



Effect of Social Skills Training On Social Phobia among Secondary School Students in Kaduna Metropolis, Nigeria

Abubakar, Hassan, A. I. Mohammed, E. F. Adeniyi, H. A. Tukur
Department of Educational Psychology and Counselling,
Faculty of Education,
Ahmadu Bello University, Zaria, Nigeria

ABSTRACT

This study assessed the Effect of Social Skills Training on Social Phobia among Secondary School Students in Kaduna Metropolis, Nigeria. Three (3) Objectives were formulated to guide this study, and three (3) null hypotheses were tested. Quasi-experimental design involving pre-test and post-test was used. The population was made up of 1,742 secondary students who exhibited symptoms of social Phobia in Kaduna metropolis, Nigeria. A sample size of 20 students was selected through purposive sampling technique. An instrument tagged Social Phobia Inventory (SPIN) was used for data collection. And the t-test statistic was used to analyze the data. Findings revealed that students exposure to Social Skills Training (SST) had led to a reduction in Excessive Fear of Social Interactions, Physiological Manifestations of Social Phobia and Social Interactions ($p=0.000$) in each case. The researcher, therefore, concluded that Social Skills Training is effective in reducing Social Phobia among secondary school students. Based on the findings of this study it was recommended among others that Psychologists and Counsellors should be encouraged to use Social Skills Training (SST) in handling Social Phobia among secondary school students so as to improve their social interactions and competency in learning.

ARTICLE INFO

Article History

Received: July, 2020

Received in revised form: July, 2020

Accepted: November, 2020

Published online: February, 2021

KEYWORDS

Social Phobia, Social Skills Training.

INTRODUCTION

Social Phobia is one of the most prevalent and chronic disorders worldwide and it affects occupational, educational, and social affairs of the individual. It is also known for its association with depression and substance use disorder. Social Phobia, also called social anxiety disorder, is the third most common mental health disorder after depression and substance abuse, affecting many people worldwide. It is a disorder involving intense distress in response to public situations (Matos, Tome, Borges, Manso, Ferreira & Ferreira 2008). It is a strong fear of being judged by others and of being embarrassed. This fear can be so strong that it gets in the way of going to work, school or doing

other everyday activities. People with Social Phobia are afraid of doing common things in front of other people; for example, they might be afraid to sign a check in front of people, or they might be afraid to eat or drink in front of other people

As noted by the National Institute of Mental Health (2014), occasional anxiety is a normal part of life. A student might feel anxious when faced with a challenge on academic work, like going to another school for a competition, before taking an examination or making an important decision. But Social Phobia involves more than temporary worry or fear, for a person with this disorder the worry and fear do not go away and can get worse



over time. The feelings can interfere with daily activities such as job performance, school work, and relationships. Social phobia (SP) represents a mental health problem with disabling characteristics. The most common is fear of being humiliated or mocked in social situations by having improper attitudes or anxiety symptoms such as tremors, excessive sweating and inattention. Social interaction becomes more threatening when associated with lack of motor control seen in behaviour such as drinking, eating or writing.

Students often feel anxious about some activities at school, they frequently behave in ways that lead others to avoid and even reject them, they also lack interactions with peers and this can negatively lead to social and emotional problems as loneliness and isolation. Social Phobia is a prevalent problem among young people. Although the identification and treatment of the disorder often do not occur until early adulthood, approximately half of those treated for Social Phobia indicate an earlier onset during childhood or adolescence (APA, 2013). According to the Discovery Education (2015) report, Social Phobia affects between 2% and 4% of the population and it is the most common type of mental disorder in the United States. Erk (2014) estimates the prevalence of anxiety disorders among children from 5% to 18%. Another study by Emslie (2018) reports higher numbers in the range of 6% to 20% of children and adolescents. Observation shows that social Phobia is not just a problem for adults; it is also a problem for young people, often manifesting itself in the school setting. Bella and Omigbodun (2009) revealed that despite the early onset, chronic course and co-morbidity of Social Phobia, there is virtually no information about it in sub-Saharan Africa. However, their study revealed that the prevalence of Social Phobia was 9.4% among University students in Nigeria.

