, A., Eskay, M. & Onu, V. (2012). Effect of self-instruction strategy on the achievement in algebra of students with learning difficulty in Mathematics. *US-China Education Review, 12*, 1006-1021
- Adeyemi, S.V. (2013). Effectiveness of self-instructional and bully-proof strategy on the management of school violence among transitional students in junior secondary schools in Ibadan, Nigeria. *Higher Education of Social Science, 5(2)*, 13-23. Retrieved from <http://www.cscanada.net/index.php/hess/article/view/j.hess>
- Adeusi, S.O. (2013). *Efficacy of cognitive restructuring and behavioural rehearsal on conduct disorder in adolescents in special correctional centres in Lagos State* (Master's thesis). Retrieved from <http://eprints.covenantuniversity.edu.ng>.
- Agbakwuru, C. & Ugwueze, S. (2014). Effect of assertiveness training on resilience among early-adolescents. *European Scientific Journal, 8, (10)*, 69-84.
- Ahmadi, S. S., Besharat, M. A., Azizi, K., & Larijani, R. (2011). The relationship between dimensions of anger and aggression in contact and noncontact sports. *Procedia - Social and Behavioural Sciences, 30*, 247-251.
- Akhtar, J. & Kushwaha, A.K.S. (2015). Gender differences in aggressive behaviour of adolescents. *Indian Journal of Applied Research, 5(1)*, 525-527.
- Akers, R.L. (1998). *Social Learning and Social Structure: A General Theory of Crime and Deviance*. Boston: Northeastern University Press.
- Akert, R.M., Aronson, E., & Wilson, T.D. (2010). *Social Psychology* (7th ed.). Upper Saddle River, NJ: Prentice Hall.
- Al-Ali, M.M. (2011). "Social anxiety in relation to social skills, aggression, and stress among male and female commercial institute students". *Education, 132(2)*, 351-61.
- Aluede, O. (2011). Managing bullying problems in Nigerian secondary schools. Retrieved from www.ncsu.edu/
- American Academy (2002). *Child and adolescence psychiatry*. 3615 Wisconsin Ave. NW, Washington, 966 – 7300. Retrieved from www.aacap.org.
- Anderson, C. A.; Bushman, B. J. (2002). Human aggression. *Annual Review of Psychology, 53(1)*, 27-51. doi:10.1146/
- Anyichie, A.C. & Onyedike, C.C. (2012). Effects of self-instructional learning strategy on secondary schools students' academic achievement in solving mathematical word problems in Nigeria. *An International Multidisciplinary Journal, Ethiopia, 6(4)*, 302-323.

- Aremu, O.A, Adeyemi, S.V, Oke, D.I. (2010). *Effectiveness of self-instructional strategy in the management of school violence among transitional students in junior secondary schools in Ibadan, Nigeria*. Retrieved from <http://www.academia.edu/3529976/>
- Asamu, F. F. (2006). *Correlates of bullying among secondary school students in Ibadan, North East Local Government Area of Oyo state*(Unpublished Master's Thesis)ObafemiAwolowo University, Ile-Ife, Nigeria.
- Babakhani, N. (2011). The effects of social skills training on self- esteem and aggression male adolescents. *Procedia - Social and Behavioural Sciences*, 30, 1565–1570.
- Barlett, C. P., Anderson, C. A., & Swing, E. L. (2009). Video Game Effects--Confirmed, Suspected, and Speculative: A Review of the Evidence. *Simulation & Gaming*, 40(3), 377-403. Retrieved from <http://dx.doi.org/>
- Bandura, A. (2003). Social Cognitive Theory in cultural context. *Applied Psychology: An International Review*, 51(2), 269-291.
- Bandura, A. (1989). *Social cognitive theory*. In R. Vasta (Ed.), *Annals of child development*. Vol. 6. *Six theories of child development* (pp. 1-60). Greenwich, CT: JAI Press.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Englewood Cliff: NJ prentice Hall.
- Bandura, A. (1973). *Aggression: A social learning analysis*. New Jersey: Prentice-Hall
- Bailey, C. A., & Ostrov, J. M. (2008). Differentiating forms and functions of aggression in emerging adults: Associations with hostile attribution biases and normative beliefs. *Journal of Youth and Adolescence*, 37(6), 713-722. doi: 10.1007/
- Bettencourt, B.A., Talley, A., Benjamin, A.J. & Valentine, J. (2006) Personality and aggressive behaviour under provoking and neutral conditions: A meta-analytic review. *Psychological Bulletin*, 132, 751-777.
Retrieved from <http://dx.doi.org/10.1037/0033-2909.132.5.751>
- Barry, T.D. & Lochman, J.E. (2004). *Aggression in adolescents: strategies for parents and educators*. Retrieved from <http://www.nasponline.org/>
- Berk, L. E. (2005). *Infants, Children and Adolescents* (4th ed.). Boston, MA: Allyn and
- Berk, L. E. (2003). *Child Development*. Boston, MA: Allyn and Bacon.
- Bender, J., Rothmund, T., & Gollwitzer, M. (2013). Biased estimation of violent video game effects on aggression: contributing factors and boundary conditions. *Societies*, 3(4), 383-398. Retrieved from <http://dx.doi.org/>
- Berry, K., & Hunt, C. J. (2009). Evaluation of an intervention program for anxious adolescent boys who are bullied at school. *Journal of Adolescent Health*, 45(4), 376-382. doi: 10.1016/j.jadohealth.2009.04.023
- Beelmann, A., Pfingsten, U., & Losel, F. (1994). Effects of training social competence in children: A meta-analysis of recent evaluation studies. *Journal of Clinical Child Psychology*, 23, 260-271

- Berkowitz, M., & Bier, M. (2003). The interpersonal roots of character education. In D. Lapsley & F. Powers (Eds.), *Character psychology and character education*. South Bend: University of Notre Dame Press.
- Bjorklund, D. F., & Hawley, P. H. (2014). Aggression grows up: looking through an evolutionary developmental lens to understand the causes and consequences of human aggression. In T. K. Shackelford & R. D. Hansen (Eds.), *The Evolution of Violence* (pp. 159-186): Springer New York.
- Bleidorn, W. (2012). Hitting the road to adulthood: Short-term personality development during a major life transition. *Personality and Social Psychology Bulletin*, 38, 1594–1608
- Burton, L. A., Henninger, D., Hafetz, J., & Cofer, J. (2009). Aggression, gender-typical childhood play, and a prenatal hormonal index. *Social Behaviour and Personality*, 37(1), 105-116. doi: 10.2224/
- Brewin, C. R., Andrews, B., & Rose, S. (2003). Diagnostic overlap between acute stress disorder and PTSD in victims of violent crime. *American Journal of Psychiatry*, 160(4), 783-785.
- Buss, A. H. (1961). *The psychology of aggression*. Hoboken, NJ: John Wiley.
- Caramaschi, D., De Boer, S.F., De Vries, H., Koolhaas, J.M. (2008). "Development of violence in mice through repeated victory along with changes in prefrontal cortex neurochemistry". *Behavioural Brain Research* 189 (2), 263–72. doi:10.1016/j.bbr
- Carlson, N. R., Heth, C. D., Miller, H.; Donahoe, J. W.; Buskist, W. & Martin, G. N. (2007). *Psychology: The Science of behaviour*. Pearson International (6th Ed.).
- Card, N. A., Stucky, B. D., Sawalani, G. M., & Little, T. D. (2008). Direct and indirect aggression during childhood and adolescence: A meta-analytic review of gender differences, intercorrelations, and relations to maladjustment. *Child development*, 79(5), 1185-1229.
- Campbell, A., & Muncer, S. (2008, May). Intent to harm or injure? Gender and the expression of anger. *Aggressive Behaviour*, 34(3), 282-293. Retrieved November 5, 2008, doi:10.1002/ab.20228.
- Cather, C. (2005). Functional cognitive-behavioural therapy: A brief, individual treatment for functional impairments resulting from psychotic symptoms in schizophrenia. *Canadian Journal of Psychiatry*, 50, 258-263.
- Centre for Clinical Intervention, (2014). The calming technique. Retrieved on 7th December, 2014, from www.cci.health.wa.gov.au.
- Centers for Disease Control and Prevention (2007). The effectiveness of universal school-based programs for the prevention of violent and aggressive behaviour. *Morbidity and Mortality Weekly Report* (56, RR7).

