



EFFECTIVENESS OF COGNITIVE RESTRUCTURING AND SOCIAL DECISION-MAKING TECHNIQUES ON TRUANCY BEHAVIOUR REDUCTION AMONG SECONDARY SCHOOL ADOLESCENTS IN IBADAN, NIGERIA

ADEYEMI, A.O. and UWAKWE, C.B.U.
Department of Guidance and Counselling
University of Ibadan, Ibadan, Nigeria

ABSTRACT

This study investigated effectiveness of cognitive restructuring and social decision-making techniques on truancy reduction among secondary school adolescents in Ibadan, Nigeria. Pre-test, post-test, control group quasi-experimental design with a 3x2x2 factorial matrix was adopted for the study. A total of 180 Senior Secondary School adolescents was randomly selected from three purposively selected secondary schools, from 11 local government areas in Ibadan, using the multistage sampling procedure. They were stratified proportionately into two experimental conditions - Cognitive Restructuring Technique (CRT) and Social Decision-Making Technique (SDMT) – and the control group. Two instruments, Truancy Behaviour Rating Scale ($\alpha = 0.78$) and Student Motivation Scale ($\alpha = 0.77$) were employed in the study. Three hypotheses were tested for significance at 0.05 alpha level. The data were subjected to Analysis of Covariance and Scheffe for post hoc analysis. There was a significant difference in the truancy reduction of the experimental participants and control group ($F_{(2,174)} = 51.40$; $P < 0.05$). The experimental participants ($x = 109.6$, $x = 103.5$) performed better than the control ($x = 126.134$) on truancy behaviour reduction. Similarly, truancy declined among the participants treated with SDMT ($x = 103.49$) more than among those treated with CRT ($x = 109.57$). There was reduction in the truancy behaviour of high- and low- motivated participants ($F_{(2,174)} = 59.33$; $P < 20.05$). Cognitive Restructuring and Social Decision-Making techniques were effective in the reduction of truancy among secondary school adolescents. Counselling and educational psychologists could make use of the two approaches to reduce the incidence of truancy in school.

Keywords: *Truancy, Adolescents, Cognitive Restructuring, Social Decision-Making*

INTRODUCTION

Truancy is noted to be one of the early warning signs of delinquency, social isolation, school suspension and academic failure (Loeber & Farrington, 2001). Truancy may be a gateway to crime. The reason may be that high rates of truancy are linked to daytime burglary and high vandalism, which are ominous phenomena among adolescents (Loeber & Farrington, 2001). Truancy has been identified as the act of absenting oneself from school without a legitimate reason and without the permission of one's parents or the school authorities (Herbert, 2005).

Fogelman and Hibbet (1990) contend that any absence from school without an acceptable reason could be termed truancy, whether or not the students' parents know and approve of it. Hersov and Berg (1990) describe truancy as only one of the several kinds of anti-social behaviours, such as stealing, lying, destructiveness and excessive fighting. Some truant students may come to school but they avoid participating in school activities, such as lessons, assemblies and other co-curricular activities. At such times, they may be found hiding away in another part of the school, either idling or engaging in some illegitimate activities. Truancy may be defined as unwillingness of a student to attend school without either the permission of the parents or the school authority and he may be giving undue excuses to substantiate his absenteeism.

Truancy is highly ranked deviant behaviours associated with adolescents in Nigerian schools. It depicts the situation in which school going adolescents have neither the permission of their parents nor the consent of the school authorities to keep away from school (Nwagwu, 1990). Al-Hassan (1990), Bolarin (1996) and Ugbede (1999) identify truancy among



adolescents as an act of indiscipline commonly found in Nigerian schools. This act of truancy is detrimental to students' achievement, promotion graduation, self-esteem and employment potentials. Students who miss school fall behind their peers in the classroom. Rumberger and Garry (2001) point to the consequential effect of school dropout as a result of truancy especially among schools going adolescents.

Too often, adolescents have been stereotyped as abnormal and deviant (Samtrock, 2001). Although the period of adolescence is positively viewed as a developmental stage of growth, the period is associated with crisis and a time of risk-taking and one of the risks they are known for is truancy. The number of truant increasing steadily with age and most of them are found in secondary schools.

Since truancy has been identified and regarded as a serious problem with socio-economic implications, some intervention programmes have been used to address the problem among adolescents. Falaye and Gesinde (2003) contend that the child is majorly responsible for the non-school attendance behaviour especially the chronic school absentees. Gesinde (2004) addresses the multi-aetiological predictors of non school attendance while Igborgbor (1984) explored values clarification approach and contingency management techniques to address the issue of truancy.