According to Wagner (2015), about half of students diagnosed with Social Phobia experience significant difficulty functioning at school. It lowers academic performance and productivity, although students with mild levels of Social Phobia can sometimes over-come it and improve using persistence and hard work. Tardiness, absenteeism, and perfectionism, common with more severe levels of Social Phobia, can lead to incomplete work, test failure, or possible repetition of a grade. He further stressed out that dropout rates are high among students with high-level of Social Phobia, but these figures are sometimes attributed to substance abuse and truancy which can mask untreated Social Phobia.

Students with social phobia are adept at avoiding situations that may evoke fear or anxiety. In a study of approach and avoidance goals and plans, MacLeod (2014) found that adolescents with high Social Phobia were more motivated to generate avoidance goals and plans and were less specific informing approach plans. If socially phobic individuals expect an unpleasant situation or failure, they are more inclined to avoid the situation rather than approach the situation and plan how to deal with it. For example, a student may anticipate failure on an oral presentation assignment or project and, therefore, choose not to attempt it at all or stay away from the school.

Despite its prevalence and impairing effects, students with social phobia can benefit from support and treatment from therapists and other individuals in learning to approach rather than avoid threatening situations. Therefore it is critical to identify strategies that intervene effectively with youth who have Social Phobia in schools and that will interrupt the progress to a more serious problem. Psychotherapy is considered to be the most effective and more permanent treatment for this condition. Social Phobia is treated by



using many therapeutic approaches like cognitive behavioural therapy (Clark, & Wells, 2002), social skills therapy, life skills therapy, differential reinforcement technique, miscellaneous behaviour change, self-instructional strategies, assertiveness training among others which many types of research show their effectiveness in the treatments of Social Phobia. Social skills training has being suggested to address Social Phobia as indicated by previous reviews.

Social Skills Training is proved to be an effective therapy on social phobia as shown in the work of Beidel (2014). It is also proved to be effective on other psycho-social problems like Avoidant personality Disorder (Lawan 2016), social anxiety (Bolsoni-Silva, & Loureiro 2014) Aggressive behaviour and many other social problems. For this study, Social Phobia is defined as a sense of distress or worry in response to social or evaluative situations that may exhibit both emotional symptoms (like excessive fear), physiological manifestations (like sweating, palpitation, headaches or nausea), and behavioural symptoms (like avoidance of social situations) by secondary school students.

Poor academic achievement is one of the major problems faced by students with the symptoms of Social Phobia because they tend to avoid any academic activities that required group work or expressing their views in public as a result of excessive distress or feeling of inadequacy. It is reported that about 19.5 % of junior secondary students display symptoms of social phobia (Kaduna state Ministry of Education, 2017). Social Phobia if left unchecked is a risk factor that leads to serious delinquency such as truancy, school drop-out, drug addiction, unwanted pregnancy and other psychological problems like stress, depression, anxiety and the likes. It is against this background that this study investigates the effect of Social Skills Training on social phobia among

secondary school students in Kaduna metropolis, Nigeria.

Research Questions

The research sought answers to the following questions:

- 1 What is the effect of Social Skills Training on Excessive Fear of social interactions among secondary school students in Kaduna Metropolis, Nigeria?
- 2 What is the effect of Social Skills Training on Physiological Manifestations of social phobia among secondary school students in Kaduna Metropolis, Nigeria?
- 3 What is the effect of Social Skills Training on Social Interactions Avoidance among secondary school students in Kaduna Metropolis, Nigeria?

Research Hypotheses

The following hypotheses are formulated to guide the study:

1. There is no significant effect of Social Skills Training on Excessive Fear of social interactions among secondary school students in Kaduna Metropolis, Nigeria.
2. There is no significant effect of Social Skills Training on Physiological Manifestations of social phobia among secondary school students in Kaduna Metropolis, Nigeria.
3. There is no significant effect of Social Skills Training on Social Interactions Avoidance among secondary school students in Kaduna Metropolis, Nigeria.