- Centers for Disease Control and Prevention (2013). *Youth violence national and state statistics at a glance*. Retrieved from <http://www.cdc.gov/>
- Chang, C., Li, C.Y., Earley, R.L. and Hsu, Y. (2012) Aggression and related behaviour. al traits: the impact of winning and losing and the role of hormones. *Integrative and Comparative Biology*, 52, 801-813. Retrieved from <http://dx.doi.org/10.1093/icb/ics057>
- Chen, B., Wei, Y., Deng, W. & Sun, D. (2017). The effects of cognitive training on cognitive abilities and everyday function. *The International Journal of Aging and Human Development*, DOI: <https://doi.org/10.1177/>. Retrieved on 30th June, 2017, from <http://journals.sagepub.com/>
- Cheung, L.C.C., Law, K.L, Tsoi, L.C.H., & Chung, C.H. (2001). Self-instruction versus traditional training on cast application technique. *Hong Kong Journal of Medicine*, 8(1), 9-15. Retrieved from <http://hkccm.com/html/>
- Chukwura, C. (2012). *Aggression among secondary school students in Onitsha Educational Zone*. Retrieved on 6th July, 2016 from www.unn.edu.ng/
- Cleverley, K., Szatmari, P., Vaillancourt, T., Boyle, M., & Lipman, E. (2012). Developmental trajectories of physical and indirect aggression from late childhood to adolescence: Sex differences and outcomes in emerging adulthood. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(10), 1037-1051. Retrieved from <http://dx.doi.org/10.1016/j.jaac.2012.07>.
- Coker, T. R., Elliott, M. N., Schwebel, D. C., Windle, M., Toomey, S. L., Tortolero, S. R., Schuster, M. A. (2014). Media Violence Exposure and Physical Aggression in Fifth-Grade Children. *Academic Paediatrics*, 15(1), 82-88.
- Conner, D. F., & Barkley, R. A. (2004). *Aggression and antisocial behaviour in children and adolescents: Research and treatment*. New York: The Guilford Press.
- Copple, C., & Bredekamp, S., (2009). *Developmentally appropriate practice in early childhood programs* (3rded.). Washington, DC: National Association for the Education of Young Children
- Cornaglia, F., Feldman, N. E., & Leigh, A. (2014). Crime and mental well-being. *Journal of Human Resources*, 49(1), 110-140. Retrieved from <http://dx.doi.org/>
- Crapanzano, A. M., Frick, P. J., & Terranova, A. M. (2010). Patterns of physical and relational aggression in a school-based sample of boys and girls. *Journal of Abnormal Child Psychology*, 38(4), 433-445. doi: 10.1007/s10802-009-9376-3
- Denson, T. F., Mehta, P. H., & Ho Tan, D. (2013). Endogenous testosterone and cortisol jointly influence reactive aggression in women. *Psych neuroendocrinology*, 38, 416-424. doi: 10.1016/
- Eccles J. S. (2005). Adolescence: social patterns, achievements and problems. In A. Kazdin (Ed.), *Encyclopaedia of psychology*. Washington DC & New York: American Psychological Association and Oxford University Press.

- Edwards, K. M., Dixon, K. J., Gidycz, C. A., & Desai, A. D. (2014). Family-of-origin violence and college men's reports of intimate partner violence perpetration in adolescence and young adulthood: The role of maladaptive interpersonal patterns. *Psychology of Men & Masculinity, 15*(2), 234-240.
- Efobi, A. & Nwokolo, C. (2014). Relationship between parenting styles and tendency to bullying behaviour among adolescents. *Journal of Education & Human Development, 3*(1), 507-521. Retrieved from www.aripd.org/jehd
- Eriksson, L., & Mazerolle, P. (2015). A cycle of violence? Examining family-of-origin violence, attitudes, and intimate partner violence perpetration. *Journal of Interpersonal Violence, 30*(6), 945-964. doi: 10.1177/0886260514539759
- Ezeokana, J.O., Obi-Nwosu, H. & Okoye, C.A.F (2014). Influence of street life and gender on aggression and self-esteem in a sample of Nigerian children. *International Review of Management and Business Research, 1*(2), 949-959. Retrieved from <https://www.irmbrjournal.com/papers/>
- Farrell, A. D., Mehari, K. R., Kramer-Kuhn, A., & Goncy, E. A. (2014). The impact of victimization and witnessing violence on physical aggression among high-risk adolescents. *Child development, 85*(4), 1694-1710. doi: 10.1111/
- Ferguson, C. J., & Kilburn, J. (2010). Much ado about nothing: The misestimating and over interpretation of violent video game effects in eastern and western nations--comment on Anderson et al. (2010). *Psychological Bulletin, 136*(2), 174-178.
- Ferguson, C. J., & Savage, J. (2012). Have recent studies addressed methodological issues raised by five decades of television violence research? A critical review. *Aggression and Violent Behaviour, 17*(2), 129-139. doi: 10.1016/j.avb.2011.11.001
- Fatima, S. & Malik, S.K. (2015). Causes of students' aggressive behaviour at secondary school level. *Journal of Literature, Languages and Linguistics, 11*. Retrieved from www.iiste.org/
- Feindler, E.L. & Engel, E.C. (2011). Assessment and intervention for adolescents with anger and aggression difficulties in school settings. *Psychology in the Schools, 48*. doi: 10.1002/pits.20550.
- Fernandez, A. (2010). *Transforming brain health with digital tools to access, enhance, and treat cognition across the lifespan: The state of the brain fitness market*. Retrieved from <http://www.sharpbrains.com/>
- Fowler, P. J., Tompsett, C. J., Braciszewski, J. M., Jacques-Tiura, A., & Baltes, B. B. (2009). Community violence: A meta-analysis on the effect of exposure and mental health outcomes of children and adolescents. *Development and Psychopathology, 21*(1), 227-259.
- Freud, S. (1962). *Civilization and its Discontents*. New York: Norton.
- García-Sancho, E., Salguero, J. M., & Fernández-Berrocal, P. (2014). The relationships between emotional intelligence and aggression: A systematic review. *Aggression and Violent Behaviour, 19*, 584-591. doi: 10.1016/j.avb.2014.07.007

- Giancola, P. R., Parrott, D. J., Silvia, P. J., DeWall, C. N., Bègue, L., Subra, B., . . . Bushman, B. J. (2012). The disguise of sobriety: unveiled by alcohol in persons with an aggressive personality. *Journal of Personality*, *80*(1), 163-185. doi: 10.1111/
- Godlaski, A. J., & Giancola, P. R. (2009). Executive functioning, irritability, and alcohol related aggression. *Psychology of Addictive Behaviours*, *23*(3), 391-403. doi: 10.1037/a0016582
- Gould, Carol Grant, Gould, James L., and Jensen, Robert A.(2008). "Aggression." Microsoft Encarta 2009 [DVD]. Redmond, WA: Microsoft Corporation.
- Graham, H., & Reid, D. (1992). Self-regulated strategy development model. *Focus on Exceptional Children*, *24*(6), 1-16.
- Haddadian, Alipourb, A. & Majidi, H.M. (2012). The effectiveness of self-instruction technique on improvement of reading performance and reduction of anxiety in primary school students with dyslexia. *Procedia Social and Behavioural Sciences*, *46*, 5366 – 5370. Retrieved from www.sciencedirect.com
- Han, S.S., Catron, T., Weiss, B. & Marciel, K.K. (2005). A Teacher consultation approach to social skills training for pre-kindergarten children: Treatment model and short-term outcome effects. *Journal of Abnormal Child Psychology*, *33*(6), 681–693. DOI: 10.1007/s10802-005-7647-1. Retrieved on 17th March, 2016, from <http://effectivechildtherapy.org>.
- Hashemian, P., Mashoogh, N. & Jarahi, L. (2015). Effectiveness of music therapy on aggressive behaviour of visually impaired adolescents. *Journal of Behavioural and Brain Science*, *5*, 96-100. Retrieved from <http://www.scirp.org/journal/jbbs> <http://dx.doi.org/>
- Hofmann, S.G. (2005). Cognitive factors that maintain social anxiety disorder: A comprehensive model and its treatment implications. *Cognitive Behaviour Therapy*, *36*(4), 193-209.
- Holmes, M. R. (2013). Aggressive behaviour of children exposed to intimate partner violence: An examination of maternal mental health, maternal warmth and child maltreatment. *Child abuse & neglect*, *37*, 520-530
- Hong, J. S. (2009). Feasibility of the Olweus bullying prevention program in low- income schools. *Journal of School Violence*, *8*(1), 81-97. Retrieved from <http://dx.doi.org>
- Horan, W.P., Kern, R.S., Tripp, C., Helleman, G., Wynna, J.K., Bell, M., Marder, S.R., Green, M.F. (2011). Efficacy and specificity of Social Cognitive Skills Training for outpatients with psychotic disorders. *Journal of Psychiatric Research*, *45*, 1113-1122.
- Horan, W.P., Kern, R.S., Shokat-Fadai, K., Sergi, M.J., Wynn, J.K., Green, M.F. (2009). social cognitive skills training in schizophrenia: an initial efficacy study of stabilized outpatients. *Schizophrenia Research*, *107*, 47 - 54.
- Hosie, J., Gilbert, F., Simpson, K., & Daffern, M. (2014). An examination of the relationship between personality and aggression using the general aggression and five factor models. *Aggressive Behaviour*, *40*(2), 189-196. doi: 10.1002/

<https://www.princeton.edu/futureofchildren/publications/journals>

<http://www.minddisorders.com/Py-Z/Social-skills-training.html>

<https://www.currentnursing.com/>

Inokoba, P. K. and Maliki, A. E. (2011). Youths electoral violence and democratic consolidation in Nigeria: The Bayelsa State experience. Retrieved October 24, 2015 from: www.iiste.org/journal/index.

