

Effectiveness of Group Training of Assertiveness on Social Anxiety among Deaf and Hard of Hearing Adolescents

Hamed Ahmadi¹
Parviz Sharifi Daramadi²
Majid Asadi-Samani³
Hamed givtaj⁴
Mohammad Reza Mahmoudian Sani⁵

Abstract

The present study was conducted to compare the effectiveness of assertiveness group training on social anxiety (SAD) between deaf and hearing impaired adolescents. Forty eight (24 deaf and 24 hearing impaired) people participated in this study. First, participants with SAD, i.e. attaining the scores above 40 for Connor's Social Inventory Scale 2000 (SPIN), were selected according to convenience sampling and randomly assigned to two groups, i.e. intervention and control. Then, assertiveness group training was conducted for intervention group within 10 sessions, and immediately after completion of the training sessions, SPIN was re-administered to the two groups. ANCOVA showed that the effectiveness of assertiveness group training on SAD is different between deaf and hearing impaired participants, i.e. assertiveness group training was effective on improvement of SAD in hearing impaired participants but not deaf ones. Therefore, it is recommended to incorporate assertiveness group training in the educational programs developed for adolescents with ear disorders especially hearing impairment.

Keywords: social anxiety, assertiveness training, deaf, hearing impairment.

¹School of Psychology, Allame Tabatabaee University, Tehran, Iran. E-mail: hamed.psychologist@gmail.com

²School of Psychology, Allame Tabatabaee University, Tehran, Iran. E-mail: Dr_sharifidaramadi@yahoo.com

³Medical Plants Research Center, Shahrekord University of Medical Sciences, Shahrekord, Iran. E-mail: biology_2011@yahoo.com

⁴Payame Noor university Kish international Unit, Iran. E-mail: hamedgivtaj@gmail.com

⁵Research Center for Molecular Medicine, Hamadan University of Medical Sciences, Hamadan, Iran, E-mail: mohamadsani495@gmail.com

Institution: Hamadan University of Medical Sciences

Send correspondence to:

Mohammad Reza Mahmoudian Sani

Research Center for Molecular Medicine, Hamadan University of Medical Sciences, Hamadan, Iran, E-mail: mohamadsani495@gmail.com

Paper submitted to the ITJ-EM (Editorial Manager System) on December 19, 2016;

and accepted on January 23, 2017.

INTRODUCTION

Bilateral permanent childhood hearing impairment affects approximately 1 to 1.3 of every 1000 live births¹⁻³. This physical handicap influences communication and cognitive functioning but can also result in an increase in psychopathological symptoms⁴⁻⁶. Children with hearing loss are at risk of developing psychopathology, which has detrimental consequences for academic and psychosocial functioning later in life. People with hearing loss encounter practical and social problems beyond those experienced by people who have their hearing. This may increase the risk of people with hearing loss developing mental health problems⁷. People who lose their hearing may give up interests and activities and this can impact on psychological well being⁷. Hearing loss can have an impact on quality of life and can lead to isolation, anxiety and depression⁸. Losing one's hearing due to illness or age may also lead to sadness about the loss of hearing and impact on one's mental health and wellbeing^{9,10}. Poor communication plays a large part in increasing the risk of anxiety and depression in deaf and hard of hearing people. Some deaf people are proactive in finding ways to communicate, such as pen and paper, etc. Other deaf people become shy and withdrawn. Adolescence is the stage of development between childhood and adulthood. During adolescence, peer relationships deepen¹¹. The onset of adolescence is concurrent with early sexual maturation which may occur in school ages¹². Adolescence is characterized with physical and psychosocial changes associated with intense emotions¹³. Moreover, depression, anxiety, and low self-confidence are some of the most prevalent psychiatric disorders among adolescents¹⁴. Ear impairment refers to defect in or damage to auditory mechanism and its severity ranges between mild to severe deafness. People with hearing impairment may suffer from partial to complete inability to hear¹⁵. Adolescents with hearing loss, as with hearing adolescents, have been reported to have normal distribution of intelligence scores¹⁶. However, certain debilitating behavioural problems are prevalent in people with hearing impairment that cause many difficulties for these people and their families¹⁷. Generally, hearing impairments may be presented as various responses in individual, educational, and social arenas. Hearing impairment may lead to delayed speech, paranoia and isolation in individual arena, unreal laziness and false educational backwardness in educational arena, and antisocial disorders and reactions and even taking revenge in social arena. Social anxiety disorder (SAD) is one of the problems among children and adolescents with hearing impairment. Children and adolescents with hearing impairment have been found suffer from more behavioural and emotional problems, including social anxiety, than normal people do¹⁸. Anxiety is not a recently known disorder, and people at any stages of life and from any culture may experience it¹⁹. In the recent two decades, SAD has been recognized as one of the most prevalent chronic psychiatric disorders and the most common