METHODOLOGY

The study adopted a quasi-experimental design involving pre-test/post-test experimental group design. The population of the study consists of the public junior secondary school students identified with symptoms of social phobia in Kaduna Metropolis, Nigeria. Altogether, 1715 Junior Secondary School students were



identified from 20 secondary schools. Purposive sampling was used in drawing up the samples involved in this study. The sample consisted of 20 Junior Secondary Class One (JSS1) students with symptoms of social phobia, in the categories of mild and moderate as measured with the Social Phobia Inventory (SPIN).

The SPIN (Social Phobia Inventory) was adapted and used as an instrument for the study. It is a 17-item self-rating scale for social phobia developed by Connor, et al. (2000). The scale includes items assessing each of the symptom domains of social Phobia (excessive fear, avoidance, and physiological manifestations). It is measured on a five-point Likert scale ranging from 0 = Not at all, 1 = A little bit, 2 = Somewhat, 3 = Very much, to 4 = Extremely. The total score which ranges between 17 and 68 determines the individual's severity of the social phobia.

The SPIN was validated by lecturers in the Department of Educational Psychology and Counselling of Ahmadu Bello University, Zaria, after rigorous criticism and technical inputs relating to the appropriateness of the items and clarity of the language, the inputs of these experts contributed to the final form of the instrument that was used for this study. The Social Phobia Inventory (SPIN) was pilot tested on JSS1 students drawn from Government Secondary School Rigachikun in Igabi Local Government Area, Kaduna state, Nigeria. To determine the stability of the Social Phobia Inventory (SPIN), a test-retest reliability analysis to determine the stability of the instrument was conducted. To achieve this, a second administration of the Social Phobia Inventory (SPIN) was done after two weeks and the score obtained from both administrations were correlated using Pearson Correlation Formula. This yielded 0.811.

The researcher obtained a letter of introduction from the Department of Educational Psychology and counselling.

The letter was taken to Kaduna State Ministry of Education where two other letters were given to the researcher and were taken to two zonal education offices at the zones where the selected schools are located –Kaduna and Sabon Tasha zonal education offices. After that, letters were given to the researcher from each of the two zonal education offices to the principals of the selected schools and approval was granted to the researcher to conduct the research. After the approval of the secondary school principals, the attendance registers of JSS1 students was checked. The screening of the students' attendance was limited to the last and current term (the term in which the study took place). Apart from that, the students identified to be truants and those that avoid one lesson or the other or any school activities were presented with the SPIN. This was done for identification purpose only. After that, the therapist welcomed the students, explained the purpose of the exercise, after establishing rapport with them. The students were told that the instrument has no right or wrong answers. They were asked to feel free and be honest in responding to the instrument (SPIN). The exercise took an average of 30 minutes. The same procedure was employed during the post-test.

Before the commencement of the training, the therapist took time to familiarize himself with the subjects to ascertain, for instance, their competency, interest and the academic problems they encounter in school. This helped the therapist in determining how best to motivate the subjects to acquire new skills. Immediately after assigning the participants to the treatment group, the SPIN was administered to them to obtain pre-test data. In order not to disrupt the school programme, instructions on SST was done during free periods. The experiment was designed to last for six weeks after which the SPIN was administered again to obtain post-test data.

Phases/Weeks	Activity	Description
1	Assessment	Determine the specific area of the client's social skills deficits through self-reports, behavioural observations, and/or third-party assessments.
2	Direct Instruction/Coaching	Teach and explain the basis of effective and appropriate social behaviours to the client along with specific suggestions for how to enact such behaviours.
3	Modelling	Show the client models enacting appropriate social behaviours, and receiving positive reinforcements for doing so. The modelling of inappropriate behaviours along with critiques and explanations may also be helpful.
4	Role-Playing	Encourage the client to practice certain social behaviours in a controlled environment, typically with the therapist and perhaps an assistant. Provide feedback to the client immediately after enacting the role-plays.
5	Homework/Assignments	Instruct the client to enact certain social behaviours in the "real world." Start with easy behaviours and graduate to more complex ones.
6	Termination	Clients terminate when they achieve their therapeutic goals and re-administration of the SPIN

The data collected after administering the research instrument was collated, organized and analyzed. Paired-sample t-test was used to test hypotheses. All the hypotheses were tested at 0.05 level of significance.