Ireland, T. O., & Smith, C. A. (2009). Living in partner-violent families: developmental links to antisocial behaviour and relationship violence. *Journal of Youth and Adolescence*, 38(3), 323-339. <http://dx.doi.org/>

James, A. I. W., & Young, A. W. (2013). Clinical correlates of verbal aggression, physical aggression and inappropriate sexual behaviour after brain injury. *Brain Injury*, 27(10), 1162-1172. doi: 10.3109/

Jansen, P. W., Verlinden, M., Berkel, A. D.-v., Mieloo, C., Ende, J. V. D., Veenstra, R., . . . Tiemeier, H. (2012). Prevalence of bullying and victimization among children in early elementary school: Do family and school neighbourhood socioeconomic status matter? *BMC Public Health*, 12(1), 1-18.

Ohmer, M. L., Warner, B. D., & Beck, E. (2010). Preventing violence in low-income communities: Facilitating residents' ability to intervene in neighbourhood problems. *Journal of Sociology & Social Welfare*, 37(2), 161-181.

Kaya, F., Bilgin, H., & Singer, M.I. (2011). Contributing factors to aggressive behaviours in high school students in Turkey. *Journal of School Nursing*, 28(1), 56-63.

Kern, R.S., Glynn, S.M., Horan, W.P., Marder, S.R. (2009). Psychosocial treatments to promote functional recovery in schizophrenia. *Schizophrenia Bulletin*, 35.

Kronenberger, W.G., Mathews, V.P., Dunn, D.W., Wang, Y., Wood, E.A., Giauque, A.L. (2005). Media violence exposure and executive functioning in aggressive and control adolescents. *Journal of Clinical Psychology*, 61, 725-737.

Loe, S.A., Jones, W.P., Crank, J.N. & Krach, S.K. (2009). Using self-instruction to teach counselling skills to school psychology students: An efficacy study. *Journal of Instructional Psychology*, 36(1). Retrieved from <http://www.freepatentsonline.com/>

Logan-Greene, P., Nurius, P. S., Herting, J. R., Thompson, E. & Walsh, E. (2011). Multi-domain risk and protective factor predictors of violent behaviour among at-risk youth. *Journal of Youth Studies*, 14(4), 413-429.

Meichenbaum, D. (1977). *Cognitive behaviour modification: An integrative approach*. New York: Plenum Press.

Meichenbaum, D., & Goodman, J. (1971). Training impulsive children to talk to themselves: A means of developing self-control. *Journal of Abnormal Psychology*, 77, 115-126.

- Meloy, J.R. (2000). Violence risk and threat assessment. San Diego, CA: Specialized Training Services.
- Milne, P.E. (2011). *The People Skills Revolution: A Step-by-Step Approach to Developing Sophisticated People Skills*. Global Professional Publishing.
- Miranda, A. & Presentación, M.J. (2000). Effects of cognitive-behavioural treatment in aggressive and nonaggressive children with Attention Deficit Hiperactivity Disorder. Significant clinical change. *Infancia y aprendizaje*, 23(4), 51-70. doi: 10.1174/021037000760087775
- Meyers, L. (2016). Fertile grounds for bullying. Counselling today, *Journal of American Counselling Association*, 58(11), 27-35.
- Mwale, M. (2008). Behavioural change vis-à-vis HIV/AIDS Knowledge mismatch among adolescents: The case of some selected schools in Zomba. *Nordic Journal of African Studies*, 17(4), 288-299.
- NICHCY (n.d). *Self-Instruction*. Retrieved from <http://www.nichcy.org/Research/>
- Nnodum, B.I. (2010). Relative effectiveness of assertive training, modelling and their combination in the reduction of isolate behaviour in children. *Edo Journal of Counselling*, 3(1), 1 – 15.
- Onukwufor, J.N. (2013). Physical and verbal aggression among adolescent secondary school students in rivers state of Nigeria. *British Journal of Education*, 1(2), 62-73. Retrieved from www.ea-journals.org/
- Qais, L.M. (2014). Aggressive behaviour among the university Students. *British Journal of Education, Society & Behavioural Science*, 4(9), 1221-1233.
- Obikeze, N. & Obi, I. (2015). Prevalence and incidence of aggressive behaviours among adolescents in senior secondary schools in Anambra state. *Journal of Emerging Trends in Educational Research and Policy Studies (JETERAPS)* 6(2), 139-145. Retrieved from www.jeteraps.scholarlinkresearch.com
- Okoro, C.C., Adunoye, J.O. & Egwuasi, P.I. (2011). Aggressive tendencies and academic performance among students in public secondary schools in Uyo urban. *Multidisciplinary Journal of Research Development*, 17(3), 1 – 8.
- Olweus, D. (2003). *Bullying at school: what we know and what we can do*. Cambridge, Mass.: Blackwell London.
- Omotoso, B.A. (2010). Bullying behaviour, its associated factors and psychological wellbeing. Retrieved on 15th August, 2015, from www.sosyalarastirmalar.com/
- Onukwufor, J.N. (2013). Physical and verbal aggression among adolescents. Retrieved on 4th September, 2015, from www.eajournals.org.
- Pena, J., Ibarretxe-Bilbao, N., Sánchez, P., Iriarte, M.B., Elizagarate, E., Garay, M.A., Gutiérrez, M., Iribarren, A, Ojeda, N. (2016). Combining social cognitive treatment, cognitive remediation, and functional skills training in schizophrenia: A randomized controlled trial. (PMID:27868083 PMID:PMC5102241). Retrieved from <http://europepmc.org/>

- Pepler, D. J., King, G., Craig, W., Byrd, B., & Bream, L. (1995). The development and evaluation of a multisystem social skills group training program for aggressive children. *Child & Youth Care Forum*, 24, 297-311.
- Pinkham A.E, Penn D.L, Perkins D.O, Lieberman J.A. (2003). Implications of a neural basis for social cognition for the study of schizophrenia. *American Journal of Psychiatry*, 160, 815-824.
- Popoola, B. I. (2007). Prevalence of peer victimisation among secondary school students in Nigeria. *International Education Journal* 6(5), 598-606.
- Pratt, M.W., Skoe, E.E.&Arnold, M.L.(2004). Care reasoning development and family socialisation patterns in later adolescence: A longitudinal analysis. *International Journal of Behavioural Development*, 28(2), 139-147.
- Prinstein, M. J., Boergers, J. M., & Vernberg, E. M. (2001). Overt and relational aggression in adolescents: Social-psychological adjustment of aggressors and victims. *Journal of Clinical Child Psychology*, 30 (4), 479-491.
- Rafferty, L.A. (2010). *Teaching exceptional children*. Retrieved from 5th March, 2017, from www.gsuphsdlibrary.files.wordpress.com.
- Ramirez, J.M., & Andreu, J.M. (2006). "Aggression, and some related psychological constructs (anger, hostility, and impulsivity); some comments from a research project" (PDF). *Neuroscience and Biobehavioural Reviews* 30(3), 276-91.
- Rao, P.A., Beidel, D.C., & Murray, M.J. (2008). Social skills interventions for children with Asperger's syndrome or high-functioning autism: A review and recommendations. *Journal of Autism and Developmental Disorders*, 38(2), 353-61.
- Reid, J. B., Patterson, G. R., & Snyder, J. (2002). *Antisocial behaviour in children and adolescents: A developmental analysis and model for intervention*. Washington DC: American Psychological Association. ISBN: 1557988978.
- Richardson, Z. (2007). Investigation of focal points in terms of different strategies for the locus of control adolescents' decision. *Kastamonu Education Journal*, 14(2), 393-402.
- Rivera-Flores, G.W. (2015). Self-instructional cognitive training to reduce impulsive cognitive style in children with Attention Deficit with Hyperactivity Disorder. *Electronic Journal of Research in Educational Psychology*, 13(35), 27-46.
- Robers, S., Kemp, J., Rathbun, A., Morgan, R., Snyder, T., Truman, J. (2014). *Indicators of School Crime and Safety*: NCES 2014-042/NCJ 243299: National Centre for Education Statistics.
- Roberton, T., Daffern, M., & Bucks, R. S. (2012). Emotion regulation and aggression. *Aggression and Violent Behaviour*, 17, 72-82. doi: 10.1016/j.avb.2011.09.006
- Rosenthal, S. S., & Ross, A. (2010). Violent crime, entrepreneurship, and cities. *Journal of Urban Economics*, 67(1), 135-149. doi: <http://dx.doi.org/>

