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The Journal for Specialists in Group Work
Publication details, including instructions for authors and subscription information:
http://www.tandfonline.com/loi/usgw20

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Published online: 31 Jan 2008.

To cite this article: Zipora Shechtman (2001) Prevention groups for angry and aggressive children, The Journal for Specialists in Group Work, 26:3, 228-236, DOI: 10.1080/01933920108414214

To link to this article: http://dx.doi.org/10.1080/01933920108414214

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Prevention Groups for Angry and Aggressive Children

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This case study presents positive results of a counseling prevention group for elementary school children who show a tendency to respond aggressively in peer interaction. Although primary prevention more commonly refers to large-scale interventions, small groups should also be viewed as effective prevention modalities. Empirical evidence of positive change in the counseling group described here suggests that small groups can be used effectively with young children to achieve prevention goals related to reducing aggressive behaviors and to enhancing positive social interactions.

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Violence has become one of the most disturbing risk factors in schools (Kazdin & Johnson, 1994; Larson, 1998) and, in addition, one of the fastest growing mental health concerns in our communities (Hamburg, 1998). Unfortunately, the prevailing response of most schools and communities has been to implement programs of zero tolerance. Such programs are typically based on faulty assumptions and myths about the power of punishment rather than empirical support (Hyman & Perone, 1998; Mayer & Leone, 1999). Incidents abound that highlight the folly of making uniform application of zero tolerance policies to major and minor incidents (Seymour, 1999; Skiba & Peterson, 1999). A more positive and proactive response is needed, one that is multifaceted and comprehensive and comprises small groups as well as large group interventions (Larson, 1998; Loeber & Stouthamer-Loeber, 1998; Skiba & Peterson, 2000).

Primary prevention often takes the form of large-group, systemic interventions, particularly with children (Larson, 1998). These interventions focus on such topics as restructuring attitudes and classroom environments (Emmer, 1994), improving problem-solving skills (Guerra, Tolan, & Hammond, 1994), building conflict resolution skills (Johnson & Johnson, 1996), and on enhancing academic success (Dwyer, Osher, & Hoffman, 2000).

Although these large-group interventions are often sufficient for some children, others who are less socially adjusted or more withdrawn,

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JOURNAL FOR SPECIALISTS IN GROUP WORK, Vol. 26 No. 3, September 2001, 228-236
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isolated, rejected, impulsive, or acting-out require smaller group interventions. Large-scale school or classroom interventions may help children indirectly in improving environments, but research (Shechtman, 1997) suggests that children who experience social or personal difficulties benefit more from small groups (Shechtman & Bar-El, 1994), where they have an opportunity to develop a positive relationship with a caring adult and can discuss personal concerns inside a supportive climate (Blum & Rinehart, 1997).

Research supports the effectiveness of small-group interventions in schools, such as psychoeducational, counseling, and psychotherapy groups, regarding a variety of outcomes (Dagley, Gazda, Eppinger, & Stewart, 1994; Hoag & Burlingame, 1997; Holmes & Sprenkle, 1996; Kulic, Horne, & Dagley, 1999; Shechtman, 1991, 1993; Shechtman, Gilat, Fos, & Flasher , 1996). However, little attention has been given to the effectiveness of small-group interventions in improving the behavior of children who choose aggressive responses when hurt or when they feel angry. Logically, angry and aggressive children would be poor candidates for small-group work because of their relatively low empathy and perspective-taking skills. In fact, there is some evidence that by adolescence, peer groups of troubled adolescents may be harmful (Dishion, McCord, & Poulin, 1999). However, there is a convincing body of research (Shechtman, 2000; Shechtman & Ben-David, 1999; Shechtman & Nachshol, 1996) that small groups are effective with younger children (Hudley & Graham, 1993), particularly in conditions in which aggressive children are mixed with prosocial children (Feldman, 1992; McCord, 1992). In fact, small group interventions have been found to be as effective as individual interventions (Shechtman & Ben-David, 1999).

Importance of Composition

The practice of heterogeneous groups is rooted in the professional literature (Yalom, 1995). Moreover, in school settings in particular, heterogeneity in group membership helps children join the group, avoids labeling, and enables the necessary therapeutic factors. The principle of heterogeneity is important in group work, particularly in groups for angry and aggressive children. Research on group process (Shechtman & Yanuv, in press) points to the difficulties most children have in communicating with each other effectively, especially when confronting or providing feedback. Children with fewer social skills or a tendency to react aggressively have even more difficulty in communicating successfully. Therefore, children with greater social skills are needed in small groups to balance the lack of social skills in aggressive children. Children seem

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to want to participate in small groups, showing in a series of studies (Leichtentritt & Shechtman, 1998; Shechtman & Ben-David, 1999) that they possess a high need for self-expressiveness and self-disclosure. The challenge is to provide a safe and supportive small-group environment in which children can learn and practice using effective expressive and interaction skills.

