

Effect of Schema Therapy and Assertiveness Training on Avoidant Personality Traits Among Secondary School Students in the Federal Capital Territory, Nigeria: A Quasi-Experimental Study

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Abstract

This study investigated the effect of Schema Therapy and Assertiveness Training on avoidant personality traits among secondary school students in the Federal Capital Territory (FCT), Nigeria. Avoidant personality traits—including social withdrawal, fear of rejection, and low self-worth—often interfere with students' academic performance and peer relationships, yet they are rarely addressed through structured psychological interventions in Nigerian school settings. A quasi-experimental pre-test, post-test control group design was adopted. A sample of 36 students (identified through behavioural screening as exhibiting avoidant personality traits) was selected from three public secondary schools across the FCT. Participants were randomly assigned to one of three groups: Schema Therapy (n = 12), Assertiveness Training (n = 12), or a control group (n = 12). Intervention lasted for 8 weeks, delivered once weekly by trained counselling psychologists. The Avoidant Personality Trait Scale (APTS) was used to collect data pre- and post-intervention. Analysis of Covariance (ANCOVA) was conducted to assess treatment effects, with pre-test scores used as covariates. Findings showed that both Schema Therapy and Assertiveness Training had a statistically significant effect in reducing avoidant personality traits, with Assertiveness Training producing a slightly greater reduction. The study concludes that both interventions are effective school-based tools for reducing avoidance behaviours and promoting social confidence in adolescents. It is recommended that mental health programs in Nigerian schools integrate these interventions to improve students' emotional and social well-being.

Keywords: Schema Therapy, Assertiveness Training, Avoidant Personality Traits, Adolescents, Quasi-Experimental, School Counselling, Nigeria.

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Introduction

Adolescence is a critical developmental stage marked by increased social engagement, identity formation, and emotional sensitivity. For many students, this period is shaped by the ability to form healthy peer relationships, assert personal needs, and cope with social evaluation. However, some adolescents exhibit persistent patterns of social inhibition, fear of rejection, and low self-esteem—hallmark traits of Avoidant Personality Disorder (APD) or avoidant personality tendencies (American Psychiatric Association, 2023). These traits may not meet the clinical threshold for diagnosis but nonetheless interfere with academic performance, interpersonal functioning, and emotional well-being. In Nigerian secondary schools, students exhibiting avoidant traits often remain unidentified or unsupported due to the stigma around mental health and the absence of structured school-based psychological interventions. As reported by Peter (2022), students with high levels of social avoidance tend to disengage from group learning activities, fear criticism from peers and teachers, and often experience chronic underperformance despite cognitive potential. This pattern has long-term implications, including social isolation, depressive symptoms, and poor self-concept (Charles, 2021).

Avoidant personality traits are not merely shyness; they involve pervasive cognitive schemas such as self-devaluation, fear of embarrassment, and assumptions of rejection by others (Young, Klosko, & Weishaar, 2003). These cognitive distortions are often rooted in early negative experiences and can be effectively challenged through structured interventions. Among the most promising are Schema Therapy—a third-wave cognitive-behavioural approach that targets deep-seated maladaptive thought patterns—and Assertiveness Training, which equips individuals with interpersonal skills necessary to navigate social interactions confidently (Jacob, 2023; Speed, 2024). Schema Therapy seeks to modify maladaptive schemas by promoting self-awareness, re-parenting, and emotional regulation techniques. It is especially suitable for adolescents struggling with chronic avoidance and low self-worth, as it goes beyond surface-level behavioural change (Jacob & Arntz, 2023). On the other hand, Assertiveness Training helps adolescents develop the ability to express thoughts and emotions appropriately, handle social pressure, and reduce passive or avoidant responses (Speed et al., 2017). In school settings, both interventions can be delivered in group formats, making them accessible and cost-effective.

Despite the potential benefits of these therapies, their application in Nigerian school systems is limited. Few empirical studies have examined their comparative effectiveness among adolescents with avoidant personality traits in this context. This lack of data hinders the development of culturally appropriate and evidence-based mental health interventions in schools. This study, therefore, investigates the effect of Schema Therapy and Assertiveness Training on avoidant personality traits among secondary school students in the FCT, Nigeria. By using a quasi-experimental design, the research aims to provide empirical evidence that can inform school counselling practices and policy implementation targeted at adolescent emotional health.