anxiety disorder. SAD refers to extreme or irrational fear of being evaluated or judged in social performance-based situations²⁰.

Recent epidemiological studies have reported the lifetime prevalence of SAD to be 2.4-16% in general population, and SAD is more prevalent in adolescent populations²¹. SAD affects mental health of affected people and health of both affected people and communities very adversely²². Reduced accountability²³ and absence from work²⁴. Are two outcomes of social anxiety. Generally, children and adolescents with SAD suffer from severe emotional, academic, and social damage²⁵. Studies have demonstrated that assertiveness training can affect the problems with cognitive and behavioral dimensions such as anxiety, depression, social phobia, and increased social interactions²⁶. Assertiveness training is meant to help people change their attitudes toward life, improve their assertiveness, express their mood and thoughts rationally and therefore boost their self-confidence. Assertiveness training has been widely used for people at different ages and in different fields. It is believed that assertiveness group training has many advantages over individual training, as the members can practice assertive behaviors in the classroom and learn from each other. Besides that, there are more opportunities to persuade, encourage, and boost assertiveness in a group²⁷.

Many children and adolescents with hearing impairment suffer from many emotional, intellectual, and social disorders, most important of which are SAD and incidence of socially inappropriate behaviors. Moreover, most of these children and adolescents experience academic failure, school drop, avoidance, isolation, and depression. More clearly, children and adolescents with hearing impairment are shy and non-assertiveness, and their feelings of self-worth is gradually minimized. As a result, their motivations to do things are reduced and therefore experience failures consecutively. These failures cause them to develop this belief that they will never be successful at the community level. Facing bitter and unsuccessful experiences causes development of non-assertiveness in these people that is gradually boosted over time. Because these disorders and associated problems affect the process of growth in children and adolescents, especially those with hearing impairment, adversely, are considered the main barriers to rehabilitation, and causes certain limitations for then in social interactions, then it is vital to offer strategies and interventional programs that help decrease psychiatric and behavioral disorders and make training and rehabilitation efficient in these children and adolescents. To treat social anxiety, various theoretical points of view and, by extension, numerous approaches have been offered. Assertiveness training is an interventional programs that contributes to enhancement of self-esteem, relief of anxiety, stress, and depression, improvement of communication-social skills, rational expression of thoughts and emotions, observance of others' rights yet gaining of one's own rights, and ultimately improvement

of life satisfaction and happiness. Assessment training has been found to help enhance assertiveness, self-esteem, interpersonal interactions, and communication skills as well as relieve SAD²⁷. A study conducted on a group of students and university students suffering from high levels of anxiety and low assertiveness demonstrated that the effect of assertiveness training was more marked in the intervention groups than in control groups, and helped relieve anxiety and increase assertiveness^{28,29}.