Cognitive restructuring and social decision-making techniques were used in this study to assist the participants to change their undesirable cognitive behaviour and emotive processes. Cognitive restructuring helps the participants to identify and restructure their negative and irrational thoughts by replacing them with alternative interpretations that are more realistic and factual in order to interact well with their learning environments while the social decision-making techniques helps the students to "think clearly" and choose a preferred option and better alternative out of several alternatives available. This will also teach the students to use these skills in interpersonal and academic situations.

Hypotheses

The following hypotheses were tested at 0.05 level of significance.

1. There is no significant difference in the reduction of truancy behaviour of participants exposed to experimental groups and those in the control groups.
2. There is no significant difference in the reduction of truancy behaviour of participants exposed to cognitive-restructuring and social decision-making techniques.
3. There is no significant difference in the reduction of truancy behaviour of high- and low-motivated participants exposed to experimental and control groups.

METHODOLOGY

Research Design

The study evaluated the outcome of the use of two psychological interventions in the reduction of truancy behaviour of adolescents in Ibadan metropolis. It adopted a pre-test, post-test and control group quasi experimental design with a 3x2x2 factorial matrix. The participants were divided into three groups in rows A1, A2 and A3.



Table 1: A Factorial Matrix for the Treatment of Truancy among the Adolescents

Treatment A	Level of motivation				Total
	High level of motivation		Low level of motivation		
	Male B1	Female B2	Male C1	Female C2	
Cognitive Restructuring Technique A1	A1B1 n = 15	A1B2 n = 15	A1C1 n = 15	A1C2 n = 15	n = 60
Social Decision-making Technique A2	A2B1 n=15	A2B2 n = 15	A2C1 n = 15	A2C2 n = 15	n = 60
Control Group A3	A3B1 n = 15	A3B2 n = 15	A3C1 n = 15	A3C2 n = 15	n = 60
Total	n = 45	n = 45	n = 45	n = 45	n = 18

Key

A1 = Cognitive Restructuring Technique

A2 = Social Decision-making Technique

A3 = Control Group

B1 = Male

B2 = Female

C1 = High level of motivation (HIM)

C2 = Low Level of Motivation (LLM)

Population, Sample and Sampling Technique

The locality of the study was Ibadan metropolis. The population of the study was all the secondary school students in Ibadan. There are 20 secondary schools with a total student population of 273,652 within the Ibadan metropolis (2014, figure given by Statistics Unit, Oyo State Ministry of Education Schools' Department, Ibadan). There are 11 local government areas (LGAs) in Ibadan city. However, three public secondary schools were randomly selected for the study. One school was selected from four out of the eleven LGAs.

The first stage of sampling was focused on the 11 local government areas in Ibadan. Second, three secondary schools were chosen from the twenty secondary schools. All the schools were public (day) secondary schools. Third, within the schools, an arm of senior secondary class I and an arm of senior secondary II were randomly selected. Fourth, sixty (60) students were randomly selected for the study. Eventually, one hundred and eighty participants who met the eligibility requirements were allowed to participate in the study.

Instrumentation

Truancy Behaviour Rating Scale (TBRS)

The Truancy Behaviour Rating Scale (TBRS) was designed by the researcher to measure the truancy behaviour of the targeted adolescents. Experts in scale test development thoroughly went through it in order to establish its face validity and ensure its content validity. TBRS was a 40-item scale. All items were drawn on a 4-point Likert scale ranging from 'Strongly Agree' to 'Strongly Disagree'. Participants were supposed to tick the option that best describes their truancy behaviour.

Students Motivation Scale

The Student Motivation Scale (SMS), which was designed specifically for this study, was used to assess the amount of effort or persistence put forth by students, that is, how the students persisted in the face of barriers, and the effects of failure on future motivation. The



items on the Student Motivation Scale were adapted from Pintrich and DeGroot (1990). The scale consisted of seven items and students responded to each item using a four-point Likert scale, ranging from 1 = Strongly Disagree to 4 = Strongly Agree. The points scored on all items were summed up to give participant's score on the scale. The items were coded because there were both negative and positive statements which were reversed. Scores on the scale ranged between 7 and 28. Anybody that scored below 14 had low motivation. The psychometric property of the instrument was determined through a pilot test, involving administering the scale on a sample of 15 students on two separate occasions of three weeks' interval so as to ascertain the variation in the participants' responses. The test-retest reliability coefficient was 0.77.