Research Questions

1. What is the effect of Schema Therapy on avoidant personality traits among secondary school students in FCT, Nigeria?
2. What is the effect of Assertiveness Training on avoidant personality traits among secondary school students in FCT, Nigeria?
3. Is there a significant difference between the effects of Schema Therapy and Assertiveness Training on avoidant personality traits among secondary school students?

Methodology

A quasi-experimental pre-test, post-test control group design was adopted to examine the effects of Schema Therapy (ST) and Assertiveness Training (AT) on avoidant personality traits among adolescents. The study involved three groups: ST, AT, and a control group. The population comprised SS2 students in public secondary schools within the Federal Capital Territory (FCT), Nigeria, identified through counselling units and behavioural assessments as exhibiting avoidant personality traits. Using purposive and stratified random sampling, three schools (one from each of AMAC, Kuje, and Bwari Area Councils) were selected. From these, 36 students were chosen and randomly assigned to ST ($n = 12$), AT ($n = 12$), and Control ($n = 12$). Data were collected using the 20-item Avoidant Personality Trait Questionnaire (APTQ), adapted from the Millon Clinical Multiaxial Inventory (MCMI-III). Items measured sensitivity to rejection, social inhibition, fear of criticism, and feelings of inadequacy on a 4-point Likert scale. Content validity was established through expert review; a pilot test yielded a Cronbach's alpha of 0.84. All participants completed the APTQ as a pre-test. Over eight weeks, the ST group received schema-focused group therapy, while the AT group engaged in weekly assertiveness skills training. The control group received no treatment. Each session lasted 60 minutes, facilitated by trained counselling psychologists. Post-tests were administered to all groups at the end of the intervention. Descriptive statistics (mean, SD) summarized the data, while ANCOVA controlled for pre-test scores to assess treatment effects. Hypotheses were tested at the 0.05 significance level.

Results and Discussion

Table 1. Descriptive Statistics Summary.

Group	N	Pre-Test Mean	Post-Test Mean	Std. Dev.
Schema Therapy (ST)	12	2.58	3.42	0.54
Assertiveness Training (AT)	12	2.62	3.68	0.49

Group	N	Pre-Test Mean	Post-Test Mean	Std. Dev.
Control Group (CG)	12	2.61	2.71	0.97

Hypothesis 1

H₀₁: There is no significant effect of Schema Therapy on avoidant personality traits among secondary school students.

Table 2. ANCOVA Summary – ST vs Control.

Source	SS	Df	MS	F	p-value
Pre-test (Covariate)	0.413	1	0.413	2.01	.165
Group (ST vs Control)	2.715	1	2.715	8.44	.007
Error	7.204	22	0.328		
Total	—	—	—		

The ANCOVA result shows a statistically significant effect of Schema Therapy, $F(1, 22) = 8.44$, $p = .007$. Therefore, H_{01} is rejected. Schema Therapy significantly reduced avoidant personality traits compared to the control group.

Hypothesis 2

H₀₂: There is no significant effect of **Assertiveness Training** on avoidant personality traits among secondary school students.

Table 3. ANCOVA Summary – AT vs Control.

Source	SS	Df	MS	F	p-value
Pre-test (Covariate)	0.472	1	0.472	2.22	.150
Group (AT vs Control)	3.504	1	3.504	11.56	.003

Source	SS	Df	MS	F	p-value
Error	6.674	22	0.303		
Total	—	—	—		

Assertiveness Training had a significant effect, $F(1, 22) = 11.56$, $p = .003$. H_{02} is rejected, indicating Assertiveness Training significantly reduced avoidant personality traits.

Hypothesis 3

H_{03} : There is no significant difference between the effects of Schema Therapy and Assertiveness Training on avoidant personality traits.

Table 4. ANCOVA Summary – ST vs AT.

Source	SS	Df	MS	F	p-value
Pre-test (Covariate)	0.293	1	0.293	1.11	.304
Group (ST vs AT)	1.168	1	1.168	4.39	.048
Error	4.576	20	0.229		
Total	—	—	—		

A statistically significant difference exists between Schema Therapy and Assertiveness Training, $F(1, 20) = 4.39$, $p = .048$. H_{03} is rejected, and Assertiveness Training had a slightly greater effect in reducing avoidant traits.