Purpose of the study

Therefore, regarding the traits of non-assertiveness people with hearing impairment and the potential optimal effects of assertiveness training among these people, this study was conducted to investigate the effectiveness of assertiveness training on relief of SAD in non-assertiveness adolescents with hearing impairment. In other words, the main purpose of this study is to investigate whether assertiveness group training contributes to relief of SAD among adolescents with hearing impairments and whether the effectiveness of this type of assertiveness training on levels of SAD is different between adolescents with partial and complete inability to hear. Accordingly, four hypotheses are raised in this study:

1. The effectiveness of assertiveness group training on levels of SAD is different between adolescents with partial and complete inability to hear;
2. The effectiveness of assertiveness group training on levels of fear is different between adolescents with partial and complete inability to hear;
3. The effectiveness of assertiveness group training on levels of assertiveness is different between adolescents with partial and complete inability to hear;
4. The effectiveness of assertiveness group training on levels of Physiological discomfort is different between adolescents with partial and complete inability to hear;

MATERIALS AND METHODS

Study design, study population, and sampling

In this semi-experimental, controlled study involving pretest-post-test, study population consisted of all deaf and hearing impaired students of schools of special education needs aged 12-16 years diagnosed with SAD in Shahrekord, southwest Iran. Forty eight, 24 deaf and 24 hearing impaired, adolescents were enrolled in the study by convenience sampling after they were diagnosed with SAD in the light of their scores (above 40) for Connor Social Phobia Inventory 2000 (SPIN) administered to them. Twelve deaf and 12 hearing impaired participants were randomly assigned to intervention group and the rest to control group. According to the findings, to interpret the scores, SPIN distinguishes people with SAD from those without SAD with cutoff point and diagnosis efficiency of 40 (50) and 80% (89%).

Study instruments

SPIN: In this study, SPIN, developed by Connor et al to investigate social anxiety, was used to gather data. This inventory is to investigate three clinical domains of social phobia, i.e. fear, avoidance, and physiological symptoms of social anxiety. SPIN is a self-assessment scale consisting of 17 items to investigate three subscales, fear (six items), avoidance (seven items), and physiological discomfort (four items).

The items are rated using a 5-point scale: 0 = not at all, 1 = a little bit, 2 = somewhat, 3 = very much, and 4 = extremely. Therefore, the total score for SPIN ranges from 0 to 68. This instrument has been reported to have high validity and reliability. Its reliability was derived 0.78-0.89 by test-retest for people with social phobia and its internal consistency (Cronbach's alpha) obtained 0.94 for a normal population. Besides that, Cronbach's alpha of the subscales fear, avoidance, and physiological discomfort was reported to be 0.89, 0.91, and 0.80 respectively. Construct validity was investigated by comparison of the scores of two groups of the respondents; one diagnosed with SAD and the other consisting of normal people diagnosed with no psychiatric disorders. The scores of the two groups were significantly different representing high validity of SPIN.

Program of assertiveness group training

In the program of assertiveness group training, certain skills were thought to boost assertiveness and improve assertive behavior in non-assertiveness people within 10-60 minute sessions by a trainer of children and adolescents with hearing impairment. For each session, certain purposes were set and the training and activities were aligned with and implemented according to these purposes. At completion of each session, the participants were asked to do a number of assignments to help learn the taught materials to them better. This program included certain subjects including rejecting a request, expressing one's own limitations, requesting, initiating a social encounter, expressing positive feelings, dealing with and embracing criticism, accepting that one is different from others, and being assertive in situations in which one should help and receives negative feedback.

Procedure of the study

After the university provided approval for the protocol of the study and necessary coordinations were made with Education Organization and Special Education Office of Chaharmahal va Bakhtiari Province as well as the schools, SPIN was administered to all the students to select the samples, and then the samples were randomly assigned to two groups, intervention and control. First, some explanations about the research purposes and the instruments were given to the samples of both groups and SPIN was administered to them under similar conditions. This administration was considered pretest. After pretest, only intervention group attended ten sessions of assertiveness training (Table 1). Immediately after completion of the sessions of assertiveness training,

SPIN was re-administered to both groups under similar conditions. Then, the data were analyzed.

Data analysis

To analyze the data, descriptive and inferential statistics were used. For descriptive statistics, frequency, central tendency indexes (mean, mode) and distribution indexes (variance, standard deviation, mean standard error) were used. For inferential statistics, ANCONA was used.

