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The Efficiency of Group Cognitive-Behavioral Consulting Techniques for Aggression Control and Children's Social Adjustment

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ABSTRACT
This research is a semi- experimental research that has been done in order to survey the efficiency of group cognitive-behavioral consulting techniques for aggression control in students with conduct disorder. For this purpose a group of 30 students (15 boys and 15 girls based on the result of aggression questionnaire and diagnostic interview based on DSM-IV) among the student with conduct disorder in guidance schools in Neishabour were chosen and placed in 3 educational groups (level 1,2,3 of guidance students). The aggression-control skills training were done for all 3 groups during 12 sessions. Two 2-hour sessions were held for teachers and managers in order to train how to do home works, as well. California social adjustment and aggression questionnaires were done before and after trainings and the result of the tests were analyzed by T-student and one-way ANOVA statistical method by repetitive measuring. The results shows that group cognitive-behavioral consulting techniques are effective in decreasing the aggression of girls and boys in all 3 groups ($p<0.05$). But according to gender and educational level, these effects were not significant ($p>0.05$). Furthermore, the results imply increasing social adjustment level in tests ($p<0.05$). This research states that aggression has different aspects and responses to cognitive-behavioral therapies.
Keywords*: group cognitive-behavioral, aggression, social adjustment*

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INTRODUCTION

Aggression is used to describe a set of acting-out behaviors that in all of them to others rights and annoying impact of this behavior is common. Aggressive actions includes physical and verbal aggressive behaviors like threatening, making upset, row and destroying properties as well [1]. The main sign of conduct disorder in DSM-IV is repetitious and continuous behavior in which other's mail rights, norms or fundamental social criteria suitable to person's age are invaded. These behaviors are in four main groups: Aggressive behavior threats or hurts the others or animals. Non-aggressive behavior cause financial loss or damage. Deception or theft and serious rule breaking are during 6 months.

1-These behaviors cause clinically noticeable damage in social, educational or occupational functions. 2-In people at the age of 18 or elder, criteria don't match anti-social disorder. Two types of childhood (before age 10) and adolescence (before age 18) has been specified [11]. Conduct disorders in ICD-10 has been specified with repetitive and durable pattern of anti-social, aggressive or indifference functions. Conduct disorder, often, is relevant to non-adaptive psycho-social environments (like non-quiet family environments) and it occurs more in boys. The signs of this disorder should last at least six months [4].

It is believed that there is a relation between aggression and ostracizing by peers. Ostracized children are energetic, irritating and troubling in social interactions. These two have that much in common that some critics describe aggression and ostracizing by peers to be related behaviors [5]. On the other hand, researches imply the relation between aggression and learning problems. One fourth of children with slow reading problem and one third of children with reading disability are aggressive. Aggression is along with weak educational development and failure at school [5].

As said before different theories have been stated about aggression control and treatment that each of them has had very vast following researches. Theoreticians, who have talked about biological viewpoint of

aggression and instinctive nature of it, have a pessimistic look to possibility of aggression control. They think aggression control is impossible, but they believe if we conduct it to suitable and healthier paths the destructive consequences of this behavior will be decreased [9]. Theoreticians with social-learning approach believe that as environmental factors are the cause of learning and durability of aggressive behaviors, this behavior could be inhibited and controlled (some deal) by environmental changes and removing its casual context. These psychologists use some techniques like reasoning, punishing the aggressive person, punishing the aggressive patterns, reinforcing non-aggressive behaviors, and … in aggression treatment [9].

As cognitive approach followers believe that attribution, abnormal thoughts and biased attention and etc are the main factor of aggressive behavior, they say using cognitive-behavioral techniques in aggressive tendency control is useful. Cognitive-behavioral therapy techniques with aggressive children could be grouped into a few therapeutic approaches. These approaches are: self-learning training, anger-control training, social skills training, and dependency controls training, social desirable skills training and cognitive-social skills training. In cognitive-behavioral approach it is believed that this kind of internalized controls may act because of negative self-assessments and as the result of an aggressive action. Since these negative self-assessments are unsatisfied, individual avoids negative self-assessments by resisting aggressive behavior. On the other hand, as environmental events and individual's living conditions are effective in forming these abnormal thoughts and aggressive unconscious, using behavioral guidelines (like dependency control, relaxation , etc) are useful and suitable in this approach, as well[10].

In this research and training sessions the methods of anger-control training (self-learning training), PMR(progressive muscles relaxation training), relaxation modeling, the encouragement of conversation and dialogue, relationship and conversation training, dependency control training (giving or removing positive reinforcement, depriving or punishing, verbal reproach, …), social desirable skills training and social desirable values were presented and taught.