Procedure for Treatment Packages

The experimentation lasted for a period of six weeks. During the period of the study, there was maximum cooperation from the participants and this made it easy good interactions possible. There were four main phases: recruitment, pre-test, treatment and post-treatment evaluations. Approval and permission were sought from school principals to meet the class teachers and the school counsellors. There was a letter of introduction from the Head of the Department of Guidance and Counselling, University of Ibadan to meet "whom it may concern". Approval was also got from the Ministry of Education to meet the Director of Schools to collect data on total school enrolment in the 11 LGAs Ibadan. Permission from the principals brought about the attachment of two head teachers to assist in data collection.

The researchers and the research assistants agreed on the day of the week and time for the therapeutic sessions in each of the schools where there were treatment sessions. Arrangements were made with each school counsellor to assist in securing appropriate places where the treatments were administered. Permission for two days in each week was sought from the school authorities to hold therapeutic sessions for the period of six weeks for each of the two treatment groups. The period for extracurricular activities was used for one of the treatment groups, while the other treatment groups were met after the school hours.

The first experimental group (A1) was treated using Cognitive Restructuring technique. The second experimental group (A2) was treated with Social Decision-making technique. The groups were exposed to six weeks' training. Treatment for the two experimental groups started a week after the pre-treatment measures. Each programme took place on different days of the week.

Data Analysis

The pre-test scores for the three groups were analysed using mean and standard deviations to help establish differences. The data generated in this study were analysed using analysis of covariance (ANCOVA). This parametric technique was used to test the hypotheses to determine the effects of the treatment on the experimental group.

RESULTS

Hypothesis One: The first hypothesis states that there is no significant difference in the reduction of truancy behaviour of participants exposed to experimental treatment groups and those in the control group. In testing this hypothesis, the ANCOVA statistical method was used at the alpha level of 0.05 to ascertain the investigated outcome. The findings are summarised below in Table 2.

**Table 2: Rows and Columns of Adjusted Y-Mean Comparison**

Rows	Regression coefficient (Y on X)	N	X-Mean	Y-Mean	Adjusted Y-Mean
CRT	0.274	24	124.875	113.417	109.573
SDMT	0.663	46	114.087	101.957	103.492
CONTROL	0.399	34	111.647	123.382	126.134

Source: Computed from field data, 2009

Table 3: ANCOVA Summary of Reduction in Truancy Behaviour of Participants in the Experimental and Control Groups

Sources of variation	DF	Sum of Squares	Mean square	F-ratio	Sig. of P	Remark
Rows	2	475.27	237.64	51.40	<0.05	S
Columns	1	0.89	0.89	0.19	>0.05	NS
Interaction	2	17.00	8.50	1.84	>0.05	NS
Within	174	804.40	4.62			
Total	179	1297.56				

Source: Computed from field data, 2009

The result from Table 3 shows that there was a significant difference in the reduction of truancy behaviour of participants exposed to experimental treatments and those in the control group. The computed outcome had the F-ratio of $(2/174) = 51.40$ and was significant at 0.05 alpha level.

In order to know the direction of the difference, a pair wise comparison post hoc analysis was carried out, as shown in Tables 3 and 4.

Table 4: Rows and Columns of Adjusted Y-Means Comparison

Rows	Regression coefficient (Y on X)	N	X-Mean	Y-Mean	Adjusted Y-Mean
CRT	0.568	36	120.806	107.139	105.325
SDMT	0.494	14	126.643	112.000	107.275
CONTROL	0.353	26	112.577	122.000	124.288

Source: Computed from field data, 2009

The two tables show that the x-means and y-means were independent of the gender, the overall x-means was 120.00, while the adjusted y-means confirmed the superior treatment gain of social decision-making skills training over the cognitive restructuring skills training and control groups.

In order to know the direction of the difference, a Multiple Classification Analysis (MCA) was carried out, as shown in Table 5.



Table 5: Multiple Classification Analysis of the Treatment Groups, Motivation and Gender

Variables Category	+ N	ETA	Adjusted for Independent Covariates	+ BETA
Deviations Treatment				
Treatment (CRT)	1 60		-5.37	
Treatment (SDNT)	2 60		-7.92	
Control	60		13.29	
		0.49		0.60
Motivation				
Low	58		1.49	
High	122		-0.71	
		0.13		0.07
Gender				
Male	88		0.56	
Female	92		-0.53	
		0.02		0.03
Multiple R Squared				0.937
Multiple R				0.727

Source: Computed from field data, 2014

The factor summary table displays the correlation ratio of (eta) of 0.49, 0.13 and 0.12 with the adjusted deviation of -5.37, -7.92, 13.29, 1.49, -0.71, 0.56 and -0.53 (the square of eta indicates the proportion of variance explained by all the categories of factor). A partial equivalent to the standardised partial regression coefficient was obtained by assigning the adjusted deviations to each factor category and regressing. The dependent variables on the resulting variables and the parallel partial betas formed a regression that included covariates in addition to the factors. These accounted for 93.7 per cent of the total variance ($R^2 = 0.937$).