RESULTS

As shown in Table 2, the mean scores of all subgroups in intervention and control group were not so much different. The standard deviation of all groups were also different. Then, ANCOVA was performed using SPSS to see whether the differences between the groups were significant or not. The results are presented in Table 3.

According to Table 3, the mean differences between the groups were not significant. The level of significance for all groups of Social anxiety disorder, Fear, Avoidance, and Physiological discomfort were respectively, 0.296, 0.239, 0.414 and 0.254 that are above 0.5.

This shows that none of the studied variables are significantly different in both intervention and control groups of deaf adolescents between pretest and post-

test. Therefore, it can be argued that assertiveness group training was not effective on SAD in deaf adolescents.

As Table 4 demonstrates, there are a lot of differences between mean scores of the all subgroups in intervention and control group. Then, ANCOVA was performed to determine whether the differences between the groups were significant or not. The results are presented in Table 3.

As Table 5 demonstrates, except than the Physiological discomfort group mean differences between the groups were significant. The level of significance for Physiological discomfort group was 0.68 which is above 0.5 and is not significant. But, for other groups the level of significance were 0.000 which is less than 0.5 and is significant. SAD, fear, and avoidance are significantly different between the intervention and control groups of hearing impaired adolescents at both pretest and post-test. Therefore, it can be argued that assertiveness group training program was effective on SAD, fear, and avoidance in hearing impaired adolescents. However, physiological discomfort was not significantly different between the intervention and control groups at both pretest and post-test.

DISCUSSION AND CONCLUSION

The present study was conducted to compare

Table 1. Summarizes the contents of each session.

session 1	Introducing participants to each other, declaring regulations of group and purposes of forming it, positive feedback on the way of introducing the participants regarding eye-contact, facial expression, body gestures, and tone of voice.
Session 2	Examining the completed assignments and giving feedback, paying attention to and practicing nonverbal behaviors such as smiling, facial expressions and tone of voice, practicing how to continue social debates.
session 3	Checking the assignments and giving feedback, distinguishing nonassertive, aggressive, and assertive behaviour, recognizing individual rights.
Session 4	Examining the assignments and giving feedback, practicing how to request and how to reject request, dealing with others' criticisms, expressing positive and negative feelings in different conditions.
Session 5	Examining the assignments and giving feedback, differentiating thought, feeling, and behavior, and defining rational emotive principles and expressing irrational thoughts.
Session 6	Examining the assignments and giving feedback, advising of human's being value and having many capabilities, explaining the association between enjoying social skills and positive self-image.
Session 7	Examining the assignments and giving feedback, defining individual differences and differentiating people from each other, examining physical, mental, and psychological differences among people, practicing how to say no, practicing assertiveness, expressing ideas, and dealing with others.
Session 8	Examining the assignments and giving feedback, expressing one's own positive traits using the word I, practicing breaking the silence and talking in group.
Session 9	Examining the assignments and giving feedback, defining individual differences and differentiating people from each other, examining physical, mental, and psychological differences among people, practicing how to say no, practicing assertiveness, expressing ideas, and dealing with others.
Session 10	Examining the assignments and giving feedback, the participants' feedback and reflections on all the sessions of group therapy, evaluating the outcomes of the sessions, and acknowledging.

Table 2. Descriptive Statistics of the Deaf Participants' Performance on Social anxiety disorder, Fear, Avoidance and Physiological discomfort in Pre and Posttest.

Group	Statistic Situation variable	N		Mean		Standard deviation	
				Groups' means in Pre-test	Groups' means in Post-test		
Intervention	Social anxiety disorder	12	12	19.9444	19.8056	5.20958	5.0924
	Fear	12	12	21.9167	21.6667	1.80067	1.31426
	Avoidance	12	12	25.1667	24.75	98473	1.74946
	Physiological discomfort	12	12	13.0833	13	79296	85280
Control	Social anxiety disorder	12	12	20.08331	20.0556	5.27189	5.23693
	Fear	12	12	22.1667	22.0833	1.43548	1.08362
	Avoidance	12	12	25.0833	24.8333	93744	1.1547
	Physiological discomfort	12	12	13	12.9167	73855	66856

Table 3. ANCOVA results on studied variables in intervention and control groups of deaf adolescents.