- Salmivalli, C., & Kaukiainen, A. (2004). "Female aggression" revisited: Variable- and person-centered approaches to studying gender differences in different types of aggression. *Aggressive Behaviour, 30*(2), 158-163.
- Salters-Pedneault, K. (2014). *What is aggression?* Retrieved on January, 19th, 2016, from <http://bpd.about.com/od/glossary/g/aggression>.
- Sánchez-Martín, J. R., Azurmendi, A., Pascual-Sagastizabal, E., Cardas, J., Braza, F., Braza, P., . . . Muñoz, J. M. (2011). Androgen levels and anger and impulsivity measures as predictors of physical, verbal and indirect aggression in boys and girls. *Psychoneuroendocrinology, 36*(5), 750-760. doi: <http://dx.doi.org.proxy.libraries.rutgers.edu>
- Sansen, L. M., Iffland, B., & Neuner, F. (2014). Peer victimization predicts psychological symptoms beyond the effects of child maltreatment. *Psychiatry research, 220*(3).doi: 10.1016/j.psychres.
- Santiago, C. D., Wadsworth, M. E., & Stump, J. (2011). Socioeconomic status, neighbourhood disadvantage, and poverty-related stress: Prospective effects on psychological syndromes among diverse low-income families. *Journal of Economic Psychology, 32*(2), 218-230.
- Schunk, D.H. & Zimmerman, B.J. (2003). Self-regulation and learning. In I.B. Weiner (Ed.), *Handbook of psychology*(7) New York: Wiley.
- Shekarey, A.; Ladarni and Rostami (2013). Relationship between social intelligence and students aggressive behaviours. Retrieved from www.macrothink.org
- Sidney-Agbo, N.N. (2016). Impact of religiosity, family relations and gender on aggressive behaviours among undergraduates. *International Journal of Social Science and Humanity, 6*(1). 42-46. Retrieved on February, 2017, from www.ijssh.org/vol6/615-P023.pdf
- Siever, L.J.(2008)."Neurobiology of aggression and violence". *American Journal of Psychiatry, 165*(4), 429-442. doi:10.1176/
- Slep, A. M. S., & O'Leary, S. G. (2005). Parent and partner violence in families with young children: Rates, patterns, and connections. *Journal of Consulting and Clinical Psychology, 73*(3), 435-444. doi: 10.1037/
- Smith, A. K. (2008). *Theories of Aggression*. Retrieved June 14, 2016 from <http://www.serendip.brynmawr.edu/bb/neuro>
- Smithyman, T. F., Fireman, G. D., & Asher, Y. (2014). Long-term psychosocial consequences of peer victimization: from elementary to high school. *School Psychology Quarterly, 29*(1), 64-76. doi: 10.1037/
- Stuart, J. (2001). *Adolescence: World of the body*. Retrieved on May, 25, 2016. Styles of love. Retrieved from www.en.wikipedia.org/wiki/love_styles.
- Tanner, C.J. (2006)."Numerical assessment affects aggression and competitive ability: a team-fighting strategy for the ant *Formica xerophila*". *Proceedings Biological sciences / the Royal Society 273* (1602), 2737-42. Doi:10.1098/rspb

- Terzian, M., Hamilton, K., & Ling, T. (2011). What works for acting-out (externalizing) behaviour: Lessons from experimental evaluations of social interventions. *Child Trends Fact Sheet*. Retrieved from www.childtrends.org.
- Tomlinson, M.F. (2015). "The impact of dialectical behaviour therapy on aggression, anger, and hostility in a forensic psychiatric population". *Electronic Thesis and Dissertation Repository*. Paper 3005
- Tsorbatzoudis, H., Travlos, A. K., & Rodafinos, A. (2013). Gender and age differences in self-reported aggression of high school students. *Journal of Interpersonal Violence*, 28(8), 1709-1725. doi: 10.1177/0886260512468323
- Umukoro, S., Aladeokin, A. C., & Eduviere, A. T. (2013). Aggressive behaviour: A comprehensive review of its neurochemical mechanisms and management. *Aggression and Violent Behaviour*, 18(2), 195-203. doi: 10.1016/
- UNESCO (2000). *Behaviour modification*. Retrieved from <http://www.unesco.org/education/>
- United States Department of Justice (2013). *Violent crimes*. Retrieved from <https://www.justice.gov/sites/default/files>
- Vahedi, S., Fathiazar, Hosseini-Nasab, S.D, Moghaddam, M., Kiani, A. (2007). The Effect of Social Skills Training on Decreasing the Aggression of Pre-school Children. *Iranian Journal of Psychiatry*, 2(3), 108-114. Retrieved on 23rd February, 2016, from <http://ijps.tums.ac.ir/index.php/ijps/>
- Valois, R. F., MacDonald, J. M., Bretous, L., & Fischer, M. A. (2002). Risk factors and behaviours associated with adolescent violence and aggression. *American Journal of Health Behaviour*, 26(6), 454-464.
- Van- Manen, T.G., Prins, P.J.M., & Emmelkamp, P. (2005). Reducing aggressive behaviour in boys with a social cognitive group treatment: Results of a randomized controlled trial. *Journal of the American Child and Adolescent Psychiatry*, 43(12), 1478-1487.
- Walker, H. M., Ramsey, E., & Gresham, F. M. (2004). *Antisocial behaviour in School: Evidence based practices*. (2nd ed.), Belmont, CA: Wadsworth/Thomson, Learning.
- Wehemeyer, M. L. (2006). Self-instruction skills. In *Education psychology*. Michigan
- Weiss, H. E., & Lesley Williams, R. (2005). Low-Quality Employment Concentration and Crime: An Examination of Metropolitan Labour Markets. *Sociological Perspectives*, 48(2), 213-232. <http://dx.doi.org/>
- Whitlock, L. A., McLaughlin, A. C., & Allaire, J. C. (2012). Individual differences in response to cognitive training: Using a multi-modal, attentionally demanding, game based intervention for older adults. *Computers in Human Behaviour*, 28, 1091–1096.
- White, H., & Sabarwal, S. (2014). Quasi-experimental Design and Methods, *Methodological Briefs: Impact Evaluation 8*, UNICEF Office of Research, Florence. Retrieved from <http://www.unicef-irc.org/publications/pdf/>
- World Health Organisation (2012). Introduction to adolescence, and adolescent health: Training course in Sexual and Reproductive Health Research. WHO: Geneva

- Widom, C. S., Schuck, A. M., & White, H. R. (2006). An examination of pathways from childhood victimization to violence: The role of early aggression and problematic alcohol use. *Violence and Victims, 21*(6), 675-690. doi: 10.1891
- Williams, C., Richardson, D. S., Hammock, G. S., & Janit, A. S. (2012). Perceptions of physical and psychological aggression in close relationships: A review. *Aggression and Violent Behaviour, 17*(6), 489-494.
- Willis, S. L., Tennstedt, S. L., Marsiske, M., Ball, K., Elias, J., Koepke, K. M., . . . Wright, E. (2006). Long-term effects of cognitive training on everyday functional outcomes in older adults. *JAMA, 296*, 2805–2814.
- Woolf, E. (2010). "The Effects of Social Skills Training on Individuals with Schizophrenia". *Mental Health CATs*, 15. Retrieved from <http://commons.pacificu.edu/otmh/15>
- World Health Organisation (2014). Maternal, newborn, child and adolescent health. Retrieved from <http://www.who.int/>
- Xie, H (2011). "Developmental trajectories of aggression from late childhood through adolescence: similarities and differences across gender". *Aggressive Behaviour 37* (5): 387–404. Doi:10.1002
- Zand, E.K., & AsghariNekah, S.M. (2015). An Investigation into the Effect of Group Play Therapy on Aggression Reduction in Male Preschool Students. *International Journal of Educational Investigations, 2*(5), 78-87. Retrieved from www.ijeionline.com.
- Zirpoly, T. J. (2009). *Bullying behaviour*. Pearson Allyn Bacon Prentice Hall. Retrieved September 21, 2015 from <http://www.education.com/>
- Zirpoli, T.J. (2014). *Behaviour Management: application for teachers*. Pearson Allyn Bacon Prentice Hall. Retrieved September 21, 2015 from <http://www.education.com/>

LIST OF APPENDICES

APPENDIX A

Treatment Manual

Self-Instruction Training Manual

Introduction

The treatment approach is a form of self-instructional training based on (Meichenbaum 1985) self-instructional training. The programme is designed as an intensive self-instructional training experience and consists of eight 45 minutes sessions that held weekly. The training was provided by the schools' guidance counsellors as was arranged, and with the help of other research assistants.

The researcher will monitor the training progress and review manual routinely throughout implementation in order to correct any problems that might jeopardize the success of the research effort.

The aim of this self-instructional Technique was to help adolescents who had emotional difficulties to curb their impulses towards aggressive behaviour.

Materials

The training will compose of eight sessions. To encourage the participants to become involved in reading and learning about self-instructive behaviours, it was helpful to display or pass around copies of some materials on self-instruction and to give a short overview of each.

DAY 1

Duration: 45 minutes.

Topic: Explaining Aggressive behaviour and self-instruction technique

Objectives: At the end of the lesson, the students would have been able to understand aggressive behaviour and the dangers inherent in it.