A CASE STUDY

The Group

The group consisted of 4 fourth-grade students, 2 boys and 2 girls from the same classroom, in a low-class, neighborhood school in a northern city in Israel. The 2 boys showed a tendency to use angry, impulsive, and aggressive reactions and the 2 girls were socially withdrawn but not aggressive. Another aggressive boy from the same class, who did not participate in the group, served as control.

Joe demonstrates discipline problems mostly of an oppositional type. When he gets mad he finds it quite difficult to control himself. He comes from a poor family with two elderly parents and is basically left alone to be on his own. He displays external locus of control and little empathy to others. His classmates are ambivalent about him; they admire him but also reject him. Mike comes from a poor, single-parent family. He does not see his father and is not very close to his mother. His academic achievements are average. He is socially accepted but sensitive, easily irritated, often angry, and sometimes responds aggressively. Alice comes from a poor, two-parent family. She is socially accepted and has good academic achievements. Because of some physical health problems she is overly protected and presents as vulnerable. Elizabeth comes from a family with an average income. She is the youngest of four children and seems highly protected. She is doing very well in school but is quite withdrawn. Alex, the control child, is from the same classroom. He is from a two-parent family; his parents report difficulty in controlling him. He is impulsive, sometimes aggressive, and socially rejected. He was matched to Joe for measurement of outcomes.

The Structure of the Group

Several constructs served to provide the theoretical basis of the group and its resultant structure. Most important, the small group was designed as a theoretically integrative approach (Prochaska, 1995) to offering both structure and process. Bibliotherapy, films, and the

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sharing of personal experiences formed the content and basic structure of the group. The dynamic process of the group interaction focused on personal experiencing, a key mechanism of change (Wiser & Goldfried, 1998). The group leader, a school counselor, was trained in a 56-hour course that included knowledge of aggressive behavior, training in bibliotherapy, and supervision. The therapist introduced sessions with stories, poems, pictures, and films to represent a wide range of emotions related to aggressive responses and actions. Structure is seen as an important element of the small group for children (Shechtman, 1999); structured beginnings of sessions help children in expressing themselves and in self-disclosing (Leichtentritt & Shechtman, 1998). The group was introduced to the children as a place to discuss friendship issues while listening to stories and watching films. They met within the school schedule for ten 45-minute sessions. Intervention integrity and group leadership effectiveness were monitored by a group supervisor. It was assumed that through the process of identification with literary characters and group members, children would recognize familiar feelings, release disturbing emotions, and connect with their own feelings and behavior; thus, the process would help them achieve insight into their own actions, and ultimately result in a desire to change their behavior (Gurian, 1997; Koubovi, 1992). The familiar therapeutic factors of group cohesiveness, catharsis, interpersonal learning, altruism, universality, and hope all play a role in the group leader's facilitation of process.

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Description of the Group Process

The group started with an "awards presentation." Group members were encouraged to say something positive about each other (or, in other words, present an award). Next they played with cards expressing their here-and-now feelings. At the next session they discussed a poem called "The Inner Anger," in which a boy finds it difficult to tolerate the growing anger inside him. Although the discussion still focused on the literary figure, Joe said, "I would like to break the television." But later, when they were asked to share private related experiences, he could not think of any. This session highlights the importance of using an indirect approach with aggressive children. Joe certainly identified with the boy in the poem and reacted spontaneously, but could not admit to his aggression at that early stage of the group.

In the next session the group went on to discuss another poem on anger. Joe seemed to be quite restless and picked on Alice. She complained to the leader, who, in turn, encouraged her to talk directly to Joe. She told him that she was hurt, to which he responded, "Who cares?" The

leader intervened, suggesting that Joe may have had an unfortunate slip of the tongue and forgotten the rule of "no insult" in the group. By saying this, the leader continued building an alliance with Joe and at the same time set boundaries for his negative behavior. At this point, Joe was aware of his behavior but unwilling to make a change; Alice, on the other hand, found the courage to confront him.