Variables	Situation	Total square	df	Mean square	F	Level of significance
Social anxiety disorder	Pretest	1843.524	1	1843.524	9083.421	000
	Group	225	1	225	1.108	296
	Error	14.004	69	203		
Fear	Pretest	6.189	1	6.189	24.09	000/0
	Group	377	1	543.992	1.467	0.239
	Error	5.395	21	257		
Avoidance	Pretest	4.671	1	4.671	30.223	0.0000
	Group	108	1	108	696	414
	Error	3.246	21	155		
Physiological discomfort	Pretest	11.148	1	11.148	132.398	0.0000
	Group	289	1	268	961	254
	Error	16.003	28	123		0/000

Table 4. Descriptive Statistics of the hearing- impaired Participants' Performance on Social anxiety disorder, Fear, Avoidance and Physiological discomfort in Pre and Posttest.

Group	Statistic Situation variable	N	Mean		Standard deviation		
			Groups' means in Pre-test	Groups' means in Post- test			
Intervention	Social anxiety disorder	12	12	20.0278	14.6111	5.10174	1.15333
	Fear	12	12	22.0833	15.0833	79296	66856
	Avoidance	12	12	25.4167	15.4167	1.24011	88763
	Physiological discomfort	12	12	13.5	13.3333	67420	77850
Control	Social anxiety disorder	12	12	20.1944	20.1944	5.14265	5.14265
	Fear	12	12	22.3333	22.0833	65134	90034
	Avoidance	12	12	25	24.8333	93744	90034
	Physiological discomfort	12	12	13.25	13.1667	75378	71774

Table 5. ANCOVA results on studied variables in intervention and control groups of hearing impaired adolescents.

Variables	Situation	Total square	df	Mean square	F	Level of significance
Social anxiety disorder	Pretest	633.5	1	633.5	134.9	000/0
	Group	543.992	1	543.992	115.84	0.000
	Error	324.028	69	4.696		
Fear	Pretest	1.109	1	1.109	1.829	191/0
	Group	278.523	1	278.523	459.651	0.000
	Error	12.725	21	606		
Avoidance	Pretest	954	1	954	2.626	120
	Group	490.279	1	490.279	1349.518	0.000
	Error	7.629	21	363		
Physiological discomfort	Pretest	9.8	1	9.8	81.237	0.000
	Group	026	1	026	214	648
	Error	2.533	21	121		

the effectiveness of assertiveness group training SAD between deaf and hearing impaired adolescents. The findings of this study demonstrated that assertiveness group training was effective on SAD among the hearing impaired adolescents; in other words, assertiveness group training could improve SAD in the hearing impaired adolescents. Therefore, the first hypothesis of this research, i.e. the effectiveness of assertiveness group training on SAD is different between deaf and hearing impaired adolescents, is confirmed. As already mentioned, the program of assertiveness training is an interventional approach to enhance self-esteem, express thoughts and emotions rationally, relieve anxiety, stress, and depression, and improve communication-social skills, and various studies have been conducted

using this interventional approach. Training assertive behaviors contributed to interpersonal relationships in critical situations among women³⁰. Paterson et al study on a group of students and university students with high anxiety and non-assertiveness demonstrated that training assertiveness helped relieve stress and improve assertiveness²⁸. Warland et al. found that university students' scores for assertiveness generally improved after training assertiveness to them³¹. The findings of the present study confirmed the second hypothesis, i.e. the effectiveness of assertiveness group training on fear is different between deaf and hearing impaired adolescents. More clearly, hearing impaired adolescents' fear can be reduced by assertiveness group training. To the best of our knowledge, no study was found to report consistent