- A. To establish the assertion skills baseline for each participant.
- B. To give information in order to reduce participants' unease about the training.
- C. To begin to develop a sense of cohesiveness and a positive group atmosphere.
- D. To use the homework assignment as a means of establishing a contract with each participant.

Activities: the counsellor starts by posing a rhetorical question, asking the participants what can be done for the child who lacks the ability to cope with failure, a child who out of frustration throws temper-tantrums, hits others, calls them names, teases them, who suffers unnecessarily from his inability to control his impulses?

Then, the counsellor further asked what can be done to stop the children that are being victimized from responding to his antics with the attention their victimizer craves.

The counsellor waited to see the students raise hands to answer. She gave opportunity to hear what the students will suggest before moving on to proffer her own solution.

The counsellor then started teaching the children on how to control their own aggressive behaviour rather than the counsellor directly controlling their behaviour.

The counselor continued; to help illustrate the power of this aggressive control tool, they first examine the impact that other people's words could have on people when we are angry.

The counselor went on to ask; have you ever been real ticked off and then further egged on by the words of a friend or family member? On the other hand, can you think of a time when your friend's words actually helped you to keep your cool?

An example might be after you were insulted by a class mate. At such a point, as in most incidents in which one feels provoked or unfairly treated, you probably found yourself in the road in which you had some choices.

You could take the "low road" and retaliate in an aggressive or hostile manner or take the "high road" and use your aggressive management skills to stay calm and address things in a more appropriate fashion.

Evaluation: review practices and exercises

Termination of Session 1 and Homework Assignments

1. The counsellor presents an overview of the key concepts discussed during Session 1.
2. Ask each participant to complete the following homework assignments before Session:

- a. Monitor themselves in various situations (class, social, and in relationships, etc.) and develop an awareness of how often they respond aggressively.
- b. Write up a contract that states the goals they wish to accomplish before the end of the final session of the training. State each goal as specifically as possible and where appropriate, give an example

DAY 2

Duration: 45 minutes.

Topic: Recording behaviour

Objectives: after the training session, the participants would be able to know when to record and what to record.

- A. Record behaviour
- B. To continue to build a sense of group cohesiveness and mutual trust.
- C. To develop an awareness of the sequence of thoughts and actions involved in self-instructing.

Activities:

The counsellors first discuss the homework assignments and sharing of past week's experiences. Collect each participant's contract and indicate that it will be returned next week. Then present an overview of the principles covered in Session 1 and distribution of the hand-out for Session 2.

After defining target behaviours, the second step is to determine how often the target behaviours occur.

The counsellor takes a large sheet of paper and rule off rows for each problem child in the class. Rule off columns for each day of the week. The counsellor ends up with five boxes per child per week.

The participants name	Monday	Tuesday	Wednesday	Thursday	Friday

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As the counsellor go about the counselling routine, every time someone emits the target behaviour, he or she places a check in the appropriate box for his name and the day of the week.

The counselor made sure to record every instance of the target behaviour that you observe; the letter "V" was used for direct observations of target behaviours or teachers' reports. The researcher continued baseline observations for at least one week before introducing the treatment technique.

B - Evaluating the baseline

At the end of the baseline week, the counsellor total the number of target behaviours across all the participants for each day. The totals for each week throughout all phases of training were updated.

Individual practice

The counsellor goes round the class and asks each individual child to practice the technique in response to various imaginary frustrating situations where they would ordinarily emit the target behaviour.

The counsellor praises the class and each participant lavishly for a good performance immediately after they emit the expected response.

Instruct the class to clap their hands in applause for each individual child as he performs the expected action. The practiced routine is performed every training day.

Termination of Session 2 and Assignment of Homework

1. Summarize principles covered during this session and discuss any questions or issues raised.
2. Make the following homework assignments:
 - a. Observe yourself in front of the mirror for 10 minutes. While observing, be sure to talk to yourself in order to provide a clear impression of how you appear to others.

DAY 3

Duration: 45 minutes.

Topic: Cues to Aggression

Objectives: At the end of the lesson, the students would have been familiar with their cues and impulses towards aggressive behaviour.

Sessions Theme: this consists of a set of didactic presentations in which the participants are presented with a basic conceptual framework for understanding their aggressiveness.

Participants are taught to examine the cues indicating an escalation of aggression. Cues are presented as belonging to four cue categories: physical, emotional, fantasies and images, and red-flag words and situations.

Physical cues to aggressive escalation can be either internal or external. Internal cues include rapid heartbeat, tightness in the chest, and feeling hot or flushed. External cues include clenched fists, a glaring stare or agitated pacing back and forth. Emotional cues are the other emotions that coincide with anger and further increase the escalation of anger

Activities:

The participants are taught that these cues may differ across individuals, and emphasis is placed on the specific cues that they use to monitor their escalation phase. Teaching them to self-monitor their aggressiveness is a second important goal of treatment.

Self-monitoring allows participants to understand the events and situations that elicit aggressive behaviour, the cues that indicate an escalation of anger, and the thoughts and cognitions that maintain and further escalate anger.

To help the participants monitor their aggressive behaviour more objectively, they are asked to rate their aggression on the anger meter a 1-10 thermometer-type scale in which 1 represents a state of complete calm and 10 represents a complete loss of control, which usually results in aggression, such as verbal abuse or violence, and consequences, such as a loss of friendship, freedom, or a benefit.

Levels of anger arousal between these two anchors are assigned intermediate values on the anger meter. In the fourth session, the anger meter is linked to a cycle of aggression.

Termination of Session 3 and Homework Assignments

1. The counsellor presents an overview of the key concepts discussed during Session 1.
2. Ask each participant to complete the following homework assignments before Session:
 - a. Monitor themselves in various situations (class, social, and in relationships, etc.) and develop an awareness of how often they respond aggressively.

DAY 4

Duration: 45 minutes.

Topic: Training behaviour to match verbal statements

Objectives: at the end of this session, the participants would have learnt verbal statements to match their own verbal statement.

- A. To increase the relevance of the role-play experiences by using real life problems.
- B. To further skill development.
- C. To utilize peer feedback as much as possible to energize skill acquisition.

Once the sequence is identified, the counsellor works with the participants to learn the sequence. The sequence needs to be practiced in order for behaviour to match verbal statements. The following provides an outline of learning the process:

- The counsellor models task while saying it out loud,
- The participants perform the task while the counsellor says the steps out loud, then
- The participants perform the task while saying it out loud.

The counsellor models behaviours that lead to the successful completion of a task, while saying aloud the instructions that guide his/her behaviour to solve the task.

These verbalizations (self-instructions) should be specific to the task and include sentences that define the problem (for example, clarifying and understanding the exact requirements of the task), one's approach to the problem (planning a general strategy for solving the

problem), focus one's attention and selection of a response, with self-reinforcement for correct execution, or using a statement to motivate oneself and handle an incorrect execution.

After observing, the counsellor carries out different tasks, and the participants performs a task while talking to him/her aloud.

At this point, the counsellor helps the participants to remember the modelled sequence of self-talk. The counsellor and the participants frequently talk back and forth in order to execute the tasks, and as they progress, the counsellor whispers this self-talk to participants, motivating them to do the same; later, both the counsellor and the participants use silent self-talk to control and direct performance of the task.

Termination of the Session and Assignment of Homework

The counsellor summarizes the principles covered during this session and discusses any questions or issues raised.

At the end of the fourth week, stop to evaluate what has been happening. Examine the records of the target behaviours.

DAY 5

Duration: 45 minutes.

Topic: use of self-talk directly related to the task

Objectives: at the end of the session, the participants would have learnt self-reinforcing statements and modelling of appropriate behaviours for the tasks.

- A. To identify specific problems or difficulties individuals are expressing and practice skills that help overcome the barriers.
- B. To practice self-instruction
- C. To evaluate individual growth, program accomplishment.

Here, the counselor adds the self-instruction, such as "First I look and say everything I can see"

(step 1), resulting in 6 self-instructions that help the aggressive participants to diminish aggressive impulse:

- Step 1: First, I look and say everything I can see.
- Step 2: What do I have to do?
- Step 3: How am I going to do it?
- Step 4: I have to pay close attention (and see all the possible answers)
- Step 5: Now I can do it!
- Step 6: It didn't turn out right. Why not? (I review all the steps) Ah, that's why!

OK, next time I won't make that mistake.

The counselor follows the the procedure for individual administration of

Self-instructional cognitive training is as follows:

1. The counsellor acts as a model, and performs the task while using self-talk, speaking aloud (cognitive modelling).
2. The participants perform the same task by following the instructions of the model (open external guidance).
3. The participants perform the task while speaking aloud the instructions (open self-guidance).
4. The participants whispers the instructions to him/her while performing the tasks (open self-guidance).
5. The participants perform the tasks while guiding his/her own performance through inner talk (silent self-instructions).

Self-instruction practices

The counsellor groups the students into two. Through role-play with counsellor, the participant's talks through effective responses during the moments they feels angered by their classmates (played by one group).