Hypothesis Two: The hypothesis states that there is no significant difference in the reduction of truancy behaviour of participants exposed to cognitive restructuring technique and those exposed to social decision making technique. In testing this hypothesis, the ANCOVA statistical method at the alpha level of 0.05 was used to ascertain the investigated outcome. The findings are summarised in Table 6 below.

Table 6: ANCOVA Summary on Reduction of Truancy Behaviour of Participants exposed to CRT and SDMT

Source of Variation	DF	Sum Squares	Mean Squares	F	P	Remark
Rows	1	3.702	3.702	0.80	>0.05	NS
Columns	1	0.225	0.225	0.05	>0.05	NS
Interaction	1	12.546	12.546	2.72	>0.05	NS
Within	116	534.296	4.606			
Total	119	550.769				

Source: Computed from field data, 2009

Table 6 explains the analysis of covariance in the reduction of truancy behaviour of participants exposed to CRT and those exposed to SDMT. The Table indicates that there was



no significant difference in the reduction of truancy behaviour of participants exposed to cognitive restructuring technique and those exposed to social decision-making technique. The F-ratio of $F_{(1/116)} = 0.80$ is not significant at $P = 0.05$.

Hypothesis Three: This hypothesis states that there is no significant difference in the reduction of truancy behaviour of high- and low-motivated participants exposed to cognitive restructuring technique and social decision making technique. In testing this hypothesis, the ANCOVA statistical method at the alpha level of 0.05 was used to ascertain the investigated outcome. The findings are summarised below in Table 8.

Table 7: Rows and Columns of Adjusted Y-Mean Comparison

Rows	Regression coefficient (Y on X)	N	X-Mean	Y-Mean	Adjusted Y-Mean
CRT	0.519	22	112.045	106.793	111.731
SDMT	0.798	21	106.048	99.762	108.592

Source: Computed from field data, 2009

Table 8: ANCOVA Summary of Reduction of Truancy Behaviour of Participants Exposed to CRT & SDMT.

Source of Variation	DF	Sum Squares	Mean Squares	F	P	Remark
Rows	1	4.294	4.294	1.06	>0.05	NS
Columns	1	24.793	24.793	6.15	<0.05	Sig
Interaction	1	1.137	1.137	0.28	>0.05	NS
Within	116	467.944	4.034			
Total	119	498.168				

Source: Computed from field data, 2009

Table 3 shows the analysis of covariance in the reduction of truancy behaviour of high- and low-motivated participants exposed to CRT and those exposed to SDMT from motivation paradigm. It is observable from the table that there was no significant difference in the reduction of truancy behaviour of high- and low-motivated participants exposed to CRT and SDMT. The F-ratio of $F_{(1/116)} = 1.06$ was not significant at $P = 0.05$.

The result was further interpreted using pair wise comparison to provide an insight to the findings.

Table 9: Rows and Columns of Adjusted Y-Means Comparison.

Rows	Regression coefficient (Y on X)	N	X-Mean	Y-Mean	Adjusted Y-Mean
CRT	0.612	38	128.447	111.316	105.685
SDMT	0.672	39	122.923	106.744	104.679

Source: Computed from field data, 2009

As seen in tables above, the overall X-means was 125.68, while the adjusted Y-means confirmed the superior treatment gain of social decision-making technique over the cognitive restructuring technique.

DISCUSSION

The study investigated the effectiveness of cognitive restructuring and social decision-making techniques on enhancing reduction of truancy behaviour among adolescents in Ibadan,



Oyo State, Nigeria. Each of the hypotheses was based on determining scores of participants on specific components. The results of the study are discussed below.

Hypothesis One: There is no significant difference in the reduction of truancy behaviour of participants exposed to experimental treatment groups and those in the control group.

The results in Table 6 shows that participants exposed to the Cognitive Restructuring Technique (CRT) and Social Decision-making Technique (SDMT) had significant reduction in their truancy behaviour, while those in the control group did not manifest a gain in the undesirable behaviour. This clearly reveals that cognitive restructuring and social decision-making techniques were very effective in reducing truancy behaviour of adolescents in secondary schools. The mean scores of the three groups were 109.573 for CRT, 103.492 for SDMT and 126.134 for control group (Table 4). This shows that the two experimental groups were effective in reducing truancy behaviour of participants when compared with the control group.