findings with the present study. A study found that training assertiveness skills caused coping behaviors to increase and non-coping behaviors to decrease among the students³². The third hypothesis of the study stating that the effectiveness of assertiveness group training on levels of avoidance is different between adolescents with partial and complete inability to hear was also confirmed. This means that assertiveness group training was effective on the levels of avoidance and caused improvement of avoidance in hearing impaired adolescents. The findings did not confirm the last hypothesis of this study, i.e. the effectiveness of assertiveness group training on levels of assertiveness is different between adolescents with partial and complete inability to hear. This means that assertiveness group training was not effective on the levels of physiological discomfort among deaf and hearing impaired adolescents. To the best of our knowledge, no study was found to report consistent findings with the present study. To explain the findings of the current study, it can be argued that the remaining hearing sense and language skills of hearing impaired children and adolescents are appropriately evolved in the structures of school and family, that leads to internalization of positive self-concept in them. As a result, an appropriate context is provided to train assertiveness to these children and adolescents. Therefore, equipping people with hearing impairment, especially hearing loss, with assertiveness skills depends on their remaining hearing sense such that SAD and its components such as fear and avoidance can be improved. For this reason, the remaining hearing sense persuades hearing impaired adolescents to exploit this amount of hearing as much as possible compared with deaf adolescents and therefore use assertiveness training programs to cope with SAD which is considered a main problem in these adolescents. To explain lack of confirmation of the fourth hypothesis, we can argue that physiological discomfort has a bodily basis and therefore has not been affected by hearing quantity and quality and assertiveness training program in this study. However, it can be argued that generally assertiveness group training has optimal effects on the levels of SAD in adolescents with hearing impairment, especially hearing loss. Therefore, it is recommended training of social skills, such as assertiveness, be incorporated into the curricula in the schools for hearing impaired students. Besides that, the parents with hearing impaired children are recommended to teach assertiveness skills to them. Similar studies can be conducted to comparatively investigate hearing impaired and hearing children.

ACKNOWLEDGMENT

Study has been funded by department of psychology and educational sciences, school of psychology, Allame Tabatabaei University, Tehran, Iran, as a Master of Science thesis.

REFERENCES

- Fortnum H, Davis A. Epidemiology of permanent childhood hearing impairment in Trent Region, 1985-1993. *Br J Audiol.* 1997;31(6):409-46.