Hypothesis One: The null hypothesis states that there is no significant effect of Social Skills Training on Excessive Fear of Social Interactions among secondary school students in Kaduna Metropolis, Nigeria. Result of the analysis is presented in table 1.

RESULTS

Table 1: Paired sample t-test on the effect of Social Skills Training on Excessive Fear of Social Interactions

Variable	Tests	N	Mean	SD	Df	t cal	P
Excessive Fear scores	Pre-test	20	12.5500	1.637	19	5.771	0.000
	Post-test	20	8.8500	1.814			

$P < 0.05$, t computed > 1.96 at df 19

Results of the Paired sample t-test statistics in table 4.5 showed that Social Skills Training has a significant

effect on Excessive Fear of Social Interactions ($t = 5.771$, $p = 0.000$). The mean score of the participants on



Excessive Fear of Social Interactions before exposure to Social Skills Training was 12.550 and it was reduced to 8.800 after exposure to the treatment of Social Skills Training, implying a mean difference of 3.750 in favour of the post-test scores. This shows that Social Skills Training has a positive effect on Excessive Fear of Social Interactions. Therefore the null hypothesis which states that there is no significant effect of Social Skills

Training on Excessive Fear of Social Interactions among secondary school students is rejected.

Hypothesis Two: The null hypothesis states that there is no significant effect of Social Skills Training on Physiological Manifestations of Social Phobia among secondary school students in Kaduna Metropolis, Nigeria. Result of the analysis is presented in table 2.

Table 2: paired sample t-test on the effect of Social Skills Training on Physiological Manifestations of social phobia

Variable	Tests	N	Mean	SD	Df	t-cal	P
Physiological Manifestation scores	Pre-test	20	9.800	2.330	19	6.114	0.000
	Post-test	20	5.400	2.112			

$P < 0.05$, t computed > 1.96 at df 19

Results of the Paired sample t-test statistics in table 2 showed that Social Skills Training has a significant effect on Physiological Manifestation of Social Phobia ($t = 6.114$, $p = 0.000$). The mean score of the participants on Physiological Manifestation of Social Phobia before exposure to Social Skills Training was 9.800 and it was reduced to 5.400 after exposure to the treatment of Social Skills Training, implying a mean difference of 4.400 in favour of the post-test scores, implying that Social Skills Training has a positive effect on Physiological Manifestations of Social

Phobia. Therefore the null hypothesis which states that there is no significant effect of Social Skills Training on Physiological Manifestation of Social Phobia among secondary school students is rejected.

Hypothesis Three: The null hypothesis states that there is no significant effect of Social Skills Training on Avoidance of social interactions among secondary school students in Kaduna Metropolis, Nigeria. Result of the analysis is presented in table 3.

Table 3: paired sample t-test on the effect of Social Skills Training on Avoidance social interactions.

Variable	Tests	N	Mean	SD	Df	t-cal	P
Social Avoidance scores	Pre-test	20	15.250	1.371	19	10.102	0.000
	Post-test	20	10.650	2.007			

$P < 0.05$, t computed > 1.96 at df 19

Results of the Paired sample t-test statistics in table 3 showed that Social Skills Training has a significant

effect on Social Interactions Avoidance ($t = 10.102$, $p = 0.000$). The mean score of the participants on Social Interactions



Avoidance before exposure to the Social Skills Training was 15.250 and it was reduced to 10.650 after exposure to the treatment of Social Skills Training, implying a mean difference of 4.600 in favour of the post-test scores. This shows that Social Skills Training has a positive effect on Social Interactions Avoidance. Therefore the null hypothesis which states that there is no significant effect of Social Skills Training on Social Interactions Avoidance among secondary school students in Kaduna Metropolis, Nigeria, is rejected.