Table 3 shows that there was a significant difference in the reduction of truancy behaviour of participants exposed to experimental treatments and those in the control group. The multiple classification analysis table (Table 4) lends credence to the significant differences among the groups. The null hypothesis was, therefore, rejected. This is because the two experimental strategies, that is, cognitive restructuring technique and social decision-making technique, have components which could engender change among the participants.

Gray and Jesson (1990) and Stoll (1994) have attested to the fact that truancy is a behavioural problem, amenable if combated with the right techniques. The studies of Larson and Christensen (1993), Laughlin, Zander, Knievel and Tan (2003) are corroborated by the present finding, that social decision-making technique is an effective therapy. Also, Cognitive Restructuring Technique has several clinical applications, Idowu (1990), Deffenbacher (1992), Jonassen, Beissner and Yacci (1993) assert that the method is very potent in desirable behaviour enhancement through the behavioural avoidance and positive behavioural processes. The participants in the control group had no significant difference in their truancy tendencies after the post-test administration. This underscores credence to the efficacy of cognitive restructuring and social decision-making techniques.

Hypothesis Two: There is no significant difference in the reduction of truancy behaviour of participants exposed to cognitive-restructuring technique and those expose to social decision-making technique.

The finding on this hypothesis indicates that there was no significant difference in the reduction of truancy behaviour of participants exposed to Cognitive Restructuring Technique and those exposed to Social Decision-Making Technique. This implies that the differential mean scores of the two therapies are very marginal. This shows that the two treatment packages are almost equally potent in truancy reduction among school adolescents. The probable reason for this is that the two therapies are cognitively oriented since they involve the ability of an individual to smoothen his/her mental processes in order to tackle a besetting problem or habit. Elias, Gara, Schigler, Branden-Muller & Sayette, (1991) and Elias, Butler, Bruno, Papker and Shapiro (2007) have all attested to the fact that SDMT is a programme that assists individual in acquiring social decision-making skill so as to effectively use those skills in real life with the aim of managing various problems, whereas CRT helps an individual to maximise meaningful learning through modelling, confrontation disputation and self-statements. All these help an individual to step down irrational behaviours and reshape his/her thinking faculty to encourage rational behaviours (Idowu, 1990). Based on this result, the null hypothesis was accepted.



Hypothesis Three: There is no significant difference in the reduction of truancy behaviour of high- and low-motivation participants exposed to experimental treatment and those in the control group.

The null hypothesis was rejected. Table 8 shows that there was a significant difference in the reduction of truancy behaviour of high and low motivation participants exposed to experimental treatment and those in the control group. The computed outcome has the F-ratio $F_{(2,179)} = 59.33$ which was significant at $p < 0.05$ alpha level. The overall mean score of 120.45 confirmed the superior treatment gain of SDMT over the CRT and the control groups. This indicates that the high-motivation respondents had significant improvement in their truancy behaviour more than those with low motivation. Ames (1990) notes that motivation contributes to self-regulation action. Several factors pulled together transform a school child into a motivated learner or non-motivated learner (Shaffer, 1993). These claims are true too in case of truants because their interest in schooling could be sustained through self-motivation. Without appropriate motivation, truants are more likely to be involved in other excesses, such as alcohol and tobacco use, as well as gangsterism (Hallfors, 2002). However, psychological treatment packages are always effective in moderating the motivational process of individuals with behavioural problems such as truancy (Gabb, 1990 and Goldman, 1995). It is, therefore, not surprising that participants in experimental group performed significantly better than those in the control group.

Implications and Conclusion

Government, teachers and parents should work in collaboration to provide the necessary enlightenment that will promote positive feelings for the identification and education of students with truancy behaviour or attitude. The parents in particular should be encouraged to show interest in their children who are truants. The parents should be trained to devote more time so as to understand the areas of weaknesses of their children and wards and their needs.

The teachers should be well informed on the need for identification, encouragement, counselling and referral of such students with truancy behaviour in their regular classrooms to specialists.

The findings of this study should be of interest to experts in the mental health team, that is, counselling psychologists, clinical psychologists, psychiatrists and developmental psychologists, who could use the cognitive restructuring and social decision-making techniques to manage maladaptive behaviours of the clients.

Secondary schools should forge a link between parents and the community, and involve other government departments as well as the private sector in creating awareness about truancy and its negative consequences. For instance, it might be helpful to work with non-governmental organisations, like the juvenile delinquency homes, since truancy is associated with substance abuse and other criminal behaviours. The homes can be requested to offer counselling service to truants and their parents.

There is need for the counsellors to organise workshops and seminars to sensitize parents/guardians and significant others to monitor the children/wards activities in schools.

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