Discussion of Findings

This study examined the effect of Schema Therapy (ST) and Assertiveness Training (AT) on avoidant personality traits among secondary school students in the Federal Capital Territory (FCT), Nigeria. The findings revealed that both interventions significantly reduced avoidant tendencies compared to the control group, with Assertiveness Training showing a slightly higher effect.

The result from Hypothesis 1 showed that Schema Therapy significantly reduced avoidant personality traits among participants ($F(1, 22) = 8.44$, $p = .007$). This supports the work of Robert et al. (2023) that identifies

Schema Therapy as a useful treatment for personality disorders, especially those rooted in early maladaptive beliefs and relational trauma. ST addresses deep-seated cognitive patterns such as rejection sensitivity, emotional inhibition, and social withdrawal, all of which are common in individuals with avoidant traits. By helping students identify and challenge these entrenched schemas, ST fosters healthier thought patterns and interpersonal functioning. This finding is consistent with the work of Young et al. (2020), who emphasized the usefulness of Schema Therapy in breaking negative self-beliefs formed during childhood that manifest in adolescence as personality dysfunctions. The study confirms that schema-based interventions are adaptable for school settings and can be used preventively before these traits harden into lifelong personality disorders.

The second hypothesis tested the impact of Assertiveness Training, which also showed a statistically significant effect on reducing avoidant traits ($F(1, 22) = 11.56, p = .003$). This suggests that teaching students how to express their thoughts, opinions, and boundaries clearly and respectfully can diminish patterns of avoidance and social withdrawal. Assertiveness skills are particularly effective in combatting core APD symptoms such as fear of rejection, low self-esteem, and difficulty initiating relationships.

These findings align with earlier studies by Alberti and Emmons (2017), who noted that assertiveness skills empower individuals with social inhibition to develop confidence in interpersonal situations. For students, this training helps overcome the paralysis that comes with negative evaluation fears, giving them practical behavioral alternatives.

The third hypothesis revealed a statistically significant difference between ST and AT, with Assertiveness Training showing slightly higher post-test gains ($F(1, 20) = 4.39, p = .048$). This suggests that while Schema Therapy addresses deep-rooted cognitive schemas, Assertiveness Training offers more immediate, actionable behavioral skills that students can apply in daily interactions. The practical nature of AT—through role-play, modeling, and feedback—may explain why students responded more quickly to it within the 12-week intervention period. This finding resonates with the work of Herbert et al. (2015), who noted that social skill-based treatments offer quicker observable improvements in avoidant behaviors than cognitive-based ones, especially among adolescents.

Conclusion

This quasi-experimental study investigated the effectiveness of Schema Therapy (ST) and Assertiveness Training (AT) in reducing avoidant personality traits among secondary school students in the Federal Capital Territory, Nigeria. Based on the ANCOVA results, both therapeutic interventions significantly reduced avoidant personality traits when compared to the control group. Schema Therapy proved effective by helping students identify and reframe deep-seated negative beliefs and self-perceptions that fuel social withdrawal, emotional inhibition, and rejection sensitivity. Assertiveness Training, on the other hand, provided students with practical tools to improve self-expression, social confidence, and boundary-setting—core deficits in avoidant behavior. While both interventions were beneficial, Assertiveness Training demonstrated a stronger immediate impact, likely due to its direct focus on social behavior and

interpersonal engagement. These findings emphasize the importance of integrating structured psychological interventions into school counselling programs to support the emotional and social development of students exhibiting signs of avoidant personality traits. Based on the findings of the study, it was recommended that secondary schools particularly in the FCT should incorporate structured assertiveness modules within their counselling programs. These modules should include role-plays, peer interactions, and communication drills to help students overcome social anxiety and build self-confidence. Given the effectiveness of Schema Therapy in addressing underlying cognitive distortions, school psychologists and counsellors should be trained in delivering schema-based interventions. ST can be used for students showing signs of emotional inhibition, self-defeating beliefs, and chronic fear of rejection, particularly those not responding to surface-level behavioural techniques. Furthermore, schools should invest in continuous professional development for their guidance and counselling teams. Training in techniques such as ST and AT equip them to offer customized support to students at risk of developing personality disorders, promoting long-term emotional resilience and social functionality.

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