Various researches in the field of the role of cognitive-social processes in psychological pathology of childhood in aggressive children have been done. These researches have shown some differences between aggressive children and normal children in imprinting, social knowledge, the ability of finding suitable solutions for difficult social situations, self-efficacy for answering aggressively instead of answering for self-assertiveness, attributive biases, mistakes and distortions in attention to social signs [28&29].

Walker[32] found out some deficiencies in ability of getting the others' view among children at the age of 8 to 15 comparing to control group natural cases. It should be mentioned that deficiencies in ability of getting the others' view is not merely in aggressive children, it is in other children who are socially deviant, as well.

Various researches have shown that aggressive children can find limited solutions for given difficult social situations, and their solutions are rather less effective and more aggressive than non-aggressive children. Aggressive children evaluate the solutions with self-assertiveness more negatively and evaluate aggressive solutions more positively. Furthermore, these children have consistent approach towards wrong (hostile) interpreting of ambiguous social situations [15 &27].

Dodge[16] studied children competing each other in cube design task. Aggressive cases used to attribute their unluckiness more to peers' hostile behavior rather than non-aggressive children. Evans's research [20] in the field of comparing efficacy of behavioral treatments alone with cognitive-behavioral treatments has shown that the second approach is more effective and more efficient. In addition, two years later follow up showed that these results remained unchanged.

In another research Evens [20] showed that cognitive-behavioral treatments of aggression control are more effective in boys than girls; and this approach has more positive results comparing to brief psychoanalysis approach and behavioral treatment alone. A follow up study a year later also showed that results and consequences of cognitive-behavioral treatment had been more durable. Researches related to effectiveness of systematic desensitization in aggression decreasing have had positive result, as well. Furthermore, the research result of Turner & Beadle [35] confirms the effectiveness of systematic desensitization in aggression decreasing. Slicker [34] reported that in fact, aggressive individuals are ones who can't have social interaction and get recluse, despite their wish to start and continue it, because of lack of social skills or because of shyness.

Goldfrid & Davidson [23] used systematic desensitization technique to treat conductive disorder in high school adolescences and the results were very satisfying. In the research that Bandura [13] did, sufficiency of systematic desensitization in anxiety and aggression decreasing in students was proved. Walker [32] believes that the decreasing of aggression and anxiety as the consequence of applying relaxation training is because of cutting the feedback loop of the increase of anxiety and tension. To him, if this feedback is cut in a period of time, anxiety and aggression level of individual will decrease noticeably, and the ability of facing problems and successful problem solving will increase in life.

Elliot& Gresham [17] applied social skills training and cognitive reconstruction for shy adolescents and youths, and reported that these techniques were effective and has caused increasing self-sufficiency for starting and continuing social special interactions. Brand& Brinich [14] did some researches on students' assertiveness in a school and reported that assertiveness trainings have positive effect on educational development, popularity and aggression decreasing in students. Ballard [12] did the method of assertiveness and social skills training (like positive and negative feelings expression, demands, wishes and believes expression, the increase of assertiveness ability) on a group of shy and aggressive university students and the results showed the treatments were effective. Heimberg[25] did group and multi-content cognitive-behavioral program (including social skills training, practice and behavioral review, using cognitive rehabilitation methods, home works) on a group of 7 aggressive adolescents (who were referred from school) in 12 sessions. The results of follow up period showed that 81 percent of cases were completely recovered.

Schike [32] applied a multi-context program on children with conductive disorder (including self-expressing phrases and external reinforcement concomitant and imaginary and real systematic desensitization) and the results were successful. Schwoeri[33] believes that assertiveness training is effective in the increasing of social adjustment, expressing and insisting on one's human rights, emotional, anxious, motivated and hostile responses. Most researches and therapists believe that assertiveness and social skills training in useful in individuals' aggression and anxiety decreases [18 &19].

In another research, Samari [7] studied the effect of assertiveness training on student's strictness in nursery faculty. The results showed the increase of strictness in training group after a course of assertiveness training. The results of researches done by Florsheim [22] on students with conductive disorder showed that social skills training along with assertiveness training was effective in aggression decreasing and caused student's social skills to improve. Gurney [24] applied assertiveness method on anxious adolescents. Research results showed that their self-esteem was increased and their aggression and anxiety were decreased. Salkovskis [31] believe that we can use assertiveness training methods including sampling components, role playing, feedback, practice and behavior review, in aggression treatment. Kahn[26] applied multi-content program (including self-talking adaptive pattern, social skills training preparation) on aggressive and recluse children and adolescents and observed that after treatment their relationship with their peers has been increased.