- Fortnum HM, Davis A, Summerfield AQ, Marshall DH, Davis AC, Bamford JM, et al. Prevalence of permanent childhood hearing impairment in the United Kingdom and implications for universal neonatal hearing screening: questionnaire based ascertainment study. *Commentary: Universal newborn hearing screening: implications for coordinating and developing services for deaf and hearing impaired children.* *BMJ.* 2001;323(7312):536.
- Watkin P, Baldwin M. Identifying deafness in early childhood: requirements after the newborn hearing screen. *Arch Dis Child.* 2011;96(1):62-6.
- Hindley PA, Hill PD, McGuigan S, Kitson N. Psychiatric disorder in deaf and hearing impaired children and young people: a prevalence study. *J Child Psychol Psychiatry.* 1994;35(5):917-34.
- Moeller MP. Current state of knowledge: psychosocial development in children with hearing impairment. *Ear Hear.* 2007;28(6):729-39.
- Fellinger J, Holzinger D, Pollard R. Mental health of deaf people. *The Lancet.* 2012;379(9820):1037-44.
- Kvam MH, Loeb M, Tambs K. Mental health in deaf adults: symptoms of anxiety and depression among hearing and deaf individuals. *Journal of Deaf Studies and Deaf Education.* 2007;12(1):1-7.
- Werngren-Elgström M, Dehlin O, Iwarsson S. Aspects of quality of life in persons with pre-lingual deafness using sign language: subjective wellbeing, ill-health symptoms, depression and insomnia. *Arch Gerontol Geriatr.* 2003;37(1):13-24.
- Ishine M, Okumiya K, Matsubayashi K. A Close Association between Hearing Impairment and Activities of Daily Living, Depression, and Quality of Life in Community-Dwelling Older People in Japan. *J Am Geriatr Soc.* 2007;55(2):316-7.
- Chou KL, Chi I. Combined effect of vision and hearing impairment on depression in elderly Chinese. *Int J Geriatr Psychiatry.* 2004;19(9):825-32.
- Sadock BJ, Sadock VA. Kaplan & Sadock's concise textbook of clinical psychiatry: Lippincott Williams & Wilkins; 2008.
- Ashwill J, James S, Droske S. Nursing care of child principles & practice. USA: Saunders; 2002.
- Hooper CJ, Luciana M, Conklin HM, Yarger RS. Adolescents' performance on the Iowa Gambling Task: implications for the development of decision making and ventromedial prefrontal cortex. *Dev Psychol.* 2004;40(6):1148.
- Milne LC, Lancaster S. Predictors of depression in female adolescents. *Adolescence.* 2001;36(142):207.
- Bhuvanewari M, Immanuel S. Psychological Issues among Hearing Impaired Adolescents. *Education Sciences & Psychology.* 2013;24(2).
- Vernon M. Fifty years of research on the intelligence of deaf and hard-of-hearing children: A review of literature and discussion of implications. *J Deaf Stud Deaf Educ.* 2005;10(3):225-31.
- Kauffman JM. Characteristics of emotional and behavioral disorders of children and youth: ERIC; 1997.
- Hindley PA. Mental health problems in deaf children. *Current Paediatrics.* 2005;15(2):114-9.
- Crawford AM, Manassis K. Familial predictors of treatment outcome in childhood anxiety disorders. *J Am Acad Child Adolesc Psychiatry.* 2001;40(10):1182-9.
- Wild J, Clark DM, Ehlers A, McManus F. Perception of arousal in social anxiety: Effects of false feedback during a social interaction. *J Behav Ther Exp Psychiatry.* 2008;39(2):102-16.
- Gee BA, Antony MM, Koerner N. Disclosure of anxiety in everyday life: Effects of social anxiety. *Personality and Individual Differences.* 2013;54(3):438-41.
- Beidel DC, Alfano CA. Child anxiety disorders: A guide to research and treatment: Taylor & Francis; 2011.
- Dewald JF, Meijer AM, Oort FJ, Kerkhof GA, Bögels SM. The influence of sleep quality, sleep duration and sleepiness on school performance in children and adolescents: a meta-analytic review. *Sleep Med Rev.* 2010;14(3):179-89.
- Acarturk C, de Graaf R, Van Straten A, Ten Have M, Cuijpers P. Social phobia and number of social fears, and their association with comorbidity, health-related quality of life and help seeking. *Soc Psychiatry Psychiatr Epidemiol.* 2008;43(4):273-9.
- Beidel DC, Turner SM. Shy children, phobic adults: Nature and treatment of social anxiety disorder: American Psychological Association Washington, DC; 2007.

-
26. Eurelings-Bontekoe EH, Hekman-Van Steeg J, Verschuur MJ. The association between personality, attachment, psychological distress, church denomination and the God concept among a non-clinical sample. *Mental Health, Religion & Culture*. 2005;8(2):141-54.
 27. Lin YR, Shiah IS, Chang YC, Lai TJ, Wang KY, Chou KR. Evaluation of an assertiveness training program on nursing and medical students' assertiveness, self-esteem, and interpersonal communication satisfaction. *Nurse Educ Today*. 2004;24(8):656-65.
 28. Nota L, Soresi S. An assertiveness training program for indecisive students attending an Italian university. *The Career Development Quarterly*. 2003;51(4):322-34.
 29. Paterson M, Green J, Basson C, Ross F. Probability of assertive behaviour, interpersonal anxiety and self-efficacy of South African registered dietitians. *J Hum Nutr Diet*. 2002;15(1):9-17.
 30. Novidfar B, Sharifi Daramadi P, Mahboobi K. Effect of training Program Assertiveness training Group to increase social Skills School Students with hearing Impairment City Boukan. 2012.
 31. Warland J, McKellar L, Diaz M. Assertiveness training for undergraduate midwifery students. *Nurse education in practice*. 2014;14(6):752-6.
 32. Hargie O, Saunders C, Dickson D. *Social skills in interpersonal communication*: Psychology Press; 1994.