- Overt Self-Guidance 1. Counsellor/other participants performs task while speaking
- 2. Participants performs task with supervision of counsellor-External Guidance
- 3. Participants performs task on his/her own while verbalizing directions

4 participants performs on his/her own while whispering to self

5. participants uses internal voice while performing task

-Self-Instruction Continuing role-play of situations that easily anger the participants, they can begin to appropriately react by whispering effective statements to herself rather than becoming angry towards the classmate.

-Self-Guidance Case Example Continued

While having an interaction with her classmates in real life, the student can use effective self-statements learned through counselling process and internalize them to produce a more effective and positive interaction with them.

-Self-Instruction Through all steps, negative self-statements are challenged and shifted into behavioural change

These self-instructions practices strengthens the sequence of thought, and facilitates comprehension of the situations, generation of strategies and mediators needed for problem solving, and use of these mediators to guide and control one's aggressive behaviour.

DAY 6

Duration: 45 minutes.

Topic: Anger-Control Plans and Anger as a Secondary Emotion

Objectives:

Activities:

- A- The concept of an anger-control plan is presented. Each participant will be asked to begin formulating a plan for controlling the aggressive response. Developing the anger-control plan corresponds to Meichenbaum's skill-acquisition and rehearsal phases.
- B- During group sessions, specific cognitive and behavioural strategies are presented and discussed. Participants are encouraged to use a combination of traditional cognitive behavioural regulation strategies and individual strategies they develop themselves.

Examples of traditional cognitive-behavioural strategies presented in subsequent sessions include monitoring negative self-talk, and conflict resolution models. Individual strategies developed by clients include attending 12-Step meetings, and talking about an anger-provoking situation with a friend or relative

C- After the concept of an anger-control plan is introduced, other emotions are discussed that may coincide with, or elicit, anger. Group members complete a structured exercise where they are asked to identify the underlying emotions coinciding with their outbursts of anger. The manner in which anger can be a reaction to fear, insecurity, jealousy, or humiliation is discussed

Termination of Session 3 and Assignment of Homework

1. Summarize principles covered during this session and discuss any questions or issues raised.
2. Make the following homework assignments:
 - b. Observe yourself in front of the mirror for 10 minutes. While observing, be sure to talk in order to provide a clear impression of how you appear to others.

DAY 7

Duration: 45 minutes.

Topic: Time-out and the Aggression Cycle

Objectives: Participants learn to monitor their cues and using appropriate cognitive-behavioural strategies

Activities: The program modification of the cycle consists of three phases: escalation, explosion, and post explosion. The aggressive arousal increases during the escalation phase, in which individuals may deny or minimize the importance of tension or conflictual situations. They may increase hostile self-talk or attempts to intimidate others through body language. If arousal is left unchecked, an individual may display aggression or violence during the explosion phase.

So, participants are taught that these outbursts usually involve a destructive and uncontrollable discharge of anger. Both verbal abuse and physical aggression are considered to be destructive and uncontrollable behaviour because in many instances the consequences to the individual may be equally severe. The post explosion phase involves the consequences of the explosion phase, which may include jail, termination from treatment or a service program, financial costs, or loss of family or loved ones. Other consequences include feelings of regret, remorse, or guilt

More so, the participants are taught that the escalation phase is the critical point in the aggression cycle where the intervention is most effective.

During the escalation phase, the participants could choose alternatives to violent behaviours and prevent further escalation.

Since many of the participant believe that their anger and violence is sudden, spontaneous, and without warning.

They also believe, however, they would be less violent or aggressive if they had advance warning. By using the aggression cycle, and by identifying the cues that indicate an escalation of anger, the participants learn that their anger and violence are never sudden and unpredictable, and that they can control their anger by monitoring their cues and using appropriate cognitive-behavioural strategies.

Use of problem-solving technique

The counsellor emphasized the use problem-solving-techniques to evaluate alternative choices for dealing with the situation. She taught the 3-part sequence of

- Relaxation
- problem solving through the use of group discussion,
- storytelling,
- modelling,
- role-playing, and
- Direct reinforcement.

The participants were instructed in each step of the technique until they have mastered that step; then they will progress to the next step. In this manner, step by step to insure that all the participant acquire the procedure.

Review and Exercises: the counsellor reviewed

Homework Assignments

1. Before Session 5, each participant is asked to deal with the life situation they role-played in the group during Session 4.
2. Each participant is given an individual assignment that focuses on helping that person overcome a specific problem the counsellors have observed.

DAY 8

Duration: 45 minutes.

Topic: Overview the training session

Objectives:

- A. General group discussion
- B. Feedback
- C. Evaluation

General Group Discussion

1. The research assistants will facilitate a free-flowing discussion dealing with whatever aggressive related issues participants wish to raise.
2. The counsellor and the researcher solicit feedback about the overall training success.
3. Evaluation: Post-test is administered.

APPENDIX B

Socio-Cognitive Skills Training

Introduction

Social Skills Group Programme is a didactic, experiential program designed to improve the self-control and social skills of aggressive adolescents between the ages of 13 and 19. This school counselling-based program will be offered to groups of adolescents once a week for 6 weeks, and each session will last for a period of 45 minutes each. Eight basic skills will be taught: problem solving, knowing your feelings, listening, following instructions, joining in, using self-control, responding to teasing, and keeping out of fights.

DAY 1

Duration: 45 minutes.

Topic: Introducing the behavioural change initiative.

Objectives: Identification of the Problem

A - Firstly, the major social problem needs to be identified. In order to figure out the major problems, the students and the research assistant work together through discussion. Sometimes the researcher and the assistant may want to observe the student's behaviour; this is mainly with the students in the classroom.

B - The underlying mind-set behind the problems also needs to be determined. Sometimes social problems are a result of a mental disposition of the individual or they may have arisen from a past distress. Once these problems and reasons have been determined, the researcher determine what skills need to be focused on, how best to teach the skills, and the therapeutic skills required to help with the underlying issues, in this case, socio-cognitive skills training.

C - This will be done to keep students interested in the training, connect the activities to their goals. Show them how the behaviours they are learning will help them get what they want— improved safety at school and in their neighbourhood, greater respect from peers, improved academic performance, and perhaps a larger circle of friends.

D - The researcher and the assistants will try to make the training fun, and relate it to real life situations. Include games and other training activities to engage the adolescents. Articles

from local newspapers or magazines will be used to start discussions about violence. Have students keep a log of violent images they see in the media and nonviolent examples of conflict resolution. The researcher with the research assistants will use the log to generate class discussions. Ask young participants to share stories that illustrate nonviolent, pro-social behaviours.

DAY 2

Duration: 45 minutes.

Topic: **Setting the Goals**

Objectives: Developing specific goals for the therapy

A - As with any type of psychotherapy, the counsellor will help the participants develop specific goals for the therapy. This will include a broad overall goal as well as focused goals that may change from session to session. For SCST, the broad overall goal may be the ability to socialise comfortably in the staffroom, whereas the individual goals will be skill-specific (e.g. learning how to act friendly and be able greet someone, ask how they are and respond appropriately).

B - Once each goal or skill is mastered, the goal for the next session becomes more difficult. Keeping the overall goal in mind will help the students overcome times when they may feel like giving up on the training.

C – Cooperation: During the instructional phase, cooperation will be described as finding ways to play nicely together and to not fight. This skill will be modelled by the students, first providing a negative example, and then a positive example.

D -Emotional processing: didactic presentations focused on defining six basic emotions (happy, sad, angry, disgusted, afraid, surprised), identifying them on the face and in the voice, and reviewing non-social situations that typically lead people to experience them. Training incorporated detailed analysis of still photos of faces, audio clips, dynamic films of faces, and facial and vocal mimicry exercises.

DAY 3

Duration: 45 minutes.

Topic: Modelling

Objectives:

A - Before the students are expected to perform the skill, the counsellor will model the skill that the students are focusing on, so that they can see exactly what they need to do before attempting to do it themselves.

B - The adolescents will be made to rehearse with other peers by engaging in the friendship map activity. The researcher will continuously coach the adolescents to take turns and will monitor skill usage. The researcher will correct any misconceptions about the skill and will validate correct responses.

C - Communication (leading, questioning, commenting, and listening): During the instructional phase, leading will be described as "having a fun idea about something that both children could do so that both can have fun playing together". Questioning will be described as asking the other child a question' so they can tell you something. Commenting will be described as "talking about what is happening in the game." Listening will be described as "trying to really hear what your friend is saying to you so that you can answer back". These skills will be modelled by the adolescents, first providing a negative example, and then a positive example.

DAY 4

Duration: 45 minutes.

Topic: Attributional bias

Objectives: this module involves conceptualizing suspiciousness as an emotion, distinguishing between useful suspiciousness versus harmful suspiciousness, distinguishing among facts, guesses, and feelings, and avoiding "jumping to conclusions" by checking out the evidence for one's beliefs. Materials included written social vignettes and videos, and

participants were increasingly encouraged to describe and process relevant personal experiences.