To put in a nutshell, various researches have showed that although it is impossible to control aggression completely, it is preventable to some extent. Regarding complicated interaction between innate tendencies and learned answers in human, no approach can be successful in aggression treatment, alone. Based on positive reported results about the efficacy of cognitive-behavioral treatments in aggression control, the main purpose of this research is surveying the efficiency of group cognitive-behavioral techniques in aggression control and social adjustment of children and adolescents with conductive disorder at guidance level.

RESEARCH METHOD

This research is of the kind of semi-empirical researches that has been done with the purpose of surveying the efficiency of group cognitive-behavioral techniques in aggression control and social adjustment of students with conductive disorder. The statistical population of this research is the whole students (girls and boys) of guidance schools of Neishabour. For sample selecting, multistage cluster sampling method has been used. Firstly, one region of four regions of city was selected randomly. Then, 12 schools of 17 schools of girls and boys were selected randomly. After school selection, aggression questionnaire that was set for conductive disorder, based on DSM-IV diagnostic system, performed by the help of consultants and parents. Students who were doubtful to this disorder were selected. At the first stage, 56 students were chosen and then 20 of them were omitted by diagnostic interview. Three cases (of 56) refused participating in research and another one abandon at the beginning stages of therapy. Therefor experimental sample volume decreased to 32 people. After training period and at the result analyzing stage two cases of first level were omitted to have equal groups (each group containing 5 boys and 5 girls).

INSTRUMENT

Aggression questionnaire: researcher-made aggression questionnaire that had been made for conductive disorder was the main tool for this research. This questionnaire includes 22 questions that assesses aggression rate in conductive disorder based on DSM-IV diagnostic system. The validity of this test at the first implementation (on empirical case) was around 0.80 and at the second stage was 0.86. This test has been applied and normalized on the students of Tehran high schools by Ghaffari and Ramazani (1994). It's validity coefficient was 0.86. For surveying its reliability, the methods of splitting, Cronbach alpha and loop method (deleting question and computing reliability) have been used [3].

Diagnostic interview

Diagnostic interview (based of DSM-IV) has been used for case screening. It should be mentioned that diagnostic interview has been done after preliminary selection of the cases. This semi-structured interview includes personal history and psychological state examination.

Social adjustment questionnaire

This 90-question test, assesses six various scopes of social adjustment (social stereotypes, social skills, anti-social interests, family relationships, school relationships and social relationships). Its validity coefficient via Cronbach alpha was 0.686. Its reassessing validity coefficient on 86 ordinary students of Tehran was 0.54 and by using coder Richardson formula number 20, it was 0.81 [8].Regarding studies (on groups of 237 to 712 people by using Spearman-Brown revised formula for social adjustment), the validity coefficient of California social adjustment is between 0.87 to 0.91. These coefficients for adjunctive scales of the test are in the range of 0.60 to 0.87 and for the whole test are in the rage of 0.92 to 0.93 [2].

Procedure

After aggression questionnaire running, diagnostic interview and getting sure of the conductive disorder diagnosis in cases, they were replaced in three groups (firs, second and third level of guidance school) based on their educational level. Then the pretest was done on each of them. Then the independent variable (cognitive-behavioral techniques) applied on the cases in groups. For each group 12 two-hour sessions were held. It should be mentioned that boys group and girls group participated in training sessions separately.

In these sessions, anger-control training methods, Progressive Muscle Relaxation, relaxation sampling, conversation and talk encouragement, relationship and conversation training, dependency control training (presenting or omitting positive reinforcement, depriving or punishing, verbal reproach, etc), social-desirable skills and values were discussed and taught. Furthermore, homework was trained to parents and managers in two sessions. It's mentionable that many of these techniques were discussed as homework and were practiced by students at school and at home. At the end of training course, all cases were tested again and aggression and social adjustment questionnaire were done again by students, parents, managers and consultants; and the results were analyzed by variance analysis test. After the end of training course and regarding moral issues, some of cases were referred for medicinal therapy.

Data analyzing method

In this research, descriptive statistics (mean, standard deviation) has been used to describe cases' demographic attribute and tests. Analytic statistics methods like "t" in dependent groups and two-factor variance analysis test have been used, as well.