DISCUSSION OF FINDINGS

The finding of this study reveals that Social Skills Training has a significant effect in reducing Social Phobia among secondary school students. The finding of hypothesis one which states that Social Skills Training has a significant effect on Excessive Fear of Social Interactions is in line with the finding of Beidel (2014) who examined the impact of Social Skills Training (SST) for the treatment of Social Phobia (SP). They revealed that patients treated with SST show significant reduction of Social Phobia. Another finding of this study which states that Social Skills Training has a significant effect on Social Interactions Avoidance also agrees with that of Lawan (2016) where he conducted a study which examined the effect of Social Skills Training (SST) counselling Techniques on Avoidant Personality Disorder (APD), his finding revealed that SST has effects in the reduction of APD. This finding also relates to Bandura's social learning theory which explains that learning would be exceedingly laborious, not to mention hazardous if people had to rely solely on the effects of their actions to inform them what to do. Fortunately, human behaviour is learned observationally through role-playing, modelling and imitation which are the core-components of Social skills Training. From observing others, one forms an idea of how new behaviours are performed, and on later

occasions, this coded information serves as a guide for action.

CONCLUSION

Based on the findings of this study, it was concluded that Social Skills Training (SST) is effective in reducing symptoms of Social Phobia (Excessive Fear, Physiological Manifestations and Avoidance of Social Interactions). Students exposed to social skills training had a reduced Social Phobia.

RECOMMENDATIONS

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

1. Since the findings of this work showed the effectiveness of SST intervention in the treatment of Social Phobia among secondary school students, Psychologists, Counsellors, School Principals, and form teachers should be encouraged to use SST in addressing students with social phobia.
2. Seminar, workshop and conferences should be organized by stakeholders in education; governmental and non-governmental organizations, psychologists, counsellors, and teachers on how to use SST in addressing social phobia among secondary school students.

References

- [American Psychiatric Association. \(2013\). Diagnostic and statistical manual of mental disorders. \(5th Edition\). Washington, DC: Author](#)
- [Beidel, D., C. \(2014\) the impact of social skills training for a social anxiety disorder: A randomized controlled trial. *Journal of Anxiety Disorders* 28 908–918](#)
- [Bella, T., T.; & Omigbodun O., \(2009\) Social Phobia in Nigerian university students: Prevalence, Correlates and Co-morbidity.](#)



- Social Psychiatry*. 44, 458-463.
Doi: 10.1007/s00127-008-0457-3.
- Bolsoni-Silva, A., T., & Loureiro S., R., (2014) *the Role of Social Skills in Social Anxiety of University Students Paidéia Vol. 24*, No. 58, 223-232. doi: 10.1590/1982-43272458201410
- Clark, D. A., & Wells, A. (2002). A cognitive model of social phobia. In R. Heimberg, M. Liebowitz, D. A. Hope, & E. R. Scheier (Eds.), *Social phobia: Diagnosis, assessment and treatment* (pp. 69–93). New York: Guilford Press.
- Connor, K. M. et al. (2000) Psychometric Properties of the Social Phobia Inventory *Br. J. Psych.*; 176: 379-386.
- Discovery Education. (2015). Anxiety. Retrieved February 4, 2018, from <http://streaming.discoveryeducation.com/>
- Emslie, G. J. (2018). Paediatric anxiety: Under-recognized and undertreated. *The New England Journal of Medicine*, 359, 2835.
- Erk, R. R. (2014). *Counselling treatment for children and adolescents with DSM-IV-TR disorders*. New Jersey: Pearson.
- Kaduna State Ministry of Education (2017). *The annual school census report*. Kaduna State: Ministry of Education.
- Lawan, M., (2016) Effects of Cognitive Restructuring and Social Skills Training Counselling Techniques on Avoidant Personality Disorder among Secondary School Students in Kano Metropolis. Unpublished PhD Thesis submitted to Post-Graduate School of Ahmadu Bello University (A B U) Zaria.
- Matos, M. G., Tome, G., Borges, A. I., Manso, D., Ferreira, P., & Ferreira, A. (2008). Anxiety, depression, and coping strategies: Improving the evaluation and understanding of these dimensions during pre-adolescence and adolescence. *Journal of Cognitive and Behavioural Psychotherapies*8, 169--184.
- McLeod, A. K. (2014). Approach and avoidance goals and plans: Their relationship to anxiety and depression. *Cognitive Therapy and Research*, 28,415-43
- National Institute of Mental Health. (2014). Social anxiety disorder. Bethesda, MD: Author.<http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
- Wagner, A. P. (2015). *Worried no more: Help and hope for anxious children* (2nd ed). Rochester, New York: Lighthouse.