Mentalizing: the phase focused on integrating the various emotional and social cues covered to understand and adaptively respond to others' beliefs and intentions. Social detective exercises focused on putting together the "5-W's" of social situations (who, what, when, where, and why) to evaluate whether the cues "add up" or whether mismatches among the clues point toward nonliteral language use (sarcasm, humor) or deception (social lies, blatant lies). Training included analysis of complex videos, discussion of relevant material from participants' lives, and role-play exercises to practice obtaining additional information in socially ambiguous situations.

DAY 5

Duration: 45 minutes.

Topic: Modelling

Objectives:

A - Before the students are expected to perform the skill, the counsellor will model the skill that the students are focusing on, so that they can see exactly what they need to do before attempting to do it themselves.

B - The adolescents will be made to rehearse with other peers by engaging in the friendship map activity. The researcher will continuously coach the adolescents to take turns and will monitor skill usage. The researcher will correct any misconceptions about the skill and will validate correct responses.

C - Communication (leading, questioning, commenting, and listening): During the instructional phase, leading will be described as "having a fun idea about something that both children could do so that both can have fun playing together". Questioning will be described as asking the other child a question' so they can tell you something. Commenting will be described as "talking about what is happening in the game." Listening will be described as "trying to really hear what your friend is saying to you so that you can answer back". These

skills will be modelled by the adolescents, first providing a negative example, and then a positive example.

DAY 6

Duration: 45 minutes.

Topic: Social Perceptions

Objectives: Presentations

covered non-verbal social cues and social contexts that typically lead people to experience different emotions (e.g., social norms, posture, eye contact, hand gestures, status differences between interaction partners, emotional intensity, sounds that convey understanding).

Training

- A- Integrating the skills. During the instructional phase, each individual skill will be reviewed for the children by the counsellor (i.e., taking turns, sharing, verbal support, and helping, leading, questioning, commenting, and listening). Each activity in this section will take place during circle time and will involve the children recalling the skills, verbally rehearsing the skills, and applying them to novel contexts. During the response generation phase of each of the following four activities, it is critical that each of the eight individual skills are represented either in the questions asked the children or the responses generated by the children. If the children do not generate all of them with prompting, the teacher should suggest the missing skills.
- B- Integration Activity- This activity involves each child taking a turn being "The Great Predictor," which means wearing a cap and answering questions directed at them by the counsellor.
- C- They will ask questions like; what will happen if we get angry and hit someone?
(Answer to all odd numbered questions: Be hurt, sad, mad, cry, etc. After each response, the counsellor will then say something like: That wouldn't be fun, would it?)
- D- Other questions like what will happen If we share and what if we help each other among others will arise as well.

DAY 7

Duration: 45 minutes.

Topic: Social Perceptions

Objectives: Presentations continues

Monitor Progress and the Quality of Implementation

Monitoring by the researcher, which focuses on the process of implementation, is necessary to ensure that the training is on track. To determine if the social-cognitive training is being implemented as planned—

- A- The researcher keeps attendance records for intervention activities and record what happens during those activities.
- B- Observe classroom sessions periodically to see how intervention content is being delivered.

DAY 8

Duration: 45 minutes.

Topic: Overview of the Skills Training Sessions

Objectives:

- D. Some Thoughts on Action Planning
- E. Knowledge / Skill Checklist
- F. Skills Training Summary

General Group Discussion

1. The counsellors will facilitate a free-flowing discussion dealing with whatever socio-cognitive skills related issues participants wish to raise.
2. the counsellors solicit feedback about the overall training success.
3. Evaluation: Post-test is administered.

Programme concluded.

APPENDIX C

Conventional Counselling Guide

The Guidance counsellor who served as research assistant is a professional with requisite qualities to fully administer counselling without a guide. However, this serves as a mere guide to help the counsellor to stay within the confines of conventional counselling throughout the treatment period.

Expected Skills: Rapport, Confidentiality, unconditional positive regard, Empathy, Immediacy, Reinforcement, questioning, Clarification, Reassessment, Congruency, Immediacy, stimulus control techniques, Role playing, Encouragement and confrontation.

Recipients: Aggressive Adolescents

Duration: Eight weeks. (45minutes per session)

Week one

Topic: Building Rapport

Objective: to help students to feel free and relaxed

Step 1:

This session involved the establishment of rapport by exchange of pleasantries. Introduction was made and the students were intimated about the meeting.

Step 2:

The students were allowed to ask their questions and answers were given to them.

Termination of the session.

Week 2

Topic: Aggressive behaviour

Objective: At the end of the session, the students knew what aggressive behaviour actually is and gain better understanding of the goal.

Step 1:

The session started with exchange of greetings and pleasantries. The students were asked to introduce themselves, stating their names, class level, town and community.

Step 2:

The counsellor established rapport with students. She asked them their favourite colours, food and why they chose to study in their school, what career they would like to pursue, the subjects they enjoy most and the challenges they encounter.

Definition of aggressive behaviour and goals for the programme;

(i) what is aggressive behaviour;- aggressive behaviour could be seen as physical acts, or any other behaviours, that are committed by a student or group of students against another student with the intent to harass, ridicule, humiliate, intimidate, or harm the other targeted student. This creates for the targeted student an objectively hostile school environment. (ii) Goals for aggressive behaviour education:- To enable students know about aggressive behaviour and the menace it creates in the life of the victims. (b) To help students identify aggressive behaviour and probably report to the appropriate authorities. (c) To empower students to resist aggressive behaviour attacks on them.

a) The students were allowed to ask their questions based on the topic, answers were given to them and the session was terminated.

Week Three

Topic: Different types of aggressive behaviour.

Objective: At the end of the session, the students acquired good understanding of types of aggressive behaviour and how to identify them.

Step 1:

The session started with exchange of greetings and pleasantries, followed by the revision of the things done in session one.

Step 2; Definition:-Aggressive behaviour are those patterns of behaviour exhibited by a bully which makes him easily identifiable. These behaviours include; physical, social, verbal and cyber aggressive behaviour.

- (i) Types of aggressive behaviour:- physical aggressive behaviour, this is where a student through the use of poking, elbowing and hitting perpetuate the act of aggressive behaviour. Another aggressive behaviour is verbal aggressive behaviour for example: name calling, insults, racist, sexist or homophobic comments, put downs or threats. These are also extensively used by bullies. Also, social aggressive behaviour contributes its quota as aggressive behaviour by using gossiping, spreading of rumors, ostracizing or excluding someone from the group, isolating and ganging up against someone. Lastly, cyber aggressive behaviour use email, text messages or social media to attack their victims.
- (ii) How to identify aggressive behaviour. There are some warning signs which make bully behaviours to be easily identified. These include; bullies display a pattern of impulsive and aggressive behaviour, they are boastful and arrogant, use persistent abuse and frightening behaviour designed to make target upset and humiliated. Bullies can also be associated with the following profiles, they are good in socially excluding

others, blaming others for errors making unreasonable demands, criticizing the work ability of others in front of others, inconsistent enforcement of arbitrary rules, takes credit for another person's work, yells and screams at target, often in front of others and often down plays or denies accomplishments.

- a) The students were allowed to ask questions based on the topic and answers were given to them
- b) Assignment (take home):- The students were asked to write the types of aggressive behaviour they had witnessed before. The session was terminated.

Week Four

Topic:- Consequences of aggressive behaviour on victims:-

Objective: At the end of the session the students gained better understanding of the consequences of aggressive behaviour.

Step 1: The session started with exchange of greetings and pleasantries, followed by the collection of take home assignment.

Step 2 (i) Consequences of aggressive behaviour : The consequences of aggressive behaviour on the victims include; poor academic performance, poor sleeping pattern or sleeplessness, poor eating habit and increased school absenteeism among other things.

- a) The students were allowed to ask questions based on the topic and answers were given to them.

Week Five

Topic: general discussion on students' involvement in various aggressive activities in the past.

Objective: At the end of the session, the students the student realised that aggressive behaviour is not good.

Step 1 The session started with exchange of greetings and pleasantries.

Step 2: The counsellor reviewed all that been written by individual students and based on that, a general discussion was initiated among the students on the various aggressive behaviour activities they had witnessed in the past. The counsellor capitalised on that to explain to the students the menace of aggressive behaviour and told them to help victims when they see any. The students were allowed to ask questions.

Week six

Topic: Revision

Step 1:

Exchange of greetings and pleasantries

Step 2:

Revision of activities carried out in the previous weeks. There was also question and answer session and the session was then terminated.

Week seven

Topic; Things that could lead to display of aggression (Drug and Alcohol Abuse)

Objective: At the end of the session, the students acquired adequate knowledge on drug and alcohol abuse and its consequences.