FINDINGS

Table 1: Mean and standard deviation of cases' marks in pretest and post-test aggression questionnaire and social adjustment questionnaire

variables	aggression questionnaire								social adjustment questionnaire							
	Parents				Managers				Therapist				Students			
education	Pretest		Post-test		Pretest		Post-test		Pretest		Post-test		Pretest		Post-test	
	$\overline{X}$	S	$\overline{X}$	S	$\overline{X}$	S	$\overline{X}$	S	$\overline{X}$	S	$\overline{X}$	S	$\overline{X}$	S	$\overline{X}$	S
First level	66.2	6.88	45	9.27	67.7	7.66	45	6.41	69.8	5.73	49.1	5.95	70.5	11.25	48.2	10.53
Second level	64	6.93	36.8	4.66	67.2	5.05	44.1	6.05	68.2	4.39	37.5	5.82	69.6	7.29	44.3	6.57
Third level	67.2	6.11	36	9.006	67.9	6.44	38.7	8.62	68	5.99	35.5	7.59	70.9	8.79	38.6	8.49

In this research, the first recovery and efficiency criteria of cognitive-behavioral trainings was the aggression level decreasing. Significant level of boys group, girls group and the whole sample in various educational levels shows that the difference between sample means are acceptable.

Table 2: T significance test in dependent groups in boys and girls and whole sample in aggression questionnaire (therapist evaluation)

variables		mean	Standard deviation	standard error mean	confidence interval of 95%		t value	Degrees of freedom	Significance level
educational level					Lower	Upper			
First level	Boys	19.80	3.63	1.62	15.29	24.31	12.186	4	0.000
	Girls	22.60	10.88	4.86	9.09	36.11	6.646	4	0.010
	Whole	21.20	7.79	2.46	15.63	26.77	8.610	9	0.000
Second level	Boys	32.40	9.24	4.13	20.93	43.87	7.844	4	0.001
	Girls	22	4.06	1.8	16.96	27.04	12.111	4	0.000
	Whole	27.20	8.68	2.74	20.99	33.41	9.913	9	0.000
	Boys	34.60	7.09	3.17	25.79	43.41	10.909	4	0.000

Third level	Girls	27.80	4.97	2.22	21.63	33.97	12.508	4	0.000
	Whole	13.20	6.80	2.25	26.34	36.06	14.519	9	0.000

The results of table 2 shows that differences observed in the sample (boys, girls and the whole sample) at first, second and third level are significant. As calculated "t"s with 9 degrees of freedom (regarding educational level) are bigger than "t" measure (t=2.26), null hypothesis is rejected. Thus, by 95% confidence interval it results that "the difference of post-test and pretest means of the groups in aggression scale" is confirmed. In other words, t test shows a significant difference in aggression level decreasing. Regarding gathered information and significance of the difference between the means, it results that researcher's claim about "the effectiveness of cognitive-behavioral training on the decreasing of cases' aggression level" is supported. In other words, studied groups have been different in aggression level decreasing comparing to the time before training.

Table 3: the result of one-way variance analysis of pre-test and post-test marks of aggression questionnaire regarding educational level (therapist's assessment)

Sources of changes	Sum of squares	df	average of squares	F	P
Group	38.03	1	38.03	1.99	0.181
Group error	268.02	9	19.14		
Time	20.04	2	10.02	3.01	0.06
Time error	93.38	28	3.44		
Time &Group interaction	16.35	3	8.18	3.10	0.061
Interaction error	73.73	28	2.63		

The F function value of one-way variance analysis about the effect of cognitive-behavioral techniques on aggression decreasing regarding educational level (A factor or Groups P=0.181 and F=1.99) doesn't show any significant differences and it means cognitive-behavioral training has no effect on aggression decrease regarding educational level. On the other words, as calculated F (F=1.99) is less than standard F (F=3.32) with 1 and 9 degrees of freedom (df=1 & 9), null hypothesis is confirmed and with 95% of confidence interval it results that there is no significant differences between calculated means.

Regarding collected information and non-significant difference between means, it results that researcher's claim about "The effectiveness of cognitive-behavioral training on aggression decreasing regarding educational level" is not confirmed. F function value in time effect (P=0.066 and F=3.01) and F function value in time-and-group interaction (p=0.061 and F=3.10) is not significant, as well.