The fourth session focused on aggression through the discussion of the "monster" that controls our behavior. Joe said that the boy could control his private monster, but Elizabeth confronted him on that, saying, "But sometimes you don't control your behavior, either." Joe looked around the group but did not respond. In contrast to his regular behavior, he was not resistant. Later in the same session he admitted that when he got angry he sometimes wanted to break things; and when Alice said that she knew how to relax he said, "Maybe you can, but for me it's hard." Joe was progressing in the direction of accepting some of his anger but was not yet willing to make a change. This progress was made possible through interpersonal feedback in a supportive climate. The next session they discussed forgiveness, and following the literature piece, they conducted a clarifying process. Each member placed himself or herself on a continuum from 1 (*never forgive*) to 10 (*always forgive*). Joe placed himself on 5, admitting that he found it difficult to forgive; Alice, on the other hand, placed herself on 10 and explained, "I always give in. I forgive children even when they insult me and continue sharing things with them" (she cries). The leader comforted her and turned to the group for response. Elizabeth assured her that she recognized her pain, as she herself often got insulted, too. Joe seemed quite moved by this scenario, and while staring fixedly at the floor he admitted, "I think she's crying because of me, too. I pick on her and hurt her quite often, and she keeps on giving me things that I don't deserve." The counselor suggested that he talk directly to her, and Joe continued, "I can try to think before I hurt." Mike joined in and confessed that he too had similar experiences with Alice and asked for her forgiveness. This session was a turning point: Joe progressed to a new stage of change following an exchange of honest and genuine interaction among group members. Alice expressed her vulnerability and went through a cathartic experience, which aroused some empathy in Joe and led him to the recognition and acknowledgement that he was wrong. Alice was supported by a group member who identified with her and was encouraged by the response of the boys.

The last group session ended with the poem "My Own Commander," focused on the topic of self-control. Following the discussion, Joe declared that he had made a decision to control himself, but raised reservations about his abilities. The leader turned to the group to generate

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their encouragement. "I think he can make it," and "He can, if he tries hard," were statements that provided support. Following this, Joe was able to state that he could do it and was willing to put effort into it. Some paths to achieve the desired change were shared among group members. At termination Joe stated that he was progressing: "This week I wasn't angry even once. I didn't lose my temper, which is good."

"What is good?" asked the leader.

"That I'm beating the anger, this feels good."

Empirical Results

Outcome assessment included measures of empathy (Index of Empathy; Bryant, 1982) and aggression (Child Behavior Checklist & Teacher's Report Form; Achenbach, 1991a & b). Results are presented in Table 1. The girls were initially higher in empathy and in self-control and lower in aggression, yet both experimental boys increased in empathy and self-control and decreased in aggression, whereas the control boy remained unchanged in all the variables.

Process measures included the stages of change (Five Stages of Change; Prochaska, 1995) and alliance with therapist and group (Sense of Closeness to Therapist; Shechtman, 1999). The change process indicated that both aggressive boys reached the fourth stage (i.e., the action stage—individuals modify their behavior). Alliance with both the leader and the group was high (ranged between 135 and 145, where the optimal score was 160).

DISCUSSION

Small prevention groups seem to be an ideal place for children to learn new ways of interacting with each other. Withdrawn children learn to express their concerns and deal with bullying, whereas angry and aggressive children learn to be more responsive and caring and increase self-control. Similar results were found in earlier large-scale studies (Shechtman, 2000; Shechtman & Ben-David, 1999). In the 2000 study we also gathered feedback from participants on the group process and found that catharsis, interpersonal learning, and group cohesiveness were among the most valued therapeutic factors, results supported by the general literature (Crouch, Bloch, & Wanlass, 1994; Fuhriman, Burlingame, Seaman, & Barlaw, 1999; Yalom, 1995).

The special contribution of this case study is in its illustration of group process. Empirical results based on a single subject design are limited. Yet this clearly shows how the prevention of escalated

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TABLE 1 Scores on Empathy and Aggression (Self-reports and teacher reports)

	Empathy (range 0-22)			*Self-Report Aggression (range 0-36)*			*Teacher Report Aggression (range 0-36)*		
Child	*Pre*	*Post*	*Follow-Up*	*Pre*	*Post*	*Follow-Up*	*Pre*	*Post*	*Follow-Up*
Joe	5	12	16	18	7	8	23	8	8
Mike	8	15	15	21	14	16	19	10	12
Alice	15	20	18	0	0	0	0	0	0
Elizabeth	13	16	18	2	1	1	2	0	0
Alex (control)	6	6	7	20	22	21	23	23	23

aggressive behavior occurs within the group, through a unique way of experiential learning within close relationship. Basically, the group therapeutic dynamic made progress possible. As the children's sense of trust in the group and in the leader grew, they opened up to express themselves more freely and to accept feedback on their behavior. But it was the direct human interaction with suffering and pain that aroused empathy and self-awareness, and group members' encouragement that convinced the aggressive child that change is possible. Too many programs still tend to overlook the importance of feelings in group process (Nichols, 2000). Small groups structured around general themes of human relations and skill development have great potential for prevention goals.

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