Step 1: The session started with exchange of pleasantries

Step 2:

- (i) Definition of drug abuse: This refers to the excessive use of drug and alcohol to the extent that it interferes with individual adjustment or his health. It could also be the use of drug and alcohol without Doctor's prescription.
- (ii) Types of drugs abused:- the common types abused by students are barbiturates, Librium, Cocain, Heroin, Morphine, Cannabis (marijuana) and Alcohol.
- (iii) Causes of drug and alcohol abuse:- These include, low self-esteem, wanting to feel high, weak parental supervision and used as a defense mechanism.
- (iv) Consequences of drug and alcohol abuse:- the consequences of drug and alcohol abuse include; accidents, birth defects, stealing, prostitution, unwanted pregnancy and HIV/AIDS..
 - a) The counsellor asks questions based on what was taught, students were allowed to ask questions and answers given to them. The session was terminated.

Week Eight

Topic: Revision and post test

Objective: By the end of the session, the students were able to gain good knowledge of topics they were taught.

Step 1:

- a) The session started with exchange of greetings and pleasantries
- b) All the activities carried out from the first session were revised. Students were allowed to ask questions and answers were given to them,
- c) The aggressive behaviour behavior identification instrument (BBII) for the post-test
- d) was administered to the students and collected after filling.

APPENDIX D

RESEARCH INSTRUMENT

Introduction: You are please required to respond to all the items on the questionnaire. Your response is only for research purpose, feel free and give your sincere expression of how you feel on each item. All information provided will be treated with confidentiality. Please fill in where required.

SECTION A: Bio data

Gender:

- Male
- Female

SECTION B: Buss-Perry Aggression Questionnaire (BPAQ)

For each of the following 29 statements, rate how likely this is of you. Mark only one box for each characteristic, and be sure to answer all items. The response options are as follows:

1- Extremely unlikely of me

2- Unlikely of me

3- Neither likely nor unlikely of me

4- Likely of me

5- Extremely likely of me

S/N	ITEMS	1	2	3	4	5
1	Once in a while I can't control the urge to strike another person					
2	Given enough provocation, I may hit another person.					
3	If somebody hits me, I hit back.					
4	I get into fights a little more than the average person.					
5	If I have to resort to violence to protect my rights, I will.					
6	There are people who pushed me so far that we came to blows.					
7	I can think of no good reason for ever hitting a person.					
8	I have threatened people I know.					
9	I have become so mad that I have broken things.					
10	I tell my friends openly when I disagree with them.					
11	I often find myself disagreeing with people.					
12	When people annoy me, I may tell them what I think of them.					
13	I can't help getting into arguments when people disagree with me.					
14	My friends say that I'm somewhat argumentative.					
15	I flare up quickly but get over it quickly.					
16	When frustrated, I let my irritation show.					
17	I sometimes feel like a powder keg ready to explode.					
18	I am an even-tempered person.					
19	Some of my friends think I'm a hothead.					
20	Sometimes I fly off the handle for no good reason.					
21	I have trouble controlling my temper.					
22	I am sometimes eaten up with jealousy.					
23	At times I feel I have gotten a raw deal out of life.					
24	Other people always seem to get the breaks.					
25	I wonder why sometimes I feel so bitter about things.					
26	I know that "friends" talk about me behind my back.					
27	I am suspicious of overly friendly strangers.					
28	I sometimes feel that people are laughing at me behind me back.					
29	When people are especially nice, I wonder what they want					

APPENDIX E**Consent Letter**

Department of Guidance and Counselling,
Faculty of Education,
Nnamdi Azikiwe University,
Awka.
6th March, 2017.

The Principal,
Prince Memorial High School,
Onitsha.

Dear Sir/Madam,

REQUEST FOR PERMISSION TO CONDUCT A RESEARCH IN YOUR SCHOOL.

This letter serves as an application to conduct a research study in your school. I am a Postgraduate student of the above named institution. As part of my postgraduate programme, I am carrying out a study on the topic titled “Effects of Socio-cognitive skills training and Self-instruction techniques on aggressive secondary school adolescents”.

The research approach will be Experimental in nature. The study expected to be beneficial to your students, the school and many others in helping reduce aggression in schools. Your assistance in granting permission for this study will be highly appreciated.

Yours sincerely,

Azuji Ifeanyi Matthew

(The Researcher)

APPENDIX F

PRETEST AND POSTTEST SCORES OF AGRRESSIVE ADOLESCENTS

	GROUP 1 SELF-INSTRUCTION TECHNIQUE		GROUP 2 CONTROL		GROUP 3 SOCIO-COGNITIVE SKILLS TRAINING	
	Pre-test	post-test	Pre-test	Post-test	Pre-test	Post-test
1	93	73	102	77	81	53
2	85	62	107*	77*	84*	55*
3	87	63	84	77	93	64
4	81	69	111	79	88	67
5	82*	69*	94	78	97*	74*
6	96*	64*	96*	77*	103	77
7	81	65	99	83	95*	77*
8	88	72	108	84	83	71
9	83*	64*	96*	73*		
10	88	68	94	74		
11	80	66	113	98		
12	95	74				
13	89	64				
14	87*					

APPENDIX G

SPSS DATA ANALYSIS OUTPUT

Means

[DataSet0] C:\Users\Documents\AZUJI GENERAL.

PretestPosttest * Treatmentmodel

Treatmentmodel		Pretest	Posttest
SOCIO-COGNITIVE SKILLS TRAINING	Mean	89.2500	67.2500
	N	8	8
	Std. Deviation	9.98213	9.36178
SELF INSTRUCTION TECHNIQUE	Mean	86.7692	67.1538
	N	13	13
	Std. Deviation	5.41839	3.99679
CONTROL GROUP	Mean	90.3636	79.0909
	N	11	11
	Std. Deviation	8.75526	4.63583
Total	Mean	92.0625	71.2813
	N	32	32
	Std. Deviation	9.84046	8.11702

Analysis of Covariance

[DataSet0] C:\Users\Documents\AZUJI 1 AND 3.sav

Between-Subjects Factors

		Value Label	N
Treatmentmodel	1.00	SOCIO-COGNITIVE SKILLS TRAINING	8
	3.00	CONTROL GROUP	11

Tests of Between-Subjects Effects

Dependent Variable: Posttest

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	1055.550 ^a	2	527.775		
Intercept	87.162	1	87.162		
Pretest	406.170	1	406.170		
Treatmentmodel	119.379	1	119.379	4.524	.049
Error	422.239	16	26.390		

Total	105818.000	19			
Corrected Total	1477.789	18			

a. R Squared = .714 (Adjusted R Squared = .679)

Analysis of Covariance

[DataSet0] C:\Users\Documents\AZUJI 2 AND 3.sav

Between-Subjects Factors

		Value Label	N
Treatmentmodel	2.00	SELF INSTRUCTION TECHNIQUE	13
	3.00	CONTROL GROUP	11

Tests of Between-Subjects Effects

Dependent Variable: Posttest

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	942.905 ^a	2	471.452		
Intercept	269.206	1	269.206		
Pretest	93.881	1	93.881		
Treatmentmodel	192.148	1	192.148	12.903	.002
Error	312.720	21	14.891		
Total	127841.000	24			
Corrected Total	1255.625	23			

a. R Squared = .751 (Adjusted R Squared = .727)

Analysis of Covariance

[DataSet0] C:\Users\Documents\AZUJI 1 AND 2.sav

Between-Subjects Factors

		Value Label	N
Treatmentmodel	1.00	SOCIO-COGNITIVE SKILLS TRAINING	8
	2.00	SELF INSTRUCTION TECHNIQUE	13

Tests of Between-Subjects Effects

Dependent Variable: Posttest

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	361.454 ^a	2	180.727		

Intercept	32.606	1	32.606		
Pretest	361.408	1	361.408		
Treatmentmodel	8.894	1	8.894	.361	.556
Error	443.785	18	24.655		
Total	95611.000	21			
Corrected Total	805.238	20			

a. R Squared = .449 (Adjusted R Squared = .388)

Analysis of Covariance

[DataSet0] C:\User\Documents\AZUJI 1 ONLY.sav

Between-Subjects Factors

	Value Label	N
GENDER 1.00	MALE	5
2.00	FEMALE	3

Tests of Between-Subjects Effects

Dependent Variable: Posttest

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	407.340 ^a	2	203.670		
Intercept	.362	1	.362		
Pretest	397.707	1	397.707		
GENDER	2.333	1	2.333	.057	.821
Error	206.160	5	41.232		
Total	36794.000	8			
Corrected Total	613.500	7			

a. R Squared = .664 (Adjusted R Squared = .530)

Analysis of Covariance

[DataSet0] C:\Users\Documents\AZUJI 2 ONLY.sav

Between-Subjects Factors

		Value Label	N
GENDER	1.00	MALE	10
	2.00	FEMALE	3

Tests of Between-Subjects Effects

Dependent Variable: Posttest

Source	Type III Sum of Squares	Df	Mean Square	F	Sig.
Corrected Model	29.533 ^a	2	14.767		
Intercept	96.024	1	96.024		
Pretest	20.908	1	20.908		
GENDER	9.285	1	9.285	.573	.467
Error	162.159	10	16.216		
Total	58817.000	13			
Corrected Total	191.692	12			

a. R Squared = .154 (Adjusted R Squared = -.015)

DATASET ACTIVATE DataSet0.
DATASET CLOSE DataSet1.