Table 4: The result of one-way variance analysis with repetitive measuring of pre-test and post-test marks. Aggression questionnaire regarding sex (therapist's assessment)

Source of changes	Sum of squares	df	Mean of squares	F	P
Group	0.90	1	0.90	0.16	0.696
Group error	79.29	9	5.66	3.07	0.033
Time	23.62	2	11.81	3.21	0.038
Time error	85.38	28	3.05		
Time &Group interaction	14.60	3	7.30		
Interaction error	55.73	28	1.99		

The F function value of one-way variance analysis about the effect of cognitive-behavioral techniques on aggression decreasing regarding sex (A factor or Groups P=0.696 and F=0.16) doesn't show any significant differences and it means cognitive-behavioral training has no effect on aggression decrease regarding sex. On the other words, as calculated F (F=0.16) is less than standard F (F=3.32) with 1 and 9 degrees of freedom (df=1 & 9), null hypothesis is confirmed and with 95% of confidence interval it results that there is no significant differences between calculated means. Regarding collected information and non-significant difference between means, it results that researcher's claim about "The effectiveness of cognitive-behavioral training on aggression decreasing regarding sex" is not confirmed. F function value in time effect (P=0.033 and F=3.07) and F function value in time-and-group interaction (p=0.038 and F=3.21) is not significant, as well.

The second criteria of recovery and effectiveness of cognitive-behavioral training in this research was the increase of social adjustment level. The observed significance level says that the difference between the means of sample is acceptable.

Table 5: The result of one-way variance analysis with repetitive measuring of pre-test and post-test marks of social adjustment questionnaire (total mark of scale and therapist's assessment)

Source of changes	Sum of squares	df	Mean of squares	F	P
Group	137.89	1	137.89	14.11	0.002
Group error	136.77	9	9.77		
Time	1.25	2	0.624	0.24	0.785
Time error	71.67	28	2.56		
Time &Group interaction	33.60	3	16.80	3.22	0.055
Interaction error	146.11	28	5.22		

The F function value of one-way variance analysis about the effect of cognitive-behavioral techniques on social adjustment level increase (A factor or Groups P=0.002 and F=14.11) shows a significant difference between the groups and it means cognitive-behavioral training has effect on social adjustment level increase. On the other words, as calculated F (F=14.11) is bigger less than standard F (F=8.86) with 1 and 9 degrees of freedom (df=1 & 9), null hypothesis is rejected and with 95% of confidence interval it results that there is a significant difference between calculated means. Regarding collected information and significant difference between means, it results that researcher's claim about "The effectiveness of cognitive-behavioral training on social adjustment level increase" (total mark of scale and therapist's assessment) is confirmed. F function value in time effect (P=0.785 and F=0.24) and F function value in time-and-group interaction (p=0.055 and F=3.22) is not significant, as well.

DISCUSSION AND CONCLUSION

As said before, among various therapeutic approaches in aggression treatment, cognitive behavioral approaches have had a considerable attention attraction in recent years. Although these two approaches are a bit different, this assumption arises in mind that manipulating case's learned-behavior along with the environmental changes of this behavior context, will likely cause more positive consequences than each of them separately.

The results of this research show that cognitive-behavioral trainings have been effective on aggression level decrease, but these effects are not significant regarding cases' educational level and sex. Furthermore, cases' social adjustment level has increased after cognitive-behavioral trainings. These results and the findings of the researches done by Dodge[16], Evens[20], Slicker [34], Bandura [13], Goldfrid & Davidson [23], Elliot & Gresham [17], Brand& Brinich [14], Ballard [12], Heimberg [25], Schike [32], Schwoeri [33], Emery& Campbell [18] , Errecart[19], Florsheim [22], Gurney [24], Kahn [26], Salkovskis[31], Samari and Laalifaz [7] are in the same direction. Perhaps one of the reasons is the disapproval of aggressive behaviors in our culture and society. Furthermore, based on the reports of the American Psychiatry Association, aggression level in these people decreases while aging. Therefore, perhaps the decrease of aggression is because of aging and disapproval of aggressive behavior by culture and society.

In addition, the deficiencies of social skills and social desirability values may be the cause of aggressive behavior; and cognitive-behavioral trainings in applying skills mentioned above, in other real life situations, are rather generalized to other behaviors and consequently cause aggression decrease and social adjustment level increase. Various interventions, likely, have different effects on various aggressive children. Children with deficiency in social perception and reasoning, likely, get advantage of the skills-training programs like interpersonal problem solving training and moral reasoning program. Children with deficiency in social skills get advantage of social skills training programs. Finally, children with sufficient ability in social reasoning and behavioral skills, but with impulsive response to social problems, may get advantage of self-learning training that emphasize on verbal mediators of behavior. The results of this research and the findings of the researches done by Murphy [30], Marlette & Gordon [28], Martin,Hooper, & Snow [29], Walker[36], Deouty[15], Long & Sheerer[27], Mehryar [10] are in the same direction.

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